

3.0 Clinician Assessment Questionnaires

Provider Interview (Vignette)

HEALTH WORKER INTERVIEW FOR PROVIDER OF CARE FOR SICK ADULT AND/OR CHILDREN

PROVIDER INTERVIEW 1: CASE SIMULATIONS FOR SICK ADULT AND CHILD					
Section A: Preliminary Information					
Basic Information (Can be filled in before administering the questionnaire)					
1.	Enumerator's First Visit	Name/Code	_____ / _ _ _ _ _ _ _ _	Name/Code	_____ / _ _ _ _ _ _ _ _
2.	Health Facility Name	Name	_____		
3.	Health facility Code	Number (see code)	_ _ _ _ _ _ _ _		
4.	Date	Day/Month/Year (e.g. 15 /04/2019)	_ _ _ _ / _ _ _ _ /20 1 9		
Clinician Information (make sure that the following information is identical to the information found in Module 1 Staff Roster for the clinician)					
5.	Health Worker name	First Last	_____ _ _ _ _ _ _ _		
6.	Health Worker number	Number (serial number from staff roster) (1 to 50)	_ _ _ _		
7.	Cadre / position	Number (see code)	_ _ _ _		
8.	Highest level of education	Number (see code)	_ _ _ _		
9.	Highest level of medical training	Number (see code)	_ _ _ _		
10.	Year of completion of highest medical training		_ _ _ _ _ _ _ _		
11.	Year of first appointment as a health worker		_ _ _ _ _ _ _ _		

12.	Indicate shift	<div style="text-align: right;"> All Day = 1 Only Morning = 2 Only Afternoon = 3 Only Night = 4 </div>	_
13.	Age		_ _
14.	Sex	1=M 2=F	_

PART 1: CASE SIMULATIONS

Section A: Introduction

Type 2 Enumerator reads this to the clinician: We have come here today as part of our research on health service delivery in Nigeria. The research is conducted by National Bureau of Statistics *[in collaboration with the World Bank and Federal Ministry of Health]*.

One of the aims of our research is to collect information and statistics about service delivery, and is part of the government's on-going efforts to improve utilization of resources and quality of services. We therefore want to kindly ask you to spend a few minutes to assist us in learning more about the daily work that clinicians do. To understand the realities of your work we will be present during some of the daily activities in your facility. In addition, it is important to understand how the work could be conducted, this time without the constraints of having patients present during our survey. To achieve this, I will **pretend** to be a patient, and would then ask you to do a consultation on me. What I ask from you is simply to pretend that I am one of your normal patients and to treat me just like normal.

Permission for the survey has been obtained from the Federal Ministry of Health [show letter].

All information and responses that you provide will be confidential and no information will be attributed to you personally.

The questionnaire will take approximately 20 minutes to complete. Do you have any questions? After the case studies, I would like to ask you a few specific questions relevant to the services you provide.





Permission/Consent

15.	Do you agree to be interviewed?	<div style="text-align: right;"> Yes = 1 No = 2 </div>	_
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If agreed, observer (to the clinician): Thank you, then I think we are ready to start.

16.	If refused, what is the reason for refusal?	

NOTES:

17	Before we begin, I want to know more about the services that you have provided in this facility over the course of the past 12 months. It may be that you routinely provide the services or that you occasionally fill in and provide the services. I want to know about either case.				
		YES ROUTINELY	SOMETIMES	NEVER	
01	Do you personally provide any curative care services for adults?	1	2	3	
02	Do you personally provide any curative care services for children?	1	2	3	
03	Do you personally provide any maternity services such as monitoring labour patients, conducting deliveries, or providing immediate postpartum care?	1	2	3	
04	Do you personally provide any PMTCT or antenatal care services? This includes during ANC, delivery, or postpartum care.	1	2	3	
	CHECK Q: 17 IF O1 OR O2=1 OR 2, CONTINUE 	NO CURATIVE CARE OR PMTCT SERVICES OR ANTENATAL CARE SERVICES OR MATERNITY SERVICES  NO CURATIVE CARE BUT YES MATERNITY SERVICES  NO CURATIVE CARE OR DELIVERY SERVICES BUT YES PMTCT OR ANC SERVICES 			END SECTION 1 H SECTION 3 Q200

Instructions to the clinician

Type 2 Enumerator reads to the clinician: I will now pretend to be different patients – one at a time. Some of the patients will be children, others adults, some are women and some are men.

Please manage the patients like you would, your usual patients, i.e. ask history questions, tell us what systems you would examine, what tests you would request, make preliminary diagnosis, prescribe treatment and provide the patient any health information as necessary. You should not ask for any test that you cannot do or prescribe any medicines that you do not think the patient can get locally. Everything should be just as you would attend to your usual patient during a regular consultation.

Observer (Type 1 Enumerator) asks the clinician: Have you understood what to do? Do you have any questions? We will begin by showing you an example.

Section B: Illustration

[Acted by the Observer and the Case Study Patient]

Introduction

Observer reads this to the clinician: I and my colleague have come here; we will take you through this patient case simulation. Because this is new to you, I will now pretend to be the clinician and show how you could go about consulting this patient.

Observer (looks at the patient, pretends to be the clinician): Now you can start

Patient: I am a 30-year-old man. I do not feel well, and I have had a fever for three days. I think I have malaria.

Observer: Do you have any other symptoms?

