

# A P P E N D I X

## SURVEY FORMS

**[English and, where applicable, Arabic version]**

# Enrolment Card

Date: \_\_\_\_/\_\_\_\_/2003

State: \_\_\_\_\_

District: \_\_\_\_\_

Facility code: |\_\_|\_\_| Facility Name: \_\_\_\_\_ Facility type: [HOSP] ① [HC] ② [D/DS] ③

Child's Name: \_\_\_\_\_ Child's ID: |\_\_|\_\_| **Questionnaire #** |\_\_|\_\_|\_\_|\_\_|  
HF code | Child ID

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

■ Include *only* children 2 months up to 5 years, i.e. born after \_\_\_\_ March 1998 and before \_\_\_\_ January 2003.  
(today's date) (today's date)

EC1. 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.

1<sup>st</sup> visit? [Yes] ① [No] ② → ⊖ STOP here

EC2. Ask reasons for bringing child to health facility and tick  **all** signs mentioned (then probe, asking: 'Any other problems?').

A. Diarrhoea.....A. [Yes] ① [No] ②

B. Fever/malaria....B. [Yes] ① [No] ②

 B1.If Yes: write term used: \_\_\_\_\_

C. Cough.....C. [Yes] ① [No] ②

D. Fast/difficult breathing/ pneumonia

D. [Yes] ① [No] ②


 D1.If Yes: write term/s used: \_\_\_\_\_

 D2. Ask how long caretaker waited to seek care since she realised child had this sign: days |\_\_|

E. Ear problem.....E. [Yes] ① [No] ②

F. Unable to drink/breastfeed, vomiting everything, convulsions, lethargic/unconscious

F. [Yes] ① [No] ②

 F1. Ask how long caretaker waited to seek care since she realised child had this sign: days |\_\_|

G. Other.....G. [Yes] ① [No] ② (If Yes: specify \_\_\_\_\_)

EC3. Ask: "What symptom worried you **most** that made you decide to take your child here?"

\_\_\_\_\_ (write local term as mentioned by caretaker) ( \_\_\_\_\_ (write meaning in English) )

Read statement on this survey to caretaker and ask for her/his consent: Consent given: [Yes] ① [No] ②  
(Supervisor initials: \_\_\_\_\_)

**Weight:** |\_\_|\_\_|.\_\_\_\_| **Temperature:** |\_\_|\_\_|.\_\_\_\_| °C |\_\_|\_\_|.\_\_\_\_| °F

**Form 1:**Observation [ ] **Form 2:**Caretaker interview [ ] **Form 3:**Re-examination [ ]

➔ Approximate time taken for observation: \_\_\_\_\_ minutes

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

Date: \_\_\_/\_\_\_/2003 Facility: Code: |\_\_\_|\_\_\_| Type: [HOSP]① [HC]② [D/DS]③

Child: Name \_\_\_\_\_ ID:|\_\_\_|\_\_\_| Birth date: \_\_\_/\_\_\_/\_\_\_ Age (months)|\_\_\_|\_\_\_|

Surveyor ID: |\_\_\_|\_\_\_| Health worker: Name \_\_\_\_\_ ID: |\_\_\_| Sex: [M] ① [F] ②

Type: [Doctor] ① [Medical ass't] ② [Nurse] ③

❖ **I1. Health worker trained in IMCI?**

[Yes] ① [No] ② → Skip to question # A1

🔔 If YES (trained in IMCI):☞ **I2. When trained in IMCI?** |\_\_\_|\_\_\_|||\_\_\_|\_\_\_|||\_\_\_|\_\_\_|\_\_\_|  
(Day) || Month || Year☞ **I3. Followed up after training?**

[Yes] ① [No] ② → Skip to question # A1

🔔 If YES (followed up):☞ **I4. How many follow-up (not supervisory) visits after the training course?**

|\_\_\_|\_\_\_| visits

☞ **I5. How long after the training course the 1<sup>st</sup> follow-up visit?**

[&lt;2 months] ① [2 or more months] ② [Don't remember] ⑧

**ASSESSMENT MODULE** (Record what you hear or see)➤ **WEIGHT****A1. Does the health worker, or another staff, weigh the child today?**

[Yes] ① [No] ② → Skip to question # A4 [Don't know] ⑧ → Skip to question # A4

🔔 If YES (weight taken):☞ **A1a. Who has taken the weight?**

[Doctor]① [Medical ass't]② [Nurse]③ [Nutrition educator]④ [Vaccinator]⑤ [Health visitor]⑥

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

[Yes] ① [No] ② [Don't know] ⑧

☞ **A1c. Is the weight recorded?**

[Yes] ① [No] ②

Record the weight, if taken, on the enrolment card

➤ **TEMPERATURE**

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

[Yes] ① [No] ② → Skip to question # A6 [Don't know] ⑧ → Skip to question # A6

🔔 *If YES (temperature taken):*

➤ **A4a. Who has taken the temperature?**

[Doctor]① [Medical ass't]② [Nurse]③ [Nutrition educator]④ [Vaccinator]⑤ [Health visitor]⑥

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

[Yes] ① [No] ② [Don't know] ⑧

Record the temperature, if taken, on the enrolment card

➤ **DANGER SIGNS**

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

[Yes] ① [No] ② [Child breastfeeding now] ③

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

[Yes] ① [No] ②

**A8. Does the health worker ask *and* correctly check whether the child has convulsions (related to this episode of illness)?**

[Yes] ① [No] ② [Child convulsing now] ③

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

[Yes] ① → Skip to question # A11 [No] ②

➤ **A10. 🔔 *If child NOT visibly awake: Does the health worker check for lethargy or unconsciousness (try to wake up the child)?***

[Yes] ① [No] ②

**A11. Does the health worker ask for COUGH or DIFFICULT BREATHING?**

[Yes] ① [No] ② → Skip to question # A12

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

[Yes] ① [No] ② → Skip to question # A12 [Don't know] ⑧ → Skip to question # A12

*If YES, child has cough or difficult breathing:*

➤ **A11b. Does the health worker count the respiratory rate?**

[Yes] ① [No] ② → Skip to question # A12

*If YES, rate is counted:*

☞ **A11c. Child calm before and during the count?**

[Yes] ① [No] ②

☞ **A11d. Respiratory rate counted correctly?**

[Yes] ① [No] ②

☞ **A11e. Write the respiratory rate/min counted by the health worker:**

**A12. Does the health worker ask for DIARRHOEA?**

[Yes] ① [No] ② → Skip to question # A121

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

[Yes] ① [No] ② → Skip to question # A121 [Don't know] ⑧ → Skip to question #A121

🚫 *If YES, child has diarrhoea:*

☞ **A12b. Does the health worker ask for how long the child has been having diarrhoea?**

[Yes] ① [No] ②

☞ **A12c. Does the health worker ask if there is blood in the stools?**

[Yes] ① [No] ②

☞ **A12d. Does the health worker offer the child something to drink or observe breastfeeding?**

[Yes] ① [No] ②

☞ **A12e. Does the health worker pinch the abdomen skin?**

[Yes] ① [No] ② → Skip to question # A121

☞ **A12f. 🚫 If YES: Does the health worker pinch the skin correctly?**

[Yes] ① [No] ②

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

[Yes] ① [No] ② → Skip to question # A13

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

[Yes] ① [No] ② → Skip to question # A13 [Don't know] ⑧ → Skip to question # A13

*If YES, child has an ear problem:*

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

[Yes] ① [No] ②

☞ **A121c. Does the health worker feel for swelling behind both ears of the child?**

[Yes] ① [No] ②

**A13. Does the health worker ask/feel for FEVER (or refer to temperature if taken previously)?**

[Yes] ① [No] ② → Skip to question # A14

☞ **A13a. 🚫 If YES: Does the child have fever (≥ 37.5°C) or history of fever?**

[Yes] ① [No] ② → Skip to question # A14 [Don't know] ⑧ → Skip to question # A14

If YES, child has fever:

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

[Yes] ① [No] ②

**A14. Does the health worker check for visible severe WASTING?**

[Yes] ① [No] ② [Don't know] ⑧

**A15. Does the health worker look for PALMAR PALLOR?**

[Yes] ① [No] ② [Don't know] ⑧

**A16. Does the health worker look for OEDEMA of both feet?**

[Yes] ① [No] ② [Don't know] ⑧

**A17. Does the health worker check child's WEIGHT against a growth chart?**

[Yes] ① [No] ② → Skip to question # A18a

🚫 If YES (weight checked against the growth chart):

☞ **A17a. Who has checked the weight against a growth chart?**

[Doctor]① [Medical ass't]② [Nurse]③ [Nutrition educator]④ [Vaccinator]⑤ [Health visitor]⑥

**A18a. Does the health worker ask for the child's road-to-HEALTH CARD?**

[Yes] ① [No] ② → Skip to question # A20

**A19. Does the caretaker have the child's road-to-health card?**

[Yes] ① [No] ② → Skip to question # A20

**A19a. Does the health worker check the child's road-to-health card?**

[Yes] ① → Skip to question # A21 [No] ②

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

- a. An injection in the forearm against tuberculosis (BCG)? ..... a. [Yes] ① [No] ②
- b. Drops against polio? ..... b. [Yes] ① [No] ②
- c. An injection against DPT (thigh)? ..... c. [Yes] ① [No] ②
- d. A '9 months injection' against measles? ..... d. [Yes] ① [No] ② [NA] ③
- e. Vitamin A blue/red capsule with nipple? ..... e. [Yes] ① [No] ② [NA] ③

