Staff Initials:
Date:

**Structured observation proforma**

To be carried out over one morning *or* one afternoon in a village, or one key local event (e.g. church service)

Date:

Site:

Event details (if relevant):

| Area | Comments |
|---|---|
| 1. Presence of MoH-approved IEC materials (and 'kuteteza' t-shirts) | |
| 2. Availability of handwashing stations (incl. clean flowing water and soap) | |
| 3. Mask wearing amongst residents and others | |

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Research and Ethics Committee

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| | |
|---|---|
| 4. Following of additional COVID prevention guidance<br><br>-Consider evidence of: distancing, handwashing, cough etiquette, avoidance of handshaking, large gatherings, preference for outdoors/ventilated areas, and shielding of elderly | |

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ANNEX 3

Month week/year:

| | Initial meeting with Village Chief | HSA Training (# attendees) | Volunteers' Training (# Attendees) | #Posters Distributed | #Leaflets Distributed | #T-Shirts Distributed | Comments |
|---|---|---|---|---|---|---|---|
| **BLANTYRE** | | | | | | | |
| Village 1 | | | | | | | |
| Village 2 | | | | | | | |
| Village 3 | | | | | | | |
| **CHIKWAWA** | | | | | | | |
| Village 1 | | | | | | | |
| Village 2 | | | | | | | |
| Village 3 | | | | | | | |
| **MANGOCHI** | | | | | | | |
| Village 1 | | | | | | | |
| Village 2 | | | | | | | |
| Village 3 | | | | | | | |

*Please fill in rows with the village names for each site

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ANNEX 4

District:

Village Name:

Village Head Name:

Week / month:

| Shielded person | Contact person | Current household | Shielded living arrangements* | # Soap Bars Provided | 2 Masks Provided | Bucket Provided (Y/N) |
|---|---|---|---|---|---|---|
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*This can be a room within a house, a person living in their own, or a family unit where all vulnerable individuals arrange to live together in a dwelling. Other alternatives might be available; please describe.

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ANNEX 4

District:

Village Name:

Village Head Name:

Week / month:

| Shielded person | Contact person | Current household | Shielded living arrangements* | # Soap Bars Provided | 2 Masks Provided | Bucket Provided (Y/N) |
|---|---|---|---|---|---|---|
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*This can be a room within a house, a person living in their own, or a family unit where all vulnerable individuals arrange to live together in a dwelling. Other alternatives might be available; please describe.

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ANNEX 5 Individual level checklist

District:

Village Name:

Village Head Name:

1. Person requiring shielding……☐
2. Shielded living arrangements ……☐
3. Arrangements for water provision……☐
4. Arrangements for food provision…… ……☐
5. Arrangements for food storage……☐
6. Firewood/charcoal/other fuel provision…… ….☐
7. Medication needs……☐
8. Provision of masks and soap … ……☐
9. Dependents of shielded person – arrangements……☐
10. Named contact……☐



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ANNEX 5 Individual level checklist

District:

Village Name:

Village Head Name:

1. Person requiring shielding……☐
2. Shielded living arrangements ……☐
3. Arrangements for water provision……☐
4. Arrangements for food provision…… ……☐
5. Arrangements for food storage……☐
6. Firewood/charcoal/other fuel provision…… ….☐
7. Medication needs……☐
8. Provision of masks and soap … ……☐
9. Dependents of shielded person – arrangements……☐
10. Named contact……☐

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ANNEX 6

District:

Village Name:

Village Head Name:

| | |
|---|---|
| 1. Name of person requiring shielding | |
| 2. Original living arrangements and shielded living arrangements | |
| 3. Arrangements for water provision | |
| 4. Arrangements for food provision | |
| 5. Arrangements for food storage | |
| 6. Firewood/charcoal/other fuel provision | |
| 7. Medication needs | |
| 8. Provision of masks and soap | |
| 9. Dependents of shielded person – arrangements | |
| 10. Named contact | |

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ANNEX 6

District:

Village Name:

Village Head Name:

| | |
|---|---|
| 1. Name of person requiring shielding | |
| 2. Original living arrangements and shielded living arrangements | |
| 3. Arrangements for water provision | |
| 4. Arrangements for food provision | |
| 5. Arrangements for food storage | |
| 6. Firewood/charcoal/other fuel provision | |
| 7. Medication needs | |
| 8. Provision of masks and soap | |
| 9. Dependents of shielded person – arrangements | |
| 10. Named contact | |

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ANNEX 7

District:

Village Name:

Village Head Name:

Week / month:

| | |
|---|---|
| Total Residents Aged ≥60: | |
| Total Residents Aged ≥60 Entering the Shielding Plan: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested NEGATIVE: | Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested POSITIVE: |
| **Outcome:**<br>Primary Healthcare Treatment Only:<br>Hospitalized<br>Total COVID19 Confirmed:<br>Total Discharged:<br>Total Deceased: | **Outcome:**<br>Primary Healthcare Treatment Only:<br>Hospitalized<br>Total COVID19 Confirmed:<br>Total Discharged:<br>Total Deceased: |

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ANNEX 7

District:

Village Name:

Village Head Name:

Week / month:

| | |
|---|---|
| Total Residents Aged ≥60: | |
| Total Residents Aged ≥60 Entering the Shielding Plan: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested: | |
| Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested NEGATIVE: | Total Residents aged > 60 entering the shielding plan displaying symptoms compatible with COVID19 tested POSITIVE: |
| **Outcome:**<br>Primary Healthcare Treatment Only:<br>Hospitalized<br>Total COVID19 Confirmed:<br>Total Discharged:<br>Total Deceased: | **Outcome:**<br>Primary Healthcare Treatment Only:<br>Hospitalized<br>Total COVID19 Confirmed:<br>Total Discharged:<br>Total Deceased: |

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ANNEX 8

Staff Initials:
Date:

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To be carried out over one morning *or* one afternoon in a village, or one key local event (e.g. church service)

Date:

Site:

Event details (if relevant):

| Area | Comments |
|---|---|
| 1. Presence of MoH-approved IEC materials (and 'kuteteza' t-shirts) | |
| 2. Availability of handwashing stations (incl. clean flowing water and soap) | |
| 3. Mask wearing amongst residents and others | |

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Staff Initials:
Date:

| | |
|---|---|
| 4. Following of additional COVID prevention guidance<br><br>-Consider evidence of: distancing, handwashing, cough etiquette, avoidance of handshaking, large gatherings, preference for outdoors/ventilated areas, and shielding of elderly | |

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Staff Initials:
Date:

**Structured observation proforma**

To be carried out over one morning *or* one afternoon in a village, or one key local event (e.g. church service)

Date:

Site:

Event details (if relevant):

| Area | Comments |
|---|---|
| 1. Presence of MoH-approved IEC materials (and 'kuteteza' t-shirts) | |
| 2. Availability of handwashing stations (incl. clean flowing water and soap) | |
| 3. Mask wearing amongst residents and others | |

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Staff Initials:
Date:

| | |
|---|---|
| 4. Following of additional COVID prevention guidance<br><br>-Consider evidence of: distancing, handwashing, cough etiquette, avoidance of handshaking, large gatherings, preference for outdoors/ventilated areas, and shielding of elderly | |

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