Patient: What kind of symptoms?

Observer: Do you feel weak?

Patient: I feel weak, I have a headache and nausea.

Observer: Is the fever persistent or intermittent?

Patient: It comes and goes.

Observer: Do you have chills and rigors (heat followed by shivering)

Patient: Yes

Observer: How is your appetite?

Patient: I have lost my appetite

Observer: Are you vomiting?

Patient: No

Observer: Do you have pain while swallowing?

Observer (turns to the clinician and says): At this point I would like to examine the patient. I will just tell the patient what I want to examine, and the patient will tell me what I would find.

Observer (turns to the patient and says): I would take your temperature.

Patient: The temperature is 38 degrees.

Observer: I would take your pulse.

Patient: The pulse is 90 beats per minute.

Observer: I will like to examine you for pallor

Patient: No Pallor

Observer: I will like to examine your abdomen

Patient: Normal

Observer: I will now perform a chest examination

Patient: Chest- Clear

Observer (turns to the clinician and says): I now think I know what is wrong with the patient. I will tell him the diagnosis but will send for malaria parasite tests for confirmation and recommend a treatment.

Observer (turns to the patient and says): I think you have malaria. I will write a prescription for an artemisinin-based combination therapy (Coartem). Take 1 tablet at start, repeat after 8 hours and then 12 hourly for 2 days. Remember to use insecticide treated bed nets, carry out environmental sanitation and

Observer: Do you have abdominal pain?	intermittent spraying with insecticides. Please come back if you do not get better after one week.
Patient: No	Patient: Thank you doctor.

Section C:Case Study Patient 1 ¹				
Case study patient [enumerator reads]				
Good morning (afternoon) doctor. I am the mother of a 13-month-old boy. His name is Noel. My son has diarrhoea. [All other information is provided only if the clinician asks!]				
	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Does he have other symptoms?	What kind of symptoms?	__	
2.	Duration of diarrhoea	Since 2 days ago	__	
3.	Frequency of diarrhoea	He has a stool soon after any feed	__	
4.	Consistency of stool	It is like water and mucoid	__	
5.	Blood in stool	No blood	__	
6.	Vomiting	Yes, he vomits at any feed. So, more than 3 times a day	__	
7.	Breastfeeding	Yes	__	
8.	Breastfeeding well	Not very well	__	
9.	Cough	No	__	
10.	Fever	No	__	
11.	General condition	He is tired	__	
12.	Tears	There are no tears when he cries	__	

¹Acute Diarrhoea

13.	Has the baby started taking other food recently?	Yes	__	
14.	How has it been given?	The food is given by spoon, cup and sometimes by bottle	__	
15.	Who prepares and feeds your son?	It is me	__	
16.	Hand washing practice?	I sometimes wash my hands, sometimes not	__	
17.	Other family members/neighbours have diarrhoea?	No	__	
18.	Abdominal discomfort/cramps?	No	__	
19.	Last deworming?	Less than 3 months ago	__	
20.	Medication/treatment	No	__	
21.	Immunisation			
Physical Examination				
22.	General health condition (awake/lethargic/tiredness/fatigue)	He is awake but lethargic	__	
23.	Take temperature	37.0 degrees Celsius	__	
24.	Skin pinch	The skin goes back very slowly, more than 2 seconds	__	
25.	Offer drink	Drinks poorly	__	
26.	Mucous membrane (oral mucosa)	Dry to very dry	__	
27.	Look for palmar pallor (or other signs of anaemia)	No signs of anaemia	__	
28.	Neck stiffness	Normal	__	
29.	Check ear/throat	Normal	__	
30.	Check respiratory rate	Normal	__	
31.	Palpate for the spleen	Normal	__	
32.	Check for visible severe wasting	None	__	

33.	Weight	9kg	__	
34.	Sunken eyes	The eyes are sunken	__	
35.	Check weight (against a growth chart)	No signs of malnutrition	__	
36.	Look for oedema of both feet (swollen feet)	No swelling	__	
Tests				
37.	Random Blood Sugar (RBS)	Normal(70-140mg/dl}	__	
38.	Stool for rota/adeno virus (Culture)	Result awaited	__	
39.	Stool for ova and cyst (Microscopy)	None detected	__	
Diagnosis				
Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
40.	Acute diarrhoea with severe dehydration		__	
Treatment				
41.	Rehydration using Oral Rehydration Salts		__	
42.	Give 100ml/kg Ringer's Lactate Solution. [IF THE DOSE IS NOT SPECIFIED, PROBE]		__	
43.	Refer immediately		__	
44.	Antibiotics		__	
45.	Vitamin A capsules.		__	
46.	Zinc tablets –one daily for 10days.		__	
Health Education				
47.	Education on using (ORS)		__	
48.	Hand-washing education		__	
49.	Proper cleaning of feeding utensils.		__	
50.	Emphasis on not withholding feeding especially breast feeding		__	
51.	Giving plenty of oral fluids.		__	
REFERRAL (SPONTANEOUS)				
52.	Facility does not handle cases of this type		__	

53.	Beyond clinician knowledge					
100	After the vignette is completed ask specifically about the following medicines if they were mentioned.					
	(a)	(b)	(c)	(d)	(e)	(f)
	NAME OF DRUG	MENTIONED	Total amount for 24 hours	Dose each time the medicine is taken	What is the basis for the dose? (___mg/kg or age or symptom)	OTHER INFORMATION
01	ORS	YES→C NO→02				How much ORS will you recommend?
						When will the ORS be stopped?
02	RINGERS LACTATE	YES→C NO→NEXT				When will the Ringers Lactate intravenous infusion be stopped?