**A21. Does the health worker ask about BREASTFEEDING?**

[Yes] ①      [No] ②

**A22. Does the health worker ask whether the child takes any other FOODS/FLUIDS?**

[Yes] ①      [No] ②

**A23. Does the health worker ask whether child FEEDING CHANGED DURING ILLNESS?**

[Yes] ①      [No] ②

**A23a. Who has asked these questions on feeding? (Tick all that apply)**

[Doctor]①   [Medical ass't]②   [Nurse]③   [Nutrition educator]④   [Vaccinator]⑤   [Health visitor]⑥

[None] ⑦

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

[Yes] ①      [No] ②

**Classification Module**

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

If the health worker does not say anything spontaneously, probe by asking what his/her conclusions are about the child. If he does not know after probing, tick "No"

[Yes] ① [No] ② → skip to Treatment Module

Record all classifications given in the table below:

To be completed by supervisor:

	YES	NO
C05. One or more danger signs .....	[1]	[2]
C10. Severe pneumonia/very severe disease .....	[1]	[2]
C11. Pneumonia .....	[1]	[2]
C12. No pneumonia (cough or cold) .....	[1]	[2]
C13. Wheezing .....	[1]	[2]
C20a. Severe dehydration .....	[1]	[2]
C20b. Some dehydration .....	[1]	[2]
C20c. No dehydration .....	[1]	[2]
C21. Severe persistent diarrhoea .....	[1]	[2]
C22. Persistent diarrhoea .....	[1]	[2]
C23. Dysentery .....	[1]	[2]
C30. Very severe febrile disease .....	[1]	[2]
C31. Malaria .....	[1]	[2]
C32. Fever, malaria 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]
C50a. Severe malnutrition .....	[1]	[2]
C50b. Severe anaemia .....	[1]	[2]
C51a. Very low weight .....	[1]	[2]
C51b. Anaemia .....	[1]	[2]
C52a. Not very low weight/No anaemia .....	[1]	[2]
C60. Other: Eye infection .....	[1]	[2]
C61. Other (specify) _____ [1]	[1]	[2]
C62. Other (specify) _____ [1]	[1]	[2]
C63. Feeding problems .....	[1]	[2]

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

	YES	NO
105. One or more danger signs.....	[1]	[2]
110. Severe pneumonia/ Very sev. Disease.....	[1]	[2]
111. Pneumonia.....	[1]	[2]
112. No pneumonia (cough or cold) .....	[1]	[2]
113. Wheezing .....	[1]	[2]
120. (a) Severe dehydration .....	[1]	[2]
120. (b) Some dehydration.....	[1]	[2]
120. (c) No dehydration .....	[1]	[2]
121. Severe persistent diarrhoea .....	[1]	[2]
122. Persistent diarrhoea.....	[1]	[2]
123. Dysentery.....	[1]	[2]
130. Very severe febrile disease.....	[1]	[2]
131. Malaria .....	[1]	[2]
132 Fever, malaria unlikely .....	[1]	[2]
134. Severe complicated measles.....	[1]	[2]
135. Measles with eye/mouth complication ....	[1]	[2]
136. Measles .....	[1]	[2]
140. Mastoiditis.....	[1]	[2]
141. Acute ear infection .....	[1]	[2]
142. Chronic ear infection .....	[1]	[2]
143. No ear infection.....	[1]	[2]
150. a Severe malnutrition .....	[1]	[2]
150. b Severe anaemia .....	[1]	[2]
151. a Very low weight.....	[1]	[2]
151. b Anaemia.....	[1]	[2]
152. a Not very low weight/No anaemia.....	[1]	[2]
160. Other: Eye infection .....	[1]	[2]
161. Other(specify) _____ [1]	[1]	[2]
162. Other(specify) _____ [1]	[1]	[2]
163. Feeding problems .....	[1]	[2]
164. Child needs to be referred?.....	[1]	[2]
165. Follow-up visit required in ____ days [if not required, enter 0]		
166. Any non-IMCI reason for antibiotics? ....[1]	[1]	[2]
(e.g. skin infection, urinary tract infection, etc.)		
170. HIGH MALARIA RISK?.....	[1]	[2]

NOTE: IF CHILD HAS AN EYE PROBLEM, TICK [1] IN C60.

**TREATMENT MODULE**

**T5. Does the health worker advise immediate referral for the child?**

[Yes] ① [No] ② → Skip to question # T1

If YES (health worker advises immediate referral):

**T5a. Does the health worker explain to the caretaker the reasons for referral?**

[Yes] ① [No] ②

**T5b. Does the caretaker accept referral for the child?**

[Yes] ① [No] ②

**T5c. Does the health worker complete a referral note?**

[Yes] ① [No] ②

**T1. Does the health worker administer or prescribe injection(s)?**

[Yes] ① [No] ② → Skip to question # T3

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

**T2a. Antimalarial** [Yes] ①– T2as. Specify \_\_\_\_\_ [No] ②

**T2b. Antibiotic:** [Yes] ①– T2bs. specify \_\_\_\_\_ [No] ②

**T2c. Other injection:** [Yes] ①– T2cs. specify \_\_\_\_\_ [No] ②

<b>Supervisor</b>	
Correct as pre-referral Tx?	
YES	NO
①	②
<input type="checkbox"/> T1a1	<input type="checkbox"/>
<input type="checkbox"/> T2a1	<input type="checkbox"/>
<input type="checkbox"/> T2b1	<input type="checkbox"/>

**T3. Does the health worker prescribe or give ORS sachets to take home?**

[Yes] ① [No] ② → Skip to question # T6

If YES (health worker prescribes/gives ORS to take home):

o **Does the health worker explain:**

**T3a. How much water to mix with 1 ORS sachet?**

[Yes] ① If Yes, Amount: \_\_\_\_\_ [No] ②

**T3b. When ORS should be given to the child during the day?**

[Yes] ① If Yes, When: \_\_\_\_\_ [No] ②

**T3c. How much ORS should be given to the child each time?**

[Yes] ① If Yes, How much: \_\_\_\_\_ [No] ②

<b>Supervisor</b>	
Correct?	
YES	NO
①	②
<input type="checkbox"/> T3a1	<input type="checkbox"/>
<input type="checkbox"/> T3b1	<input type="checkbox"/>
<input type="checkbox"/> T3c1	<input type="checkbox"/>

**T4. Does the health worker actually administer ORS – solution - to the child at the facility?**

[Yes] ① [No] ② [Don't know] ⑧

**T6. Does the health worker administer or prescribe oral treatment?**

[Yes] ① [No] ② → Skip to question # T12 if child not referred. If child referred and caretaker accepts referral, skip to question # CM12 at the end of the questionnaire.

- T7. ☀ IF YES: Record all oral treatment given:**
- a. Antidiarrheal/antimotility ..... a. [Yes] ① [No] ②
  - a1. Cough/cold medicine..... a1. [Yes] ① [No] ②
  - b. Metronidazole tablet/syrup ..... b. [Yes] ① [No] ②
  - c. Chloroquine tablets/syrup..... c [Yes] ① [No] ②
  - d. Sulfadoxine+pyrimethamine tablet..... d. [Yes] ① [No] ②
  - e. Paracetamol ..... e. [Yes] ① [No] ②
  - f. Recommended\* **antibiotic** tablets/syrup ..... f. [Yes] ① [No] ②  
(\*: amoxicillin, cotrimoxazole, nalidixic acid)
  - g. Other **antibiotic** tablet/syrup..... g. [Yes] ① [No] ②
  - g1. Salbutamol tablet/syrup..... g1. [Yes] ① [No] ②
  - h. Vitamin A..... h. [Yes] ① [No] ②
  - i. Multi-vitamins ..... i. [Yes] ① [No] ②
  - k. Mebendazole..... k. [Yes] ① [No] ②
  - l. Iron tablet/syrup..... l. [Yes] ① [No] ②
  - n. Others [Yes] ①– n1. specify: \_\_\_\_\_ [No] ②

**①** If the health worker has referred the child and the mother has accepted referral (T5b=Yes), go to question CM12 at the end of the form. Otherwise, go to next question.

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

[Yes] ① [No] ② → Skip to question # T10

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

<p style="text-align: center;"><u>First antibiotic</u></p> <p>a. Name: _____</p> <p>b. Formulation: _____</p> <p>c. Amount each time: _____</p> <p>d. Number of times per day: _____</p> <p>e. Total days: _____</p>	<p><b>Supervisor</b> Correct for an IMCI condition? YES NO ① ②</p> <p><input type="checkbox"/> T9a1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9c1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9d1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9e1 <input type="checkbox"/></p>	<p style="text-align: center;"><u>Second antibiotic:</u></p> <p>f. Name: _____</p> <p>g. Formulation: _____</p> <p>h. Amount each time: _____</p> <p>i. Number of times per day: _____</p> <p>j. Total days: _____</p>	<p><b>Supervisor</b> Correct for an IMCI condition?? YES NO ① ②</p> <p><input type="checkbox"/> T9f1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9h1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9i1 <input type="checkbox"/></p> <p><input type="checkbox"/> T9j1 <input type="checkbox"/></p>
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**T10. Is an oral antimalarial given or prescribed by the health worker?**

