APPENDIX

SURVEY FORMS

Enrolment Card

Date: _____/_____/ 2002

Facility Name: _____ Facility type: [1]HOSP [2]UHC [3]RHF Facility code: |___|___|

Child's Name: _____ Child's ID: |___|___| **Questionnaire #** |__|__|__|__|
HF code | Child ID

Child's birthdate: |___|___| /|___|___| /|___|___|___|___| Age (months):|___|___| Child sex: [1] M [2] F

EC1. Include *only* children 2 months up to 5 years, i.e. born after ____ March 1997 and before ____ January 2002.
(today's date) (today's date)

EC2. Ask caretaker whether this is the first (initial) visit for this illness of the child at this facility. DO NOT INCLUDE follow-up visits for the same episode of illness. 1st visit?: [1] Yes [2] No → ⊘ STOP here

EC3. Ask reasons for bringing child to health facility and tick ✓ all signs mentioned (then probe, asking: '*Any other problems?*'). Enrol only children who have at least one of the signs listed from (A) to (I):

(A) Diarrhoea (B) Vomiting (C) Fever (D) Cough
(E) Fast/difficult breathing/ pneumonia (F) Noisy breathing (G) Throat problem
(H) Ear problem (I) Unable to drink, breastfeed/convulsions/lethargic, unconscious
(J) Other: *specify* _____

Read statement on this survey to caretaker and ask for her/his consent: [1] Consent given [2] Consent not given
(supervisor initials: ____)

Weight: |____|____|.|____| **Form 1**:Observation [ ] **Form 2**:Caretaker interview [ ] **Form 3**:Re-examination [ ]

Form 1. OBSERVATION CHECKLIST—CHILD (2 months - 5 years)

District: _____ Surveyor ID: |___| Date: ____/____/ 2002

Facility: Name _____ Code: |___|___| Type: [1] HOSP [2] UHC [3] RHF

Health provider: Name _____ ID: |___| Sex: [1] M [2] F

When trained in IMCI:|___|___||___|___|___|___|
Month || Year

Child: Name_____ ID: |___|___| Sex: [1] M [2] F

Birth date: ____/____/____ Age (months): |___|___|

ASSESSMENT MODULE (*Record what you hear or see*)

➢ **WEIGHT**

A1. Does the health provider, or another staff, weigh the child today?

[1] Yes [2] No ➔ *Skip to question # A4* [8] don't know ➔ *Skip to question # A4*

If YES (weight taken):

☞ **A1a. Who has taken the weight?**……[1] Physician [2] Nurse

☞ **A1b. Is the weight taken correctly?**

[1] Yes [2] No [8] don't know

☞ **A1c. Is the weight recorded?**

[1] Yes [2] No

Record the weight, if taken, on the enrolment card

➢ **TEMPERATURE**

A4. Does the health provider, or another staff, check the axillary temperature of the child today (with thermometer)?

[1] Yes [2] No ➔ *Skip to question # A6* [8] don't know ➔ *Skip to question # A6*

If YES (temperature taken):

☞ **A4a. Who has taken the temperature?**…… [1] Physician [2] Nurse

☞ **A4b. Is the temperature taken correctly?**

[1] Yes [2] No [8] don't know

➢ **DANGER SIGNS**

A6. Does health provider ask *and* correctly check whether the child is able to drink or breastfeed?

[1] Yes [2] No

A7. Does health provider ask *and* correctly check whether the child vomits everything?

[1] Yes [2] No

A8. Does health provider ask *and* correctly check whether the child has convulsions (related to this episode of illness)? *[If child is convulsing now, tick "Yes"]*

[1] Yes [2] No

A9. Is the child visibly awake *(e.g., playing, smiling, crying with energy)*?

[1] Yes ➔ *Skip to question # A11* [2] No

☞ A10. *If child NOT visibly awake:* **does health provider check for lethargy or unconsciousness (try to wake up the child)?**

[1] Yes [2] No

A11. Does health provider ask for COUGH or DIFFICULT BREATHING?

[1] Yes [2] No ➔ *Skip to question # A12*

☞ **A11a.** *If YES:* **Does the child have cough or difficult breathing?**

[1] Yes [2] No ➔ *Skip to question # A12* [8] don't know ➔ *Skip to question # A12*

If child has cough or difficult breathing:

☞ **A11b. Does the health provider count the respiratory rate?**

[1] Yes [2] No ➔ *Skip to question # A12*

☞ *If rate counted:* **A11c. Respiratory rate counted correctly?** [1] Yes [2] No

☞ **A11d.** Write the respiratory rate/min counted by the health provider: |___|___|

A12. Does health provider ask for DIARRHOEA?

[1] Yes [2] No ➔ *Skip to question # A120*

☞ **A12a.** *If YES:* **Does the child have diarrhoea?**

[1] Yes [2] No ➔*Skip to question # A120* [8] don't know ➔ *Skip to question #A120*

If child has diarrhoea:

☞ **A12b. Does the health provider offer the child something to drink or observe breastfeeding?**

[1] Yes [2] No

☞ **A12c. Does the health provider pinch the abdomen skin?**

[1] Yes [2] No ➔*Skip to question # A120*

☞ **A12d.** *If YES:* **Does the health provider pinch the skin correctly?**

[1] Yes [2] No

A120. Does health provider check the child's THROAT?