OBSERVER says clinician: Thank you very much! This also went very well. Let us now continue with the second patient case.[Make the clinician relax. If necessary, repeat that everything should be just like normal.]

Section D: Case Study Patient 2²

Case study patient [enumerator reads]

Good morning (afternoon) doctor. I am the mother of this 5-year-old girl. Her name is Sia. She has a cough.

[All other information is provided only if the clinician asks!]

	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Does she have other symptoms?	What kind of symptoms?		
2.	Duration of cough	5 days		
3.	Sputum production or dry cough	It is productive		
4.	Presence of blood in sputum / colour of sputum	Yellow		
5.	Presence of chest pain	Yes		
6.	Presence of difficulty in breathing	Yes		
7.	Appetite	Normal		
8.	Fever	Yes		
9.	General condition (awake / lethargic):	She is not tired		
10.	Convulsions	No		
11.	Difficulty in swallowing	No		
12.	Running nose	No		
13.	Medication /treatment	No		
14.	Recent history of Measles	No		
15.	Family history of Asthma	No		
16.	Redness of the eyes	No		
Physical Examination				
17.	Count respiratory rate	42 breaths per minute		
18.	Observe breathing for lower chest wall in-drawing	No chest in-drawing		
19.	Breathing, is there wheezing?	No wheezing		
20.	Auscultate the chest	There is crepitus		
21.	Observe for nasal flaring	No nasal flaring		
22.	Take temperature	38.5 degrees Celsius		

²Pneumonia

23.	Examine throat	No sign of redness	__	
24.	Ears	No sign of redness	__	
25.	Lymph nodes	Not palpable	__	
Tests				
26.	Chest X-ray	Bilateral patchy opacities/ consolidations	__	
27.	Haemogram/Full blood count	Normal	__	
28.	Blood slide for Malaria Parasite	None seen	__	
Diagnosis				
Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
29.	Pneumonia		__	
Treatment				
30.	Treat as out-patient.		__	
31.	Cotrimoxazole 1 tab bd x 5/7		__	
32.	Amoxycillin Dispersible tab (12months – 5years) (10-19kg) Dosage: 500mg b.d x 5days		__	
33.	Arthemeter-Lumefantrine 20/120mg (4- 5years) (15-24kg) Dosage: 2 tabs bd x 3 days		__	
34.	Artesunate+Amodiaquine (12months – 5years) (9kg - <18kg) Dosage: 50mg/135mg daily x 3 days		__	
35.	Paracetamol dose (2yrs -5yrs) (12- <19kg): 250 mg qds x 2 days		__	
36.	Ask parent to bring child in 2 days		__	
Health Education				
37.	Instruct parent on how to administer antibiotics for 5 days.		__	
38.	Guidance on how to feed.		__	
39.	Increase fluid intake.		__	
40.	Instruct parent to return anytime in case the child worsens (or has any danger signs such as persistent fever, difficulty		__	

	in breathing, poor feeding, convulsions or new symptoms)			
REFERRAL (SPONTANEOUS)				
41.	Facility does not handle cases of this type		__	
42.	Beyond clinician knowledge		__	

100	After the vignette is completed ask specifically about the following medicines if they were mentioned.					
	(a)	(b)	(c)	(d)	(e)	(f)
	NAME OF DRUG	MENTIONED	Total amount for 24 hours	Dose each time the medicine is taken	What is the basis for dose (__mg/kg or age or symptom)	Other information
01	AMOXICILLIN	YES→C NO→02				
02	COTRIMOXA ZOLE	YES→C NO→NEXT				

OBSERVER says clinician: Thank you very much! This also went very well. Let us now continue with the third patient case.[Make the clinician relax. If necessary, repeat that everything should be just like normal.]

Section E: Case Study Patient 3³

Case study patient [enumerator reads]

Good morning (afternoon) doctor. My name is Jack I am worried that something is wrong with me. I feel weak and without energy even though I feel hungry often and eat frequently. I am 48yrs old and work as a clerk.

[All other information is provided only if the clinician asks!]

	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Do you have other symptoms?	What kind of symptoms?	__	
2.	Fever	No fever	__	
3.	Convulsions	No	__	
4.	Vomiting	No	__	
5.	Appetite	I eat irregularly, but recently I have started eating more	__	
6.	Thirst	I have become increasingly thirsty over the past months	__	
7.	Diarrhoea	No	__	
8.	Cough	No	__	
9.	Difficulty in breathing	No difficulty in breathing except when I walk up stairs	__	
10.	Medication/treatment	No medication	__	
11.	Urinary output	I feel I have to urinate often	__	
12.	Lower limb numbness/excessively cold or hot feeling in the feet	No	__	
13.	Smoking	I do not smoke	__	
14.	Exercise	I don't have time for that	__	
15.	Previous health checks	Yes – 3 months ago on a routine HIV check at the workplace. I was HIV negative. I was also told that my blood pressure and blood sugar was somewhat high, but I did not need further treatment or follow up.	__	