[Yes] ① [No] ② → Skip to question # T12

**T11. IF YES** (i.e. an oral antimalarial is given or prescribed): **Record what the health worker says:**

<u>First antimalarial:</u>		<u>Supervisor Correct?</u>	<u>Second antimalarial:</u>		<u>Supervisor Correct?</u>		
		YES ①	NO ②			YES ①	NO ②
a. Name: _____		<input type="checkbox"/> T11a1	<input type="checkbox"/>	f. Name: _____		<input type="checkbox"/> T11f1	<input type="checkbox"/>
b. Formulation: _____				g. Formulation: _____			
c. Amount each time: _____		<input type="checkbox"/> T11c1	<input type="checkbox"/>	h. Amount each time: _____		<input type="checkbox"/> T11h1	<input type="checkbox"/>
_____				_____			
d. Number of times per day: _____		<input type="checkbox"/> T11d1	<input type="checkbox"/>	i. Number of times per day: _____		<input type="checkbox"/> T11i1	<input type="checkbox"/>
e. Total days: _____		<input type="checkbox"/> T11e1	<input type="checkbox"/>	j. Total days: _____		<input type="checkbox"/> T11j1	<input type="checkbox"/>

**T12. Is any of the following medicines given or prescribed by the health worker?**

- a. Salbutamol inhaler/nebulised ..... a. [Yes] ① [No] ②
- b. Epinephrine subcutaneous..... b. [Yes] ① [No] ②
- c. Tetracycline eye ointment ..... c. [Yes] ① [No] ②

**FORM 1: SUPERVISOR CODING**

	Information needed	Where to find data	Codes		
B	If <u>oral</u> antibiotics were prescribed for an IMCI condition, were they prescribed correctly?	YES in T8 and CORRECT for T9c1, d1 and e1 (and T9h1, i1 and j1 if 2 antibiotics)	[Yes] ①	[No] ②	[NA] ⑧ (no AB)
C	If <u>oral</u> antimalarials were prescribed (whatever the reason) were they prescribed correctly?	YES in T10 and CORRECT for T11c1, d1 and e1 (and T11h1, i1 and j1 if 2 antimalarials)	[Yes] ①	[No] ②	[NA] ⑧ (no AM)
D	If the child was referred (whatever the reason), did the child receive an appropriate pre-referral treatment?	YES in T5b and - if needing <u>antibiotics</u> : CORRECT in T1a1 and T2b1; (OR YES in T7f) - if needing <u>antimalarials</u> : CORRECT in T1a1 and T2a1; - if <u>dehydrated</u> : CORRECT in T3	[Yes] ①	[No] ②	[NA] ⑧ (child not referred)

NA = NOT APPLICABLE

**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 ORS (T3=No), oral Ab (T8=No) or Am (T10=No) is prescribed or given, skip to question # CM5.

**CM1. Does the health worker explain how to administer oral treatment?**

- a. Antibiotic ..... a. [Yes] ① [No] ② [NA] ③  
 b. Antimalarial ..... b. [Yes] ① [No] ② [NA] ③  
 c. ORS ..... c. [Yes] ① [No] ② [NA] ③

**CM2. Does the health worker demonstrate how to administer the oral treatment?**

- a. Antibiotic ..... a. [Yes] ① [No] ② [NA] ③  
 b. Antimalarial ..... b. [Yes] ① [No] ② [NA] ③  
 c. ORS ..... c. [Yes] ① [No] ② [NA] ③

**CM3. Does the health worker ask an open-ended question to check if the caretaker understands how to administer the oral treatment?**

- a. Antibiotic ..... a. [Yes] ① [No] ② [NA] ③  
 b. Antimalarial ..... b. [Yes] ① [No] ② [NA] ③  
 c. ORS ..... c. [Yes] ① [No] ② [NA] ③

**CM4. Does the health worker give or ask the mother to give the first dose of the oral drug at the facility?**

- a. Antibiotic ..... a. [Yes] ① [No] ② [NA] ③  
 b. Antimalarial ..... b. [Yes] ① [No] ② [NA] ③

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

[Yes] ① [No] ② → Skip to question # CM7

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

\_\_\_\_ days

**CM7. Does the health worker advise to give more to drink (liquid or breastmilk) at home?**

[Yes] ① [No] ②

**CM8. Does the health worker advise to continue feeding or breastfeeding at home?**

[Yes] ① [No] ②

**CM9. Does the health worker advise how often (no. of times) to feed and/or breastfeed the child?**

[Yes] ① [No] ② → Skip to question # CM10

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

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

\_\_\_\_ times per 24 hours (Write 00 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 worker advise to breastfeed the child?**

\_\_\_\_ times per 24 hours (Write 00 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?**

[Doctor]① [Medical ass't]② [Nurse]③ [Nutrition educator]④ [Vaccinator]⑤ [Health visitor]⑥

**CM10. Does the health worker 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. [Yes] ① [No] ②  
 b. Child becomes sicker ..... b. [Yes] ① [No] ②  
 c. Child develops a fever ..... c. [Yes] ① [No] ②  
 d. Child develops fast breathing ..... d. [Yes] ① [No] ②  
 e. Child develops difficult breathing ..... e. [Yes] ① [No] ②  
 f. Child develops blood in the stool ..... f. [Yes] ① [No] ②  
 g. Child drinks poorly ..... g. [Yes] ① [No] ②  
 h. Other . [Yes] ① (CM10hs.Specify \_\_\_\_\_) [No] ②

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

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

**CM11a. Does the health worker use the "mother card" to advise the caretaker?**

[Yes] ① [No] ② → Skip to question # CM12

🔔 IF YES, mother card used:

☞ **CM11b. Does the health worker hold the card so that caretaker sees the pictures easily?**

[Yes] ① [No] ②

☞ **CM11c. Does the health worker point at the pictures on the card while counselling the caretaker?**

[Yes] ① [No] ②

☞ **CM11d. Does the health worker ask open-ended questions to check if the caretaker understands how to care for the child at home (fluids, feeding, signs to watch out...)?**

[Yes] ① [No] ②

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

[Yes] ① [No] ② [Don't know] ⑧

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

**END OF OBSERVATION** - The surveyor may need to ask the health worker 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)**

[If the caretaker has more than a sick child enrolled in the survey, complete separate exit interview forms for each child. Copy questions 1, 2, 21, 22 and 24 for all children and conduct a new interview with the caretaker for all remaining questions for each child.]

Date: \_\_\_/\_\_\_/2003 State: \_\_\_\_\_ District: \_\_\_\_\_

Facility: Name: \_\_\_\_\_ Code: |\_\_\_|\_\_\_| Type: [HOSP] ① [HC] ② [D/DS] ③

Child: Name \_\_\_\_\_ ID: |\_\_\_|\_\_\_|

Birth date: \_\_\_/\_\_\_/\_\_\_ Age (months): |\_\_\_|\_\_\_| Sex: [M] ① [F] ②

Surveyor ID: |\_\_\_|\_\_\_|

Caretaker: Sex: [M] ① [F] ② Education: [None]① [Primary]② [Secondary]③ [Higher]④

Relationship to child: [Mother] ① [Father] ② [Other relative] ③ [Other] ④: \_\_\_\_\_  
(e.g.: neighbour)

**1. How satisfied are you with the care provided to children in this facility? Read all options to the caretaker: “Very satisfied”, “Satisfied” or “Unsatisfied”?**

[Very satisfied] ① [Satisfied] ② [Unsatisfied] ③ [Don't know] ⑧ → Skip to question # 3

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

- a. Time health worker spent with child ..... a. [Yes] ① [No] ②
- b. I was given a chance to ask questions ..... b. [Yes] ① [No] ②
- c. Way the health worker examined the child ..... c. [Yes] ① [No] ②
- d. Treatment given (or not given) ..... d. [Yes] ① [No] ②
- e. What I learnt from the health worker ..... e. [Yes] ① [No] ②
- f. Don't know ..... f. [Yes] ① [No] ②
- g. Other ..... [Yes] ① If Yes, specify: \_\_\_\_\_ [No] ②

**3. Did the health worker give you or prescribe any oral medicines for <CHILD’S NAME> at the health facility today?**

[Yes] ① [No] ② → Skip to question # 16 [Don't know] ⑧ → 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. ► Oral antibiotics included?**

[Yes] ① [No] ② → Skip to question # 8

► 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):

**☞ 5. How much of this medicine will you give to <NAME> each time?** \_\_\_\_\_

**☞ 6. How many times will you give it to <NAME> each day?** |\_\_\_|\_\_\_| times

**☞ 7. For how many days will you give it to <NAME> ?** |\_\_\_|\_\_\_| days

<u>Supervisor</u>	
<u>Correct?</u>	
YES	NO
①	②
<input type="checkbox"/> 5S	<input type="checkbox"/>
<input type="checkbox"/> 6S	<input type="checkbox"/>
<input type="checkbox"/> 7S	<input type="checkbox"/>

☞ **7o. If <NAME> gets better before then, what will you do with the medicine? (Tick only 1 answer)**

- Will stop the medicine..... [ ] ①
- Will continue the medicine, but will reduce the dose. [ ] ②
- Will continue the medicine as prescribed ..... [ ] ③
- Other..... [ ] ④ (Specify: \_\_\_\_\_)
- Don' t know..... [ ] ⑧

☞ **7x. ► Second antibiotic included?**

- [Yes] ① (second antibiotic included)
- [No] ② → Skip to question # 8 (no, only one antibiotic included)

☞ **► 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, not what is written on the prescription):*

- ☞ 7c. How much of the medicine will you give to <NAME> each time? \_\_\_\_\_
- ☞ 7d. How many times will you give it to <NAME> each day? [ ][ ] times
- ☞ 7e. For how many days will you give it to <NAME> ? [ ][ ] days

<u>Supervisor</u> Correct?	
YES	NO
①	②
<input type="checkbox"/> 7cS	<input type="checkbox"/>
<input type="checkbox"/> 7dS	<input type="checkbox"/>
<input type="checkbox"/> 7eS	<input type="checkbox"/>

☞ **8. ► Oral antimalarials included?**

- [Yes] ①
- [No] ② → Skip to question # 16

► Record name and formulation of the antimalarial:

☞ 8a. Name: \_\_\_\_\_

☞ 8b. Formulation: \_\_\_\_\_

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

- ☞ 9. How much of this medicine will you give to <NAME> each time? \_\_\_\_\_
- ☞ 10. How many times will you give it to <NAME> each day? [ ][ ] times
- ☞ 11. For how many days will you give it to <NAME> ? [ ][ ] days

<u>Supervisor</u> Correct?	
YES	NO
①	②
<input type="checkbox"/> 9S	<input type="checkbox"/>
<input type="checkbox"/> 10S	<input type="checkbox"/>
<input type="checkbox"/> 11S	<input type="checkbox"/>

☞ **12. ► Second antimalarial included?**

- [Yes] ①
- [No] ② → Skip to question # 16

► Record name and formulation of the antimalarial:

☞ 12a. Name: \_\_\_\_\_

☞ 12b. Formulation: \_\_\_\_\_

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

- ☞ 13. How much of this medicine will you give to <NAME> each time? \_\_\_\_\_
- ☞ 14. How many times will you give it to <NAME> each day? [ ][ ] times
- ☞ 15. For how many days will you give it to <NAME> ? [ ][ ] days

<u>Supervisor</u> Correct?	
YES	NO
①	②
<input type="checkbox"/> 13S	<input type="checkbox"/>
<input type="checkbox"/> 14S	<input type="checkbox"/>
<input type="checkbox"/> 15S	<input type="checkbox"/>

16. Find out from caretaker and/or prescription whether **ORS** prescribed or given:

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

Supervisor Correct?	
YES	NO
①	②
<input type="checkbox"/> 17S	<input type="checkbox"/>
<input type="checkbox"/> 18S	<input type="checkbox"/>
<input type="checkbox"/> 19S	<input type="checkbox"/>

If YES (ORS prescribed or given):

☞ 17. How much water will you mix with one ORS packet? \_\_\_\_\_

☞ 18. When will you give ORS to <NAME> each day? \_\_\_\_\_

☞ 19. How much ORS will you give to <NAME> each time? \_\_\_\_\_

19a. Now that <NAME> is unwell:

Will you give him/her *more, about the same or less* fluids - including breastmilk - to drink?

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

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

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

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

8 times or more..... [ ] ① (Tick only 1 answer)

As much as the child wants. [ ] ②

Less than 8 times ..... [ ] ③

Other..... [ ] ④ (Specify: \_\_\_\_\_)

Did not tell me or don't know [ ] ⑧

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

(Enter: 77 if caretaker says "as the child wants", 00 if caretaker says she was not told, and 88 if caretaker says she does not know)

|\_|\_| times

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

[Yes] ① [No] ② → Skip to question # 20b [Don't know] ⑧ → Skip to question # 20b

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

20b. Do you have a mosquito bed-net at home?

[Yes] ① [No] ② → Skip to question # 21 [Don't know] ⑧ → Skip to question # 21

If YES (mosquito bed-net available at home):

☞ 20c. Is the bed-net treated with insecticide (a product that kills mosquitoes)?

[Yes] ① [No] ② [Don't know] ⑧

☞ 20d. Did <NAME> sleep under the bed-net last night?

[Yes] ① [No] ② [Don't know] ⑧

**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 – Tick all that is mentioned. Ask up to 2 times for more signs/symptoms**

	Mentioned	Not mentioned
a. Child not able to drink or breastfeed.....a	[Yes] ①	[No] ②
b. Child becomes sicker .....	[Yes] ①	[No] ②
c. Child develops a fever .....	[Yes] ①	[No] ②
d. Child has fast breathing.....d	[Yes] ①	[No] ②
e. Child has difficult breathing/pneumonia....e	[Yes] ①	[No] ②
f. Child has blood in the stools.....f	[Yes] ①	[No] ②
g. Child is drinking poorly .....	[Yes] ①	[No] ②
h. Child has convulsions.....h.	[Yes] ①	[No] ②
i. Other [Yes] ① (specify: _____) [No] ②		
j. Other [Yes] ① (specify: _____) [No] ②		

**22. IF THE CARETAKER IS THE MOTHER OF THE CHILD, ASK: Were you ever given an injection in the arm to prevent the baby from getting tetanus, that is convulsions after birth?**

[Yes] ① [No] ② → Skip to question # 23 [Don't know] ⑧ → Skip to question # 23

 **If YES** (injection received):

 **22a. How many injections did you receive?** |\_\_|\_\_| injections

 **22b. When did you receive the last injection?** Year: |\_\_|\_\_|\_\_|\_\_|

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

[Yes] ① [No] ② [Don't know] ⑧

**24. How long did it take you to reach this facility from your place today?** |\_\_|\_\_|\_\_| minutes

**25. How much did you spend for transport for you and your child to get to this facility**

from your place today?.....|\_\_|\_\_|\_\_|\_\_| SDD

**26. How much did you spend for consultation, drugs, tests here today?** |\_\_|\_\_|\_\_|\_\_| SDD

**27. How much of this was for medicines?** |\_\_|\_\_|\_\_|\_\_| SDD

**28. Is the child covered by health insurance?**

[Yes] ① [No] ② [Don't know] ⑧

**ⓘ 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 2: EXIT INTERVIEW—CARETAKER OF CHILD Arabic version**  
**(2 months-5 years)**

[If the caretaker has more than a sick child enrolled in the survey, complete separate exit interview forms for each child. Copy questions 1, 2, 21, 22 and 24 for all children and conduct a new interview with the caretaker for all remaining questions for each child.]

Date: / / 2003 State:  District:

Facility: Name:  Code: || Type: [HOSP] ① [HC] ② [D/DS] ③

Child: Name  ID: ||

Birth date: / /  Age (months): || Sex: [M] ① [F] ②

Surveyor ID: ||

Caretaker: Sex: [M] ① [F] ② Education: [None] ① [Primary] ② [Secondary] ③ [Higher] ④

Relationship to child: [Mother] ① [Father] ② [Other relative] ③ [Other] ④:   
(e.g.: neighbour)

( ) .1

Read all options to the caretaker:

"راضية جدا"، "راضية"، "غير راضية"

[Very satisfied] ① [Satisfied] ② [Unsatisfied] ③ [Don't know] ⑧ → Skip to question # 3


.2


Tick all reasons that apply. Do not prompt (do not read options)

- a. Time health worker spent with child ..... a. [Yes] ① [No] ②  
 b. I was given a chance to ask questions ..... b. [Yes] ① [No] ②  
 c. Way the health worker examined the child ..... c. [Yes] ① [No] ②  
 d. Treatment given (or not given) ..... d. [Yes] ① [No] ②  
 e. What I learnt from the health worker ..... e. [Yes] ① [No] ②  
 f. Don't know ..... f. [Yes] ① [No] ②  
 g. Other ..... [Yes] ① If Yes, specify:  [No] ②

( ) ( ) .3


[Yes] ① [No] ② → Skip to question # 16 [Don't know] ⑧ → 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. ► Oral antibiotics included?**

[Yes] ① [No] ② → Skip to question # 8

► Record name and formulation of the antibiotic:

 **4a.** Name:

 **4b.** Formulation:

<u>Supervisor</u>	
<i>Correct?</i>	
YES	NO
①	②
<input type="checkbox"/> 5S	<input type="checkbox"/>
<input type="checkbox"/> 6S	<input type="checkbox"/>
<input type="checkbox"/> 7S	<input type="checkbox"/>

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

\_\_\_\_\_ ( ) - .5

\_\_\_\_\_ times .6

\_\_\_\_\_ days ( ) .7

( ) .70

(Tick only 1 answer)

- Will stop the medicine.....[ ] ①
- Will continue the medicine, but will reduce the dose.[ ] ②
- Will continue the medicine as prescribed .....[ ] ③
- Other.....[ ] ④ (Specify:\_\_\_\_\_)
- Don' t know.....[ ] ⑧

☞ **7x. ► Second antibiotic included?**

[Yes] ① (second antibiotic included)      [No] ② → Skip to question # 8 (no, only one antibiotic included)

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

7a. Name: \_\_\_\_\_

7b. Formulation: \_\_\_\_\_

<u>Supervisor</u>	
<i>Correct?</i>	
YES	NO
①	②
<input type="checkbox"/> 7cS	<input type="checkbox"/>
<input type="checkbox"/> 7dS	<input type="checkbox"/>
<input type="checkbox"/> 7eS	<input type="checkbox"/>

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

\_\_\_\_\_ ( ) **7c.**

\_\_\_\_\_ times **7d.**

\_\_\_\_\_ days ( ) **7e.**

☞ **8. ► Oral antimalarials included?**

[Yes] ①      [No] ② → Skip to question # 16

► Record name and formulation of the antimalarial:

☞ **8a.** Name: \_\_\_\_\_

☞ **8b.** Formulation: \_\_\_\_\_

<b>Supervisor</b>	
Correct?	
YES	NO
①	②
<input type="checkbox"/>	9S <input type="checkbox"/>
<input type="checkbox"/>	10S <input type="checkbox"/>
<input type="checkbox"/>	11S <input type="checkbox"/>

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

\_\_\_\_\_ ( ) **9.**

-----

\_\_\_\_\_ times **10.**

\_\_\_\_\_ days ( ) **11.**

👂 **12. ▶ Second antimalarial included?**  
 [Yes] ① [No] ② → Skip to question # 16

▶ Record name and formulation of the antimalarial:

👂 **12a.** Name: \_\_\_\_\_

👂 **12b.** Formulation: \_\_\_\_\_

<b>Supervisor</b>	
Correct?	
YES	NO
①	②
<input type="checkbox"/>	13S <input type="checkbox"/>
<input type="checkbox"/>	14S <input type="checkbox"/>
<input type="checkbox"/>	15S <input type="checkbox"/>

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

\_\_\_\_\_ ( ) **13.**

\_\_\_\_\_ times **14.**

\_\_\_\_\_ days ( ) **15.**

**16. ▶ Record whether ORS prescribed or given:**  
 [Yes] ① (ORS prescribed or given) [No] ② → Skip to question # 19a (no ORS prescribed or given)

<b>Supervisor</b>	
Correct?	
YES	NO
①	②
<input type="checkbox"/>	17S <input type="checkbox"/>
<input type="checkbox"/>	18S <input type="checkbox"/>
<input type="checkbox"/>	19S <input type="checkbox"/>

👂 If YES (ORS prescribed or given):

- - **17.**

\_\_\_\_\_

\_\_\_\_\_ ( ) - - **18.**

\_\_\_\_\_ - - **19.**

: ( ) 19a.

