

Preparing for the Supervision Visit

1. Schedule your visit in accordance with established annual supervision plan.
Avoid surprise visits.

The purpose of the supervision visit is to provide assistance and support to health workers

This means

helping health workers solve problems
working health workers to assess and to improve the quality of the service they provide
providing on the spot training where needed
arrange for longer-term training when needed communicate messages from DHMT to
the health workers
communicate issues and concerns from health facility to DHMT
help strengthen links between the health facility and the community
bring necessary stationary, drugs, vaccines, equipment, and supplies to the health facility at
each visit



Supervision is a helping process it is not an inspection



2. Review the work plan for the health unit to be visited
objectives
targets
3. Review of statistics for health unit to be visited
4. Review report of last supervision visit. Note the problems identified at that visit which you should follow up at this visit.
5. Note issues or changes in procedures which you will need to communicate to health facility personnel or which will require special attention during the visit.
6. Think about the supplies and equipment which you may need to deliver to the health facility on your visit.

Conducting the Supervision Visit

1. Health facility _____ date _____
In-charge _____ previous visit _____
2. Note issues which need special attention during this visit
3. Problems identified on previous visit
4. Private interview with in-charge
 - general status of health centre since previous visit
 - problems he or she identifies
 - personnel (including pay, absenteeism)
 - facilities (buildings, water, latrines)
 - drugs and supplies
 - outreach activities
 - relationship with the district team
 - relationship with the community
 - interaction with non-government health personnel or facilities
 - other problems he or she identifies
5. Assess general appearance of facilities (walk about)
6. Carry out general technical assessment using the **general check list**
 - a. records
 - b. drugs
 - c. equipment
 - d. observation of health worker in common childhood and adult conditions
(Include name of health worker observed)
7. Select **specialized check lists** needed this visit (TB, Malaria, AIDS/TB, MH&FP, W&S)

8. Discuss perceptions of services with community leaders.

Successes and problems

9. Discuss findings with health centre team (feedback) and facilitate problem solving session.

Topics discussed

10. Action plan for correction of facility-based problems identified by staff & supervisor

actions for health centre staff

actions for you to do

11. Discuss progress toward meeting work plan targets and objectives

topics discussed

12. Further problems identified by health centre staff in discussion

13. Spot training carried out

Subjects covered:

14. Status of problems identified on previous visit

problems solved

Problems remaining

15. Items to follow-up on next supervision visit

16. Date of next supervision visit_____ Signature _____

Health Centre Supervision Checklist

16 March 1997

Date: _____

Health Centre _____

In - charge _____ Supervisors _____

Part I - Core Health Facility Activities

A. Facilities, grounds and buildings

Walk around the health centre with the in-charge and answer the following questions:

- Y N** 1. Are the grounds around the health centre and staff houses free from waste?
- Y N** 2. Is there a functioning and clean toilet for staff and patients at the facility?
- Y N** 3. Is there adequate seating and space for waiting patients?
- Y N** 4. Are all of the rooms in the health centre clean?
floors swept
trash put in trash boxes and not left out
- Y N** 5. Are all linen materials which are in use and in storage clean?
- Y N** 6. Is there an **ORT corner** fully functional with the following present
table, seating for mother and child
potable water (✓ if supply appears adequate)
2 large cups (500 ml), 2 medium cups (250 ml)
1 tablespoon (10 ml), 1 teaspoon (5 ml)
ORS sachets (✓ if supply appears adequate)
the ORT register is complete
- Y N** 7. Private consultation room for confidential counseling
(Family Planning, STDs, etc...) and private physical exam (gynae, STDs)

B. Records, Reports and Wall charts

- Y N** 8. Is the following information displayed on wall charts or maps
- map of health centre catchment area displaying
- | | |
|---|--------------|
| boundary of catchment area | communities |
| roads | markets |
| health centres | NHMTs |
| CHWs | trained TBAs |
| rivers, springs and other major water sources | |

- ☐ vital statistics for the catchment area
 - total population for current year under-fives
 - under-ones women of childbearing age
 - expected pregnancies in current year

 - ☐ immunisation monitoring chart correctly filled in and up-to-date showing
 - the number entered for measles vaccinations is the same as on the MF-47
 - the cumulative numbers are added correctly; and
 - the point is plotted correctly to correspond with the cumulative vaccinations
 - current estimate of measles vaccination coverage

 - ☐ Is the first-antenatal-attendance monitoring chart displayed, correctly filled in and up-to-date?
 - the number entered for first antenatal visits is the same as on the MF-47
 - the cumulative numbers are added correctly; and
 - the point is plotted correctly to correspond with the cumulative visits and the month
9. What is the current estimate of first antenatal attendance coverage for this area? ____%

C. Review of the Outpatient Register for the past month

How many of the patients seen in the last month had more than one diagnosis written in the register?___

D. Review of the Antenatal Register for the past month

- YN** 13. Are there notations in the antenatal register for high-risk pregnancies, and are special follow-up activities specified for these women?
- YN** 14. Have the following antenatal services taken place in the past quarter?
outreach antenatal clinics?
community participation regarding maternal care and referral?
community discussions on danger signs of pregnancy and delivery?
- YN** 15. Is there a register of RPR results for antenatal patients?

E. Review of the Tuberculosis Treatment Register for the past month

Y N 16. Is the tuberculosis treatment register correctly filled in?

Note: Answer No , if data missing or incorrect. Explanations should be given for missing data.

17. How many TB patients have defaulted in the past 3 months? _____

Y N 18. Do records reflect that defaulters were visited at home?