³Diabetes Mellitus

16.	TB / HIV in family	None	__	
17.	Diabetes in family	My wife and children have never been checked, and my parents were farmers in the village – also never checked	__	
18.	Hypertension	Not that I know of	__	
19.	Sunken eyes	No	__	
20.	Dizziness or fainting	Yes sometimes I feel very dizzy	__	
21.	Headache	No	__	
22.	Backache or joint pains	No	__	
Physical Examination				
23.	Temperature	Normal	__	
24.	Pulse	Normal	__	
25.	Abdomen/liver	Normal	__	
26.	Weight	Normal	__	
27.	Height	Normal	__	
28.	Respiratory rate	Normal	__	
29.	Lungs	Normal	__	
30.	Blood Pressure	Normal	__	
31.	Oral examination	Normal	__	
32.	Neurological examination upper extremities	Normal	__	
33.	Neurological examination lower extremities	Normal	__	
34.	Fundoscopy	No retinal changes	__	
Tests				
35.	Fasting Blood Glucose ⁴	(230mg/dl)	__	
36.	Blood slide for malarial parasites	no malarial parasites	__	
37.	Glycated Hemoglobin A1C	9	__	
38.	Random Blood glucose	(300mg/dl)	__	
39.	Urinalysis ⁵	Glucose+, Ketones+	__	
Diagnosis				

⁴Fasting blood glucose of more than 7.8mmol/L on more than 1 random occasion. Blood glucose of more than 11.1mmol/L in symptomatic patients.

⁵For detection of protein, sugar and ketones.

Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
40.	Diabetes Mellitus (Type II)		__	
Treatment				
41.	Follow up at specialist diabetic outpatient clinic / Refer to level 3/4/5 health facility for further management		__	
42.	Oral hypoglycemics (first ⁶ or second ⁷ generation Sulphonureas, Biguanides, ⁸ Alpha-glucose inhibitors ⁹ or Thiazolidinediones ¹⁰)		__	
43.	Insulin <u>only</u> when: oral hypoglycemics are not effective (e.g. persistent polyuria and hyperglycemia), ketonuria, other complications (renal failure etc.)		__	
Health Education				
44.	Dietary modification, caloric restriction among obese patients		__	
45.	Exercise		__	
46.	Care of the foot		__	
47.	Adherence to medication/treatment.		__	
REFERRAL (SPONTANEOUS)				
48.	Facility does not handle this type of cases		__	
49.	Beyond clinician knowledge		__	

OBSERVER: Thank you very much! This also went very well. Let us now continue with the fourth patient case.[Make sure the clinician relaxes. If necessary, repeat that everything should be just like normal.]

⁶Chlorpropamide (125-500mg PO OD max. 500mg/day should be started if response to dietary modification is inadequate), Tolbutamide (500-3,000mg/day in 2-3divided doses), Tolazamide (100-1,000mg/day in 1-2 divided doses).

⁷Glibenclamide, Glipizide (5-40mg/day in 1-2 divided doses), Glimepiride (1-8mg/day in one dose).

⁸Metformin (500-2,550mg/day in 2-3 divided doses), Glyburide (1-8mg/day in one dose).

⁹Acarbose (75-300mg/day in 3 divided doses), Miglito (75-300mg/day in 3 divided doses).

¹⁰Pioglitazone (15-45mg/day in 1 dose), Rosiglitazone (4-8mg/day in 1-2 does).

Section F: Case Study Patient 4¹¹

Case study patient [enumerator reads]

Good morning (afternoon) doctor. My name is Bakari. I am 40 years old and I have been suffering from a fever and cough for some time.

[All other information is provided only if the clinician asks!]

	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Do you have other symptoms?	What kind of symptoms?	__	
2.	Duration of cough	About one month	__	
3.	Productive cough	Yes	__	
4.	Blood in sputum /colour of sputum	Yes / bloody	__	
5.	Chest pain / difficulty in breathing	No	__	
6.	Breathlessness/Shortness of breath	Yes	__	
7.	Presence of fever and pattern	Low grade fever, higher at night	__	
8.	(Night) sweats	Yes	__	
9.	TB in the household	Not that I know of	__	
10.	History of contact with an adult with a prolonged cough in the household	Yes	__	
11.	HIV test taken	No	__	
12.	Weight loss	Yes	__	
13.	Appetite	Lower than before	__	
14.	General health condition (tiredness/fatigue)	I am a bit tired	__	
15.	Has this type of cough happened to others in your family or dwelling?	Yes, to my father	__	
16.	Has this happened before?	Only for this last month	__	
17.	Have you been given Medication/Treatment for this cough/fever?	No	__	
18.	Do you drink /take alcohol?	I used to, but not for the last two years	__	