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

19b.

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

19c. ASK THIS QUESTION IF CHILD IS LESS THAN 24 MONTHS OLD (if not, skip to next question):

( 24 ) ( ) ( )

(Tick only 1 answer)

8 times or more..... [ ] ①

As much as the child wants. [ ] ②

Less than 8 times ..... [ ] ③

Other..... [ ] ④ (Specify: \_\_\_\_\_)

Did not tell me or don't know [ ] ⑧

( 24 ) 19d.

(Enter: 77 if caretaker says "as the child wants", 00 if caretaker says she was not told, and 88 if caretaker says she does not know)

times

( ) ( ) 20.

[Yes] ① [No] ② → Skip to question # 20b [Don't know] ⑧ → Skip to question # 20b

20a. If YES:

days

20b.

[Yes] ① [No] ② → Skip to question # 21 [Don't know] ⑧ → Skip to question # 21

If YES (mosquito bed-net available at home):

( ) 20c.

[Yes] ① [No] ② [Don't know] ⑧

( ) 20d.

[Yes] ① [No] ② [Don't know] ⑧

21. مرآت الأطفال العيانين مفروض يودوهم بسرعة للوحدة الصحية ، ياتو أعراض (حاجة) بتخليك تودي طفلك للوحدة الصحية بسرعة ؟  
Do not prompt – Tick all that is mentioned. Ask up to 2 times for more signs/symptoms

	Mentioned	Not mentioned
a. Child not able to drink or breastfeed.....a	[Yes] ①	[No] ②
b. Child becomes sicker .....b	[Yes] ①	[No] ②
c. Child develops a fever .....c	[Yes] ①	[No] ②
d. Child has fast breathing.....d	[Yes] ①	[No] ②
e. Child has difficult breathing/pneumonia....e	[Yes] ①	[No] ②
f. Child has blood in the stools.....f	[Yes] ①	[No] ②
g. Child is drinking poorly .....g	[Yes] ①	[No] ②
h. Child has convulsions.....h.	[Yes] ①	[No] ②
i. Other [Yes] ① (specify: _____) [No] ②		
j. Other [Yes] ① (specify: _____) [No] ②		

.22 IF THE CARETAKER IS THE MOTHER OF THE CHILD, ASK:

.(            )            ( / )

[Yes] ①            [No] ② → Skip to question # 23            [Don't know] ⑧ → Skip to question # 23

☞ If YES (injection received):

|\_|\_|\_|injections

22a.

Year:|\_|\_|\_|\_|\_|

22b.

Show mother's IMCI counselling card:

23.

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

|\_|\_|\_| minutes

24.

|\_|\_|\_|\_|\_| SDD

.25

|\_|\_|\_|\_|\_| SDD

.26

|\_|\_|\_|\_|\_| SDD

.27

(            )

28.

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

**ⓘ 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** Date: \_\_\_/\_\_\_/2003

Surveyor ID: |\_|\_| | Questionnaire: |\_|\_| || |\_|\_|

District: \_\_\_\_\_ FACILITY: Name: \_\_\_\_\_ Code: |\_|\_| | Type: [HOSP] ① [HC] ② [D/DS] ③ HF code || Child ID

CHILD: Name: \_\_\_\_\_ ID: |\_|\_| | Age: |\_|\_| | Sex: [M] ① [F] ② Weight: |\_|\_|.|\_|\_|Kg Axillary temperature: |\_|\_|.|\_|\_|°C

Visit: [Initial] ① [Follow-up] ② ASK: What are the child's problems? \_\_\_\_\_

**ASSESS** (circle all signs present)

**CLASSIFY** (Tick all relevant classifications) **YES NO**

<p><b>1. DOES THE CHILD HAVE ANY GENERAL DANGER SIGNS?</b>.....[Yes] ① [No] ②</p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS / CONVULSIONS NOW LETHARGIC OR UNCONSCIOUS</p>	<p>105. ONE OR MORE DANGER SIGNS ..... [ ] ① [ ] ②</p>
<p><b>2. DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?</b>.....[Yes] ① [No] ②</p> <p>For how long?  _ _  days <b>3. Count the breaths in one minute:</b>  _ _ _  breaths per minute. <b>Fast breathing?</b></p> <ul style="list-style-type: none"> <li>▪ Look for chest indrawing.</li> <li>▪ Look and listen for stridor.</li> </ul>	<p>110. SEVERE PNEUMONIA/VERY SEVERE DISEASE ..... [ ] ① [ ] ②</p> <p>111. PNEUMONIA ..... [ ] ① [ ] ②</p> <p>112. NO PNEUMONIA (Cough or cold) ..... [ ] ① [ ] ②</p>
<p><b>4. DOES THE CHILD HAVE WHEEZING?</b> ..... [Yes] ① [No] ②</p>	<p>113. WHEEZING..... [ ] ① [ ] ②</p>
<p><b>5. DOES THE CHILD HAVE DIARRHOEA?</b>.....[Yes] ① [No] ②</p> <ul style="list-style-type: none"> <li>○ For how long?  _ _  days</li> <li>○ Is there blood in the stool?</li> </ul> <ul style="list-style-type: none"> <li>▪ Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable?</li> <li>▪ Look for sunken eyes</li> <li>▪ Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> <li>▪ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</li> </ul>	<p>120 a. SEVERE DEHYDRATION ..... [ ] ① [ ] ②</p> <p>120 b. SOME DEHYDRATION ..... [ ] ① [ ] ②</p> <p>120 c. NO DEHYDRATION..... [ ] ① [ ] ②</p> <p>121. SEVERE PERSISTENT DIARRHOEA ..... [ ] ① [ ] ②</p> <p>122. PERSISTENT DIARRHOEA ..... [ ] ① [ ] ②</p> <p>123. DYSENTERY ..... [ ] ① [ ] ②</p>
<p><b>6. DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above)... [Yes] ① [No] ②</p> <ul style="list-style-type: none"> <li>○ For how long? ___ days</li> <li>○ If more than 7 days, has fever been present every day?</li> <li>○ Has child had measles within the last 3 months?</li> </ul> <ul style="list-style-type: none"> <li>▪ Look or feel for stiff neck</li> <li>▪ Look for runny nose</li> <li>Look for signs of MEASLES: ▪ Generalised rash and ▪ One of these: cough, runny nose, or red eyes</li> </ul>	<p>130. VERY SEVERE FEBRILE DISEASE ..... [ ] ① [ ] ②</p> <p>131. MALARIA ..... [ ] ① [ ] ②</p> <p>132. FEVER, MALARIA UNLIKELY ..... [ ] ① [ ] ②</p>
<p><b>If the child has measles now or within the last 3 months</b></p> <p style="text-align: center;">↓</p> <p><b>6a. MEASLES?</b> [Yes] ① [No] ②</p> <ul style="list-style-type: none"> <li>▪ Look for mouth ulcers If Yes, are they deep and extensive?</li> <li>▪ Look for pus draining from the eye</li> <li>▪ Look for clouding of the cornea</li> </ul>	<p>134. SEVERE COMPLICATED MEASLES ..... [ ] ① [ ] ②</p> <p>135. MEASLES WITH EYE/MOUTH COMPLICATION. [ ] ① [ ] ②</p> <p>136. MEASLES ..... [ ] ① [ ] ②</p>