[1] Yes [2] No

A120a. Does health provider check the child's lymph nodes on the front of the neck?

[1] Yes [2] No

A121. Does health provider ask if the child has an EAR PROBLEM?

[1] Yes [2] No ➔ *Skip to question # A13*

☞ **A121a.** *If YES*: **Does the child have an ear problem?**

[1] Yes [2] No ➔*Skip to question # A13* [8] don't know ➔ *Skip to question # A13*

If child has an ear problem:

☞ **A121b. Does health provider look at both ears of the child?**

[1] Yes [2] No

☞ **A121c. Does health provider look for tender swelling behind the child's ear?**

[1] Yes [2] No

A13. Does health provider ask for FEVER (or refer to temperature if taken previously)?

[1] Yes [2] No ➔ *Skip to question # A14*

☞ **A13a.** *If YES*: **Does the child have fever (≥ 37.5^{0}C axillary temperature)** or history of fever?

[1] Yes [2] No ➔*Skip to question # A14* [8] don't know ➔ *Skip to question # A14*

If child has fever:

☞ **A13b. Does health provider ask if child had MEASLES within the last 3 months?**

[1] Yes [2] No

A14. Does health provider check for visible severe WASTING?

[1] Yes [2] No [8] don't know

A15a. Does health provider look for PALMAR PALLOR?

[1] Yes [2] No [8] don't know

A15b. Does health provider look for MUCOUS MEMBRANE PALLOR?

[1] Yes [2] No [8] don't know

A16. Does health provider look for OEDEMA of both feet?

[1] Yes [2] No [8] don't know

A17. Does health provider check child's WEIGHT against a growth chart?

[1] Yes [2] No ➔*Skip to question # A18a*

If YES (weight plotted):

☞ **A17a. Who has checked the weight against a growth chart?**
[1] Physician [2] Nurse [3] Both

A18a. Does health provider ask for the child's health or VACCINATION CARD?

[1] Yes [2] No ➔*Skip to question # A20*

A19. Does the caretaker have the child's health or vaccination card?

[1] Yes [2] No ➔*Skip to question # A20*

A19a. Does health provider check the child's health or vaccination card?

[1] Yes ➔ *Skip to question # A21* [2] No

☞ **A20.** *If caretaker does NOT have the vaccination card or health provider does not check it:*
Does health provider try to find out from the caretaker whether the child has ever received:

a. An injection in the left shoulder against tuberculosis (BCG)? ...a. [1] Yes [2] No
b. Drops against polio? ...b. [1] Yes [2] No
c. An injection against DPT (left thigh)? ...c. [1] Yes [2] No
c1. An injection against HB (right thigh)? ...c1. [1] Yes [2] No
d. An injection in the right arm against measles.? ...d. [1] Yes [2] No [3] NA
d1. An injection in the right arm against MMR? ...d1. [1] Yes [2] No [3] NA
e. Vitamin A blue capsule with nipple? ...e. [1] Yes [2] No [3] NA

A21. Does health provider ask about breastfeeding?

[1] Yes [2] No

A22. Does health provider ask whether the child takes any other foods/fluids?

[1] Yes [2] No

A23. Does health provider ask whether feeding changed during illness?

[1] Yes [2] No

A23a. Who has asked these questions on feeding? [1] Physician [2] Nurse [3] Both [4] None

A24. Does health provider ask whether the child has "OTHER PROBLEMS"?

[1] Yes [2] No

CLASSIFICATION MODULE

C1. Does health provider give one or more classifications for the child?

[1] Yes
[2] No ➔ Probe: Ask what his/her conclusions are about the child. If health provider does not know, s*kip to Treatment Module*

Record all classifications given in the table below:

	YES	NO
C05. Very severe disease ……..	[1]	[2]
C10. Severe pneumonia/very severe disease	[1]	[2]
C11. Pneumonia ……	[1]	[2]
C12. No pneumonia (cough or cold) ……	[1]	[2]
C20. a Severe dehydration ……	[1]	[2]
b Some dehydration …….	[1]	[2]
c No dehydration ……..	[1]	[2]
C21. Severe persistent diarrhoea ……	[1]	[2]
C22. Persistent diarrhoea ……	[1]	[2]
C23. Dysentery ……	[1]	[2]
C24. Streptococcal sore throat ……	[1]	[2]
C25. Non-streptococcal sore throat …….	[1]	[2]
C26. No throat problem ……	[1]	[2]
C30. Very severe febrile disease …….	[1]	[2]
C31. Fever – possible bacterial infection ……	[1]	[2]
C32. Fever – bacterial infection unlikely ……	[1]	[2]
C34. Severe complicated measles ……	[1]	[2]
C35. Measles with eye/mouth complications	[1]	[2]
C36. Measles ……	[1]	[2]
C40. Mastoiditis ……..	[1]	[2]
C41. Acute ear infection …….	[1]	[2]
C42. Chronic ear infection …….	[1]	[2]
C43. No ear infection ……..	[1]	[2]
C50. a Severe malnutrition ……	[1]	[2]
b Severe anaemia ……..	[1]	[2]
C51. a Anaemia …….	[1]	[2]
b Low weight ……	[1]	[2]
C52. A. No anaemia ……	[1]	[2]
b. Not low weight……..	[1]	[2]
C60. Other (specify)_____	[1]	[2]
C61. Other (specify)_____	[1]	[2]

