

# Participant Guidelines: Integrated Health Facility Assessment

## Introduction

### Schedule for Surveyor Training

The following table summarizes the suggested five-day schedule for participant training.

### Schedule for Training

| Day | Activities   |
|-----|--|
| 1   | Opening <ul style="list-style-type: none"><li>• Introduction of the participants</li><li>• Administrative information</li></ul> General information <ul style="list-style-type: none"><li>• Purpose of the survey</li><li>• Training objectives</li><li>• Survey protocol and techniques</li><li>• Introduction of Participant Guidelines</li><li>• Clarification of participant expectations or concerns</li></ul> Questionnaire 1: Observation Checklist—Sick Child <ul style="list-style-type: none"><li>• Review</li><li>• Role play Questionnaire 1</li></ul> Questionnaire 2: Exit Interview—Sick Child <ul style="list-style-type: none"><li>• Review</li><li>• Role play Questionnaire 2</li></ul> Introduction to practice at health facility |
| 2   | Health facility visit: practice questionnaires 1 and 2<br>Debriefing on health facility visit (questionnaires 1 and 2)<br>Role play questionnaires 1 and 2<br>Questionnaire 3: Health Worker Interview <ul style="list-style-type: none"><li>• Review</li><li>• Role play Questionnaire 3</li></ul>  |
| 3   | Health facility visit: practice questionnaires 1, 2, and 3<br>Debriefing on health facility visit (questionnaires 1, 2, and 3)<br>Questionnaire 4: Equipment and Supplies Checklist <ul style="list-style-type: none"><li>• Review</li></ul> Team identification for field survey<br>Role play in small groups   |
| 4   | Health facility visit: practice questionnaires 1, 2, 3, and 4<br>Debriefing on health facility visit (questionnaires 3 and 4)<br>Role play in small groups—reliability checking  |
| 5   | General review <ul style="list-style-type: none"><li>• Rules</li><li>• Open questions</li></ul> Role play in small groups—reliability checking<br>Survey team meetings<br>Team supervisors meeting<br>Trainer debriefing   |

## Health Facility Assessment

Thank you for agreeing to participate in this Health Facility Assessment. This assessment is being conducted by the Ministry of Health in collaboration with the United States Agency for International Development/BASICS (Basic Support for Institutionalizing Child Survival) project. The information collected by this assessment will be used by health workers, regional medical officers, and Ministry of Health staff to better understand how well caretakers and children are managed at health facilities and to plan strategies for improving the delivery of primary health care.

This facility assessment evaluates—

- The assessment, diagnosis, and treatment of children with diarrhea, fever and malaria, and acute respiratory tract infections (ARI)
- The screening and vaccination of women and children against common vaccine-preventable diseases
- How well caretakers are able to provide home treatment for their children
- How well health workers educate caretakers about preventive and curative care
- The quality of training and supervision received by health workers
- Equipment, supplies, and record keeping in health facilities

The four survey instruments are—

1. Observation Checklist—Sick Child
2. Exit Interview—Sick Child
3. Health Care Worker Interview
4. Equipment and Supplies Checklist

Some general guidelines for conducting the survey are described below, followed by a description of how to complete each section of the survey. In general, the survey will be conducted in the most common local language. During the next four days, all surveyors will need to practice administering the survey in English and in the local language.

## General Instructions

### Survey Areas

The survey will be conducted in these areas: [Insert areas.] \_\_\_\_\_. In these areas, X health facilities will be visited, X hospital(s), X health center(s), and X health stations. One health facility will be visited each day. The assessment at each facility will be conducted during the working hours of the clinic, usually 8:00 AM–12:00 NOON. Within each sample area, the health facilities have already been randomly selected. The survey areas and selected health facilities in each area are summarized below:

**[Insert summary of each survey area  
and the names of sampled health facilities in each area.]**

### Survey Teams

Each survey team will comprise three individuals—one supervisor and two surveyors. Survey teams will be selected during the training week by the training facilitators in collaboration with the supervisors. An attempt will be made to balance teams according to the skills of the participants; some surveyors will have stronger skills in the observation of case management and others will be better able to conduct exit interviews with caretakers.

### Planning and Scheduling Facility Visits

Data collection will be conducted during the week following training. Training usually ends on Friday. Survey teams will depart for the field on Sunday so as to be ready to begin field activities on Monday. Sampled health facilities will be divided among the five survey teams (or fewer teams if the sample size is less than 25–30). Each team will visit one health facility per day over a period of five or six days. It is important, therefore, to allocate to each team facilities that are relatively accessible to each other. Once survey teams have been selected, each team will need to plan its itinerary for the week (see Figure 1). Teams should plan to attend child health clinics in the morning and to travel to the next location in the afternoon. It is important that each survey team get to each health facility before the child health clinic begins; the overnight stop should be close enough to allow this to occur.

Logistical arrangements for reaching one health facility each day will depend on the condition of roads and on the availability of lodging. In more remote areas, lodging may be scarce and arrangements may need to be made for survey teams to stay with local health staff. **Health facility staff should not be told in advance that a survey team will be visiting so the team can get a better picture of routine facility practice.**

## Figure 1. Logistics Plan for Survey Week

Survey Team Number \_\_\_\_\_

| Day | Facility Name     | Overnight Location | Distance to Travel |
|-----|-------------------|--------------------|--------------------|
| 0   | (Point of origin) |                    |                    |
| 1   |                   |                    |                    |
| 2   |                   |                    |                    |
| 3   |                   |                    |                    |
| 4   |                   |                    |                    |
| 5   |                   |                    |                    |
| 6   |                   |                    |                    |

### Arrival at Health Facility

Survey teams should arrive at the health facilities before the morning consultation session begins. The supervisor is responsible for introducing the survey team to the health worker in charge and explaining the purpose of the visit. It is important to ensure that health workers understand that they should not change their routine practice. Once the local health staff are clear on the purpose of the visit, the following tasks need to be completed in preparation for the clinic session:

☐ **Identify the health worker who is normally responsible for seeing sick children.**

If more than one health worker is responsible for the sick child clinic, select the health worker who conducts sick child clinics most often or the most senior/experienced health worker. For this assessment, observations of only one health worker are conducted at each facility.

☐ **Decide how and where sick children for the survey can be identified for inclusion in the sample.**

Possible areas to screen children for the presenting complaint are the point of registration or at a common waiting area.

☐ **Select a suitable place where caretakers can be interviewed after the sick child consultation.**

Two chairs will be required. It is important that this interview be conducted away from other caretakers so that they do not hear the questions or responses in advance.

☐ **Decide which health worker will assist the surveyor in assessing the equipment, materials, and supplies of the clinic and when this will be done.**

Most sections of the facility equipment and supplies checklist can be completed by the supervisor during the clinic session with very little assistance. Specific areas may require more assistance.

## Selection of Children

The supervisor is responsible for selecting children to include in the survey as they present to the health facility. **All children under 5 years of age presenting to the health facility during the survey period whose caretakers describe them as having fever/malaria, cough/difficulty breathing/pneumonia, or diarrhea/vomiting are included in the sample.** The caretakers of all children meeting this definition are given an enrollment card, which allows them to be followed through the facility and ensures that the surveyors include them in the survey. It is important that *all* children and caretakers coming to the clinic are identified and that caretakers are asked the reason for the visit. Only sick children meeting these criteria will be included in the survey; children described as having any other condition will not be included. If the number of sick children meeting the case definition is so large that the consultation session continues into the afternoon, it may be necessary to leave the facility before the consultation session has ended. If this is the case, a minimum of ten sick children should have been observed before leaving the facility.

## Completion of Survey Questionnaires

Each member of the survey team will administer the same questionnaire(s) at each health facility to improve the reliability of the results.

### **Surveyor number 1: Observation of the consultation between the health worker and the caretaker and child and interview with the health worker**

The surveyor should be located in the examination room close enough to the health worker to be able to hear and observe the consultation clearly and accurately. It is important that surveyors be as unobtrusive as possible and that they not disrupt the consultation session. A new observation questionnaire should be completed for each infant or child seen. If a caretaker has more than one sick child, then an observation questionnaire must be completed for each child. Surveyors should verify that an observation questionnaire is completed for each child with an enrollment form. At the end of each observation, the surveyor must ensure that the observation form is completed (all Y and N responses circled) before the next observation. In addition, at the end of each consultation, the surveyor must ensure that the caretaker waits to have an exit interview completed. At the end of the consultation session, this surveyor should complete a single health worker interview questionnaire for the observed health worker.

### **Surveyor number 2: Exit interview with the caretakers of sick children**

Following the consultation, caretakers of sick children should be interviewed as quickly as possible. It is often easier to interview the caretaker outside the health facility, a short distance away from other caretakers and children. It is important to avoid caretakers who are waiting to be seen; participation by a group may bias the responses. In addition, it is important to ensure that caretakers who are waiting for an exit interview not hear the questions and responses in advance. Because exit interviews often take longer than the

clinical consultation, there should be a place for caretakers to wait for the interview with their children. In some areas, it may be necessary to use an interpreter to ask questions in the local language. A local interpreter should be identified by the supervisor, as required, at each health facility.