19. How many sputum positive reports at two months were not followed up?
_____ (number)

20. Number of new patients started on treatment in the previous 3 months? _____

21. Number of patients completing treatment in past 3 months? _____

22. Number of TB patients not responding to treatment referred to the district? _____

23. How many patients are receiving DOTS treatment? _____

F. Financial

24. How much money did you collect from user fees, since the last supervision visit? _____

Y N 25. Is there a financial committee that monitors expenditures and are minutes of meetings available?

Y N 26. Does the total amount of money collected on user fees last month correspond with the total amount of the receipts in the receipt book?

Y N 27. Is the cash from user fees for last month available or if it was collected, can it be confirmed by the District Accountant that it has been banked?

Y N 28. Does the number of receipts issued last month for user fees match with the number of user fee paying patients according to the outpatient (+/- inpatient) register(s)?

Y N 29. Does the staff know which patients are exempted from paying user fees?

Children under 6 years and patients above 65 years

Treatment for chronic diseases like TB, diabetes, hypertension

STD, antenatal and other MCH services

If patients have truly no means to pay (approved by the Dept. of social welfare)

G. Services provided

- Y N 30. Are the following services available more than once weekly? (Supermarket)
childhood immunisation
antenatal care
family planning
- Y N 31. Is there a UCI outreach programme? If yes, how many times last month? _____
How many sites last month? _____
- Y N 32. Is there an AIDS home-based care programme functioning?
If Yes
how many patients are presently receiving treatment? _____
records complete
What supplies are being distributed in past month days?

H. Personnel

33. How many staff and of which cadre are working at the health centre?
- | | |
|-----------------------------|-------------------------------------|
| ___ Doctor | ___ Environmental Health Technician |
| ___ Clinical Officer | ___ Laboratory Technician |
| ___ Registered nurse | ___ Classified Daily Employee |
| ___ Enrolled nurse | ___ other: _____ |
| ___ Community Health Worker | ___ other: _____ |
- Y N 34. Was there a staff meeting held last month? *Note: To answer Yes there must be minutes of the meeting, including names of the participants*
- Y N 35. Were there other health facility committees which met in the past 3 months? *Specify which (housing, drugs & therapeutics, discipline etc) and verify minutes*

I. Equipment, Supplies and Stationary

- Y N** 36. Are each of the following items of equipment present and in working order?
- | | |
|--|---|
| <input type="checkbox"/> salter scale/weighing bag | <input type="checkbox"/> steam steriliser |
| <input type="checkbox"/> adult scale | <input type="checkbox"/> steriliser stove |
| <input type="checkbox"/> blood pressure cuff | <input type="checkbox"/> measuring tape |
| <input type="checkbox"/> clinical thermometer | (for measuring fundal height) |
| <input type="checkbox"/> foetal stethoscope | <input type="checkbox"/> vaccine carrier |
| <input type="checkbox"/> stethoscope | ice packs |
| <input type="checkbox"/> timer for health worker seeing children | wash stand and basin |
| | vaginal speculum |
- Y N** 37. Is there a dental tray present?

Y N 38. Are supplies of the following available in adequate quantities?

water for washing hands	sterile syringes (1 mo supply)
potable water	sterile needles (1 mo supply)
soap for washing hands	cotton wool
fuel for steriliser stove	IUD kits

Y N 39. Are adequate supplies of the following forms/stationary available?

outpatient register	Children's clinic cards
tally forms for UCI	ante natal cards
MF-47	EDP report forms
Notifiable disease report form	blank stock cards
receipt books	TB cards
OPD cards/record books	

Y N 40. are laboratory services available?

If Yes is the following equipment available?

microscope	haemoglobinometer
centrifuge	reagents for blood films (1 mo supply)
cell counter	urine dipsticks (1 mo supply)
glass microscope slides (1 mo supply)	

J. Vaccine Supply and Cold Storage

Y N 41. Has the vaccine refrigerator maintained an acceptable temperature, and is its present temperature between 0°C and 8°C?

Y N 42. Has the refrigerator temperature chart been filled out twice daily for the past month?

43. For how many days in the last 3 months does the stock books show each of these vaccines out-of-stock?

Measles:___days; DPT:___days; Polio:___days; BCG:___days; TT:___days

Vaccine stock book not current

Y N 44. Is a 2 week supply of fuel available?

K. Drugs and Contraceptives

45.	stock card present	recorded = actual	days o/s last month
Child health/Malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Chloroquine tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Cotrimoxazole tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
ORS sachets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Pyrimethamine-sulfa tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Vitamin A capsules/tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Maternal health/Family Planning			
Methylergotamine injection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Condom	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Contraceptive pill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Depoprovera	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
STDs/Tuberculosis			
Benzathine penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Ethambutol tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 mo supply <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Isoniazid + Ethambutol tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 mo supply <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Pyrazinamide	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 mo supply <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Rifina	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 mo supply <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Other			
IV Fluids and giving sets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Ferrous Sulphate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days
Folate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ days

Y N 46. If there is a maternity facility, the following drugs, at a minimum, will be present in adequate amounts for the deliveries which occur in this unit

gentamicin	Vitamin A
procaine penicillin	tetracycline ointment
anticonvulsants	lidocaine 2%
antihypertensives	amoxicillin
BCG	ampicillin injectable
mebendazole	

Y N 47. Are drugs handled in an appropriate manner?

How are new drugs stocked when they arrive? (✓ for: stock rotation)

What do you do with expired drugs? (✓ for: return to district)

Are there any drugs on the floor? (✓ for: none)

L. Malaria/Child Health**(including UCI, diarrhea, pneumonia, nutrition and malaria)****48. Observation of Assessment of the Sick Child 2 Months to 5 Years***Health Worker's Name* _____ *CO ZEN EHT RN MD CDE**Health Worker trained with 11 day MCI course* Yes No *Age of child:* ____ *months*

Does the health worker greet the mother?