To be completed by supervisor:

Based on the re-examination of the child (Form 3), tick surveyor classifications:

(105) Very severe disease
(110) Severe pneumonia/ Very sev. Disease
(111) Pneumonia
(112) No pneumonia (cough or cold)

(120) (a) Severe dehydration
(b) Some dehydration
(c) No dehydration
(121) Severe persistent diarrhoea
(122) Persistent diarrhoea
(123) Dysentery

(124) Streptococcal sore throat
(125) Non-streptococcal sore throat
(126) No throat problem

(130) Very severe febrile disease
(131). Fever – possible bacterial infection
(132) Fever – bacterial infection unlikely

(134) Severe complicated measles
(135) Measles with eye/mouth complication
(136) Measles

(140) Mastoiditis
(141) Acute ear infection
(142) Chronic ear infection
(143) No ear infection

(150) a Severe malnutrition
b Severe anaemia
(151) a Anaemia
b Low weight
(152) a No anaemia
b Not low weight

(160) Other (specify)_____
(161) Other (specify)_____

(165) Follow-up visit required in ____days
[if not required, enter 0]

NOTE: NUMBERS ABOVE ARE INTENTIONALLY NOT CONSECUTIVE.

TREATMENT MODULE

Supervisor
Correct?
[1] YES [2] NO

☐ T1a1 ☐

☐ T2b1 ☐
☐ T2c1 ☐

T1. Does health provider administer or prescribe injection(s)?

[1] Yes [2] No ➔ *Skip to question # T3*

☞ ***T2.*** *If YES:* ***Record all injections given:***

b. Antibiotic: [1] Yes – bs. *specify* _____ [2] No

c. Other injection: [1] Yes – cs. *specify* _____ [2] No

T3. Does the health provider prescribe or give ORS sachets?

[1] Yes [2] No ➔ *Skip to question # T5*

☞ ***T4.*** *If YES:* **Does health provider actually administer ORS** – solution - **to the child at the facility?**

[1] Yes [2] No [8] don't know

T5. Does the health provider advise immediate referral for the child?

[1] Yes [2] No ➔ *Skip to question # T6*

If YES (health provider advises immediate referral):

☞ **T5b. Does the health provider explain to the caretaker the reasons for referral?**

[1] Yes [2] No

☞ **T5a. Does the caretaker accept referral for the child?**

[1] Yes ➔
- *If health provider gives any oral treatment to the child before referral, record the oral treatment given in question T7, then go to question CM12 at the end of the questionnaire.*
- *If no oral treatment is administered to the child before referral, go to question CM12 at the end of the questionnaire*

[2] No

T6. Does the health provider administer or prescribe oral treatment?

[1] Yes [2] No ➔ *Skip to Communication Module, question # CM5*

☞ **T7.** *IF YES:* **Record all oral treatment given***:*

a. Antidiarrheal/antimotility ..... a.[1] Yes [2] No
b. Metronidazole syrup ..... b.[1] Yes [2] No
e. Paracetamol ..... e.[1] Yes [2] No
f. Recommended* **antibiotic** tablets/syrup ..... f. [1] Yes [2] No
(*: amoxicillin, cotrimoxazole, erythromycin, nalidixic acid)
g. Other **antibiotic** syrup ..... g. [1] Yes [2] No
g1. Salbutamol syrup ..... g1.[1] Yes [2] No
h. Vitamin A ..... h.[1] Yes [2] No
i. Multi-vitamins ..... i. [1] Yes [2] No
j. Other vitamins ..... j. [1] Yes [2] No
k. Mebendazole ..... k.[1] Yes [2] No
l. Iron syrup ..... l. [1] Yes [2] No
n. Others [1] Yes – n1. *specify:* _____ [2] No

☞ **T8. Is an oral antibiotic given or prescribed by the health provider?** *(see # T7)*

[1] Yes [2] No ➔ *Skip next question and go to Communication Module*

☞ ***T9.*** *IF* YES (i.e. an oral antibiotic is given or prescribed)**: *Record what the health provider says:***

First antibiotic		*Second antibiotic:*	
a. Name: _____	**Supervisor** *Correct?* [1] YES [2] NO	f. Name: _____	**Supervisor** *Correct?* [1] YES [2] NO
b. Formulation: _____		g. Formulation:_____	
c. Amount each time:_____	☐ T9c1 ☐	h. Amount each time:_____	☐ T9h1 ☐
d. Number of times per day:____	☐ T9d1 ☐	i. Number of times per day:____	☐ T9i1 ☐
e. Total days:_____	☐ T9e1 ☐	j. Total days:_____	☐ T9j1 ☐

FORM 1: SUPERVISOR CODING

	Information needed	Where to find data	Codes		
A	If antibiotics were prescribed, is there a non-IMCI reason that justifies the antibiotic treatment? [e.g., skin infection, urinary tract infection]	Based on re-examination (Form 1, page 5, questions 160 and 161)	[1] Yes	[2] No	[8] NA *(no AB)*
B	If oral antibiotics were prescribed (whatever the reason) were they prescribed correctly?	YES in T8 and CORRECT for T9c1, d1 and e1 (and T9h1, i1 and j1 if 2 antibiotics)	[1] Yes	[2] No	[8] NA *(no AB)*
D	If the child was referred (whatever the reason) did the child receive an appropriate pre-referral antibiotic treatment?	YES in T5a and CORRECT (appropriate pre-referral treatment) for T1a1 and T2b1	[1] Yes	[2] No	[8] NA *(child not referred)*

Communication Module

In some settings, tasks are shared and the drug dispenser counsels the caretaker on the treatment given and also administers the first dose. The child should then be followed to the drug dispenser to complete the observation.