# FORM 3: RE-EXAMINATION

Questionnaire:      
HF code || Child ID

**ASSESS** (circle all signs present)

**CLASSIFY** (Tick all relevant classifications) **YES** **NO**

<p><b>7. DOES THE CHILD HAVE AN EAR PROBLEM?</b>.....[Yes] ① [No] ②</p> <p>o Is there ear pain? <span style="margin-left: 150px;">▪ Look for pus draining from the ear</span></p> <p>o Is there ear discharge? <span style="margin-left: 150px;">▪ Feel for tender swelling behind the ear</span></p> <p style="margin-left: 20px;">If Yes, for how long? ___ days</p>	<p>140. MASTOIDITIS ..... [ ] ① [ ] ②</p> <p>141. ACUTE EAR INFECTION ..... [ ] ① [ ] ②</p> <p>142. CHRONIC EAR INFECTION..... [ ] ① [ ] ②</p> <p>143. NO EAR INFECTION ..... [ ] ① [ ] ②</p>
<p><b>CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <p>▪ Look for visible severe wasting</p> <p>▪ Look for palmar pallor</p> <p style="margin-left: 40px;">Severe palmar pallor? Some palmar pallor?</p> <p>▪ Look for oedema of both feet</p> <p>▪ Determine weight for age Very low ___ Not very low ___</p>	<p>150 a. SEVERE MALNUTRITION..... [ ] ① [ ] ②</p> <p>150 b. SEVERE ANAEMIA ..... [ ] ① [ ] ②</p> <p>151 a. VERY LOW WEIGHT ..... [ ] ① [ ] ②</p> <p>151 b. ANAEMIA ..... [ ] ① [ ] ②</p> <p>152 a. NOT VERY LOW WEIGHT / NO ANAEMIA..... [ ] ① [ ] ②</p>
<p><b>CHECK THE CHILD'S IMMUNISATION STATUS</b> Circle immunisations and vitamin A needed today</p> <p><i>Birth 6 weeks 10 weeks 14 weeks 9 months</i></p> <p><b>BCG DPT1 DPT2 DPT3 Measles Vitamin A (1<sup>st</sup> dose) Vitamin A (2<sup>nd</sup> dose)</b></p> <p><b>OPV0 OPV1 OPV2 OPV3</b></p>	
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old</p> <p>❖ 8. IS &lt;NAME&gt; BREASTFED?..... [Yes] ① [No] ② [Don't know] ⑧ →</p> <p>❖ 9. <del>Is</del> <i>If YES:</i> HOW MANY TIMES IN 24 HOURS? [ ] [ ] Do you breastfeed during the night? Yes ___ No ___</p> <p>❖ 10. IS NUMBER OF TIMES OF BREASTFEEDING AS RECOMMENDED?..... [Yes] ① [No] ②</p> <p>❖ 11. DOES THE CHILD TAKE ANY OTHER FOOD OR FLUIDS?..... [Yes] ① [No] ② [Don't know] ⑧ →</p> <p>If Yes, what food or fluids? _____</p> <p>❖ 12. IS THIS TYPE OF FOOD APPROPRIATE?..... [Yes] ① [No] ②</p> <p>❖ 13. HOW MANY TIMES PER DAY? [ ] [ ] times.</p> <p>❖ 14. IS NUMBER OF TIMES OF FEEDING AS RECOMMENDED? ..... [Yes] ① [No] ②</p> <p>What do you use to feed the child? _____</p> <p>If low weight for age: How large are servings? _____</p> <p>Does the child receive his own serving? Yes ___ No ___ Who feeds the child and how? _____</p> <p>During this illness, has the child's feeding changed? Yes ___ No ___</p> <p>If Yes, how? _____</p>	<p><i>If NO breastfeeding or caretaker does not know, skip to question # 11</i></p> <p><i>If NO other food or fluids or caretaker does not know, skip to question # 15</i></p>
<p><b>15. ASSESS OTHER PROBLEMS:</b> ANY OTHER PROBLEMS?.....[Yes] ① [No] ②</p>	<p>160. <b>EYE INFECTION</b> (OTHER PROBLEM 1) [ ] ① [ ] ②</p> <p>161. OTHER PROBLEM 2 (Sp.: _____) [ ] ① [ ] ②</p> <p>162. OTHER PROBLEM 3 (Sp.: _____) [ ] ① [ ] ②</p> <p>163. FEEDING PROBLEMS ..... [ ] ① [ ] ②</p>
<p style="text-align: right;">(Enter 00 if no follow-up is needed) →</p>	<p>164. DOES CHILD NEED TO BE REFERRED?..... [ ] ① [ ] ②</p> <p>165. RETURN FOR DEFINITE FOLLOW-UP IN: ... [ ] [ ] days .</p> <p>166. ANY NON-IMCI REASON FOR ANTIBIOTICS?..... [ ] ① [ ] ②</p> <p>170. HIGH MALARIA RISK? ..... [ ] ① [ ] ②</p>

**FORM 3: RE-EXAMINATION**

Questionnaire: 

--	--	--	--

  
HF code || Child ID

16. **▶ Record if the child needs Vitamin A today:**

[Yes] ① [No] ② [Don't know] ⑧  
(Vitamin A needed) (not needed) → If NO or DON'T KNOW, skip to question # 19

☞ 17. 📢 IF YES, ASK THE CARETAKER:

**Has <NAME> been given vitamin A drops from a capsule like this today?** (Show the mother a capsule of vitamin A as per child age)

[Yes] ① → If YES, skip to question # 19 [No] ② [Don't know] ⑧

☞ 18. 📢 IF NO or Don't know: **Has the health worker told you to bring back <NAME> to receive vitamin A on another day?**

[Yes] ① [No] ② [Don't know] ⑧

19. **▶ Record if child's road-to-health or vaccination card is available:**

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

20. **▶ Record if child needs to receive any immunisation today:**

[Yes] ① [No] ② [Don't know] ⑧  
(immunisation needed) (not needed) → If NO or DON'T KNOW, go to 📢

📢 IF YES, ASK THE CARETAKER:

☞ 21. **Did <NAME> receive a vaccination today or has the health worker referred <NAME> to the immunisation room?**

[Yes] ① → If YES, go to 📢 [No] ② [Don't know] ⑧  
(vaccination received or child referred to immunisation room) (vaccination not given and child not referred)

☞ 22. 📢 IF NO or Don't know: **Has the health worker told you to bring back <NAME> on another day or to take him/her to another place to receive a vaccination?**

[Yes] ① [No] ②

📢 **DOES THE CHILD HAVE A FEVER CLASSIFICATION?** IF NO, STOP HERE. IF YES, ASK THE CARETAKER:

23. **Did <NAME> receive a medicine for 'malaria' before being taken to this health facility?**

[Yes] ① [No] ② → ⊖ STOP here [Don't know] ⑧ → ⊖ STOP here

☞ 24. 📢 IF YES: **Which medicine did <NAME> receive? (Do not prompt)**

- a. Paracetamol..... a. [Yes] ① [No] ②
- b. Chloroquine..... b. [Yes] ① [No] ②
- c. Fansidar ..... c. [Yes] ① [No] ②
- d. Other ..... d. [Yes] ① (specify: \_\_\_\_\_) [No] ②
- e. Do not know ..... e. [Yes] ① [No] ②

☞ 25. 📢 IF CHLOROQUINE OR FANSIDAR, ASK: **How long after <NAME> started having fever did <NAME> receive this medicine?**

[Within 24 hours] ① [1 or 2 days later] ② [3 or more days later] ③

**Ⓢ SUPERVISOR: COPY CLASSIFICATIONS IN APPROPRIATE BOX ON FORM 1, PAGE 6 AND COLLECT BLOOD FILM IF TAKEN**

**FORM 3: RE-EXAMINATION**

Date: \_\_\_/\_\_\_/2003

Surveyor ID: |\_\_|\_|

Questionnaire: |\_\_|\_| || |\_\_|\_|

District: \_\_\_\_\_ FACILITY: Name: \_\_\_\_\_ Code: |\_\_|\_| Type: [HOSP] ① [HC] ② [D/DS] ③ HF code || Child ID

CHILD: Name: \_\_\_\_\_ ID: |\_\_|\_| Age: |\_\_|\_| Sex: [M] ① [F] ② Weight: |\_\_|\_|.|\_\_|\_|Kg Axillary temperature: |\_\_|\_|.|\_\_|\_|°C

Visit: [Initial] ① [Follow-up] ② ASK: What are the child's problems? \_\_\_\_\_

**Arabic version**

**ASSESS** (circle all signs present)

**CLASSIFY** (Tick all relevant classifications)

**YES NO**

<p><b>1. DOES THE CHILD HAVE ANY GENERAL DANGER SIGNS?</b>.....[Yes] ① [No] ②</p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING HISTORY OF CONVULSIONS / CONVULSIONS NOW LETHARGIC OR UNCONSCIOUS</p>	<p>105. ONE OR MORE DANGER SIGNS ..... [ ] ① [ ] ②</p>
<p><b>2. DOES THE CHILD HAVE COUGH <u>OR</u> DIFFICULT BREATHING?</b>.....[Yes] ① [No] ②</p> <p>For how long?  __ _  days <b>3. Count the breaths in one minute:</b>  __ _  breaths per minute. <b>Fast breathing?</b></p> <ul style="list-style-type: none"> <li>▪ Look for chest indrawing.</li> <li>▪ Look and listen for stridor.</li> </ul>	<p>110. SEVERE PNEUMONIA/VERY SEVERE DISEASE ..... [ ] ① [ ] ②</p> <p>111. PNEUMONIA ..... [ ] ① [ ] ②</p> <p>112. NO PNEUMONIA (Cough or cold) ..... [ ] ① [ ] ②</p>
<p><b>4. DOES THE CHILD HAVE WHEEZING?</b> ..... [Yes] ① [No] ②</p>	<p>113. WHEEZING..... [ ] ① [ ] ②</p>
<p><b>5. DOES THE CHILD HAVE DIARRHOEA?</b>.....[Yes] ① [No] ②</p> <p>○ For how long?  __ _  days ○ Is there blood in the stool?</p> <ul style="list-style-type: none"> <li>▪ Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable?</li> <li>▪ Look for sunken eyes</li> <li>▪ Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?</li> <li>▪ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?</li> </ul>	<p>120 a. SEVERE DEHYDRATION ..... [ ] ① [ ] ②</p> <p>120 b. SOME DEHYDRATION ..... [ ] ① [ ] ②</p> <p>120 c. NO DEHYDRATION..... [ ] ① [ ] ②</p> <p>121. SEVERE PERSISTENT DIARRHOEA ..... [ ] ① [ ] ②</p> <p>122. PERSISTENT DIARRHOEA ..... [ ] ① [ ] ②</p> <p>123. DYSENTERY ..... [ ] ① [ ] ②</p>
<p><b>6. DOES THE CHILD HAVE FEVER?</b> (by history/feels hot/temperature 37.5°C or above)... [Yes] ① [No] ②</p> <p>○ For how long? ___ days ○ If more than 7 days, has fever been present every day? ○ Has child had measles within the last 3 months?</p> <ul style="list-style-type: none"> <li>▪ Look or feel for stiff neck</li> <li>▪ Look for runny nose</li> <li>Look for signs of MEASLES:             <ul style="list-style-type: none"> <li>▪ Generalised rash and</li> <li>▪ One of these: cough, runny nose, or red eyes</li> </ul> </li> </ul>	<p>130. VERY SEVERE FEBRILE DISEASE ..... [ ] ① [ ] ②</p> <p>131. MALARIA ..... [ ] ① [ ] ②</p> <p>132. FEVER, MALARIA UNLIKELY ..... [ ] ① [ ] ②</p>
<p><b>If the child has measles now or within the last 3 months</b></p> <p style="text-align: center;">↓</p> <p><b>6a. MEASLES?</b> [Yes] ① [No] ②</p> <ul style="list-style-type: none"> <li>▪ Look for mouth ulcers If Yes, are they deep and extensive?</li> <li>▪ Look for pus draining from the eye</li> <li>▪ Look for clouding of the cornea</li> </ul>	<p>134. SEVERE COMPLICATED MEASLES ..... [ ] ① [ ] ②</p> <p>135. MEASLES WITH EYE/MOUTH COMPLICATION. [ ] ① [ ] ②</p> <p>136. MEASLES ..... [ ] ① [ ] ②</p>