Does the health worker ask about or does the mother volunteer**Does the health worker examine for****Danger signs**not able to drink or breast feed?
vomits everything?
convulsions?

lethargy or unconsciousness?

Cough or difficulty breathing

for how many days?

raise the shirt?

count breaths?

look for chest indrawing?

Diarrhoea

for how many days?

is there blood in the stool?

offer fluid or observe breastfeeding?

skin pinch of the abdomen?

Fever in the past 24 hours

for how many days?

has Chloroquine been given at home for this illness?

examine for stiff neck?

Immunization

ask to see immunization card?

due for vitamin A?

Feeding (if under 2 yrs or very low weight)

do you breastfeed your child?

if yes, how many times in 24hrs?

does the child take any other food?

if yes, what foods or fluids?

how many feedings per day?

(49) Observation of Treatment and Counseling -- 2 Months to 5 Years

Drugs prescribed

Does health worker correctly explain

_____	<input type="checkbox"/> Dose	<input type="checkbox"/> Frequency	<input type="checkbox"/> Duration
_____	<input type="checkbox"/> Dose	<input type="checkbox"/> Frequency	<input type="checkbox"/> Duration
_____	<input type="checkbox"/> Dose	<input type="checkbox"/> Frequency	<input type="checkbox"/> Duration
_____	<input type="checkbox"/> Dose	<input type="checkbox"/> Frequency	<input type="checkbox"/> Duration

Y N 50. Does a health worker ask any open-ended questions to determine whether the mother understands how to give the medicines prescribed?

Y N 51. Does the health worker advise

- ☐ Increase the frequency of meals or breastfeeding
- ☐ Reduce or stop other foods other than breastmilk
- ☐ Begin or increase the frequency of complementary foods
- ☐ Give food that is thicker or enriched (e.g. with sugar, oil, ...)

Y N 52. Does the health worker advise on when to bring the child again?

Y N 53. Does the health worker advise mother to return with child immediately for:

- ☐ Develops a fever or fever does not go away
- ☐ Drinking poorly (if child has had diarrhoea)
- ☐ Blood in the stool (if child has had diarrhoea)
- ☐ Breathing fast or difficult (if child has been coughing)
- ☐ Child becomes worse for any reason

Part II Specialised Health Centre Activities

M. Community Partnership/Health Communication

54. How many NHCs are in the catchment area of this health centre? ____
and how many are active? ____
- Y N** 55. Was there a meeting with all the NHMCs in the catchment area last month?
if yes are there minutes available
if no, why did meeting not take place?
56. Describe one activity carried out by/with NHCs in the last quarter:
- _____
- _____
- _____
57. What is the total number of CHWs (active and inactive) in the catchment area? ____
How many of these are active? ____
58. How many CHWs submitted any reports in the last 3 months? ____
Note: confirm that reports are on file
- Y N** 59. Was each active CHW supported at least once in the last quarter?
Note: To answer, Yes , there must be a report of the support visit.
60. What is the total number of active trained TBAs in the catchment area? ____
61. How many active trained TBAs submitted any reports in the last 3 months? ____
Note: Confirm that reports are on file
- Y N** 62. Was each active trained TBA supported at least once in the last quarter?
Note: To answer, Yes , there must be a report of the support visit.
63. Approximately how many times did staff spend outside the health centre in the last month providing outreach services on one of the 6 health thrusts? ____ times
64. How many different sites did staff visit outside the health centre in the last month to provide outreach services on one of the 6 health thrusts? ____
Note: ask about which sites were visited and which community groups participated
65. What development NGOs are functioning in the catchment area, and what programmes are they undertaking?
66. What activities are being conducted by the health centre in conjunction with NGOs?

N. Environmental Health

Sanitation and waste management

- Y N** 67. Does the health worker know
the population of the catchment area?
the number of households in the catchment area?
the average number of persons per household?
how many households have pit or VIP latrines?
how many households have flush toilets? (where applicable)
how many households have refuse pits?
- Y N** 68. Are there promotional programmes underway on excreta disposal in this area?
- Y N** 69. Does the health worker maintain statistics on faecal borne diseases in this area?
70. How many new pit latrines have been constructed in the past quarter?
71. How many health education meeting on hygiene has he held in the past month?
_____ (check diary for number)
- Y N** 72. Is there uncollected or undisposed waste lying around the area?
if Yes, has the health worker suggested any alternative methods of disposal to the community? (✓ if yes)
if Yes, what is this alternative?

- Y N** 73. Is the excreta and waste disposal system at the health centre adequate and safe?
- Y N** 74. Is there a malaria control programme being conducted?
If Yes, what is included in the programme?
75. How many visits to the community has the health worker conducted in the past month in conjunction with a community representative to check on sanitation issues?

Water

- Y N** 76. Does the health worker know
the number of households served by protected wells or boreholes?
the number of households served by communal taps?
the number of households with mains water connections?
the number of villages with protected wells or boreholes?
how many villages are within 0.5 km of a protected water source?