- *If NO oral antibiotic or ORS is prescribed or given (T3=No, T6=No or T7=No), skip to question # CM5.*

CM1. Does the health provider explain how to administer oral treatment?
a. Antibiotic ……. a. [1] Yes [2] No
c. ORS …… c. [1] Yes [2] No

CM2. Does the health provider demonstrate how to administer the oral treatment?
a. Antibiotic …… a. [1] Yes [2] No
c. ORS …… c. [1] Yes [2] No

CM3. Does the health provider ask an open-ended question to check if the caretaker understands how to administer the oral treatment?
a. Antibiotic …… a. [1] Yes [2] No
c. ORS …… c. [1] Yes [2] No

CM4. Does the health provider give or ask the mother to give the first dose of the oral drug at the facility?
a. Antibiotic ……a. [1] Yes [2] No

CM4x. Who has provided this advice on oral treatment? [1] Physician [2] Nurse

CM5. Does the health provider advise *and* explain when to return for a ('definite') follow-up visit?

[1] Yes [2] No ➔ *Skip to question # CM7*

☞ **CM6.** *If YES:* **In how many days does the health provider advise the caretaker to come back?**

[1] Two days [2] Five days [3] 14 days [4] 30 days [5] Other: _____ days

CM7. Does the health provider explain the need to give more to drink (liquid or breastmilk) **at home?**

[1] Yes [2] No

CM8. Does the health provider explain the need to continue feeding or breastfeeding at home?

[1] Yes [2] No

CM9. Does the health provider advise on the frequency (no. of times) **of feeding** and/or **breastfeeding?**

[1] Yes [2] No ➔ Skip *to question # CM10*

If YES (health provider advises how many times to feed and/or breastfeed the child):

☞ **CM9a. How many times/24 hours did the health provider advise to feed the child?**

|___|___| times per 24 hours *(Write 0 if nothing is mentioned about food and 77 if advice is "as much as the child wants")*

☞ **CM9b. How many times/24 hours did the health provider advise to breastfeed the child?**

|___|___| times per 24 hours *(Write 0 if nothing is mentioned about breastfeeding and 77 if advice is "as much as the child wants"))*

☞ **CM9c. Who has provided this advice on feeding and/or breastfeeding?**
[1] Physician [2] Nurse [3] Both

CM10. Does the health provider tell the caretaker to bring the child back immediately for the following signs? *Tick all that apply.*

a. Child is not able to drink or breastfeed ……..…..a. [1] Yes [2] No
b. Child becomes sicker ……b. [1] Yes [2] No
c. Child develops a fever ……c. [1] Yes [2] No
d. Child develops fast breathing ……d. [1] Yes [2] No
e. Child develops difficult breathing …….……e. [1] Yes [2] No
f. Child develops blood in the stool ……..……f. [1] Yes [2] No
g. Child drinks poorly ……..……g. [1] Yes [2] No
h. Other, specify _____h. [1] Yes [2] No

CM10x. Who has provided this advice on when to bring the child back?
[1] Physician [2] Nurse [3] Both [4] None

CM11. Did the health provider ask at least one question about the mother's health (ask about her own health, access to family planning or vaccination status)?

[1] Yes [2] No [8] NA (Not Applicable if caretaker is not the child's mother)

CM12. Did the health provider use the IMCI chart booklet at any time during the management of the child?

[1] Yes [2] No [8] don't know

ⓘ NOW: CHECK THE FORM AND MAKE SURE IT IS COMPLETE!

END OF OBSERVATION

The surveyor may need to ask the health provider about the classification made and the treatment given during the consultation, but only if these two components were not stated during the consultation. The surveyor must complete this form before the next child observation.

SUPERVISOR: Complete coding for Form 1 (drug treatment)

Form 2: EXIT INTERVIEW—CARETAKER OF CHILD (2 months-5 years)

District: _____ Surveyor ID: |___| Date: ____/____/ 2002

Facility: Name _____ Code: |___|___| Type: [1] HOSP [2] UHC [3] RHF

Child: Name_____ ID: |___|___| Sex: [1] M [2] F

Birth date: ____/____/____ Age (months): |___|___|

Caretaker: Sex: [1] M [2] F

Relationship to child: [1] Mother [4] Father [2] Other relative [3] *Other:*

_____
(e.g.: neighbour)

1. How satisfied are you with the care provided to children in this facility? *Read all options to the caretaker.*

[1] Very satisfied [2] Satisfied [3] Unsatisfied [8] don't know ➔ *Skip to question # 3*

1b. Why? *Tick all reasons that apply. Do not prompt (do not read options).*

[1] Time health provider spent with child
[2] I was given a chance to ask questions
[3] Way the health provider examined the child
[4] Treatment given (or not given)
[5] What I learnt from the health provider
[6] Other _____
[8] Don't know