### **Supervisor: Equipment and supplies checklist**

The supervisor is responsible for conducting the facility equipment and supplies checklist. The majority of this assessment requires direct observation and can be done during the consultation session. For some sections it may be necessary to ask clinic staff some direct questions (e.g., the location of the drugs, patient registers, and stock cards).

## **Check and Review of Questionnaires**

Surveyors should check and complete each questionnaire after it has been administered. This is particularly important after each observation and exit interview. Immediate review of questionnaires will allow surveyors to ask questions of the health worker or caretaker in order to complete skipped or missed questions. In addition to the self-reviews of each questionnaire, supervisors should periodically review questionnaires for completeness. At the end of each clinic session, supervisors should sit down with surveyors to review all questionnaires for that day. At the end of each day, a whole set of completed and checked questionnaires should be available.

## **Feedback to Facility Staff**

Surveyors should give some immediate feedback to health workers on the day of the survey visit. The focus of any feedback should be to improve the quality of case-management practices. All positive findings should be emphasized. Supervisors and surveyors can provide feedback in the following areas—

- Strengths and problems in case management, particularly in the assessment and treatment of sick children
- Quality of home-care advice and communication between health workers and caretakers
- Gaps in knowledge identified in the health worker interview
- Inappropriate use of medications
- Problems in record keeping
- Ways to improve clinic organization
- Major barriers to effective practice

## Supervision

Adequate supervision of survey activities at each health facility is critical to the collection of high-quality data. The survey coordinator can oversee and supervise survey activities by visiting teams in the field during the survey week. All supervisors have the following responsibilities:

1. Introduce survey teams and explain survey activities at each health facility; ensure that preparations are made to allow efficient conduct of survey activities at each facility.
2. Identify sick children to include in the survey and follow-up of these children and their caretakers to ensure that they are included in the sample.
3. Oversee and manage survey activities at each facility, including monitoring of patient flow, answering questions from local health staff, and providing feedback at the end of the visit. In order to give surveyors enough time to complete questionnaires for all sampled children, supervisors may decide to include nonsampled children between sampled children.
4. Observe the performance of each surveyor periodically during the survey, especially during the first few days. The supervisor should independently complete each questionnaire while it is being completed by the surveyor and then compare the two. If the surveyor makes frequent errors, the observations should be more frequent.
5. Review questionnaires completed by each surveyor both during the clinic session and at the end of each health facility visit. It is important to ensure that they are complete and internally consistent. Immediate feedback should be given to surveyors if errors are identified. Supervisors should complete the coding boxes for each questionnaire during the clinic session or at the end of the clinic session. All coding should be completed the same day. Supervisors should refer to the coding guidelines presented in the question-by-question summary.
6. Provide support to surveyors. Supervisors should answer questions and discuss and attempt to solve any problems encountered. In addition, supervisors should provide support during facility visits; if necessary, they can assist with interviews if the caseload is heavy.

## Completed Questionnaires

If possible, completed and checked survey questionnaires should be returned to the central coordination point for checking and data entry each day. Completeness, consistency, and coding of returned questionnaires should be conducted by the survey coordinator in collaboration with data entry staff. Ideally this should be conducted with the survey teams present so that questions can be asked if required. The frequency of questionnaire return will depend on the logistics and itinerary for each survey team. Arrangements should be made in advance with team supervisors for the return of completed questionnaires. Possible arrangements could include—

- Return of questionnaires by survey teams at the end of each day if the itinerary allows
- Return of questionnaires by survey teams every two or three days when the itinerary allows
- Collection of questionnaires every two or three days by the survey coordinator when visiting survey teams in the field

Arrangements for collecting completed questionnaires will probably vary by team because the logistics for each team will be different. Some teams will visit facilities that are accessible to the central coordination point and some will visit remote facilities.

## General Guidelines for Completing the Questionnaires

### Administration of the Questionnaires

It is important that each questionnaire be administered **exactly** as agreed upon during training. **DO NOT GUESS.** If surveyors are uncertain about what to do or if they have any questions, then they should ask their supervisor. The validity of the results obtained will depend on each person administering the questionnaire in exactly the same way.

### Completion of Questionnaires

It is important that the questionnaires be completed clearly and legibly. The following are important:

- Write legibly.
- Always use pencil to complete questionnaires.
- Make sure that check marks do not overlap more than one answer.
- For questions where there is a *yes* or *no* response, circle **Y** for *yes* or **N** for *no*.



- If there is more than one possible answer, place a check next to the one that most closely resembles the response given.
- If the caretaker or health worker gives a response other than those suggested, check the space “other” and write in the response that is given.

## **Supplementary Information**

It is important that forms are filled out as simply as possible and that only the appropriate spaces are checked. However, if surveyors feel it is necessary to document any additional information that might be helpful, they should discuss it with their supervisor. This information can be written in the margins.

## **Skipping Questions**

Depending on the response that the caretaker or health worker gives to some questions, it may be necessary to skip one or more questions. If so, it is important to skip to the number that is indicated. *If there are no instructions, always go to the next question.*

## **Courtesy**

Survey teams should always be polite and respectful. In addition, they should try to complete the exit interviews with caretakers as quickly as possible so that they do not have to wait at health facilities for long periods of time. It is important to always thank caretakers for their cooperation and to answer any questions that they may have. If interviewers do not know the answers to questions asked by the caretaker, then they should check with their supervisor.

## **Question-by-Question Explanation of Survey Questionnaires**

This section explains the questions contained in the four different questionnaires and provides instructions on how to complete them. When studying this section, it is useful to refer to the particular questionnaires.

Some of the questions or suggested answers will need to be adapted to the local context or according to specific objectives established during the preparation for conducting the assessment.

## Identifying Information

Every survey questionnaire has a box at the top for identifying information:

|                        |                           |                      |
|------------------------|---------------------------|----------------------|
| Province/District_____ | HW Category_____          | Date_____/_____/____ |
| Facility Name_____     | Facility Type_____        | Facility Status_____ |
| Interviewer No._____   | Child's Age (months)_____ | Child ID No._____    |

### Province/District

Enter the name of the province or district where the surveyed health facility is located.

### Health Worker Category

This variable describes the type of health worker observed (Questionnaire 1) or interviewed (Questionnaire 3). Categories of health worker (e.g., physician, nurse, health assistant, etc.) need to be defined in advance with surveyors.

### Facility Type and Status

The facility **type** refers to the different categories of health facility being assessed (e.g., hospital, health center, or health station). The facility **status** refers to whether the health facility is a public or private institution, although other categories may need to be considered (e.g., Mission or NGO). At the sampling stage, the facilities to be surveyed will have been identified, so their type and status is known in advance. Interview teams can, therefore, enter all facility information at the start of each workday in order to save time.

### Interviewer Number

The training facilitator will assign each team member an individual interviewer number, which should be entered whenever a questionnaire is completed. It is useful for interviewers to write their numbers in the space provided on all the forms at the start of a day's work in order to save time. The interviewer number remains the same for the duration of the survey, even though the province, facility name, and facility type will change. If interviewers forget their numbers, they should check with the supervisor, who will keep a list.

### Child's Age

The age of the child is recorded in months. The range is 0 to 59. Less than one month is zero.

## Identification Number

An identification number is given to each child included in the survey. For each child, the same number is used for the observation and exit interview questionnaires. At each facility, each child seen that day will be allocated a number, starting with number 1 for the first child seen, 2 for the second, and so forth. At each new facility, the numbering for each new child seen begins again with number 1. The facility assessment checklist and health worker knowledge questionnaire, which are conducted only once at each facility, do not require child ID numbers.

## Observation Checklist—Sick Child

This questionnaire should be used for all children who meet the case definition for inclusion in the survey. Health workers should be observed as they conduct the consultation with the caretaker and child. Surveyors should position themselves in the consultation room so that they can both see and hear the interaction between the health worker and the caretaker. Surveyors should be as unobtrusive as possible, however, and not interrupt the consultation.

Each consultation should be **timed** from the moment the caretaker enters the room with the child. The surveyor should note on the checklist the time when the caretaker comes into the room, and calculate the duration of the consultation in minutes.

## Reason for Bringing the Child

### **Q. 1**

A check should be placed next to the reason closest to that which the caretaker gives for bringing the child to the health facility on the day of the visit. There may be more than one reason checked. If, however, there is a reason other than those noted on the questionnaire, the surveyor should check with the supervisor because there is a chance that the child should not be included in the survey.

## Screening

### **Q. 2–12**

The surveyor completes this section of the questionnaire by observing the interaction between the health worker and the caretaker and by listening carefully to questions asked by the health worker. It is important to circle **Y** or **N** for *all* questions. The information required for questions 2 to 4 is sometimes recorded on the child's record before the consultation. If this is the case, the health worker has this information and the response to these questions is considered to be **Y**. Question 9.a refers to any information asked about diarrhea (quality of the diarrhea, number of stools per day, consistency, etc.); if the health worker asks about the presence of blood in the stool or about the duration of the diarrhea, these should be circled separately. In like manner, questions 10.a, 11.a, and 12.a refer to any general information asked about each of these symptoms; if the health worker asks the other questions listed, these should be circled separately.

Often health workers will ask only one or two questions and not follow the order of the questionnaire. Sometimes they will ask more questions during the clinical examination. It is important that surveyors be very familiar with these questions so that they can return and circle appropriate responses if necessary.