- Y N* 77. Does the health centre have a stock of water treatment chemicals for emergencies?
- Y N* 78. Does the health worker regularly check the chlorine level of the water supply to the health centre (check his or her record book)?
79. How many NGOs or cooperating agencies have water activities in this area? ____
- Y N* 80. If these are present, does the health worker attend their meetings? (check diary)
- Y N* 81. Is the health worker using any IEC materials to protection of water sources?
- Y N* 82. Has the health worker conducted any meetings about water supply sources with communities without protected sources? (Check the diary)
83. How many water sources has the health worker inspected in the preceding quarter about which he or she has written a report? _____

O. Observation of Family Planning service delivery

- Y N* 84. Did the health worker display the following actions
greeted the patient in a friendly manner
encouraged questions
ensured privacy
provided a health talk about family planning
carried out screening or management of STDs
- Y N* 85. Were the following clinical procedures carried out?
TT status checked
if needed TT given
blood pressure checked
patient checked for anaemia
legs checked for oedema or varicose veins
weight checked
abdomen palpated
RPR done during this pregnancy

P. Health Centres with a maternity facility

General observation

- Y N* 86. Does the facility have the following
delivery room
telephone or radio in working condition
transport facilities for patients (where applicable)
adequate light (hurricane light minimum)

- Y N** 87. Did this health centre maintain the following records for recent deliveries
- partograms filled in properly
 - blood pressure checked and recorder four-hourly
 - foetal heartbeat checked hourly
 - vaginal examination done four-hourly

Supplies and equipment for maternity and postnatal services

- Y N** 88. The following delivery equipment is present
- | | |
|-----------------------|---------------------------------------|
| chitile forceps | infant laryngoscope |
| episiotomy scissors | bag & mask for neonatal resuscitation |
| suture needles | neonatal mucus extractor |
| needle holder | clinical thermometer |
| artery forceps | tooth forked forceps |
| cord scissors | incinerator |
| ring (sponge) forceps | |
- Y N** 89. The following consumables are present in adequate amounts for the deliveries which occur in this unit
- | | |
|-----------------------------|------------------|
| linen/cloth to dry the baby | IV giving sets |
| gauze/cotton wool | disinfectant |
| plastic sheeting | partograph forms |
| cord clamps/ties | syringes |
| suture material | needles |
| maternity pads | gloves |

Observation of services in a postnatal clinic

- Y N** 90. The following activities were carried out by the health worker
- checked the date of delivery by card and by asking the mother
 - verified how many postnatal visits had been made after this delivery
 - carried out a physical examination on the mother including
 - abdomen
 - eyes/tongue
 - vagina
 - breasts
 - blood pressure
 - examined the baby for any abnormalities, colour, weight, activity
- Y N** 91. The following health education was provided to the mother
- family planning
 - immunisation
 - breast feeding
 - growth monitoring

Part 1

Observing the Health Worker Caring for Sick Children

District _____ Facility _____ Date ____/____/____
Interviewer _____ Health Worker's name _____ Survey No. _____

Background information

1. Child's age from clinic card (months) _____
2. What type of health worker is being observed?

____ Clinical officer	____ Environmental Health Technician
____ Registered nurse (ZRN)	____ Classified Daily Worker
____ Enrolled Nurse (ZEN)	____ Community Health Worker
____ Doctor (MB ChB)	____ Other _____

Initial screening (circle correct answer)

Does the health worker determine the child's:

3. Age by questioning? Y N
4. Weight for age? Y N
5. Body temperature (by thermometer or by touch)? Y N
6. Immunisation status (by card)? Y N No card brought

Assessment questions

--BEGIN TIMING THE CONSULTATION NOW-- TIME: _____
About which of the following does the health worker ask?

7. Why the mother or guardian brought the child to the health centre? Y N
cough or difficulty breathing
diarrhoea
fever
ear problem
other (specify) _____
8. Length of the illness Y N
9. Previous treatment for the same illness Y N
IF YES
10. did she or he ask if treatment was at home or in a clinic? Y N
11. Fever in the past 24 hours Y N

12. Fits (convulsions) Y N
13. Change in level of consciousness/drowsy or sleepy? Y N
14. Diarrhoea Y N *if NO, jump to 18* **if Yes did mother say Yes or No**
15. If **Yes** - did health worker ask how many days? Y N
16. If **Yes** - was blood in the stool queried? Y N
17. If **Yes** - was frequency and consistency queried Y N
18. Cough or difficulty breathing? Y N **if Yes did mother say Yes or No**
19. Vomiting Y N *if No, jump to Q21* **if Yes did mother say Yes or No**
If YES
20. did the health worker try to find out if just spitting up or vomiting everything?
Y N
21. Able to breast feed? if under age two, does the health worker ask? Y N N/A
22. How well the child was eating? Y N

Examination of the child

Which of the following areas does the health worker examine?

23. Pinch the skin to check skin turgor? Y N
24. Count respiratory rate? Y N
25. Lift the shirt or dress to look for chest in-drawing? Y N
26. Listen to chest with stethoscope? Y N
27. Observe the palms or conjunctivae for pallor? Y N

Treatment prescribed for the child

28. What does the health worker administer, prescribe or recommend for the child

(tick ALL which apply)

- ☐ Immunisation(s)
- ☐ Chloroquine, tablets or syrup
- ☐ Chloroquine, injection
- ☐ An antibiotic, tablets or syrup
- ☐ An antibiotic, injection
- ☐ Paracetamol
- ☐ ASA
- ☐ Vitamin A
- ☐ ORS or home available fluids
- ☐ Antimotility or antidiarrhoeal drug
- ☐ Other (specify) _____
- ☐ no drugs or treatments were advised
- ☐ referral to hospital

29. Total number of drugs administered or prescribed _____

30. Total number of injections administered _____

For any tablets or syrup dispensed or prescribed does the health worker explain:

31. Dose of medication? Y N

32. Times of day to give medication? Y N

33. Duration of treatment? Y N

34. Potential adverse reactions (side effects) Y N

35. Not to take any other medications along with those prescribed during this visit? Y N

36. What to do with any medications remaining at the end of treatment? Y N

If ORS is given or prescribed, does a health worker

37. Explain how to prepare ORS? Y N

38. Demonstrate how to prepare ORS? Y N

39. Ask the mother to demonstrate how she will prepare ORS? Y N

Talking to the Mother

Does health worker explain to the mother or guardian:

40. What is wrong with the child? Y N

41. To give more fluids than usual? Y N

42. To continue breast feeding or encouraging the child to eat? Y N

43. What treatment mother should carry out at home? Y N

44. To return for further evaluation--

- ☐ Fever does not go away after a certain length of time
- ☐ the child is unable to drink
- ☐ blood appears in the stool
- ☐ diarrhoea persists
- ☐ the child develops fast or difficult breathing
- ☐ the child becomes worse for any reason
- ☐ at the end of treatment for a check up
- ☐ other _____

Does the health worker ask open-ended questions to determine whether the mother guardian understands:

45. How to give medicine (dose, frequency, number of days)? Y N

46. When to return with the child? Y N

CHECK THE TIME AT THE END OF THE CONSULTATION WITH THE NURSE OR CLINICAL OFFICER

TIME: _____ **DURATION OF INTERVIEW:** _____ minutes

47. Please ask the health worker for his or her provisional diagnosis for this patient

END OF HEALTH WORKER OBSERVATION

At the end of the series of observations, be sure to thank the health worker for his or her help during the clinic session.

Part 2

Health Care Worker Interview Questions

District _____ Facility name _____ Date ____________
Interviewer _____ Name of Health
Worker _____

Introduce yourself to the health care worker. Tell him/her that you would like to ask him/her some general questions about the clinic followed by some questions about his/her job and some of the diseases likely to be seen. Please assure the worker that this is not an inspection, and their responses are confidential and will not be disclosed to their supervisors.

Activities at the Health Centre

1. Type of health worker
☐ Clinical officer ☐ Environmental Health Technician
☐ Registered Nurse (ZRN) ☐ Classified Daily Worker (CDW)
☐ Enrolled Nurse (ZEN) ☐ Other
☐ Doctor ☐ Community Health Worker
2. How many years have you been at this facility? _____ yrs
3. How many hours a day does the clinic see patients? _____ hrs
How many days per wk? _____ days
4. In a usual day, how many staff are on duty treating children in the OPD? _____
5. How many of those treating children have received training in IMCI? _____ don't know
6. In the last 5 years, which of the following training courses (and lasting 2 days or more) have you participated in?
(read out the list and tick responses)
☐ immunisation
☐ management of malaria
☐ management of diarrhoea
☐ management of malnutrition
☐ management of respiratory infections
☐ Quality Assurance
☐ IMCI
☐ Other _____
☐ attended no training courses
7. How many hours per day does this clinic offer immunisations to children? _____ days
How many days per week is it open for children at least some hours? _____ days

8. How many times during the past month has some health worker from this clinic done outreach work in the following locations? *(please tick responses volunteered do not prompt)*
- ___ schools
 ___ markets
 ___ households
 ___ community groups
9. In the past 12 months, how many times has a supervisor visited your health centre?
 _____ times
10. Which of the following did your supervisor do the last time he or she made a supervisory visit?
(Read the following to the health worker and tick all that apply)
- ___ Discussed staff complaints about work conditions
 ___ Observed management of sick children
 ___ Interviewed patients/guardians
 ___ Discussed drug delivery problems
 ___ Reviewed records and reports
 ___ Inspected the facility
 ___ Provided clinical training or continuing education
 ___ Discussed problems with supplies and equipment
 ___ Met with the entire team to provide feedback from the visit
 ___ This health worker was not present during last visit so cannot answer
 ___ Other _____

Clinical Management

Now I would like to ask some questions on treatment of common childhood diseases.

11. What things should you examine if a child has a history of cough or difficulty breathing?
(Tick all answers given by the health worker without prompting)
- ___ Count respiratory rate
 ___ Listen with a stethoscope for crepitations
 ___ Look for chest in-drawing
 ___ Listen for wheezing/or stridor
 ___ Look for flaring of the nostrils
 ___ Other _____
 ___ Doesn't know
12. A 9 month old child has a cough. How can you tell if the child has pneumonia?
(Tick all answers given by the health worker without prompting)
- ___ Rapid or difficulty breathing
 ___ Look for chest in-drawing
 ___ Listen with a stethoscope
 ___ Other _____
 ___ Doesn't know
13. Have you ever learned from any source that rapid respiration at rest in a two-year old child means that the child probably has pneumonia? Y N