¹¹Pulmonary Tuberculosis

19.	Do you smoke?	Yes, one packet of cigarettes per day	__	
20.	Normal diet:	Rice, vegetables and sometimes meat	__	
21.	Profession	Manual labourer	__	
22.	Have you indulged in any high-risk sexual behaviour?	No. I do not visit prostitutes.	__	
Physical Examination				
23.	Take temperature	The temperature is 38 degrees (Celsius).	__	
24.	Check weight	62 kgs	__	
25.	Check height	160 cm	__	
26.	Take pulse rate	The pulse is moderately elevated. 90 beats per minute	__	
27.	Take respiratory rate	The respiratory rate is 20 breaths per minute	__	
28.	Chest examination (auscultation or other)	Normal	__	
29.	Retraction or decreased movement:	Normal	__	
30.	Blood pressure	The blood pressure is 120/80mmHg	__	
Tests				
31.	3 Sputum examinations	ZN Stain-All positive for acid-fast bacilli (AFB).	__	
32.	Chest X-ray	Hilar lymphadenopathy consolidations, pulmonary nodules/cavities/fibrotic scars/pleural effusion	__	
33.	ESR (Erythrocytic Sedimentation Rate)	High	__	
34.	Haemogram/Full blood count	Low	__	
35.	Hb	Low 9g/l	__	
36.	HIV test	Positive (for confirmatory test)	__	
37.	Blood sugar test	Normal	__	
Diagnosis				

Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
38.	PTB (Pulmonary Tuberculosis)		__	
39.	Pneumonia		__	
40.	Chronic Bronchitis		__	
Treatment				
41.	Combination therapy: 2 (RHZE)/4(RH). 4 drugs for 2 months + 2 drugs for 4 months: Rifampicine (R) , Ethambutol (E) & Pyrazinamide (Z) , & Isoniazid (H)		__	
42.	X pen		__	
43.	Amoxicillin		__	
44.	Follow up in the TB clinic.		__	
45.	Referral		__	
Health Education				
46.	Adherence to treatment		__	
47.	Contact testing		__	
48.	Adequate ventilation		__	
49.	Personal Hygiene		__	
50.	Nutritional counselling		__	
REFERRAL (SPONTANEOUS)				
51.	Facility does not handle this type of cases		__	
52.	Beyond clinician knowledge		__	

OBSERVER: Thank you very much! This also went very well. Let us now continue with the fifth patient case.[Make sure the clinician relaxes. If necessary, repeat that everything should be just like normal.]

Section G: Case Study Patient 5¹²

Case study patient [enumerator reads]

Good morning (afternoon) doctor. I am the mother of this 4-year-old boy. His name is Sangeti. He has had a fever now for some time. Now he is worse, so I have come to you for help.

[All other information is provided only if the clinician asks!]

	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Duration of fever	One week	__	
2.	Pattern of fever/Presence or history of fever	Some days fine, some days very sick	__	
3.	Shiver or sweat	Yes	__	
4.	Convulsions	No	__	
5.	Vomiting	Yes, sometimes	__	
6.	Appetite	He eats, but not as much as usual, and sometimes he will vomit	__	
7.	Diarrhoea	No	__	
8.	Cough	Yes	__	
9.	Severity of cough	Not severe	__	
10.	Difficulty in breathing	No difficulty in breathing	__	
11.	Type of cough (productive or dry)	The cough is dry	__	
12.	Type of medication given	I started to give him Paracetamol	__	
13.	Amount	One dose two days ago, one yesterday and one this morning	__	
14.	Vaccinations	He has taken all vaccinations.	__	
Physical Examination				
15.	Hands (palmar pallor)	The nail beds are pale	__	
16.	Tongue	The tongue is pale	__	
17.	Eyes, sunken?	The eyes are not sunken	__	

¹²Malaria + Anemia

18.	Eyes, pale colour?	The eyes are pale	__	
19.	Responsiveness / general condition	He is awake but lethargic	__	
20.	Skin condition	The skin is normal	__	
21.	Temperature	Temperature is 37.6 degrees (Celsius)	__	
22.	Pulse	Pulse is 95beats per minute	__	
23.	Neck stiffness	Neck is not stiff	__	
24.	Puffy face	Face is not puffy	__	
25.	Swelling of the feet	Feet are not swollen	__	
26.	Abdomen/liver	It is normal, not tender	__	
27.	Weight	11 kg	__	
28.	Respiratory rate	It is normal	__	
Tests				
29.	Microscopy/ Blood slide for malaria parasite	MPs seen (+++)	__	
30.	Rapid Diagnostic test	Positive	__	
31.	Hb / Full Blood Count	LOW-9.8g/l,PCV 28, MCH 20pg	__	
Diagnosis				
Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
32.	Malaria		__	
33.	Anaemia		__	
34.	Malaria with Anaemia		__	
35.	Severe Malaria		__	
Treatment				
36.	Artemisinin combination		__	
37.	Paracetamol		__	
38.	Adequate fluids and nutrition		__	
39.	Chloroquine 1.5 tabs x 1/day x 3 days		__	
40.	Quinine intramuscular injection		__	
41.	Artesunate Amodiaquin		__	
42.	Sulphadoxine Pyrimethamine .5 tab 250 mg tds x 3 days		__	

Health Education				
43.	Adherence to treatment.		__	
44.	Prompt return if symptoms worsen		__	
45.	Increased fluid intake		__	
REFERRAL (SPONTANEOUS)				
46.	Facility does not handle this type of cases		__	
47.	Beyond clinician knowledge		__	

100	After the vignette is completed ask specifically about the following medicines if they were mentioned.					
	(a)	(b)	(c)	(d)	(e)	(f)
	NAME OF DRUG	MENTIONED	Total amount for 24 hours	Dose each time the medicine is taken	What is the basis for dose (mg/kg or age or symptom)	Other information
01	ACT/ COARTEM	YES → b NO → NEXT				

OBSERVER: Thank you very much! This also went very well. Let us now continue with the sixth patient case.[Make sure the clinician relaxes. If necessary, repeat that everything should be just like normal.