3. Did the health provider give you or prescribe any oral medicines for <CHILD's NAME> at the health facility today?

[1] Yes [2] No ➔*Skip to question # 16* [8] don't know ➔ *Skip to question # 16*

If YES, ask the caretaker to show you the prescription or the medicines. Look at the prescription or the actual medicines and record:

☞ **4. ► if oral antibiotics are included**

[1] Yes (antibiotics included)
[2] No (no antibiotic included) ➔ Skip *to question # 16*

☞ **► Record name and formulation of the antibiotic:**

4a. Name: _____

4b. Formulation: _____

Then ask the caretaker the following questions about the antibiotic (record only what the caretaker says, not what is written on the prescription):

Supervisor: *Correct?* [1]=YES [2]=NO

☞ **5. How much of this medicine will you give to <NAME> each time?** _____ ☐ 5S1 ☐

☞ **6. How many times will you give it to <NAME> each day?** |___|___| times ☐ 6S1 ☐

☞ **7. For how many days will you give it to <NAME> ?** |___|___| days ☐ 7S1 ☐

☞ **7o. If <NAME> gets better before then, what will you do with the medicine?**

[1] Will stop the medicine
[2] Will continue the medicine, but will reduce the dose
[3] Will continue the medicine as prescribed
[4] Other (*specify*: _____)
[8] Don' t know

☞ **7x**. ► **Record whether a <u>second antibiotic</u> is included**:

[1] Yes (a second antibiotic is included)
[2] No (no, only one antibiotic is included) ➔ *Skip to question # 16*

☞ ► **Record name and formulation of second antibiotic:**

7a. Name: _____

7b. Formulation: _____

Then ask the caretaker the following questions about the second antibiotic (record only what the caretaker says, <u>not</u> what is written on the prescription):

	Supervisor: *Correct?* [1]=YES [2]=NO
☞ **7c. How much of the medicine will you give to <NAME> each time?** _____	☐ 7cS1 ☐
☞ **7d. How many times will you give it to <NAME> each day?** |___|___| times	☐ 7dS1 ☐
☞ **7e. For how many days will you give it to <NAME> ?** |___|___| days	☐ 7eS1 ☐

16. ► **Record whether ORS prescribed or given:**

[1] Yes (ORS prescribed or given)
[2] No (no ORS prescribed or given) ➔ *Skip to question # 19a*

<u>If YES</u> (ORS prescribed or given):

	Supervisor: *Correct?* [1]=YES [2]=NO
☞ **17. How much water will you mix with one ORS packet?** _____	☐ 17S1 ☐
☞ **18. When will you give ORS to <NAME> each day?** _____	☐ 18S1 ☐
☞ **19. How much ORS will you give to <NAME> each time?** _____	☐ 19S1 ☐

19a. Now that <NAME> is unwell:
Will you give him/her more, *about the same* or *less* fluids - including breastmilk - to drink?

[1] More [2] About the same [3] Less [8] don't know

19b. And will you give him/her more, *about the same* or *less* food - including breastmilk -?

[1] More [2] About the same [3] Less [8] don't know

19c. ASK THIS QUESTION IF CHILD IS LESS THAN 24 MONTHS OLD *(if not, skip to question # 19d)*:
How many <u>times</u>/24 hours did the health provider advise you to breastfeed <NAME>?

[1] 8 times or more
[2] As much as the child wants
[3] Other (*specify*: _____)
[8] Did not tell me *or* don't know

19d. How many times/24 hours did health provider advise you to feed <NAME>?

[1] 1-2 times
[2] 3 times
[3] 5 times
[4] Other (*specify*: _____)
[8] Did not tell me *or* don't know

20. Did the health provider tell you to bring <NAME> back to this facility on a specific day?

[1] Yes [2] No ➔ *Skip to question # 21* [8] don't know ➔ *Skip to question # 21*

☞ **20a.** *If YES:* **In how many days should you bring <NAME> back?** |__|__| days

21. Sometimes children who are sick should be taken right away to a health facility: What symptoms would worry you that would make you take your child to a health facility right away? *Do not prompt - keep asking for more signs/symptoms until the caretaker cannot recall any additional ones.*

a. Child not able to drink or breastfeed……a [1] Mentioned [2] Not mentioned
b. Child becomes sicker ……..b [1] Mentioned [2] Not mentioned
c. Child develops a fever ……..c [1] Mentioned [2] Not mentioned
d. Child has fast breathing ……..d [1] Mentioned [2] Not mentioned
e. Child has difficult breathing/pneumonia ….e [1] Mentioned [2] Not mentioned
f. Child has blood in the stools ……f [1] Mentioned [2] Not mentioned
g. Child is drinking poorly ……..g [1] Mentioned [2] Not mentioned
h. Other (specify): _____
i. Other (specify): _____
j. Other (specify): _____

23. Did you receive or were you shown this card today? *Show mother's IMCI counselling card.*

[1] Yes [2] No [8] don't know

ⓘ NOW: CHECK THE FORM AND MAKE SURE IT IS COMPLETE!

END OF EXIT INTERVIEW

Thank the caretaker for answering your questions and ask if he/she has any questions. Be sure that the caretaker knows how to prepare ORS for a child with diarrhoea, when to return for vaccination, how to give the prescribed medications, and when to return if the child becomes worse at home.