## **Examination**

### ***Q. 13–27***

The surveyor completes this section by direct observation of the health worker. **Y** or **N** should be circled for every question to indicate whether health workers examined these different areas for each child.

### ***Supervisor Coding***

- A. All danger sign questions assessed?** To circle **Y**, all questions from 5 to 8 should be circled **Y**. If Q. 8 is not marked **Y** but Q. 13 is marked **Y**, then the child has been assessed for lethargy or conscious state.
- B. All main symptoms assessed?** To circle **Y**, all HISTORY questions (history of diarrhea, of cough/difficulty breathing, of fever, of ear problems) from 9 to 12 should be circled **Y**. It is not necessary that other supplementary questions be circled **Y**.
- C. Number of diarrhea assessment tasks completed?** Add the number of **Y** responses for Q. 9.b, 9.c, 14, 15, and 16.
- D. Number of ARI assessment tasks completed?** Add the number of **Y** responses for Q. 10.b, 17, 18, and 19.
- E. Number of fever assessment tasks completed?** Add the number of **Y** responses for Q. 11.b, 20, 21, and 22.
- F. Nutritional status assessed correctly?** To circle **Y**, Q. 3, 25, 26, and 27 should be circled **Y**.

## Immunization and Screening

### **Q. 28–29**

It is important to circle **Y** or **N** for all questions concerning the assessment of vaccination status. If the health worker does not ask for the vaccination card at all, then several parts of these questions are skipped. Occasionally, the caretaker will not be the mother of the child (for example, the father may have brought the child to the facility). In this case, questions 29.a, .b, and .c will not be applicable.

## Diagnosis and Treatment

### **Q. 30–48**

It is important to circle all of the conditions listed in the diagnosis section. Health workers may diagnose a child as having one or several conditions. Sometimes it will be difficult during the interview to determine what diagnosis the health worker has made. In this situation, surveyors should not interrupt the consultation. Instead, they should wait until the end of the consultation and then ask the health worker directly what condition(s) he or she had diagnosed in that child. If the health worker has not made a diagnosis, then this should be recorded in question 48. If the child is sent to the laboratory, the surveyor should put the questionnaire aside until the child is brought back with the laboratory result and then complete the diagnosis and treatment section and the end of the questionnaire. In this case, the surveyor will need to record the time when the child leaves for the laboratory examination and when he or she returns. To calculate the total time of the interview, surveyors will need to add the duration of the interview before the laboratory exam and the duration of the interview after the laboratory exam. If the child is admitted, questions 50–68 may be left blank because these are often not applicable when children are admitted directly to hospital.

### ***Supervisor Coding (If Validation Is Performed)***

**G.a Health worker classification agrees with that of the validator?** If the diagnosis of the health worker is being checked by reexamining each child using the IMCI protocol, then this box can be completed. If there is agreement between the supervisor and the health worker classification, then **Y** can be circled, and the health worker classification is considered to be correct.

**G.b Severely ill child classified correctly?** Circle **Y** if the child has a gold standard classification of severe illness AND the health worker also classifies as severely ill.

### **Q. 49–63**

All the treatment questions should be answered. The health worker may administer or prescribe medications. If the health worker writes a prescription, it may not be immediately possible to know what drugs are prescribed; in that case, the health worker should be asked the prescription

at the end of the interview. If the health worker does not administer or prescribe any medicine, then question 63 must be circled **Y**.

### ***Supervisor Coding***

**H. Is the medication appropriate for the diagnosis?** In order to circle **Y** in the box, the responses in the treatment section should be appropriate for *all* the diagnoses made. Otherwise the supervisor should circle **N** in the box. General coding rules for appropriate treatment are summarized in Table 1.

**I. Is the medication appropriate for a specific diagnosis?** The supervisor should circle **Y** or **N** according to the guidelines summarized in Table 1. **N/A** should be circled for children who have not been diagnosed with that condition.

### ***Validator Coding (If Validation Is Performed)***

**J. Is the child treated correctly?** If the treatment recommended by the supervisor following a reexamination of the sick child is the same as that recommended by the health worker, then circle **Y**. This is completed for children with any severe classification and for pneumonia, diarrhea, or malaria according to the gold standard examination.

**Table 1. Guidelines for Coding Appropriate Treatment**

| Diagnosis                            | Medication   |   |                      |
|--------------------------------------|--|---|----------------------|
|                                      | Appropriate  | Inappropriate   | Possibly Appropriate |
| Diarrhea, dehydration                | IV fluids if severe. ORS/RHF   | Antimalarial, antibiotic, antidiarrheal, metronidazole  | Paracetamol, aspirin |
| Dysentery                            | Antibiotic, ORS/RHF  | Antimalarial, antidiarrheal, metronidazole <sup>1</sup> | Paracetamol, aspirin |
| Persistent diarrhea                  | Refer if severe. Feeding counseling  | (As above for dehydration.)                             | Paracetamol, aspirin |
| Pneumonia, LRTI                      | Refer and give 1 <sup>st</sup> dose antibiotic if severe. Antibiotic for other cases.                              | Antimalarial  | Paracetamol, aspirin |
| Cold, allergy, simple cough          | Paracetamol, aspirin   | Antimalarial, antibiotic                                | —                    |
| Very severe febrile disease          | Refer and give quinine IM, antibiotic, paracetamol, glucose  | —   | —                    |
| Malaria                              | Antimalarial, paracetamol, aspirin   | Antibiotic  | —                    |
| Fever, other cause                   | Paracetamol, aspirin   | Antimalarial  | Antibiotic           |
| Measles                              | Vitamin A, antibiotic and refer if severe. Vitamin A ± tetracycline eye ointment ± gentian violet for mouth ulcers | Antibiotic (if not severe), antimalarial                | Paracetamol, aspirin |
| Mastoiditis                          | Antibiotics, paracetamol and refer   | Antimalarial  | —                    |
| Ear infection                        | Antibiotic, paracetamol if acute. Wicking if acute or chronic.   | Antimalarial, antibiotic (if chronic)                   | Paracetamol, aspirin |
| Severe malnutrition or severe anemia | Give vitamin A and refer   | Antimalarial, antibiotic                                | —                    |
| Anemia or very low weight            | Give iron, antimalarial if high malaria risk, mebendazole if ≥2 years. Feeding history and counseling              | Antibiotic, antimalarial (if not high malaria risk)     | —                    |

<sup>1</sup> Metronidazole would be an appropriate treatment for bloody diarrhea if a stool exam has confirmed acute amebiasis or if the national protocol recommends metronidazole as the first-line treatment for bloody diarrhea. In any case, an antibiotic **and** metronidazole should not be given for the treatment of bloody diarrhea.

## Interpersonal Communication

### **Q. 64.a .b .c**

If the health worker gives or prescribes medications for the child, it is important to listen and observe carefully whether the caretaker is instructed about how to give the medications. In addition, it is important to observe what instructions the health worker gives to the caretaker about how to treat the child at home. All questions should be answered **Y** or **N** (unless **N/A** is applicable for Q. 64.b).

### **Supervisor Coding**

**K. Number of treatment tasks performed?** Health workers should explain, demonstrate, and then verify that caretakers understand how to give the oral medication. If all three are done, then **3** is circled. If two are done, then **2** is circled, and so on. If no medications are given or prescribed, then **N/A** should be circled.

### **Q. 65–67**

The surveyor should be alert as to whether the health worker ensures that the caretaker has understood when to return for follow-up, the need to continue feeding the child, and the need for liquids. Every question should have **Y** or **N** circled.

### **Q. 68**

This question refers to symptoms that could be signs of severity at home. The surveyor should circle **Y** the message(s) that are mentioned by the health worker. Every message should have a **Y** or **N** circled. The surveyor should listen carefully to whether the health worker gives the caretaker instructions on when to return with the child and record what signs the caretaker is told by the health worker.

### **Supervisor Coding**

**L. Are at least three of the Q. 68 messages circled?** At least three of the seven messages must have been mentioned by the health worker in order to circle **Y**.

### **Q. 69**

Nutritional advice should contain information on at least one of the following: (1) the frequency of breastfeeding, (2) how to breastfeed, (3) types of complementary foods, (4) when to give complementary foods, (5) how often to give complementary foods, and (6) how to encourage child feeding.



## Duration of Observation

As the caretaker leaves the room, it is important that the surveyor check the time and note this on the questionnaire. The surveyors should also ensure that the caretakers see the surveyor responsible for conducting exit interviews as they leave the clinic.

## Exit Interview—Sick Child

It is important to be courteous to the caretaker during the interview. If the surveyor asks a question and the caretaker does not know the answer, the surveyor should go to the next question without criticizing the caretaker. If the caretaker has questions for the surveyor, it is best if he/she is asked to wait until the end of the interview.

For most questions, it is important that surveyors not prompt caretakers when asking these questions. Surveyors should wait for the caretakers to answer on their own. For some questions, it may be useful to encourage the caretaker to reply by saying, “Yes, is there anything else that you can think of?” or, “Is there anything else that you would like to say?” For a few questions (questions 7 and 10.b), surveyors are **required** to prompt caretakers. For these questions, the surveyor needs to read every option listed to the caretaker and then record his/her response. Surveyors should ensure that they become familiar with the prompted questions during the training week.