# FORM 3: RE-EXAMINATION

Questionnaire:   ||    
 HF code || Child ID

**ASSESS** (circle all signs present)

**CLASSIFY** (Tick all relevant classifications) **YES** **NO**

<p><b>7. DOES THE CHILD HAVE AN EAR PROBLEM?</b>.....[Yes] ① [No] ②</p> <p>○ Is there ear pain? <span style="margin-left: 150px;">▪ Look for pus draining from the ear</span>          ○ Is there ear discharge? <span style="margin-left: 150px;">▪ Feel for tender swelling behind the ear</span>          If Yes, for how long? ____ days</p>	<p>140. MASTOIDITIS .....[ ] ① [ ] ②          141. ACUTE EAR INFECTION .....[ ] ① [ ] ②          142. CHRONIC EAR INFECTION.....[ ] ① [ ] ②          143. NO EAR INFECTION.....[ ] ① [ ] ②</p>
<p><b>CHECK FOR MALNUTRITION AND ANAEMIA</b></p> <p>▪ Look for visible severe wasting          ▪ Look for palmar pallor              Severe palmar pallor? Some palmar pallor?          ▪ Look for oedema of both feet          ▪ Determine weight for age   Very low ____   Not very low ____</p>	<p>150 a. SEVERE MALNUTRITION.....[ ] ① [ ] ②          150 b. SEVERE ANAEMIA .....[ ] ① [ ] ②          151 a. VERY LOW WEIGHT .....[ ] ① [ ] ②          151 b. ANAEMIA .....[ ] ① [ ] ②          152 a. NOT VERY LOW WEIGHT / NO ANAEMIA.....[ ] ① [ ] ②</p>
<p><b>CHECK THE CHILD'S IMMUNISATION STATUS</b>   Circle immunisations and vitamin A needed today</p> <p>Birth   6 weeks   10 weeks   14 weeks   9 months</p> <p>BCG    DPT1    DPT2    DPT3    Measles    Vitamin A (1<sup>st</sup> dose)   Vitamin A (2<sup>nd</sup> dose)</p> <p>OPV0   OPV1    OPV2    OPV3</p>	
<p><b>ASSESS CHILD'S FEEDING</b> if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old</p> <p>❖ 8. IS &lt;NAME&gt; BREASTFED? ..... [Yes] ① [No] ② [Don't know] ⑧ →</p> <p>❖ 9.  If YES: HOW MANY TIMES IN 24 HOURS? [ ] [ ] Do you breastfeed during the night? Yes ___ No ___</p> <p>❖ 10. IS NUMBER OF TIMES OF BREASTFEEDING AS RECOMMENDED? .....[Yes] ① [No] ②</p> <p>❖ 11. DOES THE CHILD TAKE ANY OTHER FOOD OR FLUIDS? .....[Yes] ① [No] ② [Don't know] ⑧ →</p> <p>If Yes, what food or fluids? _____</p> <p>❖ 12. IS THIS TYPE OF FOOD APPROPRIATE?..... [Yes] ① [No] ②</p> <p>❖ 13. HOW MANY TIMES PER DAY? [ ] [ ] times.</p> <p>❖ 14. IS NUMBER OF TIMES OF FEEDING AS RECOMMENDED? .....[Yes] ① [No] ②</p> <p>What do you use to feed the child? _____</p> <p>If low weight for age: How large are servings? _____</p> <p>Does the child receive his own serving? Yes ___ No ___ Who feeds the child and how? _____</p> <p>During this illness, has the child's feeding changed? Yes ___ No ___</p> <p>If Yes, how?</p>	<p><i>If NO breastfeeding or caretaker does not know, skip to question # 11</i></p> <p><i>If NO other food or fluids or caretaker does not know, skip to question # 15</i></p>
<p><b>15. ASSESS OTHER PROBLEMS:</b> ANY OTHER PROBLEMS?.....[Yes] ① [No] ②</p>	<p>160. EYE INFECTION (OTHER PROBLEM 1) [ ] ① [ ] ②          161. OTHER PROBLEM 2 (Sp.: _____) [ ] ① [ ] ②          162. OTHER PROBLEM 3 (Sp.: _____) [ ] ① [ ] ②          163. FEEDING PROBLEMS .....[ ] ① [ ] ②</p>
<p style="text-align: center;">(Enter 00 if no follow-up is needed) →</p>	<p>164. DOES CHILD NEED TO BE REFERRED?.....[ ] ① [ ] ②          165. RETURN FOR DEFINITE FOLLOW-UP IN:... [ ] [ ] days .          166. ANY NON-IMCI REASON FOR ANTIBIOTICS?.....[ ] ① [ ] ②          170. HIGH MALARIA RISK?.....[ ] ① [ ] ②</p>

**16. ▶ Record if the child needs Vitamin A today:**

[Yes] ① (Vitamin A needed)      [No] ② (not needed) → *If NO skip to question # 19*

☞ **17. 🚫 IF YES, ASK THE CARETAKER:**

( ) ( )

(Show the mother a capsule of vitamin A as per child age)

[Yes] ① → *If YES, skip to question # 19*      [No] ②      [Don't know] ⑧

☞ **18. 🚫 IF NO or Don't know:**

( ) ( ) ( )

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

**19. ▶ Record if child's road-to-health or vaccination card is available:**

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

**20. ▶ Record if child needs to receive any immunisation today:**

[Yes] ① (immunisation needed)      [No] ② → *If NO, go to 🚫* (not needed)

🚫 **IF YES, ASK THE CARETAKER:**

( ) ( ) . 21

[Yes] ① → *If YES, go to 🚫* (vaccination received or child referred to immunisation room)      [No] ② (vaccination not given and child not referred)      [Don't know] ⑧

☞ **22. 🚫 IF NO or Don't know:**

( ) ( )

[Yes] ①      [No] ②



**IF THE CHILD HAS A FEVER CLASSIFICATION**



ASK THE CARETAKER:

( ) 23.

[Yes] ①      [No] ② → ⊖ STOP here      [Don't know] ⑧ → ⊖ STOP here

*IF YES... (next page)*

☞ **24.** 🚫 *IF YES:* (Do not prompt)

(       )

- a. Paracetamol..... a. [Yes] ①       [No] ②
- b. **Chloroquine**..... b. [Yes] ①       [No] ②
- c. **Fansidar** ..... c. [Yes] ①       [No] ②
- d. Other ..... d. [Yes] ① (specify: \_\_\_\_\_) [No] ②
- e. Do not know ..... e. [Yes] ①       [No] ②

☞ **25.** 🚫 IF CHLOROQUINE OR FANSIDAR, ASK:

(       )

- [Within 24 hours] ①    [1 or 2 days later] ②    [3 or more days later] ③

**① SUPERVISOR: COPY CLASSIFICATIONS IN APPROPRIATE BOX ON FORM 1, PAGE 6 AND COLLECT BLOOD FILM IF TAKEN**

**Form 4. EQUIPMENT AND SUPPLY CHECKLIST**

Date: / / 2003      State:       District:

Facility: Name       Code        Type: [HOSP] ① [HC] ② [D/DS] ③

Team:

*Discuss with the head of facility to determine the number of health providers who usually manage children:*

Table 1: Characteristics of health providers with case management responsibilities

Category	No. managing children	No. managing children trained in IMCI	No. trained in IMCI present today
Doctor			
Medical assistant			
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. [Yes] ① [No] ②
- b. Accessible and working baby scale? .....b. [Yes] ① [No] ②
- c. Working watch or timing device? .....c. [Yes] ① [No] ②
- c1. Functioning microscope .....c1. [Yes] ① [No] ②
- c2. Slides (at least 5) .....c2. [Yes] ① [No] ②
- c3. Giemsa .....c3. [Yes] ① [No] ②
- c4. Lancets to prick finger (at least 10) .....c4. [Yes] ① [No] ②
- d. Supplies to mix ORS, cups and spoons .....d. [Yes] ① [No] ②
- e. Improved source of water (hand-pump, tap water, deep well) .....e. [Yes] ① [No] ②
- f. Stock cards/drug logbook .....f. [Yes] ① [No] ②
- f1. Vaccination register/logbook .....f1. [Yes] ① [No] ②
- g. Child road-to-health cards .....g. [Yes] ① [No] ②
- h. Mothers' IMCI counselling cards for use by health worker? .....h. [Yes] ① [No] ②
- i. IMCI chart booklet? .....i. [Yes] ① [No] ②
- l. Working nebuliser? .....l. [Yes] ① [No] ②
- n. Thermometer? .....n. [Yes] ① [No] ②
- o. IMCI recording forms? .....o. [Yes] ① [No] ②
- p. IMCI daily register? .....p. [Yes] ① [No] ②

k. Accessible\* means of transportation for patients requiring referral .k. [Yes] ① [No] ②