SUPERVISOR: Complete coding for Form 2 (oral drugs and ORS)

FORM 3: RE-EXAMINATION – CHILD (2 months-5 years) Date: |__|__|/|__|__|/2002 Surveyor ID : |__|__| **Questionnaire:** |__|__|__|__|

District: _____ FACILITY: Name: _____ Code: |__|__| Type: [1]Hosp [2]UHC [3]RHF HF code II Child ID

CHILD: Name: _____ ID: : |__|__| Age (months): |__|__| Sex: [1] M [2] F Weight:: _____ kg Axillary Temperature: |__|__|.|__|°C

Initial visit? ___ Follow-up Visit? ___ ASK: What are the child's problems _____

ASSESS (Circle all signs present) **CLASSIFY (Tick all relevant classifications)**

DOES THE CHILD HAVE ANY GENERAL DANGER SIGN? Yes___ No___ NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS LETHARGIC OR UNCONSCIOUS CONVULSING NOW	[ ] 305 VERY SEVERE DISEASE
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes___ No___ •For how long? ____ Days • ⇒ **Count the breaths in one minute. |___|___| breaths per minute. Fast breathing**? •Look for chest indrawing. •Look and listen for stridor. •Look and listen for wheeze.	[ ] 310 SEVERE PNEUMONIA/VERY SEVERE DISEASE [ ] 311 PNEUMONIA [ ] 312 NO PNEUMONIA (Cough or cold)
DOES THE CHILD HAVE DIARRHOEA? Yes ___ No ___ For how long? _____ Days • Is there blood in the stools? • Look at the child's general condition.Is the child: Lethargic or unconscious? Restless and irritable? •Look for sunken eyes. •Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? •Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?	[ ] 320 a. SEVERE DEHYDRATION [ ] b. SOME DEHYDRATION [ ] c. NO DEHYDRATION [ ] 321 SEVERE PERSISTENT DIARRHOEA [ ] 322 PERSISTENT DIARRHOEA [ ] 323 DYSENTERY
CHECK FOR THROAT PROBLEM • Does the child have fever? (by history or feels hot/temperature 37.5°C or above) • Does the child have sore throat? • Feel enlarged tender lymph node on the front of the neck • Look for red (congested) throat • Look for white or yellow exudate on the throat and tonsils	[ ] 324 STREPTOCOCCAL SORE THROAT [ ] 325 NON-STREPTOCOCCAL [ ] 326 NO THROAT PROBLEM
DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___ •Is there agonizing ear pain? •Is there ear discharge? If Yes, for how long? ___ Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear.	[ ] 340 MASTOIDITIS [ ] 341 ACUTE EAR INFECTION [ ] 342 CHRONIC EAR INFECTION [ ] 343 NO EAR INFECTION

Questionnaire: |__|__|__|__|
HF code ıı Child ID

ASSESS (Circle all signs present)	**CLASSIFY (Tick all relevant classifications)**
DOES THE CHILD HAVE FEVER? **Yes____ No___** (by history or feels hot/temperature 37.5°C or above) •For how long? _____ Days •If more than 5 days, has fever been present every day? •Has child had measles within the last three months? •Look or feel for stiff neck. Look for signs of MEASLES: •Generalized rash ***and*** •One of these: cough, runny nose, or red eyes.	[ ] 330 VERY SEVERE FEBRILE DISEASE [ ] 331 FEVER – POSSIBLE BACTERIAL INFECTION [ ] 332 FEVER – BACTERIAL INFECTION UNLIKELY
If the child has measles now or within the last 3 months: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. · Look for clouding of the cornea.	[ ] 334 SEVERE COMPLICATED MEASLES [ ] 335 MEASLES WITH EYE/MOUTH COMPLICATION [ ] 336 MEASLES
CHECK FOR MALNUTRITION AND ANEMIA • Look for palmar and mucous membrane pallor. Severe palmar and / or mucous membrane pallor? Some palmar and / or mucous membrane pallor? • Look for visible severe wasting. • Look for oedema of both feet. • Determine weight for age: Low ___ Not Low ___	[ ] 350 b. SEVERE MALNUTRITION [ ] a. SEVERE ANAEMIA [ ] 351 b. LOW WEIGHT [ ] a. ANAEMIA [ ] 352 b. NOT LOW WEIGHT [ ] a. NO ANAEMIA
CHECK THE CHILD'S IMMUNIZATION AND VITAMIN A SUPPLEMENTATION STATUS. (Circle immunizations and vitamin A needed today). *Before 3 months:* **BCG _____** *2 months:* **OPV1 _____ DPT1_____ HBV1_____** *4 months:* **OPV2 _____ DPT2_____ HBV2_____** *6 months:* **OPV3 _____ DPT3_____ HBV3_____** *9 months:* **OPV4 _____ Measles_____ Vitamin A (1st dose) ____** *18 months:* **OPV Booster___ DPT Booster__** *MMR9 months: ____ Vitamin A (2nd dose) ____*	
ASSESS CHILD'S FEEDING if child has ANAEMIA OR LOW WEIGHT or is less than 2 years old. • Do you breastfeed your child? Yes___ No ____ If Yes, how many times in 24 hours? _____ times. Do you breastfeed during the night? Yes___ No ____ • Does the child take any other food or fluids? Yes___ No ____ If Yes, what food or fluids?_____ How many times per day? _____ times. What do you use to feed the child? _____ If low weight for age: How large are servings? _____ Does the child receive his own serving? _____ Who feeds the child and how? _____ • During the illness, has the child's feeding changed? Yes __ No __ If Yes, how?_____	FEEDING PROBLEMS **1. Is child breastfed?** [1]Yes [2]No → *If NO skip to question 3* *According to child age, based on national IMCI feeding recommendations:* **2. Is breastfeeding frequency as recommended?** [1]Yes [2]No **3. Is other feeding frequency as recommended?** [1]Yes [2]No [8]NA **4. Is type of food given to child appropriate?** [1]Yes [2]No [8]NA *NA = Not applicable if child exclusively breastfed*
ASSESS OTHER PROBLEMS: **5. Return for follow-up in: |____|____| days** *(Enter 0 if no follow-up is needed)*	[ ] 360 OTHER (*Specify*: _____) [ ] 361 OTHER (*Specify*: _____)