NOTE: This questionnaire needs a careful review for adaptation of prompted answers.

### **Q. 1**

Caretakers should be asked what oral medications they were given or prescribed. If no oral medications were given or prescribed, surveyors should circle **N** and go directly to question 2. If any oral medication was given or prescribed, the answer is **Y** and surveyors should ask which medications. If the caretaker doesn’t know, the surveyors should check the prescription or the medication in order to determine the type of drugs. If one of these is an antimalarial, an antibiotic, aspirin/paracetamol, or ORS/RHF, surveyors should ask caretakers the three questions—“How much each time?” “How many times per day?” and “How many days?” The surveyor should enter the response in the appropriate cell of the questionnaire. The caretakers must answer the questions themselves, but they can refer to the prescription if necessary. More than one drug may have been given or prescribed. If the caretaker does not know an answer, this should be marked **DK** (don’t know) in the corresponding cell. If the caretaker answers “as required,” this should be marked **AR** in the corresponding cell. If the answer is “until completed,” this should be marked **UC** in the corresponding cell.

NOTE: If the caretaker does not know or makes mistakes, it is important to instruct him/her about the correct dosage at the end of the interview.

### ***Supervisor Coding***

**All correct?** Drugs need to be consistent with the national treatment guidelines for malaria, ARI, and diarrhea. If the answer in one of the three cells is **DK** or wrong (antibiotic given for less than five days, for example), the supervisor should enter **N** in the last column. The response “until completed” (**UC**) may be correct if the dose given is correct. The response “as required” (**AR**) may be correct to describe when an antipyretic agent will be given.

**A. Caretaker knows how to give ALL essential medications correctly?** All cells in the “All Correct?” column (if more than one drug was given) must be **Y** in order to circle **Y** in this box.

### ***Q. 2***

The caretaker should be asked what he/she will do to look after the child at home. Every response mentioned should be checked by surveyors. It is important to remember that the caretakers must not be prompted when asked this question; they must be allowed to answer on their own. If the caretaker does not know, check this response.

### ***Supervisor Coding***

**B. Caretaker knows at least two aspects of home case management?** To circle a **Y** in the box, at least two of the possible responses should have been mentioned. Otherwise, the answer in the box is **N**.

### ***Q. 3***

This question refers to caretakers’ understanding of the symptoms and the signs of severity. Do not prompt the answers; check all responses mentioned by the caretaker.

### ***Supervisor Coding***

**C. Caretaker knows at least two signs of the child getting worse at home?** If at least two of the signs listed in this question are mentioned, the response is **Y**.

### ***Q. 4–7***

These questions all concern immunizations. For questions 4 and 5, surveyors should check all the responses mentioned by the caretaker. For question 6, surveyors should check “correct” or “incorrect” according to the national immunization schedule. Normally, the correct answer is 5. Question 7 is prompted; a single response should be checked.

### **Q. 8**

All caretakers should be asked whether they have their child's vaccination card. If they have the card, surveyors should ask to see it. All vaccinations that have been given should be circled **Y**. All vaccinations that were not given should be circled **N**. If the caretaker does not have the vaccination card, surveyors should go to question 9.

### **Supervisor Coding**

**D. Child is up to date?** Complete the box according to the child's age and the national immunization schedule.

### **Q. 9**

All caretakers should be asked whether they have their own vaccination cards for tetanus. If they do not have one or have never received one, these responses should be checked and surveyors should go to question 10. If the caretaker can produce a vaccination card, surveyors should write down all tetanus vaccinations that have been received. This question is not asked if the caretaker with the child is not a woman (e.g., the father); in this case, the surveyor will check **N/A**.

### **Supervisor Coding**

**E. Caretaker has received at least TT-2?** The response is **Y** if at least TT-2 has been received.

### **Q. 10**

This question refers to tetanus vaccination the day of the child's visit. Tetanus vaccinations given in the past are not counted by this question. Surveyors may prompt the answers. This question is not asked if the caretaker with the child is not a woman (e.g., the father); in this case, the surveyor will check **N/A**. If **No** at question 10.a ask 10.b. The up to date category can be checked by referring to the mother's vaccination card.

### **Q. 11**

This question asks about medications given at the last visit. If caretakers were given prescriptions for oral medications at the last visit, then they are asked where they went to get the medications, whether they were able to get them, and if they were unable to get them, why. This requires that caretakers have been to the facility at least once in the past, and that they can accurately recall this information.

## **Conclusion of Interview**

At the end of the exit interview with the caretakers, surveyors should thank them for their time and ask them if they have any questions. If a caretaker does not know how to prepare ORS, the surveyor should explain how to prepare it. If the caretaker does not know the dosage of medication to give or when to bring the child back to the health facility, then this should also be

explained. Surveyors should ensure that the child ID No. from the observation checklist is copied onto the exit interview questionnaire.

## **Health Worker Interview**

One health worker will be interviewed at each health facility. The interview will be conducted with the health worker who was observed by the surveyor during the clinic session. The surveyor should find a comfortable place for the interview and explain that there are some general questions about the clinic and the management of sick children. It is important to reassure health workers that they should relax and answer as freely as possible because the questionnaires are anonymous. Surveyors should encourage the health workers to tell them if any questions are not clear so that they can explain them more clearly.

### **Q. 1–3**

These questions ask how supplies are received and the most frequent cause of a delay in the delivery of supplies. Surveyors should check the appropriate response or fill in the “Other” space. Only one response should be checked for these three questions.

### **Q. 4–8**

These questions ask about the provision of supervision to the health facility. Question 4 asks if the health facility has a regular supervisor; if not or if the supervisor never visits, then the answer is **N** and surveyors should skip to question 9. If there is a regular supervisor, then they should proceed to question 5.

### **Q. 9–10**

These questions ask about the problems faced by the health worker and whether these problems have been raised with the supervisor. It is important that health workers be encouraged to give honest opinions. More than one of the responses may be checked.

### **Q. 11–13**

These questions ask about child health training received in the last 12 months and whether the training involved any clinical practice. Training involving clinical practice would include visits to health centers or hospitals in order to apply techniques or skills in the clinical setting, under close supervision. During the surveyors’ training, a clear definition of “training session” has to be made; usually three days are considered the minimum requirement for a training session. In addition, the types of topics considered to be child-health related will need to be clearly defined.

### **Q. 14–17**

These questions ask about knowledge of the routine vaccination schedule and about the timing of vaccination clinics. To complete the table in question 14, health workers should be asked to describe the routine vaccination schedule in their clinic for DPT, polio, BCG, and measles.

Answers should be given in weeks for DPT and polio and in months for measles. Doses given at birth (BCG, Polio 0) should be coded **0**. To complete questions 15 and 16, health workers should be asked to describe when they would normally give tetanus toxoid. For question 17, the clinic days should be circled and the total number of immunization days per week should be specified.

### **Supervisor Coding**

**A. EPI vaccination schedule all correct?** Responses for all antigens must be correct according to the vaccination schedule in order to circle **Y**.

### **Q. 18**

If the health facility provides antenatal clinics, then the clinic days should be circled and the number of clinic days per week should be specified. If the clinic does not provide antenatal services, the surveyor should ask why clinics are not held and check the responses provided.

### **Q. 19–20**

Question 19 asks the health worker to describe the signs that would make him/her refer a child to a hospital. Surveyors should check all of the responses given; they may need to encourage health workers to give more than one response. Question 20.a asks health workers if they have ever had difficulty referring a child to hospital. If the answer is **Y**, surveyors should check all reasons given for being unable to refer children in question 20.b.

### **Supervisor Coding**

**B. Health worker knows at least three signs for referral?** At least three of the ten proposed answers must be checked in order to circle **Y** in the coding box. If the “Other” category is checked, it should not be counted.

### **Q. 21–22**

These two questions ask about the communication aspects of the health worker’s role. Surveyors should check all responses mentioned without prompting the answers, but they may need to encourage health workers to give more than one response.

## **Conclusion of Interview**

At the end of the health worker interview, the surveyor should thank the health worker for his/her cooperation and answer any questions. If time allows, this may be an opportunity to give the health worker feedback on the findings of the clinic visit.

## Equipment and Supplies Checklist

This questionnaire will be completed by the team supervisor while the observation and interview sections are being conducted. On occasion, parts of this questionnaire will need to be left until the end of the clinic session so that the supervisor can ask questions, such as categories of health staff assigned to the facility. The supervisor should inspect the equipment, supplies, and facility supports; it is not acceptable to get this information by asking health workers.

### Category of Health Staff

This section can be completed during—or at the end of—the clinic session by directly questioning health workers. It is important that **only** the personnel who have child case-management responsibilities be included. If there is no one with child case-management responsibilities assigned to a category, **0** should be entered, rather than leaving it blank.

### Patient and Worker Accommodation

#### **Q. 1–7**

All of these questions require direct observation while the clinic is in session. Supervisors should go out to the latrine to observe accessibility and cleanliness. A definition of a functional latrine should be agreed on during the surveyor training session. If an ORT corner is present but not being used the day of the survey, it can still be considered “in use” if it is equipped and available for use.