14. If a 9 month old child should have a breathing rate of 30 per minute would you consider this child as having pneumonia? Y N
15. If a child should be brought to you with a cough, but no fever or rapid respiration, what would you do?
(Tick all answers given by the health worker without prompting)
☐ advise increasing fluids
☐ refer to hospital
☐ prescribe antibiotics
☐ check for ascaris worms
☐ prescribe Paracetamol
☐ prescribe cough mixture
☐ other _____
16. If a child with diarrhoea is brought to you, what questions would you ask of its mother?
(Tick all answers given by the health worker without prompting)
☐ How many days ago did the diarrhoea begin?
☐ Is blood or mucus present in the stool?
☐ Other (details need not be recorded)
17. If a child has diarrhoea what things should you examine for?
(Tick all answers given by the health worker without prompting)
☐ Skin pinch/skin turgor
☐ Sunken eyes
☐ Dryness of eyes or mouth
☐ Thirst
☐ Level of consciousness
☐ Other (details need not be recorded)
18. How do you know if the child with diarrhoea is dehydrated?
(Tick all answers given by the health worker without prompting)
☐ Lethargic or unconscious or not able to drink
☐ Restless or irritable
☐ Sunken eyes
☐ Thirsty
☐ Skin pinch goes back slowly
☐ Dry mouth or dry eyes
☐ Other (details need not be recorded)
19. What treatment & advice would you give for a child with mild diarrhoea of 2 days' duration?
(Tick all answers given by the health worker without prompting)
☐ ORS/ORT
☐ Advise mother to give extra fluids at home
☐ Advise mother to continue feeding (breast feeding if under 2 years)
☐ Advise mother to return if blood or mucus in the stool
☐ Advise mother to return if child not drinking well
☐ Antibiotics
☐ Antimotility drugs/antidiarrhoeal drugs
☐ Other _____

20. If a child you diagnosed and treated for malaria three days previously is brought back by its mother or guardian with continuing fever and you believe the treatment was taken appropriately, what are the next things you would do?

(Tick all answers given by the health worker without prompting)

- ☐ Ask the mother to bring the child back every day for the next three days to be given chloroquine under direct observation.
- ☐ Prescribe cotrimoxazole with a repeat course of oral chloroquine
- ☐ Advise the mother to purchase fansidar since you do not have it
- ☐ Refer to hospital
- ☐ Reassess the child to determine if there is some other condition present
- ☐ other _____

21. Which of the following would cause you to refer a child to hospital without delay?

(Read the list to health worker and tick which are selected)

- ☐ Child is drowsy/abnormally sleepy/unconscious
- ☐ Child has had convulsions
- ☐ Child is not eating or drinking anything
- ☐ Child vomits everything
- ☐ Fever does not respond to the drugs which have been given
- ☐ Chest in-drawing or difficulty breathing or wheezing
- ☐ Severe dehydration
- ☐ Stiff neck
- ☐ Severe malnutrition: visible severe wasting or edema of both feet
- ☐ Severe pallor
- ☐ Infant less than two months old with fever or fast breathing
- ☐ Other (details need not be recorded)

22. If a ten month old child comes to the clinic who is hot to the touch, has diarrhoea, and has received no immunisations, what would you do?

(Tick all answers given by the health worker without prompting)

- ☐ Give BCG
- ☐ Give DPT-1
- ☐ Give polio-1
- ☐ Give measles immunisation
- ☐ Assess and treat the fever
- ☐ Assess and treat the diarrhoea
- ☐ Tell the mother to return for immunisations when the child is well

Health Worker Perceptions

23. What do you think three important reasons which prevent mothers or guardians from bringing children to the health centre when they are ill?

(Tick all answers given by the health worker without prompting)

- ☐ Lack of money
- ☐ Lack of time, busy selling in the market or other work
- ☐ ignorance
- ☐ Too many children
- ☐ Difficult or expensive transport
- ☐ long distances to clinics
- ☐ Long waiting times in the clinics
- ☐ Lack of drugs in the clinics
- ☐ Lack of services in clinics which mothers think are important
- ☐ Fear of febrile reactions or abscess formation
- ☐ Others (specify) _____

24. What are reasons you think why mothers do not follow instructions given them by health workers?

(Tick all answers given by the health worker without prompting)

- ☐ Mothers don't have enough time to carry out instructions given
- ☐ The mothers ignore the advice given
- ☐ Health Workers need additional training in communication skills
- ☐ Nobody cares whether health workers do communicate effectively
- ☐ The clinic doesn't have adequate materials (posters, flip charts, etc) to teach effectively
- ☐ The health centre is too noisy and lacks privacy
- ☐ Mothers are confused by conflicting messages from health workers, some of whom are not up-to-date on recommended treatment and advice
- ☐ Other (specify) _____

26. What are the biggest difficulties about your present job?

(Tick all answers given by the health worker without prompting)

- ☐ Lack of adequate in-service training or upgrading
- ☐ Mothers don't bring children to clinic
- ☐ Staff shortages
- ☐ Lack of drugs or supplies
- ☐ Lack of supervision
- ☐ Lack of feedback on performance
- ☐ Inadequate transport
- ☐ Health facilities are inadequate and too small
- ☐ Lack of knowledge
- ☐ Inadequate salary
- ☐ Poor opportunities for promotion
- ☐ Demoralised
- ☐ Others _____

27. If you could choose three things which would improve the quality of care for children in your clinic, what would they be? *(can name more than three if desired, some probing questioning may be required.)*

END OF THE HEALTH WORKER INTERVIEW

Thank the health worker for his/her cooperation and answer any questions that he/she may have about the correct recommendations for immunisations or management of sick children.

Part 3

Questions for the Exit Interview with the Mother or Guardian of a Sick Child

District _____ Facility name _____ Date ____/____/____

Interviewer _____ Child's Age (months) _____ Survey No. _____

if referred to hospital by nurse or clinical officer

Greet the mother and tell her that you would like to ask some questions about her visit to the health centre today. Make her feel free, and assure confidentiality of answers.