Provider knowledge 1: Care of the sick child (based on IMCI standards)

100 Now I want to ask you about the assessment, diagnosis and treatment for the child who is below 5 years of age. I am referring to IMCI standards in assessing and diagnosing. Please tell me the answer to my questions as well as you are able. Even if you have not received IMCI training, I want to know how familiar you are with the protocols and guidelines.
DO NOT PROBE ANY UNSHADED ANSWERS. ONLY IF THE ANSWER ABOVE A SHADED QUESTION IS PROVIDED, READ THE FOLLOWING SHADED QUESTION.

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
01	What are key danger signs and main symptoms to be assessed for all sick children? NOTE TO ENUMERATOR: WHEN THE PROVIDER HAS NO OTHER ANSWER, PROBE: IF THERE ARE ANY OTHER KEY DANGER SIGNS THAT SHOULD BE ASSESSED FOR ALL SICK CHILDREN.	• If the child can <u>eat or drink anything</u>	A	
02		• If the child is <u>vomiting everything</u>	B	
03		• If the child had <u>convulsions</u> now or during this illness	C	
04		• If the child has a change in consciousness such as <u>lethargy/low level of consciousness</u>	D	
05		• If the child has <u>coughing or difficulty breathing</u>	E	

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
06	NOTE TO ENUMERATOR: WHEN THE PROVIDER HAS NO OTHER ANSWER, PROBE: IF THERE ARE ANY OTHER MAIN SYMPTOMS THAT SHOULD BE ASSESSED FOR ALL SICK CHILDREN.	Would you ask any other questions about the coughing or difficulty breathing?		W OTHER <hr/> SPECIFY
07		<ul style="list-style-type: none"> If the child has had any <u>diarrhea</u> 	F	
08		<ul style="list-style-type: none"> If the child has had blood or mucous in diarrhea 	G	
09		Would you ask any other questions about the diarrhea?		W OTHER <hr/> SPECIFY
10		<ul style="list-style-type: none"> If the child has had <u>fever</u> 	H	
11		Would you ask any other questions about the fever?		W OTHER <hr/> SPECIFY
12		<ul style="list-style-type: none"> <u>If the child has a Stiff neck</u> 	I	
13	If the child has difficulty breathing or cough, what physical exam should be conducted?	<ul style="list-style-type: none"> Provider should count respiratory rate 	J	
14		How many seconds would you count the respiratory rate?	K	W OTHER

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
		CIRCLE 'K' IF RESPONSE IS 60 SECONDS OR A FULL MINUTE		<hr/> SPECIFY
15	What is the standard respiratory rate at which severe illness and probable pneumonia should be diagnosed?	<ul style="list-style-type: none"> For child below 12 month of age <p><i>[CIRCLE L IF RESPONSE IS 50-60 breaths per minute]</i></p>	L	W OTHER <hr/> SPECIFY
16		<ul style="list-style-type: none"> For 12 m and older children? <p><i>[CIRCLE 'M' IF REPSONSE IS 40 breaths per minute]</i></p>	M	W OTHER <hr/> SPECIFY
17	Are you authorized to provide any treatment of severe pneumonia either for curative care or prior to referral?	YES, PROVIDE FULL TREATMENT WITHOUT REFERRAL YES... 1 YES, PROVIDE PRE-REFERRAL TREATMENT..... 2 NO, ONLY REFER..... 3		→ 20
18	What is the treatment for severe pneumonia either treated or requiring referral?	<ul style="list-style-type: none"> Gentamicin and ampicillin injection <i>(CIRCLE 'M' IF BOTH ARE MENTIONED)</i> 	M	W OTHER <hr/> SPECIFY
19		What is/are the doses of pre-referral antibiotics? Please tell me the dose in mg/kg and frequency of this dose each day. <i>[CIRCLE 'N' IF RESPONSE IS Inject one dose gentamicin</i>	N	W OTHER <hr/> SPECIFY

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
		<i>7.5mg/kg and ampicillin 50 mg/kg [if authorized] and then refer]</i>		
20	What is the first line treatment for childhood pneumonia that does not require referral?	<ul style="list-style-type: none"> Amoxicillin <p><i>[CIRCLE 'O' IF AMOXICILLIN IS THE RESPONSE]</i></p>	O	W OTHER <hr/> SPECIFY
21		<p>What is the dose for 2-11 month olds and for how many days?</p> <p><i>[CIRCLE 'P' IF RESPONSE IS 250mg twice daily for 5 days (4-<10kg)]</i></p> <p><i>[COUNTRY ADAPT # ML FOR SYRUP]</i></p>	P	W OTHER <hr/> SPECIFY
22		<p>What is the dose for children who are 12months and older?</p> <p><i>[CIRCLE 'Q' IF RESPONSE IS 500 mg twice daily for 5 days (10-19kg)]</i></p> <p><i>[COUNTRY ADAPT # ML FOR SYRUP]</i></p>	Q	W OTHER <hr/> SPECIFY
23	If the child has diarrhea, what physical exam or diagnostic tests	<ul style="list-style-type: none"> Assess dehydration <p>CIRCLE R IF ANY OF THE FOLLOWING ARE MENTIONED:</p> <ul style="list-style-type: none"> Skin pinch 	R	W OTHER <hr/>