### Equipment and Supplies

#### **Q. 8–19**

All the equipment and supplies listed should be inspected directly and an attempt made to determine whether they are functioning properly. All questions should be marked **Y** or **N**.

#### **Q. 20–21**

If there is no refrigerator, questions 20.b and .c should be skipped. The type of refrigerator and its condition can be determined by observation. When the refrigerator is opened to look for a thermometer and freeze-watch indicator, vaccine stocks as well as expired and frozen vaccines can be checked (questions 41–47). It is important to look for a temperature chart on the outside of the refrigerator. If there is a chart present, the number of days that the temperature has been recorded during the 30 days prior to the day of the survey and the number of days that it was above 8°C and below 0°C should be recorded. If there is no temperature chart, go directly to question 21. While the refrigerator is open, the supervisor should also check for frozen cold packs.

**Q. 22**

If cold boxes are present, their condition should be assessed. It is important to determine whether the lid of the box closes properly, whether the box is intact, and whether there is insulating material in the top of the box.

**Medicines and Vaccines in Stock****Q. 23–40**

During the clinic session, the supervisor should ask a health worker familiar with the drug stock to show him or her where drugs are kept and to work through the list on the questionnaire. Supervisors should circle **Y** or **N** for all questions, regardless of the quantity available. If drugs are present, it is important to determine whether any are expired. If any drugs are expired, they should not be counted as available but instead listed in question 40. Needles and syringes (questions 38 and 39) are for curative use only; the EPI needles and syringes should not be included.

**Q. 41–47**

The type of vaccines present in the clinic, as well as the presence of expired or frozen vaccines, should be recorded. It may be most convenient to check vaccines when the refrigerator is being inspected (question 20). If there is no refrigerator in the health facility, **N/A** should be circled for questions 41 through 47.

**Q. 48**

This question asks about the number of times in the previous 30 days that the clinic has been without any stock in vaccines, syringes/needles, ORS, drugs, or cards/forms. If there has been an absence of stock in any of the categories mentioned at any time during the previous 30 days, this is classified as a stock-out. The total number of days that the facility has been without each item should be recorded in the table. If an item has been absent for all of the preceding 30 days, this should be recorded as **30**. It is not necessary to specify the types of drugs or materials that were unavailable. The types of essential medications required at each level of health facility may differ; if so, this should be clarified during training. Stock-outs should be calculated only for those medications that are considered essential for the specific category of health facility.

**Q. 49**

This question refers to the management of drugs. Appropriateness of drug and supply organization and storage can be determined by observation and judgment. To be appropriately stored, medications should be located in a cool, dry, and reasonably secure place. Adequate organization of medications requires that they be stored in a “logical” manner that facilitates management and use. Definitions should be established during the training for “adequately organized” and “stored appropriately” in order to ensure reliability between supervisors.

## **Documentation and Record Keeping**

### ***Q. 50–60***

While the clinic session is in progress, the supervisor should check for the presence of immunization and patient registers and a stock of both children's and women's vaccination cards and essential drugs cards. When the session is over, the supervisor should ask the person(s) in charge of records to show the vaccine tally sheets and the notifiable disease and monthly report forms for the past six months. The supervisor should also review the patient registers to determine if they are up to date. A register or report is considered up to date if all entries have been made for the previous session, and if the report for the previous month has been completed. The supervisor should count the total number of patients seen in the previous month and count separately the number of children under age 5. To calculate the average number of patients seen per day, the number of patients counted in the previous month should be divided by 30.



Province/District\_\_\_\_\_ HW Category\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Facility Name\_\_\_\_\_ Facility Type\_\_\_\_\_ Facility Status\_\_\_\_\_

Interviewer No.\_\_\_\_\_ Child's Age (months)\_\_\_\_\_ Child ID No.\_\_\_\_\_

**Begin Timing the Observation Now. Time:**

|     |   |   |   |
|-----|---|---|---|
| 1.  | What reason does the caretaker give for bringing the child to the health facility? ( <b>Check all that apply.</b> ) |   |   |
|     | ___Diarrhea/vomiting    ___Fever/malaria    ___Difficulty breathing/cough/pneumonia                                 |   |   |
| 2.  | Does the health worker ask the age of the child or have the age available?  | Y | N |
| 3.a | Is the child weighed?   | Y | N |
| .b  | Is the child's weight plotted on a growth chart?  | Y | N |
| 4.  | Is the child's temperature checked?   | Y | N |

| Does the health worker ASK about (or does the caretaker REPORT)— |   |   | Does the health worker perform these EXAMINATION tasks— |  |  |
|--|---|---|---|--|--|
| <b>Danger signs:</b>   |   |   | 13. Look for lethargy or unconsciousness? Y N           |  |  |
| 5. Not able to drink or breastfeed?                              | Y | N |   |  |  |
| 6. Vomits everything?  | Y | N |   |  |  |
| 7. Convulsions?  | Y | N |   |  |  |
| 8. Change in consciousness/lethargic/sleepy?                     | Y | N |   |  |  |
| <b>9.a Diarrhea?</b>   | Y | N | 14. Observe drinking or breastfeeding? Y N              |  |  |
| .b For how long?   | Y | N | 15. Pinch the skin on abdomen? Y N                      |  |  |
| .c Is there blood in the stool?                                  | Y | N | 16. Look for sunken eyes? Y N                           |  |  |
| <b>10.a Cough or difficult breathing?</b>                        | Y | N | 17. Raise the shirt? Y N                                |  |  |
| .b For how long?   | Y | N | 18. Count breaths/minute? Y N                           |  |  |
|  |   |   | 19. Look for chest indrawing? Y N                       |  |  |
| <b>11.a Fever?</b>   | Y | N | 20. Look or feel for stiff neck? Y N                    |  |  |
| .b For how long?   | Y | N | 21. Look for generalized rash? Y N                      |  |  |
|  |   |   | 22. Look for runny nose or red eyes? Y N                |  |  |
| <b>12.a Ear problem?</b>   | Y | N | 23. Look for pus from ear? Y N                          |  |  |
| .b Ear pain?   | Y | N | 24. Feel for swelling behind ear? Y N                   |  |  |
| .c Ear discharge?  | Y | N |   |  |  |
| .d If YES, for how long?   | Y | N |   |  |  |
|  |   |   | <b>Malnutrition:</b>                                    |  |  |
|  |   |   | 25. Undress and look for wasting? Y N                   |  |  |
|  |   |   | 26. Look for palmar or conjunctival pallor? Y N         |  |  |
|  |   |   | 27. Look for edema of both feet? Y N                    |  |  |

|   |                    |
|---|--------------------|
| <b>A. All danger signs (Q. 5 to Q. 8 [or Q. 13]) assessed?</b>                                      | <b>Y N</b>         |
| <b>B. All main symptoms (Q. 9 to Q. 12) assessed?</b>   | <b>Y N</b>         |
| <b>C. Number of diarrhea assessment tasks completed? (Circle one.)</b><br>(History and Examination) | <b>0 1 2 3 4 5</b> |
| <b>D. Number of ARI assessment tasks completed? (Circle one.)</b><br>(History and Examination)      | <b>0 1 2 3 4</b>   |
| <b>E. Number of fever assessment tasks completed? (Circle one.)</b><br>(History and Examination)    | <b>0 1 2 3 4</b>   |
| <b>F. Nutritional status correctly assessed? (Q. 3, Q. 25 to Q. 27)</b>                             | <b>Y N</b>         |

### **Immunization and Screening**

- 28.a Does the health worker ask for the *child's* immunization card? ..... Y N  
**If NO, go to question 29.**
- .b **If YES**, does the child have the card? ..... Y N
- .c Is the *child* referred for vaccination?  
       \_\_\_Today    \_\_\_Another day    \_\_\_Not referred    \_\_\_Up to date
- 29.a Does the health worker ask for the *caretaker's* vaccination card? ..... N/A Y N  
**If NO or N/A, go to question 30.**
- .b **If YES**, does the caretaker have the card? ..... Y N
- .c Is the *mother* referred for vaccination?  
       \_\_\_Today    \_\_\_Another day    \_\_\_Not referred    \_\_\_Up to date

### **Diagnosis**

| How does the health worker classify the child?     |   |   |                                 |
|--|---|---|---------------------------------|
| 30. Simple diarrhea                                | Y | N | 39. Very severe febrile disease |
| .a Severe dehydration                              | Y | N | 40. Malaria                     |
| .b Some dehydration                                | Y | N | 41. Severe complicated measles  |
| .c No dehydration                                  | Y | N | 42. Complicated measles         |
| 31. Dysentery                                      | Y | N | 43. Measles                     |
| 32. Severe persistent diarrhea                     | Y | N | 44. Fever, other cause          |
| 33. Persistent diarrhea                            | Y | N | (specify) _____                 |
| 34. Severe pneumonia                               | Y | N | 45. Mastoiditis                 |
| 35. Pneumonia                                      | Y | N | 46. Acute ear infection         |
| 36. Upper respiratory infection<br>(cough or cold) | Y | N | 47. Chronic ear infection       |
| 37. Severe malnutrition/anemia                     | Y | N | 48. No diagnosis                |
| 38. Moderate malnutrition/anemia                   | Y | N |                                 |

