CURAMERICAS CHECKLIST FOR CENSUS PROCESS

Health Worker _____ Community: _____
Score: _____ Evaluator: _____ Date: ____/____/____

ASK THE HEALTH WORKER

YES NO

1. Did the Health Worker know the **limits of the area** that s/he was censusing?

1. Did the Health Worker know **what to do when no one was at home**? (return later)
2. Did the Health Worker know to **leave a number for each empty house**?
3. Did the Health Worker **know to mark "refused**" on the census form if the person refused to participate in the census?

Did the Health Worker mention the key messages to include in the promotion of the census, namely:

4**. Who s/he is**.
5. **CURAMERICAS/MSP and Health Center ____ are doing the census**.
6. CURAMERICAS/MSP are conducting a child survival project in the area
7. The project is **starting now**.
8. The importance of **telling the truth** during census.
9. We will **use the census information to register women and children in the project and to better understand when and why children are dying** in the area.
10. The **date** their area will be censused.
11. We would **like their help** in identifying houses in the area.

OBSERVE THE CENSUS PROCESS

Introduction:

12. Did the Health Worker **present himself** properly to the person who came to the door?
13. Did the Health Worker ask to speak to the head of the household?
14. If the head of household was not at home, did the Health Worker ask to speak to another adult in the household?
15. If there was not an adult in the household, did the Health Worker offer to return later?
16. If there was not an adult in the household, did the Health Worker mark the card to remember to return?

Did the Health Worker tell the person:

17. his or her **name**?
18. that **CURAMERICAS/MSP and Dispensary X** are doing the census.
19. that CURAMERICAS/MSP are conducting a child survival project in the area.
20. that **the project is starting now**.
21. that it is **important to tell the truth** during the census.
22. that CURAMERICAS/MSP will **use the census information to register women and children in the project and to better understand when and why children are dying in the area**.
23. that **the interview will take about 10 to 15 minutes**.

24. Did the Health Worker **assign the correct number** to the household?
25. Did the Health Worker fill out **the other parts of the top of the form** correctly?
26. Were there any parts of the form filled in improperly?

(PLEASE SPECIFY:) _____

_____

Left-Hand Column of the Form:

Did the Health Worker fill out the left hand column properly, including:

27. How many **rooms** the house has (not counting outside kitchens)?
28. Type of **roof**?
29. A **latrine** that can be used presently?
30. Presence of **radio**[1]?
31. Presence of **TBA**?
32. Type of closest fixed **health facilities**?
33. Roundtrip **time to closest health facilites**?
34. Usual **water source**?

Other Persons Section:

Was the "other persons" section filled out properly, including:

35. Putting only people in this section who were not children under five or women between 15-49 years of age?
36. Writing in each person's complete **name**?
37. Writing in each person's **sex**?
38. Writing in each person's **date of birth** in the correct format (dd/mm/yy)?

[1] Yes to radio = electric, or battery-operated with good batteries.

39. If the person could not remember their date of birth, did the Health Worker ask for a **document** that might have the DOB listed on it?
40. If the **events calendar** was used to estimate the person's year of birth, was it used properly?
41. Were the **other columns appropriately left blank**?

42. Did the Health Worker ask for the **names of all the people who had lived in the household who had died in the last 12 months** (e.g., "since May 1998") who died while they were living in the house?
43. Did the Health Worker mark these persons' **names** properly on the form?
44. Did the Health Worker record the person's **date of death** on the census form?
45. Did the Health Worker offer his/her **condolence** to the person?
46. Health Worker ask the respondent **what killed the person** who died?
47. Did the Health Worker ask the respondent what **other symptoms** the person had shortly before s/he died?
48. Did the Health Worker fill in the **other information** for these people who had died (e.g., civil status at death, pregnant when died, etc.)?
49. ***VERY IMPORTANT***: After the person mentioned all of the people who had died during the last 12 months, **did the Health Worker read back those person's names and ask if anyone else in the household had died during the last 12 months**?

Women's Section:

For each of the women who are living in the household, did the Health Worker:

50. Properly fill in the complete **name** of the women?
51. Properly fill in the **date of birth** in the proper format?
52. Properly fill in the present **marital st**atus?
53. Properly fill in how many **living ch**ildren the woman has?
54. Properly fill in how many **doses of tetanus toxoid** the woman has received using a vaccination card?[2]
55. Properly fill in the **Pregnant / FP method column**?
56. Did the Health Worker leave the **other columns blank**?
57. Did the Health Worker **verify which women 15-49 had died** during the last 12 months?

Children 0-5 Section:

For each of the children under five years of age who are living in the household, did the Health Worker:

58. Properly fill in the **name**?
59. Properly fill in the **mother's series number**?

[2] (No card = blank; 0 = Has card, no TT doses)

60. Properly fill in the child's **sex**? ☐ ☐
61. Properly fill in the child's **date of birth**? ☐ ☐
62. Put an X in the appropriate column if the child was **an infant**? ☐ ☐
63. Properly fill in **how many doses of each vaccine** the child had received using the child's growth chart or other vaccination card? ☐ ☐
64. Leave **the other columns blank**? ☐ ☐
65. Verify **which children 0-5 years of age had died during the last 12 months an their cause of death**? ☐ ☐

66. Did the Health Worker **thank the person** for their time? ☐ ☐