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

**E1z. Does the facility provide immunisation services?**

[Yes] ① [No] ② → Skip to Availability of Drugs Module, question # D1

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

[Yes] ① [No] ② → Skip to question # E4a

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

[Single use] ① [Multiple uses] ② → Skip to question # E4a

☞ **E2b. IF SINGLE (DISPOSABLE) USE: Does the facility have the safety box to dispose of them?**

[Yes] ① [No] ②

**E4a. Does the facility have a functioning refrigerator?**

[Yes] ① [No] ② → Skip to question # E5

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


[Yes] ① [No] ② → Skip to question # E5

☞ **E4c. IF YES: Is the refrigerator's temperature between 2°C and 8°C at the time of visit?**

[Yes] ① [No] ②

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

[Yes] ① [No] ② → Skip to Availability of Drugs Module, question # D1

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

[Yes] ① [No] ②

**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. [Yes] ① [No] ②
- b. **Cotrimoxazole** tablets or susp. – First line antibiotic for pneumonia  
and First line antibiotic for dysentery: .....b. [Yes] ① [No] ②
- c. **Amoxicillin** tablets (250mg) or susp.–  
Second line antibiotic for pneumonia .....c. [Yes] ① [No] ②
- e. **Nalidixic acid** 250mg tab. - Second line antibiotic for dysentery: .....e. [Yes] ① [No] ②
- f. **Chloroquine** tablet (150mg base) or syrup (50mg or 75mg base/5ml) .....f. [Yes] ① [No] ②
- g. **Sulfadoxine+pyrimethamine** tablet (500mg Sulfa + 25mg pyrim.) ....g. [Yes] ① [No] ②
- h. **Vitamin A** *blue* (100,000 IU) or *red* (200,000IU) caps with nipple .....h. [Yes] ① [No] ②
- i. **Iron** syrup or Drops 25mg/ml .....i. [Yes] ① [No] ②
- j. **Paracetamol** syrup 120mg/5 ml or Tablets 100mg or 500mg .....j. [Yes] ① [No] ②
- l. **Tetracycline eye ointment** .....l. [Yes] ① [No] ②
- m. **Gentian violet** (0.5%) .....m. [Yes] ① [No] ②
- n. **Salbutamol** solution or metered dose inhaler (MDI) .....n. [Yes] ① [No] ②
- o. **Salbutamol** syrup 2mg/5 ml or Tablets 2mg or 4mg .....o. [Yes] ① [No] ②
- p. **Diazepam** ampule (10mg/2ml) .....p. [Yes] ① [No] ②

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

- a. **Chloramphenicol IM** .....a. [Yes] ① [No] ②
- b. **Quinine IM** .....b. [Yes] ① [No] ②
- c. **Benzylpenicillin IM** .....c. [Yes] ① [No] ②
- c1. **Procaïn penicillin IM** .....c1. [Yes] ① [No] ②
- d. **Gentamycin IM** .....d. [Yes] ① [No] ②
- e. Sterile water for injection .....e. [Yes] ① [No] ②
- f1. Ringer’s Lactate Solution (for severe dehydration) .....f1. [Yes] ① [No] ②
- f2. Saline (for severe dehydration) .....f2. [Yes] ① [No] ②

How many treatment courses of the following drugs for child weighing 10 kg does the facility have right now?

- D4. **Cotrimoxazole** - for pneumonia -
- D5. **Amoxicillin, oral** - for pneumonia -
- D6. **Chloroquine, oral** – for malaria -
- D7. **Sulfadoxine+pyrimethamine** – for malaria -

## FACILITY SERVICES MODULE

Ask the following questions of 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 curative child health services provided?**  days/week

**S3. Does the facility hold immunisation sessions during the week?**

[Yes] ① [No] ② → Skip to question # S4

 **If Yes** (immunisation sessions available during the week):

 **S3a. How many sessions are held at the facility per week?**  no./week

 **S3b. Which vaccinations are not available during the week? (Tick all that apply)**

[Measles] ① [BCG] ② [DPT] ③ [OPV] ④ [All are available] ⑤ → Skip to question # S5

  **If not all available: S4. Does the facility hold immunisation sessions in a month?**


[Yes] ① [No] ② → Skip to question # S5

  **If Yes: S4a: Which vaccinations are not available in a month? (Tick all that apply)**

[Measles] ① [BCG] ② [DPT] ③ [OPV] ④ [All are available] ⑤

**S5. How many times during the last six months did the facility receive a supervisory visit?** .....   times/6 months

→ If **No** visit in the last 6 months, enter 0 and skip to question S7a

 **S6. How many of these supervisory visits were follow-up visits after training to health workers 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?**

[Yes] ① [No] ② [Doesn't know] ⑧

**S7a. Does the facility have a supervisory book?**

[Yes] ① [No] ② → Skip to question # S9 [Doesn't know] ⑧ → Skip to question # S9

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

[Yes] ① [No] ② [No record of visit found] ③ → Skip to question # S9

 **S7c. How many months ago was the latest record of a supervisory visit?**   months ago

**S9. How long does it take for the patient to get to the referral hospital using the most common\* local transport?**   hours   minutes  
 [If this is the OPD of a hospital, enter "0"]

*\*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?**

[Yes] ①      [No] ② → 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 CASELOAD DATA: ESTIMATED FIGURES**

ASK THE FOLLOWING QUESTIONS OF ALL THE HEALTH WORKERS SEEING OUTPATIENTS AND RECORD THE TOTAL NUMBER OF CASES FOR ALL OF THEM:

**F1. How many outpatients (all ages) did you see last week (best estimate)?**

outpatients all ages seen last week

**F2. How many of these outpatients were children under-five (best estimate)?**

children under-five seen last week

**F3. How many outpatients all ages had *pneumonia or bronchopneumonia* last week (best estimate)?**

outpatients all ages with pneumonia or bronchopneumonia seen last week

**F4. How many of these outpatients with pneumonia or bronchopneumonia were children under-five (best estimate)?**

children under-five with pneumonia or bronchopneumonia seen last week

**F5. How many outpatients all ages had *malaria* last week (best estimate)?**

outpatients all ages with malaria seen last week

**F6. How many of these outpatients with malaria were children under-five (best estimate)?**

children under-five with malaria seen last week

**F7. Does the facility have a logbook where outpatients' diagnoses are recorded?**

[Yes] ①      [No] ② → If NO, Stop here ⊗

## 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 estimate attendance should be determined in each site. These procedures must be practical!

- **CHECK THE RECORDS OF THE MONTH OF JANUARY 2003 AND FILL IN THE TABLE BELOW**  
Count total for each type of service. Children may visit more than one service during one visit to the facility.

		OUTPATIENT		WELL CHILD (growth monitoring)	
		Insured	Uninsured	Immunisation	Growth monitoring
R1.	What is the total number of visits to the health facility for OUTPATIENT services (ALL AGES) during the month of January?	<input type="text"/>	<input type="text"/>		
R2.	How many of these visits were made by children UNDER-FIVE (from 0 up to 5 years old)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R3.	How many of these under-five child visits were made by FEMALE children?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R4.	How many of these under-five visits were made by children UNDER TWO MONTHS (from 0 to 2 months)?	<input type="text"/>	<input type="text"/>		
R5.	How many OUTPATIENT visits (ALL AGES) were classified / diagnosed as PNEUMONIA or BRONCHOPNEUMONIA?	<input type="text"/>	<input type="text"/>		
R6.	How many of these visits were for UNDERFIVES?	<input type="text"/>	<input type="text"/>		
R7.	How many OUTPATIENT visits (ALL AGES) were classified / diagnosed as MALARIA?	<input type="text"/>	<input type="text"/>		
R8.	How many of these visits were for UNDERFIVES?	<input type="text"/>	<input type="text"/>		

## OBSERVATION SHEET

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Team: \_\_\_\_\_

District: \_\_\_\_\_

Health facility code: |\_\_| |\_\_| |\_\_|

**1. ORGANISATION OF WORK AT THE FACILITY** (Flow of patients, waiting time, distribution of tasks - triage to select severe cases, counselling, etc.-)

**2. DRUGS** (Availability in the past 3 months and out-of-stock situations lasting more than 1 week – esp. antibiotics and malaria drugs -, drug procurement system, perception about affordability of drugs by families)

**3. REFERRAL** (Pathway, accessibility to referral sites and perceived quality of services at the referral facility, feedback received from referral facility)

**4. UTILISATION OF SERVICES** (Has there been an increase in the utilisation of health services for sick children since IMCI has been introduced in this facility? If so, are there any data supporting this point?)

**5. HIS: RECORDING AND REPORTING TO HIGHER LEVELS** (how many different records are used to record information on the sick child from the time s/he enters the facility to the time s/he leave it? Check if the facility has a copy of the last routine report submitted to higher level)

**6. PERCEIVED MAIN CONSTRAINTS TO THE IMPLEMENTATION OF THE IMCI STRATEGY AT THIS FACILITY AND SUGGESTED SOLUTIONS**

Continue on the back of this page if necessary.