If validation is performed:

|   |     |   |   |
|---|-----|---|---|
| G.a Health worker classification agrees with validator? |     | Y | N |
| G.b Severely ill children classified correctly?         | N/A | Y | N |

### Treatment

| What does the health worker administer or prescribe for the child? |   |   |                                 |     |
|--|---|---|---------------------------------|-----|
| 49. Immediate referral?  | Y | N | 57. ORS/RHF                     | Y N |
| 50. Antimalarial injection   | Y | N | 58. Antidiarrheal/antimotility  | Y N |
| 51. Antimalarial tablets/syrup                                     | Y | N | 59. Metronidazole tablets/syrup | Y N |
| 52. Paracetamol/aspirin  | Y | N | 60. Tablets/syrup, unknown type | Y N |
| 53. Tepid bath   | Y | N | 61. Injection, unknown type     | Y N |
| 54. Antibiotic injection   | Y | N | 62. None                        | Y N |
| 55. Antibiotic tablets/syrup                                       | Y | N | 63. Other (specify) _____       | Y N |
| 56. Vitamin A or vitamins  | Y | N |                                 |     |

|   |   |   |
|---|---|---|
| H. Is the medication appropriate for the diagnosis? | Y | N |
|---|---|---|

|   |     |   |   |
|---|-----|---|---|
| I.a Diarrhea case received appropriate medication?  | N/A | Y | N |
| I.b Pneumonia case received appropriate medication? | N/A | Y | N |
| I.c Malaria case received appropriate medication?   | N/A | Y | N |

If validation is performed:

|   |     |     |
|---|-----|-----|
| J.a Is the child treated correctly?           | Y   | N   |
| J.b Severe classification correctly referred? | N/A | Y N |
| J.c Pneumonia case correctly treated?         | N/A | Y N |
| J.d Diarrhea case correctly treated?          | N/A | Y N |
| J.e Malaria case correctly treated?           | N/A | Y N |

### Interpersonal Communication

For all oral medications—

|  |     |     |
|--|-----|-----|
| 64.a Does the health worker explain how to administer medications/ORS? . . . . .   | Y   | N   |
| .b Does the health worker demonstrate how to administer medications/ORS? . . . . .   | N/A | Y N |
| .c Does the health worker ask an open-ended question to verify the comprehension of how to administer medications/ORS? . . . . . | Y   | N   |

|   |             |
|---|-------------|
| K. Number of treatment tasks performed? (Circle one.) | N/A 0 1 2 3 |
|---|-------------|

|   |   |   |
|---|---|---|
| 65. Does the health worker explain when to return for follow-up? . . . . .                          | Y | N |
| 66. Does the health worker explain the need to give more liquid at home? . . . . .                  | Y | N |
| 67. Does the health worker explain the need to continue feeding or breastfeeding at home? . . . . . | Y | N |

68. Does the health worker tell the caretaker to bring the child back for the following signs?
- |   |   |   |
|---|---|---|
| Child is not able to drink or drinking poorly ..... | Y | N |
| Child is not able to breastfeed/eat .....           | Y | N |
| Child becomes sicker .....                          | Y | N |
| Child develops a fever .....                        | Y | N |
| Child develops fast or difficult breathing .....    | Y | N |
| Child develops blood in the stool .....             | Y | N |
| Change in consciousness/lethargic .....             | Y | N |

|   |          |          |
|---|----------|----------|
| <b>L. Are at least three of the Q. 68 messages circled?</b> | <b>Y</b> | <b>N</b> |
|---|----------|----------|

69. Does the health worker give the caretaker any advice on nutrition? ..... Y N

|  |
|--|
| <p align="center"><b>Check the time of the observation as the caretaker leaves: Time: _____</b><br/> <b>Duration of observation: _____ minutes</b></p> |
|--|

**END OF HEALTH WORKER OBSERVATION**

- |   |
|---|
| <ul style="list-style-type: none"> <li>• The surveyor may need to ask the health worker about the diagnosis made and the treatment given during the consultation, but only if these two components were not stated during the consultation.</li> <li>• The surveyor <i>must complete</i> this form <i>before</i> the next child observation.</li> </ul> |
|---|

## 2. EXIT INTERVIEW—SICK CHILD

Province/District \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Name \_\_\_\_\_ Facility Type \_\_\_\_\_ Facility Status \_\_\_\_\_

Interviewer No. \_\_\_\_\_ Child's Age (months) \_\_\_\_\_ Child ID No. \_\_\_\_\_

**Greet the caretaker and say that you would like to ask some questions about his/her visit to the health facility today.**

1. Did the health worker give you or prescribe any oral medicines at the health facility today? ..... Y N
- If NO, go to question 2.**
- If YES, compare the caretaker's medications with the samples for identification of the oral medicines.**

**Complete the table below for the listed oral medications. Fill in the information in the table below by asking—**  
**HOW MUCH medicine will you give the child EACH TIME?**  
**HOW MANY TIMES will you give it to the child EACH DAY?**  
**HOW MANY DAYS will you give the medicine to the child?**

**If the caretaker's answer is—**  
**"As required," write AR in the appropriate cell.**  
**"Until completed," write UC in the appropriate cell.**  
**"I don't know," write DK in the appropriate cell.**

| Medicine  | How Much Each Time? | How Many Times/Day? | How Many Days? | All Correct? (Y or N) |
|---|---------------------|---------------------|----------------|-----------------------|
| Chloroquine tablets/syrup   |                     |                     |                |                       |
| Antibiotic tablets/syrup<br>Name: _____<br>Dose/tablets: _____                  |                     |                     |                |                       |
| Aspirin tablets/syrup<br>OR<br>Paracetamol tablets/syrup<br>Dose/tablets: _____ |                     |                     |                |                       |
| ORS/RHF   |                     |                     |                |                       |
| Other: _____  |                     |                     |                |                       |

**A. Caretaker knows how to give ALL essential medications correctly?**

N/A Y N

2. What will you do for your child when you return home? **(Check all that apply.)**

☐ Doesn't know  
☐ Continue feeding or breastfeeding the child  
☐ Give the same quantity or more fluids to the child  
☐ Complete course of medications/ORS/RHF  
☐ Bring the child back if he/she doesn't get better or gets worse  
☐ Other (specify): \_\_\_\_\_

**B. Caretaker knows at least two aspects of home case management?**

**Y N**

3. How will you know if the child becomes worse at home? **(Check all that apply.)**

☐ Doesn't know  
☐ Fever begins or doesn't go away  
☐ Child unable to eat  
☐ Diarrhea continues  
☐ Child has chest indrawing  
☐ Vomiting begins or continues  
☐ Child unable to drink  
☐ Child has convulsions  
☐ Child has difficulty breathing  
☐ Blood in stool  
☐ Other (specify): \_\_\_\_\_

**C. Caretaker knows at least two signs of child getting worse at home?**

**Y N**

4. Which diseases will be prevented by the immunizations you or your child has received? **(Check all that apply.)**

☐ Doesn't know  
☐ Diphtheria  
☐ Tetanus  
☐ Whooping cough  
☐ Measles  
☐ Tuberculosis  
☐ Polio  
☐ Other (specify): \_\_\_\_\_

- 5.a Do you know what might happen as a side effect after the immunization? ..... **Y N**

- b **If YES**, what do you know? **(Check all that apply.)**

☐ Fever  
☐ Irritability/crying  
☐ Pain at injection site  
☐ Swelling  
☐ Other (specify): \_\_\_\_\_

6. How many vaccination visits does a child need in the first year of life to complete the series of vaccinations? \_\_\_\_\_

☐ Correct  
☐ Incorrect  
☐ Doesn't know

- 7.a Did your child receive an immunization today? ..... **Y N**

- b **If NO**, was your child referred for vaccination another day? (Prompted question. **Check a single response.**)

☐ Referred for vaccination another day  
☐ Not referred for vaccination  
☐ Up to date

8. Do you have your child's vaccination card?

☐ Yes  
☐ Lost  
☐ Never received  
☐ Left at home

**If the caretaker has the card, record the dates of ALL VACCINES GIVEN, both today and in the past, and the child's birth date and age.**

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_ Months

| Immunization    | Received |
|-----------------|----------|
| Polio-0 (birth) | Y N      |
| BCG             |          |
| DPT-1           | Y N      |
| Polio-1         | Y N      |
| DPT-2           | Y N      |
| Polio-2         | Y N      |
| DPT-3           | Y N      |
| Polio-3         | Y N      |
| Measles         | Y N      |

**D. Child is up to date?**

**Y N**

9. Do you have your own vaccination card?  
☐ Yes ☐ Lost ☐ Never received ☐ Left at home ☐ N/A

**If YES, copy the caretaker's tetanus toxoid vaccinations in the table at right. If the caretaker's TT doses are recorded on the child's vaccination card, copy them here also.**

| Immunization | Received |
|--------------|----------|
| TT-1         | Y N      |
| TT-2         | Y N      |
| TT-3         | Y N      |
| TT-4         | Y N      |
| TT-5         | Y N      |