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6. ► **Record if the child needs Vitamin A today:**

[1] Yes (Vitamin A needed) [2] No (not needed) ➔ If *NO skip to question # 9*

☞ **7.** 🔔 *IF YES, ASK THE CARETAKER*:
Have you been told today that you need to take back <NAME> for measles or MMR immunization (to receive Vitamin A)**?**

[1] Yes [2] No

9. ► **Record if child's health or vaccination card is available:**

[1] Yes (available) [2] No (not available)

10. ► **Record if child needs to receive any immunization today:**

[1] Yes (immunization needed)

[2] No (not needed) ➔ *If NO,* ⊘ STOP *here.*

IF YES, ASK THE CARETAKER:

☞ **11. Did <NAME> receive a vaccination today or has the health provider referred <NAME> to the immunization room?**

[1] Yes (vaccination received or child referred to immunization room) ➔⊘ STOP *here*

[2] No (vaccination not given or child not referred)

☞ **12.** 🔔 *IF NO*: **Has the health provider told you to bring back <NAME> to receive a vaccination on another day?**

[1] Yes [2] No

ⓘ SUPERVISOR: COPY CLASSIFICATIONS IN APPROPRIATE BOX ON FORM 1, PAGE 5

Form 4. EQUIPMENT AND SUPPLY CHECKLIST

District: _____ Surveyor ID: |___|___| Date: ____/____/ 2002

Facility: Name _____ Code |___|___| Type: [1] HOSP [2] UHC [3] RHF

Discuss with the head of facility to determine the number of health providers who usually have child case-management responsibilities:

Table 1: Characteristics of health providers with case management responsibilities

Category	No. assigned to case management of children	No. managing children trained in IMCI	No. trained in IMCI present today
Physician			
Nurse			
Total			

Ask a health provider to show you around the facility. Look and physically check items to complete the following questions. These questions are for you to answer, based on what you see and find.

EQUIPMENT AND SUPPLIES MODULE

E1. Does the facility have the following equipment and materials?

a. Accessible and working adult scale?……. a. [1] Yes [2] No
b. Accessible and working baby scale? ……. b. [1] Yes [2] No
c. Working timing device? ……..…….C. [1] Yes [2] No
d. Supplies to mix ORS, cups and spoons ……d. [1] Yes [2] No
e. Tap water …….……..e. [1] Yes [2] No
h. Mothers' IMCI counselling cards for use by health provider?……h. [1] Yes [2] No
j. Mothers' IMCI counselling cards for distribution to caretakers? j. [1] Yes [2] No
i. IMCI chart booklet? …..…….i. [1] Yes [2] No
l. Working nebuliser? ……l. [1] Yes [2] No
m. Wooden tongue depressors? ……..m. [1] Yes [2] No
n. Thermometer?……..n. [1] Yes [2] No
o. IMCI recording forms? ……o. [1] Yes [2] No
p. IMCI daily register? ……..…p. [1] Yes [2] No
k. Accessible* means of transportation for patients requiring referral…k. [1] Yes [2] No

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**Accessible here refers to transportation that is both physically accessible (e.g., distance) and economically accessible (= affordable) to most people living in the catchment area of this facility.*

E2. Does the facility have needles and syringes appropriate for vaccinations?

[1] Yes [2] No ➔ *Skip to question # E4a* [8] Not applicable (facility does not provide vaccination) ➔ *Skip to question # D1*

☞ **E2a.** *IF YES (***appropriate needles): How do health providers use these needles?**

[1] Single use
[2] Multiple uses

E4a. Does the facility have a functioning refrigerator?

[1] Yes [2] No ➔ *Skip to Availability of Drugs Module*

☞ **E4b.** *IF YES:* **Is there a working thermometer inside the refrigerator?**

[1] Yes [2] No ➔ *Skip to question # E5*

☞ **E4.** *IF YES:* **Is the refrigerator's temperature between 2^0C and 8^0C at the time of visit?**

[1] Yes [2] No

E5. Does the facility have ice packs and cold boxes?

[1] Yes [2] No ➔ *Skip to Availability of Drugs Module*

☞ **E5a.** *IF YES:* **Are ice packs frozen?**

[1] Yes [2] No

AVAILABILITY OF DRUGS MODULE

Check the drug stocks. Answer the following questions based on what you see.

