**QUALITY IMPROVEMENT & VERIFICATION CHECKLIST (QIVC)**

**FOR ANTHROPOMETRIC DATA COLLECTION**[[1]](#footnote-1)

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Measurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measurer’s Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

Use this form to **observe and evaluate at least four measurements** done by each team. While you are observing, do not talk to the team members and do not correct their mistakes. Fill out this form only. When the measurement is over, find a private place, sit with the team members and go over each point, appreciating the strong points and providing suggestions on the areas where they need to improve. Remember: the purpose of this form is not to judge people but to **help them to improve the quality of their work**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **N/A** |
| **AGE** (included since its identification is a standard part of anthropometric surveys) |
| 1 | Did the staff ask the mother to provide a proof of the child’s age? (a birth certificate or another official document)  | Y | N | N/A |
| 2 | If the mother could not provide any proof of the child’s age, did the staff use a local events calendar to accurately estimate the age?  | Y | N | N/A |
| 3 | Was the local events calendar used correctly?  | Y | N | N/A |
| **MUAC**  |
| 4 | Did the lead measurer identify the mid-point of the child’s left upper arm correctly, with the arm bent?  | Y | N | N/A |
| 5 | Was the arm circumference measured while the arm was relaxed and straight?  | Y | N | N/A |
| 6 | Did the measurer's assistant check whether MUAC tape doesn't squash the back of the child's arm or whether it is not too loose? | Y | N | N/A |
| 7 | Did the lead measurer call out the number to the nearest millimetre? | Y | N | N/A |
| 8 | Did the measurer’s assistant repeat the number aloud and record the reported number?  | Y | N | N/A |
|  **WEIGHT** |
| 9 | At the beginning of each day, did the lead measurer calibrate the scale with a standard weight? | Y | N | N/A |
| 10 | If the hanging scale was used, was it at the lead anthropometric measurer's eye level? | Y | N | N/A |
| 11 | Before the measurement, did the lead measurer check / adjust the scale to 0 kg? | Y | N | N/A |
| 12 | Was the child wearing no clothes, shoes or jewellery? | Y | N | N/A |
| 13 | In case the caregiver refused to remove the child’s clothes or jewellery, did the measurer’s assistant make a note of this so the supervisor could make the required adjustment to the data later? | Y | N | N/A |
| 14 | If the hanging scale was used, was the child hanging freely and not touching anything?  | Y | N | N/A |
| 15 | Did the lead measurer read the weight exactly, without estimating it or rounding it to the nearest kilogramme or half kilogramme?  | Y | N | N/A |
| 16 | Did the lead measurer call out the child’s weight?  | Y | N | N/A |
| 17 | Did the measurer’s assistant repeat the number aloud and record the reported number?  | Y | N | N/A |
|  **HEIGHT** (of children aged 24 months and older/ 85cm height or more) |
| 18 | Was the measuring board placed on a hard, flat surface against a wall or tree?  | Y | N | N/A |
| 19 | Did the measurer ensure that the child wore no shoes during the measurement and that his/her hair was not interfering with the measurement?  | Y | N | N/A |
| 20 | Did the measurer kneel on his right knee on the child’s left side? | Y | N | N/A |
| 21 | Did the primary measurer kneel on his/her right knee on the child’s left side? | Y | N | N/A |
| 22 | Did the assistant place the child’s feet flat and together, against the back of the board? | Y | N | N/A |
| 23 | Did the measurer’s assistant place his/her right hand just above the child’s ankle and his/her left hand on the child’s knees? | Y | N | N/A |
| 24 | Were the child’s legs straight and the heels and calves against the board wall? | Y | N | N/A |
| 25 | Was the child’s head, shoulder blades and buttocks against the board?  | Y | N | N/A |
| 26 | Was the child looking straight ahead with the line of sight parallel to the ground?  | Y | N | N/A |
| 27 | Did the lead measurer call out the child’s height to the nearest 0.1 cm?  | Y | N | N/A |
| 28 | Did the measurer’s assistant repeat the number aloud and record the reported number?  | Y | N | N/A |
|  **LENGTH** (of children younger than 24 months/ shorter than 85cm) |
| 29 | Was the measuring board placed on a hard, flat surface? | Y | N | N/A |
| 30 | Did the measurer’s assistant kneel on both knees behind the base of the board, helping to keep the child’s head facing straight up? | Y | N | N/A |
| 31 | Did the lead measurer kneel on the right side of the child, holding the child’s legs above the ankles with his/her left hand while the right hand presses the foot piece firmly against the child’s feet?  | Y | N | N/A |
| 32 | Were the child’s feet placed against the base of the board with the child lying flat in the centre of the board looking straight up?  | Y | N | N/A |
| 33 | Did the lead measurer call out the child’s length to the nearest 0.1 cm? | Y | N | N/A |
| 34 | Did the measurer’s assistant repeat the figure out loud and write down the reported number?  | Y | N | N/A |
| **POINTS COMMON FOR ALL MEASUREMENTS**  |
| 36 | Did the staff always explain to the mother and child what they were doing? | Y | N |  |
| 37 | Did the staff treat the child in a gentle way? | Y | N |  |
| 38 | When required, did the staff use various effective means to keep the child calm? (e.g. asking the mum to comfort the child, playing songs on a mobile phone, using toys, etc.)  | Y | N |  |
| 39 | If an acutely malnourished child was identified, was her/ his parent provided with an official Referral Form and encouraged to take the child to a relevant health facility?  | Y | N | N/A |
| 40 | Was the writing legible? | Y | N |  |
| 41 | Were the required forms filled correctly?  | Y | N |

**Total Number of YES**: ……...

**Total Number of NO**: ……….

**Total Number of YES + NO**: ………...

**Score**: …………… **%** (calculate the score by dividing the numbers of “YES” by the total number of YES + NO, for example: 18 YES divided by 20 YES + NO = 90%)

**Comments**: ...…………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………….

After the measurements, did the Supervisor provide the team members with feedback in private (with no people around), in a gentle manner, proposing improvements they could make? **YES** / **NO**

 **> Would you like this checklist to be available in a different language?** [**Get in touch with us**](https://www.indikit.net/contact-us)**!**

 **> Help us to make this checklist even better –** [**send us your suggestions**](https://www.indikit.net/contact-us)**!**

1. Developed based on Food for the Hungry’s QIVC for FG Facilitation and PIN’s Quality Control Checklist for SMART Surveys. [↑](#footnote-ref-1)