**E. Caretaker has received at least TT-2? Y N**

- 10.a Did you receive a tetanus vaccination today? . . . . . N/A Y N  
 .b **If NO**, were you referred for vaccination another day? (Prompted question. **Check a single response.**)  
☐ Referred for vaccination another day ☐ Not referred for vaccination ☐ Up to date
- 11.a Were you prescribed any oral medication at your last visit? . . . . . Y N  
 .b **If YES**, were you able to get your medication? . . . . . Y N  
 .c **If YES**, where did you get your medication?  
☐ This health facility ☐ Drug vendor  
☐ Private pharmacy ☐ Other (specify): \_\_\_\_\_  
☐ Another health facility/hospital
- .d **If NO**, why could you not get the medication?  
☐ No drugs available ☐ Other (specify): \_\_\_\_\_  
☐ No money/could not afford

### 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 diarrhea, when to return for vaccination, how to give the prescribed medications, and when to return if the child becomes worse at home.**

### 3. HEALTH WORKER INTERVIEW

Province/District\_\_\_\_\_ HW Category\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Facility Name\_\_\_\_\_ Facility Type\_\_\_\_\_ Facility Status\_\_\_\_\_  
Interviewer No.\_\_\_\_\_

**Introduce yourself to the health worker. Tell him/her that you would like to ask some general questions about the health facility, followed by some questions about his/her job.**

1. Where does the health facility *usually* get medications and supplies?  
(**Check a single response.**)  
☐ Government supplier ☐ NGO/Mission  
☐ Community pharmacy ☐ Other (specify): \_\_\_\_\_  
☐ Private pharmacy supplier
2. How are supplies *usually* received? (**Check a single response.**)  
☐ Delivered to facility ☐ Both  
☐ Picked up from the supplier ☐ Other (specify): \_\_\_\_\_
3. What is the *most common* cause of a delay in delivery of supplies?  
(**Check a single response.**)  
☐ Inadequate transport ☐ Insufficient staff  
☐ Administrative difficulties ☐ Rupture of stock at the central store  
☐ Financial problems ☐ Other (specify): \_\_\_\_\_  
☐ Insufficient fuel
4. Do you have a regular supervisor? ..... Y N  
**If NO, go to question 9.**
5. Do you have a schedule for supervisory visits? ..... Y N
6. How many times have you had a visit from a supervisor—  
- In the last 6 months ..... (number of times)  
- In the last 12 months ..... (number of times)  
- Supervisor works here and sees worker daily .....  
.....
7. What did your supervisor do the last time he/she supervised you? (**Check all that apply.**)  
☐ Delivered supplies (fuel, medicines, etc.)  
☐ Observed immunization technique  
☐ Observed management of sick children  
☐ Reviewed reports prepared by health worker  
☐ Updated health worker on current information  
☐ Discussed problems with supplies and equipment  
☐ Other (specify): \_\_\_\_\_
- 8.a Did you receive feedback from that supervisory session? ..... Y N  
.b **If YES, in what form?**  
☐ Supervisory register ☐ Written report



Other (specify): \_\_\_\_\_

- (Check all that apply.)**

Lack of feedback on performance

### Inadequate transport

Lack of motivation

\_\_\_\_ Poor working environment

(health facility, housing)

Other (specify): \_\_\_\_\_

11. How many child-health-related training sessions have you received in the last 12 months? \_\_\_\_\_

What type of training was it?

14. In this health facility, at what ages do you give—

(Age in WEEKS but in MONTHS for measles only)

|   |          |          |
|---|----------|----------|
| <b>A. EPI vaccination schedule all correct?</b> | <b>Y</b> | <b>N</b> |
|---|----------|----------|

- Women of childbearing age (15–49)

- Visit with child for immunization or treatment

- | M | T | W | Th | F | Sa | Number of immunization days/week |
|---|---|---|----|---|----|----------------------------------|
|---|---|---|----|---|----|----------------------------------|

- b. If YES, on what days is the clinic held? (Circle days.)

**If NO, why are antenatal clinics not held? (Check all that apply.)**

- No space av

Other (specify):

\_\_\_\_\_ Other (specify): \_\_\_\_\_

19. What are the signs that would make you refer a child to the next level of health facility? (**Check all that apply.**)

|   |  |
|---|--|
| <input type="checkbox"/> Child is lethargic/abnormally sleepy/unconscious | <input type="checkbox"/> Child looks very unwell     |
| <input type="checkbox"/> Child has not responded to usual treatment       | <input type="checkbox"/> Child has a very high fever |
| <input type="checkbox"/> Child is not eating or drinking                  | <input type="checkbox"/> Child vomits everything     |
| <input type="checkbox"/> Child has severe dehydration                     | <input type="checkbox"/> Child has severe pneumonia  |
| <input type="checkbox"/> Child has severe malnutrition/anemia             | <input type="checkbox"/> Other (specify): _____      |
| <input type="checkbox"/> Child has had convulsions                        |  |

**B. Health worker knows at least three signs for referral?**

**Y N**

- 20.a Have you ever wanted to refer a child to the next level of health facility but have not been able to do so? ..... **Y N**

**If NO, go to question 21.**

- .b **If YES**, why could you not refer the child? (**Check all that apply.**)

|  |  |
|--|--|
| <input type="checkbox"/> Next level of health facility too far | <input type="checkbox"/> Caretaker/parents refused to go |
| <input type="checkbox"/> No transport available                | <input type="checkbox"/> No fuel available               |
| <input type="checkbox"/> Parents didn't have enough money      | <input type="checkbox"/> Other (specify): _____          |

21. What do you see as your role in communicating with caretakers when they bring their child to the health facility? (**Check all that apply.**)

|   |
|---|
| <input type="checkbox"/> Giving information on danger signs to watch for  |
| <input type="checkbox"/> Giving information on what to do at home   |
| <input type="checkbox"/> Giving information on how to give medicine at home   |
| <input type="checkbox"/> Finding out what caretakers have done at home and what are the symptoms of the child's illness |
| <input type="checkbox"/> Giving information on how to prevent illness   |
| <input type="checkbox"/> Telling caretakers when to come back to the health facility                                    |
| <input type="checkbox"/> Ensuring that caretakers understand what to do at home   |
| <input type="checkbox"/> Giving group talks   |
| <input type="checkbox"/> Other (specify): _____   |

22. What prevents you from communicating with caretakers when they bring their children to the health facility? (**Check all that apply.**)

|  |   |
|--|---|
| <input type="checkbox"/> I don't know how                                  | <input type="checkbox"/> It isn't really my role                      |
| <input type="checkbox"/> Someone else does it                              | <input type="checkbox"/> No time                                      |
| <input type="checkbox"/> They don't listen                                 | <input type="checkbox"/> They don't understand/comprehend what we say |
| <input type="checkbox"/> Language barriers prevent effective communication |   |
| <input type="checkbox"/> I don't have any education materials              |   |
| <input type="checkbox"/> It isn't important                                | <input type="checkbox"/> Other (specify): _____                       |

**END OF 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 immunizations or management of sick children.**

## 4. EQUIPMENT AND SUPPLIES CHECKLIST

|                        |   |
|------------------------|---|
| Province/District_____ | Date_____/_____/_____                   |
| Facility Name_____     | Facility Type_____ Facility Status_____ |
| Interviewer No._____   |   |

Category of health staff **with child case management responsibilities** (curative and preventive).

| Category                | Number Assigned to the Facility | Number Present the Day of the Survey |
|-------------------------|---------------------------------|--------------------------------------|
| Physician               |                                 |                                      |
| Nurse                   |                                 |                                      |
| Midwife                 |                                 |                                      |
| Health assistant        |                                 |                                      |
| Community health worker |                                 |                                      |

### Patient and Worker Accommodation

- |     |   |   |   |
|-----|---|---|---|
| 1.  | Is there adequate seating for patients? .....                 | Y | N |
| 2.  | Is there a covered waiting area? .....                        | Y | N |
| 3.  | Is there potable water? .....                                 | Y | N |
| 4.  | Is there a <i>functional</i> toilet or latrine? .....         | Y | N |
| 5.  | Is there a <i>functional</i> waste disposal area/pit? .....   | Y | N |
| 6.a | Are health information posters displayed? .....               | Y | N |
| .b  | <b>If YES</b> , are they written in the local language? ..... | Y | N |
| 7.  | Is an ORT corner present and being used? .....                | Y | N |

### Equipment and Supplies

**Are the following equipment and supplies present in the health facility?**

- |     |                                  |   |   |                                   |     |
|-----|----------------------------------|---|---|-----------------------------------|-----|
| 8.  | Transportation                   |   |   |                                   |     |
|     | Vehicle. ....                    | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Motorcycle. ....                 | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Bicycle. ....                    | Y | N | <b>If YES</b> , in working order? | Y N |
| 9.  | Social mobilization equipment    |   |   |                                   |     |
|     | Megaphone .....                  | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Flip-chart .....                 | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Counseling cards/pamphlets ..... | Y | N | <b>If YES</b> , in working order? | Y N |
| 10. | Weighing equipment               |   |   |                                   |     |
|     | Adult weight scale .....         | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Baby weight scale .....          | Y | N | <b>If YES</b> , in working order? | Y N |
|     | Salter .....                     | Y | N | <b>If YES</b> , in working order? | Y N |

