DEPARTMENT OF HEALTH RESEARCH

Madibeng Child Nutrition Research Unit

# RTHB Data Collection Audit Tool

Usage of the RTHB and its role in management of malnutrition in children under five, living in Madibeng sub-district, North West Province

Ref: AUD-2026-00148 Audit date: 16 Sept 2026 Facility: Mothotlung

## Study information

RESEARCHER

Tsholofelo Mohloane

STUDY DESCRIPTION

The study aims to assess the prevalence of malnutrition, determine the usage of RTHB and determine the relationship between RTHB and Malnutrition outcomes.

## Audit metadata

| | |
|---|---|
| Name of Facility<br>**Mothotlung** | District<br>**Bojanala** |
| Sub-District<br>**Madibeng** | Date of Audit Tool<br>**16 Sept 2026** |

## Section A – Demographics

**1** Age of the child

**1 year 8 months**

**2** Gender

☐ Boy ☒ **Girl**

**3** Type of household Structure

☐ Single parent household ☒ **Two parent household** ☐ Extended family household

**4** How are you related to the child?

**Mother**

**5** Caregivers Employment status

☒ **Employed** ☐ Unemployed

**6** How many people in the household contribute to the household income?

**2**

**7** Caregivers Highest Qualification

**Grade 12**

**8** Which area of Madibeng are you from?

**Mothotlung**

## Section B – Aspects and knowledge on RTHB

**9** Did you know that the RTHB is used to track your child's growth and development?

☒ **YES** ☐ NO

**10** Do you know that you should bring your child's RTHB with you to every clinic visit?

ÏYES ËNO

**11** During clinic visits, are you provided with explanations about the information recorded in your child's RTHB?

ÏYES ËNO

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# RTHB Assessment & Confirmation

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## Aspects in the RTHB

Legend: FC = Fully Complete · PC = Partially Complete · NC = Not Complete · Selected cell marked

| Aspect in the RTHB | NC | PC | FC |
|---|---|---|---|
| 12. Child's first name and surname is documented on page ii | ☐ | ☐ | ■ |
| 13. Clinic visit-recording sheet for children filled in pg. 2 | ☐ | ☐ | ■ |
| 14. Did the child attend all scheduled clinic visits according to their age-related schedule? | ☐ | ☐ | ■ |
| 15. MUAC measured and recorded at all clinic visits and home visits in pg. 10 | ☐ | ☐ | ■ |
| 16. Was there action taken if MUAC was d 12.5, please see the action recorded. | ☐ | ☐ | ■ |
| 17. Weight and Length/Height of the child is recorded in pg. 21? | ☐ | ■ | ☐ |
| 18. Was weight-for-age charts plotted & connected correctly pg. 13 or 16? | ☐ | ☐ | ■ |
| 19. Was the Length/Height for Age plotted and connected correctly pg. 15 or 19? | ■ | ☐ | ☐ |
| 20. Was the Weight for Length/Height plotted and connected correctly pg. 11 or 20? | ☐ | ■ | ☐ |
| 21. Action recorded when child is not growing well in pg. 21? | ☐ | ☐ | ■ |
| 22. Is there evidence of counselling on infant or young child feeding practices in the past three months from pg. 31? | ☐ | ☐ | ■ |
| 23. Were key social risks assessed & appropriate referral made pg. 41? | ■ | ☐ | ☐ |

## Nutritional status

**24** Classification of the Nutritional Status of the child

ïMAM | ÐSAM | ÐNAM

**25** MUAC measurement

**14 cm**

## Researcher confirmation

Signature of Researcher / Research Assistant

Date

Designation

**Dt**

Gender / Age (reference)

**Girl · 1 year 8 months**