D1. Does the facility have the following drugs available at the time of the visit?

a. **ORS** ……..a. [1] Yes [2] No

b. **Amoxicillin** 80ml susp. (125mg or 250mg/5 ml) –
First line antibiotic for pneumonia:…….……b. [1] Yes [2] No

c. **Cotrimoxazole** susp– Second line antibiotic for pneumonia
and First line antibiotic for dysentery:……..c. [1] Yes [2] No

e. **Nalidixic acid** 500mg tab. - Second line antibiotic for dysentery: ....e. [1] Yes [2] No

h. **Vitamin A** blue caps with nipple (100,000 IU)……h. [1] Yes [2] No

i. **Iron** syrup 30mg/5ml or Drops 25mg/ml ……..……i. [1] Yes [2] No

j. **Paracetamol** syrup 120mg/5 ml …….……..j. [1] Yes [2] No

l. **Tetracycline eye ointment** …….….l. [1] Yes [2] No

m. **Gentian violet** (0.5%) …….…….…m. [1] Yes [2] No

n. **Salbutamol** solution or metered dose inhaler (MDI)……...n. [1] Yes [2] No

o. **Salbutamol** syrup 2mg/5 ml……..o. [1] Yes [2] No

p. **Sodium Valproate** solution…….. ……..……..……p. [1] Yes [2] No

D2. Does the facility have the following injectable drugs available at the time of the visit?

a. **Chloramphenicol IM**……...a. [1] Yes [2] No

c. **Benzylpenicillin IM** ……c. [1] Yes [2] No

d. **Gentamycin IM** ……d. [1] Yes [2] No

e. Sterile water for injection ……e. [1] Yes [2] No

f1. Polyvalent solution for severe dehydration ……..…….. f1. [1] Yes [2] No

f2. PanSol or Ringer's Lactate Solution or saline for severe dehydration f2. [1] Yes [2] No

g. **Benzathine penicillin** for streptococcal sore throat ……g. [1] Yes [2] No

FACILITY SERVICES MODULE

Ask the following questions to the health provider who has been observed during case management. If there are several health providers who have been observed managing cases in the same facility, discuss the following questions with all of them and try to reach a consensus for each question. Add comments on the back of the form if you have any problems.

S1. How many days per week is the facility open (including emergency services)? |___| days/week

S2. How many days per week are child health services provided? |___| days/week

S5. How many times during the last three months did the facility receive a supervisory visit? |___|___| times

➔ *If no visit in the last 3 months, enter 0 and skip to question S7a*

☞ **S6. How many of these supervisory visits were follow-up after training to health providers who have been recently trained in IMCI?** |___|___| visits

ASK THE HEALTH PROVIDER/S QUESTION S7, BASED ON THE MOST RECENT SUPERVISORY VISIT THAT WAS NOT AN IMCI FOLLOW-UP VISIT AFTER TRAINING:

☞ **S7. Did the supervisor observe case management of a sick child the last time he/she visited the facility?**

[1] Yes [2] No [8] doesn't know

S7a. Does the facility have a supervisory book?

[1] Yes [2] No ➔ *Skip to question # S9* [8] doesn't know ➔ *Skip to question # S9*

☞ **S7b.** *If YES:* **Does the record of the latest supervisory visit in the last three months in the book include also any recommendations to facility staff?**

[1] Yes [2] No [3] No record of visit found

S9. How long does it take for the patient to get to the referral hospital using the most common* local transport? |___|___| hours |___|___| minutes

**Common here refers to the means of transport commonly taken by and affordable to most people in this area*

S10. Have you ever wanted to refer a very severely ill child but been unable to do so?

[1] Yes [2] No ➔ *Skip to question # S11*

☞ **S10a.** *IF YES,* **Why?** _____

_____

S11. If you had to refer 10 children to the hospital, how many of them do you think will end up going to the hospital? |___|___| children

FACILITY RECORDS MODULE

Ask the health provider responsible for records to help you identify records for all visits to the health facility. Do not include inpatient records. Use these records to answer the questions below. If not enough information is available to answer a question, mark NI (not enough information).

Note: The availability of records may vary by level of health facility. Procedures to be used for arriving at estimates of attendance should be determined in each site. These procedures must be practical!

➢ **CHECK THE RECORDS OF THE MONTH OF JANUARY 2002 AND FILL IN THE TABLE BELOW**

		OUTPATIENT		***Well child Immunization***
		Insured	***Uninsured***	
R1.	**What is the total number of visits to the health facility for OUTPATIENT services (ALL AGES) during the previous month?**	|__|__|__|__|	|__|__|__|__|	|__|__|__|__|
R2.	**How many of these visits were made by children from 0 up to 5 years old (**under-five**)?**	|__|__|__|__|	|__|__|__|__|	|__|__|__|__|
R3.	**How many of these under-five child visits were made by female children?**	|__|__|__|__|	|__|__|__|__|	|__|__|__|__|
R4.	**How many of these under-five visits were made by children between the ages of 0 to 2 months (**under-two**)?**	|__|__|__|__|	|__|__|__|__|	|__|__|__|__|

Count total for each type of service. Children may visit more than one service during one visit to the facility.