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
	should be conducted?	<ul style="list-style-type: none"> • Sunken eyes • Check dry mouth 		SPECIFY
24	If the child has moderate dehydration and watery diarrhea what is the treatment?	<ul style="list-style-type: none"> • Oral rehydration solution 	S	
25		<ul style="list-style-type: none"> • Vitamin A (6-12m 100,000 iu and over 12m 200,000 units—one dose—if due 	T	
26		<ul style="list-style-type: none"> • Zinc 	U	
27		<p>What is the dose for zinc for the child below 7 months of age?</p> <p><i>[CIRCLE 'V' IF RESPONSE IS 10 MG/DAY FOR 10 DAYS]</i></p> <p><i>[adapt to a tablet response if this is the way it is prescribed]</i></p>	V	<p>W</p> <p>OTHER</p> <hr/> <p>SPECIFY</p>
28		<p>What is the dose for zinc for the child 7 months of age or older?</p> <p><i>[CIRCLE 'Y' IF RESPONSE IS 20 MG/DAY FOR 10 DAYS]</i></p> <p><i>[adapt to a tablet response if this is the way it is prescribed]</i></p>	Y	<p>W</p> <p>OTHER</p> <hr/> <p>SPECIFY</p>

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
29 R	If the child has fever, what diagnostic tests should be conducted?	<ul style="list-style-type: none"> RDT or blood smear for malaria 	Z	W OTHER <hr/> SPECIFY
30	Does this facility conduct any blood test for malaria?	Yes.....1 No.....2		→ 36
31	What is the plan of action if a child has fever and the blood test for malaria is positive?	<ul style="list-style-type: none"> Provide/prescribe Artemisinin-based Combination Treatment(ACT) 	Z1	W OTHER ANTIMALARIAL <hr/> SPECIFY
32		<ul style="list-style-type: none"> Provide/prescribe Paracetamol 	Z2	W OTHER DRUGS <hr/> SPECIFY
33		<ul style="list-style-type: none"> Also screen for other illnesses 	Z3	
34	What is the plan of action if a child has fever and the blood test for malaria is negative?	<ul style="list-style-type: none"> Screen for other cause of fever (Ear Nose and Throat (ENT), other infection?) 	Z4	
35		<ul style="list-style-type: none"> Provide/prescribe Artemisinin-based Combination Treatment(ACT) if I think there is malaria 	Z5	
36		<ul style="list-style-type: none"> Provide/prescribe other drugs 		W

	QUESTION	ANSWER	EXACT ANSWER PROVIDED	OTHER RESPONSE
				OTHER DRUGS _____ SPECIFY
37	Are there any other health care interventions that should be assessed for all children?	• <u>Immunization status</u>	Z6	
38		• <u>Vitamin A status</u>	Z7	
39		• Other intervention that should be assessed?		W OTHER DRUGS _____ SPECIFY

HEALTH WORKER INTERVIEW FOR PROVIDER OF MATERNITY SERVICES

PROVIDER INTERVIEW 2: Section H: Case Study Patient 6¹³

Case study patient [enumerator reads]

Good morning (afternoon) doctor. My name is Fatuma. I am 26 years old and I have vaginal bleeding 24 hours after delivery in a health facility

[All other information is provided only if the clinician asks!]

	Question Asked	Enumerator Response	Yes = 1 No = 2	Notes/other questions
History Taking				
1.	Do you have other symptoms?	What kind of symptoms?	__	
2.	Amount	Profuse bleeding	__	
3.	Pads	6 pads	__	
4.	Parity ²	2 + 0	__	
5.	Duration of labour	22 hours	__	
6.	Placenta delivery	Complete	__	
7.	When you were in labour were you given any medicine to speed up your delivery (Labour augmentation)	No	__	
8.	In your past pregnancies did you have excessive bleeding after delivery (History of PPH)	No	__	
9.	Have you ever had history of prolonged menses (Fibroids)	No	__	
10.	Excessive (amniotic) fluid during pregnancy (polyhydramnios)	No	__	
11.	Attendance of ANC	Yes no abnormality detected	__	
12.	Multiple pregnancy (twin pregnancy)	No	__	
13.	Placenta praevia (were you ever told that the placenta is lying low)/Abruptio	No	__	
14.	Hypertension	No	__	
Physical Examination				

¹³Post-partum Hemorrhage

15.	Temperature	Temperature is 37.2 degrees Celsius	__	
16.	Pulse	Pulse is 95beats per minute	__	
17.	Weight	70 Kg	__	
18.	Respiratory rate	It is normal	__	
19.	Retained placenta	No	__	
20.	Blood pressure	100/60 mmHg	__	
21.	Ruptured uterus	No	__	
22.	Laceration / tears of genital tract (cervical / vaginal / vulvo-perineal tears)	No	__	
23.	Uterine palpation	Palpable but bulky	__	
24.	Genital examination	Bleeding	__	
Tests				
25.	Blood for grouping and cross matching	Done	__	
26.	Hemoglobin level	8g/l	__	
27.	Bleeding time	Normal	__	
28.	Clotting time	Normal	__	
29.	Coagulation factors	Normal	__	
Diagnosis				
Observer: It will take some time to get the results. Please make a preliminary diagnosis.				
30.	Post partum Hemorrhage		__	
Treatment				
31.	IV line		__	
32.	Take blood for grouping and cross matching		__	
33.	Put in a self-retaining catheter e.g foley		__	
34.	Do bimanual uterine massage and express any clots: this may also provoke contractions		__	
35.	Put up an oxytocin drip 20 units in 500 ml dextrose or normal saline to run at 20 drops per minute for about 2 hours		__	