**Medical Supplies**

|      |   |   |   |                           |   |   |
|------|---|---|---|---------------------------|---|---|
| 11.  | Thermometer .....                                     | Y | N | If YES, in working order? | Y | N |
| 12.  | Stethoscope   |   |   |                           |   |   |
|      | - Regular .....                                       | Y | N | If YES, in working order? | Y | N |
|      | - Obstetrical .....                                   | Y | N | If YES, in working order? | Y | N |
| 13.  | Otoscope .....  | Y | N | If YES, in working order? | Y | N |
| 14.  | Tongue depressor .....                                | Y | N | If YES, in working order? | Y | N |
| 15.  | Watch with a second hand or other timing device ..... | Y | N | If YES, in working order? | Y | N |
| 16.  | Steam sterilizer .....                                | Y | N | If YES, in working order? | Y | N |
| 17.  | Cooker or stove .....                                 | Y | N | If YES, in working order? | Y | N |
| 18.  | Measuring and mixing utensils .....                   |   |   |                           | Y | N |
| 19.  | Cups and spoons .....                                 |   |   |                           | Y | N |
| 20.a | Refrigerator .....                                    |   |   |                           | Y | N |

**If NO, go to question 21.****.b If YES—**

- Type: ☐ Electric ☐ Kerosene ☐ Gas ☐ Solar ☐ Mixed
- Condition: ☐ Good ☐ Fair ☐ Poor ☐ Nonfunctional
- Freeze-watch indicator? ..... Y N
- Working thermometer inside? ..... Y N Temp.: \_\_\_\_\_ °C
- Temperature chart? ..... Y N

**If NO, go to question 21.**

- .c In the last 30 days, temperature record up to date ? ..... Y N
- Temperature above 8°C ..... (number of days)
- Temperature below 0°C ..... (number of days)
21. Cold packs ..... Y N
22. Cold boxes ..... Y N
- Condition: ☐ Good ☐ Fair ☐ Poor ☐ Nonfunctional

**Availability of Drugs and Other Supplies the Day of the Survey**

(Circle Y or N for each item.)

**Supplies—****Available**

- Drugs for pneumonia:
23. *Penicillin tablets/syrup* ..... Y N *Ampi/amoxicillin tablets/syrup* ... Y N
- Drugs for Shigella:
24. *Cotrimoxazole tablets/syrup* ..... Y N *Nalidixic acid* ..... Y N
- Drugs for malaria:
- 25.a *Chloroquine tablets/syrup* ..... Y N *Fansidar* ..... Y N
- .b *Injectable quinine* ..... Y N
26. *Injectable penicillin* ..... Y N
27. *Injectable chloramphenicol* ..... Y N
28. *Paracetamol* ..... Y N
29. *Aspirin* ..... Y N
30. *Tetracycline eye ointment* ..... Y N
31. *Gentian violet* ..... Y N
32. *Iron* ..... Y N
33. *Vitamin A* ..... Y N
34. *Mebendazole* ..... Y N
35. *Sterile water for injection* ..... Y N
36. *ORS* ..... Y N
37. *IV solution for severe dehydration* ..... Y N
38. *Needles* ..... Y N
39. *Syringes* ..... Y N
- 40.a Are expired drugs in the health facility? ..... Y N
- .b If YES, which ones? \_\_\_\_\_

- Vaccines—**
- |  | <b>Available</b> |   |   |
|--|------------------|---|---|
| 41. BCG .....  | N/A              | Y | N |
| 42. OPV .....  | N/A              | Y | N |
| 43. DPT .....  | N/A              | Y | N |
| 44. Measles .....  | N/A              | Y | N |
| 45. Tetanus toxoid .....                                     | N/A              | Y | N |
| 46.a Are expired vaccines in the refrigerator? .....         | N/A              | Y | N |
| .b <b>If YES</b> , which ones? _____                         |                  |   |   |
| 47. Are frozen vials of DPT or TT in the refrigerator? ..... | N/A              | Y | N |
| 48. Rupture of stock in the last 30 days? .....              | Y                | N |   |
- If YES—**

| Item             | Number of Days of Stock-Outs/Last 30 Days |
|------------------|---|
| Vaccines         |   |
| Syringes/needles |   |
| ORS              |   |
| Essential drugs  |   |
| Cards/forms      |   |

49. Are drugs and other supplies adequately organized and appropriately stored? ..... Y N

### **Documentation and Record Keeping**

#### **Are the following items present in the health facility?**

- 50.a Immunization register ..... Y N
- .b **If YES**, is it up to date? ..... Y N
51. Immunization tally sheets ..... Y N
52. Stock of vaccination/child health cards ..... Y N
53. Stock of TT/maternal health cards ..... Y N
54. Stock of essential drugs cards ..... Y N
55. Notifiable disease report forms ..... Y N
- 56.a All essential monthly reporting forms ..... Y N
- .b **If YES**, are they up to date? ..... Y N
- 57.a Is a patient register kept? ..... Y N
- .b **If YES**, is it up to date? ..... Y N
58. Number of patients seen in last month: \_\_\_\_\_
59. Number of patients 0–4 years of age seen in last month: \_\_\_\_\_
60. Average number of patients seen per day: \_\_\_\_\_

### **END OF EQUIPMENT AND SUPPLIES CHECKLIST**

|                        |                           |                       |
|------------------------|---------------------------|-----------------------|
| Province/District_____ | HW Category_____          | Date_____/_____/_____ |
| Facility Name_____     | Facility Type_____        | Facility Status_____  |
| Interviewer No._____   | Child's Age (months)_____ | Child ID No._____     |

| Does the caretaker report—                  |   |   | Are these signs present?                                     |  |  |
|---|---|---|--|--|--|
| <b>Danger signs:</b>                        |   |   | Lethargic or unconscious? Y N                                |  |  |
| Not able to drink or breastfeed?            | Y | N | Restless or irritable? Y N                                   |  |  |
| Vomits everything?                          | Y | N |  |  |  |
| Convulsions                                 | Y | N |  |  |  |
| <b>Diarrhea?</b> Y N                        |   |   | Child drinking or breastfeeding? Eagerly Poorly              |  |  |
| What is the duration of the diarrhea? _____ |   |   |  |  |  |
| Is there blood in the stool?                | Y | N | Skin pinch on abdomen goes back? Normally Slowly Very slowly |  |  |
|   |   |   | Sunken eyes? Y N   |  |  |
| <b>Cough or difficult breathing?</b> Y N    |   |   | Number of breaths/minute? _____                              |  |  |
| What is the duration of the ARI? _____      |   |   | Chest indrawing? Y N   |  |  |
| <b>Fever?</b> Y N                           |   |   | Stiff neck? Y N  |  |  |
| What is the duration of the fever? _____    |   |   | Generalized rash? Y N  |  |  |
|   |   |   | Cough, runny nose, or red eyes? Y N                          |  |  |
| <b>Ear problem?</b> Y N                     |   |   | Pus from ear? Y N  |  |  |
| Ear pain?                                   | Y | N | Swelling behind ear? Y N                                     |  |  |
| Ear discharge?                              | Y | N |  |  |  |
| <b>If YES, duration?</b> _____              |   |   |  |  |  |
|   |   |   | <b>Malnutrition:</b>   |  |  |
|   |   |   | Visible wasting? Y N   |  |  |
|   |   |   | Palmar or conjunctival pallor? Y N                           |  |  |
|   |   |   | Edema of both feet? Y N                                      |  |  |
|   |   |   | Low weight for age? Y N                                      |  |  |
| <b>Immunizations up to date?</b> Y N        |   |   |  |  |  |

| Validator classification      |   |   |                              |   |   |
|-------------------------------|---|---|------------------------------|---|---|
| Simple diarrhea               | Y | N | Very severe febrile disease  | Y | N |
| Severe dehydration            | Y | N | Malaria                      | Y | N |
| Some dehydration              | Y | N | Severe complicated measles   | Y | N |
| No dehydration                | Y | N | Complicated measles          | Y | N |
| Dysentery                     | Y | N | Measles                      | Y | N |
| Severe persistent diarrhea    | Y | N | Fever, other cause (specify) | Y | N |
| Persistent diarrhea           | Y | N | _____                        |   |   |
| Severe pneumonia              | Y | N | Mastoiditis                  | Y | N |
| Pneumonia                     | Y | N | Acute ear infection          | Y | N |
| No pneumonia: cough or cold   | Y | N | Chronic ear infection        | Y | N |
| Severe malnutrition or anemia | Y | N |                              |   |   |
| Moderate malnutrition/anemia  | Y | N |                              |   |   |

| Validator treatment        |   |   |                            |   |   |
|----------------------------|---|---|----------------------------|---|---|
| Immediate referral?        | Y | N |                            |   |   |
| Antimalarial injection     | Y | N | Vitamin A or vitamins      | Y | N |
| Antimalarial tablets/syrup | Y | N | ORS/RHF                    | Y | N |
| Paracetamol/aspirin        | Y | N | Antidiarrheal/antimotility | Y | N |
| Tepid bath                 | Y | N | Metronidazole tablet/syrup | Y | N |
| Antibiotic injection       | Y | N | Other (specify) _____      | Y | N |
| Antibiotic tablets/syrup   | Y | N | None                       | Y | N |

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