Engaging community health workers, technology, and youth in the COVID-19 response with concurrent critical care capacity building: A protocol for an integrated community and health system intervention to reduce mortality related to COVID-19 infection in Western Kenya.

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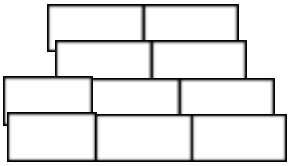
Annex 3: Tool 3: Community Unit Rapid Assessment Checklist

Date of Assessment: _____
Name of County _____ code
Name of sub-County: _____code
Name of Sub-location/ Community unit: _____code
Name of Link health facility: _____code
Officer Interviewed (Position): _____



1. Gov structures	**Existence 1=YES 2=NO**	**LAST MEETING** 1. <3months 2. >3months	**MINUTES AVAILABLE 1=YES. 2=NO**	**ATTENDANCE** ***(The number attended)***	**REPRESENTATION** ***Composition of members***	**CHS Activities**
1.1 VHC						
1.2 CHC						
1.3 HFC						
1.4 Dialogue days						
1.5 Health action days						
Workforce	**The Number**	**HOW LONG TRAINED**	**Trained on COVD 19 1=Yes, 2=No**	**Trained on IDSR 1=Yes, 2=No**	**Trained on IPC 1=Yes, 2=No**	**CHS Activities**
2.1 CHWS						
2.2 CHEWS/CHAs						
2.3 VILLAGE ELDERS						
2.4 ASS. CHIEFS						
2.5 CIVIC LEADERS						

Name of CHW	**Level of Education 1<Form 4 2. Form 4 3.>Form 4**	**HOW LONG TRAINED** 1. <3 months 2. 3-8 months 3. 9months or more	**Trained on COVD 19 1=Yes, 2=No**	**Trained on IDSR 1=Yes, 2=No**	**Trained on IPC 1=Yes, 2=No**	**Activities in last week** 1. H. visiting 2. Referral 3. IEC 4. Data collection 5. Others (specify)

2.1.1						
2.1.2						
2.1.3						
2.1.4						
2.1.5						
2.1.6						
2.1.7						
2.1.8						
2.1.9						
2.1.10						
2.1.11						
2.1.12						
2.1.13						
2.1.14						
2.1.15						

3.0 INFORMATION SYSTEM	**AVAILABILITY 1=YES 2=NO**	**LINKED TO CHU 1=YES 2=NO**	**DISPLAYED 1=YES 2=NO**	**Comments (numbers in last quarter)**
HFIS, last quarter				
3.1 ANC				
3.2 immunization				
3.3 FP				
3.4 Deliveries				
3.5 Attendance				
3.6 Reporting unusual trends/events				
3.7 Referrals				
CBHIS, last quarter (Jan, Feb, Mar)	**AVAILABILITY 1=YES 2=NO**	**LINKED TO HF 1=YES 2=NO**	**DISPLAYED 1=YES 2=NO**	**Comments (numbers in last quarter)**
3.8Household register				
3.9 Register updated				
3.10 ANC				
3.11 Completed immunization				
3.12 All deliveries				
3.13 Facility Deliveries				
3.14 Households visited				
3.15 Diseases treated, events reported				
3.16 Number screened				
3.17 Number quarantined				
3.18 Number isolated				
3.19 Referrals				

3.20 New comers reported				
3.21 Chalkboards				
4. Plans				