Information about the illness

1. What condition does your child have that brought you to the clinic today?
___ cough or difficulty breathing
___ diarrhoea
___ fever
___ ear problem
___ skin rash
___ other _____
2. Is this the child's first visit to the health centre for this illness?
___ First visit
___ Return visit because the child is not getting better
3. How many days ago did your child first develop signs of illness? ____ days
4. Did you give any treatment at home for this illness before coming to the clinic? Y N
If NO jump to Q9
If YES--
5. For what condition? diarrhoea go to Q6
 cough go to Q7
 fever go to Q8
6. For diarrhoea? Y N
 If YES, what did you give
 (tick what the mother volunteers do not prompt)
 ___ ORS (Madzi a Moyo)
 ___ home available fluids (tea, milk, soda)
 ___ extra water
 ___ extra breast feeding
 ___ antibiotics
 ___ Panadol or ASA
 ___ traditional medicines/herbs/tatoos
 ___ medicines from private clinic
 ___ other medications _____

7. For coughing? Y N
If YES what did you give--
(tick what the mother volunteers do not prompt)
☐ cough syrup
☐ antibiotic home treatment
☐ traditional medicines/herbs/tatoos
☐ extra water
☐ Panadol or ASA
☐ kept child warm
☐ medicines from private clinic
☐ other medications _____
8. For fever? Y N
If YES, what did you give?
(tick what the mother volunteers do not prompt)
☐ chloroquine syrup or tabs
☐ Fansidar
☐ antibiotics
☐ Panadol or ASA (or other analgesics or antipyretics)
☐ traditional medicines/herbs/tatoos
☐ tepid bath/cooling sponging
☐ medicines from private clinic
☐ other _____
9. Did the health worker tell you what was wrong with your child? Y N
10. If YES, ask What did he or she say was wrong with your child?
(Tick all that the mother or guardian volunteers do not prompt)
☐ Fever/Malaria
☐ Diarrhoea
☐ Dysentery
☐ Cold/upper respiratory infection
☐ Pneumonia
☐ Measles
☐ Malnutrition
☐ There was nothing wrong
☐ Didn't understand what I was told
☐ Other condition: (specify) _____
☐ Not told anything about what was wrong with my child
11. Were you given a date by the health worker when you should return with the child for a follow-up visit? Y N
12. Did the health worker tell you to bring the child back if it becomes worse? Y N

13. How will you know if your child becomes worse and should be brought back?

(Tick all that the mother or guardian volunteers)

- ☐ Fever doesn't go away
- ☐ Child becomes drowsy or difficult to arouse
- ☐ Child unable to eat
- ☐ Child unable to drink
- ☐ Blood in the stool
- ☐ Diarrhoea persists
- ☐ Child has fast or difficult breathing
- ☐ Child fails to get better
- ☐ Mother cannot explain or can't remember
- ☐ Other: (specify) _____

Medications

14. Were any treatments given to your child at the health centre today?

Y N If NO, jump to Q17

15. If so, were you told how to give medications at home? Y N

if no jump to Q17

16. If YES, ask to see each medicine

For each medicine given ask

Please tell me how you are going to give this?

Then probe to find out

HOW MUCH medicine will be given the child **EACH TIME**?

WHEN DURING THE DAY it is given?

And **FOR HOW MANY DAYS** is the medicine to be given?

<i>Medicine</i>	<i>How much is to be given at each dose</i>	<i>When during the day is it to be given</i>	<i>For how many days is it to be taken</i>
Chloroquine tabs/syrup			
Cotrimoxazole tabs/syrup			
Paracetamol tabs/syrup			
ORS			
Amoxycillin tabs/syrup			
Erythromycin suspension			
Pen V/orapen			
Naladixic acid			
Vitamin A			
FeSO ₄			
Folic Acid			
other			

17. Did the health worker(s) tell you about the possible adverse reactions (side effects) which the medicine(s) you were given might have? Y N

18. Did the health worker(s) tell you what to do with any medications remaining after your child's treatment is completed? Y N
19. For all mothers, not just whose children have diarrhoea---
 Could you please demonstrate to me how ORS is prepared? *(have necessary items available including measures; it is not necessary for mother or guardian to actually open the ORS sachet)*
 How much water is used to prepare ORS?
☐ Correct volume (about 1 litre)
☐ Incorrect volume (much less than 1 litre)
☐ Incorrect volume (much more than 1 litre)
☐ Doesn't know correct volume
☐ 1 sachet to be added (correct)
☐ Incorrect number of sachets suggested
☐ Doesn't know correct number of sachets
20. If ORS is not available, can you explain to me how you would make SSS at home?
☐ correctly explained
☐ incorrectly explained
☐ does not have any idea
21. Did the health worker tell you tell you home nursing care to do for the child when you return home? Y N
 If YES: what did the health worker tell you to do?
(Tick all mother volunteers do not prompt)
☐ Give more fluids
☐ Continue or increase feedings or breast feeding
☐ Give medicine
☐ tepid baths for fever
☐ keep the child warm
☐ avoid giving medications other than those prescribed at this visit
☐ Wasn't told anything
☐ Can't remember
☐ Other _____

Immunisations

22. Did you bring your child's immunisation card? Y N
23. If NO, why was it not brought? _____
24. Did anyone at the clinic today ask to look at the child's immunisation card? Y N

25. Interviewer: examine the immunisation record.
Did the child receive needed vaccines at this visit?
☐ Yes
☐ Can't know since mother did not bring card
☐ No if no---
 ask **LL** ☐ mother or guardian has been told when to return for needed immunisation
☐ none are needed at this visit
☐ should have received, I have referred the child back for immunisation
26. If you child is ill with fever, or cough or diarrhoea or some other illness, would you still bring it to the MCH clinic for immunisations? Y N
27. Have you ever come to the clinic for an immunisation session but for various reason failed to have your child immunised? Y N
28. If YES was this because *(tick what mother volunteers, do not prompt)*
☐ immunisation session was cancelled
☐ immunisation session was finished by the time I arrived
☐ supplies had run out by the time I arrived
☐ I was late
☐ There was no place to sit I got tired of standing and left.
☐ There was a long queue and I couldn't wait
☐ I was told that my child was too ill to receive immunisation, and to return again.
☐ other reasons _____

Mother or Guardian satisfaction

29. How long did you have to wait before being first seen by any clinic staff?
 _____ minutes or hours _____ and minutes _____
30. Do you think this waiting time was too long? Y N
31. Are there any parts of your visit to the clinic today with which you were not satisfied? Y N
32. If YES, was it because
☐ waiting time too long
☐ shortage of medications
☐ clinic congested
☐ no doctor present
☐ other (specify) _____
33. Do you think the care you receive is better than six months ago? Y N

34. If you could suggest three ways in which service could be improved for children at this health centre, what would they be?

(may ask probing questions if needed)

- ☐ none
- ☐ more drugs
- ☐ staff should be more receptive
- ☐ need a special children's clinic
- ☐ have more staff

31. Do you have any other comments (good or bad) about the service you received today at the clinic today?

Do you have any questions about your child's illness or treatment which I could answer for you at this time? *Minor questions or incorrect understanding can be cleared up; for major problems mothers should see clinic staff again. Thank the mother for answering questions, and wish her and her baby well.*

END OF INTERVIEW

Part 4

Facility, Equipment, and Supply Questions

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F

D

Space and equipment

Are the following present in the clinic?

1. Are all mothers or guardians able to be seated while waiting? Y N
2. Does each health worker caring for children have a chair and table or desk? Y N
3. Are the mother or guardian and child able to be attended in privacy? Y N
4. Is a watch with a second hand or a timer available for each health workers managing sick children? Y N
5. Is an adequate volume water available? Y N
6. Is there a latrine in good working order for patients and staff? Y N
7. Is a weighing scale present and in working order? Y N
8. Is there a cooker/stove for sterilization in working order, with adequate fuel? Y N
9. Is there a steam sterilizer present and in use? Y N
10. Is a refrigerator for vaccines present and in working order? Y N
11. Is a thermometer present inside? Y N
12. Is a temperature chart for the MCH refrigerator being kept? Y N
13. How many days out of the previous 30 was the temperature above 8C?
____ days N/A
14. For how many days out of the previous 30 was the temperature below 0C?
____ days N/A
15. In your opinion are there adequate health education materials displayed about the health of children which are appropriate, and up to date? Y N

Management of drugs and other supplies

16. Are drugs and supplies stored in a locked cabinet or room with grill doors? Y N
17. Is there a two week supply of unused disposable needles in stock? Y N

18. Is there a two week supply of unused disposable syringes in stock? Y N
19. Is there a two week supply of IV fluids and giving sets in stock? Y N
20. Availability of drugs: *Please fill in the following table:*

medicine stock card?	is there a recorded	amount stock	actual stock present	days o/s last month stock	date drug last in
cotrimoxazole syrup					
cotrimoxazole tabs					
chloroquine syrup					
chloroquine tabs					
ORS sachets					
DPT					
IV fluids					
Pen V syrup					
eye ointment					
Panadol syrup					
amoxycillin syrup					
mebendazole					
metronidazole					
multivitamins					

ORT corner

21. Is there a place where a child and mother or guardian can stay for several hours and be observed while the child is treated for dehydration? Y N
22. Does the facility have all the necessary cups, containers, spoons and measuring and mixing utensils to prepare ORS? Y N

Clinic records

23. Are OPD registers kept up-to-date, including diagnosis and treatment given? Y N
24. Is the immunization tally sheet kept up-to-date? Y N
25. Was the MF-47 (monthly return) completed last month? Y N
26. Is there at least a two week supply of under-5 cards for new children coming? Y N

Review the OPD register for the last month and fill in the following:

27. According to the OPD register how many first visits under age five were made last month?
_____ number
28. Does this total from the OPD register agree with the total on the MF-47? Y N

29. How many of the children under five seen last month have more than one diagnosis recorded in the register?
 _____ number Information not available
30. From the MF-47, how many of the following diagnoses were made last month in children under 5?
 _____ malaria
 _____ diarrhoea
 _____ dysentery
 _____ pneumonia
 _____ malnutrition
 _____ anaemia
 _____ measles
 _____ ear infection
31. Of the last 10 cases of simple childhood diarrhoea or "gastroenteritis" (but not dysentery) recorded in the register, for how many were antibiotics prescribed?
 _____ number Information not available
32. Of the last 10 cases of childhood diarrhoea or "gastroenteritis" recorded in the register, for how many was ORS prescribed?
 _____ number Information not available
33. Of the last 10 cases of upper respiratory tract infection recorded for how many were antibiotics prescribed?
 _____ number Information not available
34. Of the last 10 cases of malaria recorded, how many received chloroquine injections?
 _____ number Information not available
35. How many children were referred to hospital last month for any condition?
 _____ number referred Information not available

General Health Centre information.

36. Are the following present?
 _____ map of catchment area
 _____ population statistics, including population <5 yrs <1 yr
 _____ immunization coverage graphs
 _____ graph of the most common diagnoses
 _____ outreach and clinic activities schedule
 _____ clinical guidelines
37. Is there an equipment inventory present, and well kept? Y N
38. What is the state of cleanliness of the toilets (both staff and patient)?
 _____ clean
 _____ not very clean
 _____ unspeakable

39. What is the state of cleanliness of the kitchen?

_____ good

_____ fair

_____ poor

END OF EQUIPMENT AND SUPPLY QUESTIONS

Be sure to thank the in-charge for his or her kind assistance in helping to supply this information.