36.	Give prostaglandins when and where available; Misoprostol 600mcg orally or per rectum.		<input type="checkbox"/>	
37.	Surgery: Subtotal hysterectomy if above measures do not achieve haemostasis		<input type="checkbox"/>	
38.	Referral		<input type="checkbox"/>	
REFERRAL (SPONTANEOUS)				
39.	Facility does not handle this type of cases		<input type="checkbox"/>	
40.	Beyond clinician knowledge		<input type="checkbox"/>	

OBSERVER: Thank you very much! This also went very well. Let us now continue with the last patient case.[Make sure the clinician relaxes. If necessary, repeat that everything should be just like normal.]

Section I: Case Study Patient 7¹⁴

Case study patient [enumerator reads]

Good morning (afternoon) doctor. A mother gives birth to a baby. The newborn is not crying. The newborn fails to establish regular breathing and appears pale and slightly blue. What do you do? **[All other information is provided only if the clinician asks]**

	Clinician's Action	Enumerator Response	Yes = 1, No = 2	Notes/other questions
Physical Examination				
1.	Check the Heart rate (per minute)	Less than 100	__	
2.	Observe Respiration effort	Absent	__	
3.	Muscle tone	Some flexion (arms and legs)	__	
4.	Test Reflex irritability (nasal catheter)	No response	__	
5.	Look at the neonate's Color	Blue/pale	__	
6.	Score the neonate using APGAR scale	Apgar score 0-4/ <4	__	
Clinical Management				
7.	Action: Clear the airway using a penguin suction bulb if secretions are present.		__	
8.	Action: Keep the baby warm.		__	
9.	Action: Initiate resuscitation with bag and mask.		__	
10.	Action: Use correctly fitting mask and give the baby 3 good inflation breaths intermittently.		__	
11.	Action: Check heart rate (femoral pulse, cord pulsation or by listening).		__	
12.	Action: Continue to bag at about 30 breaths per minute. Check if chest is moving.		__	
13.	Action: Every 1-2 minutes stop and see if pulse or breathing has improved.		__	
14.	Action: Stop when heart rate exceeds 100 or RR greater than 30. Provide oxygen.		__	
15.	Action: Call for help.		__	
Diagnosis				

¹⁴Neonatal Asphyxia

Observer: Please make a preliminary diagnosis.				
16.	Respiratory distress syndrome.		__	
17.	Birth asphyxia.		__	
REFERRAL (SPONTANEOUS)				
18.	Facility does not handle this type of cases		__	
19.	Beyond clinician knowledge		__	

OBSERVER: That was the last patient case. This also went very well. Thank you very much for your time!

Observation of Sick Child

OBSERVATION OF SICK CHILD-FIRST VISIT FOR PROBLEM					
Number	Question			Result	
<u>NAME OF FACILITY</u>					
<u>LOCATION OF FACILITY</u>					
001	Facility number			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<u>INTERVIEWER VISITS</u>					
002		1	2	3	FINAL VISIT <div style="display: flex; justify-content: space-between;"> <div> Date Observer Name </div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> DAY MONTH YEAR OBSERVER . NUMBER </div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div>
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CARETAKER OF THE CHILD. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN “EXPERT” TO BE CONSULTED DURING THE SESSION.</p>					
<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the Federal Ministry of Health and the National Bureau of Statistics. We are conducting a study of health facilities in each state in Nigeria, with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this child in order to understand how services for sick children are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the child will be recorded. The information acquired during this observation may be used by the FMOH or the State MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your patients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind us observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p> <p>After the patient leaves may I ask a few questions to make certain that I captured any diagnostic tests, medicines, and diagnoses that were relevant to the patient?</p>					

OBSERVATION OF SICK CHILD-FIRST VISIT FOR PROBLEM			
Number	Question	Result	
003	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER	YES1 NO2	➔ STOP
PROVIDER INFORMATION			
004	PROVIDER CATEGORY: MEDICAL/CLINICAL OFFICER 01 SPECIALIST/CONSULTANT 02 NON-PHYSICIAN CLINICIAN/PARAMEDICAL PROFESSIONAL 03 NURSE/MIDWIFE 05 NURSE 06 MIDWIFE 07 OTHER 96 (SPECIFY)	PROVIDER CATEGORY CODE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	
005	SEX OF PROVIDER	MALE 1 FEMALE 2	
006	PROVIDER SERIAL NUMBER FROM STAFF LISTING	SERIAL NUMBER <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
PATIENT INFORMATION			
<p>READ TO CARETAKER OF CHILD: Hello. I am [OBSERVER]. I am representing the Federal Ministry of Health and the National Bureau of Statistics. We are conducting a study of health facilities in each state in Nigeria, with the goal of finding ways to improve the delivery of services. I would like to be present while you are receiving services today in order to understand how services for sick children are provided in this facility.</p> <p>As one of the persons using this facility for care for your child, we will like to observe the interaction between you and the health care provider. In other words, we will be present during the provider's consultation with you/your child just for the purpose of observing how well the provider keeps to standards when attending to you. Thereafter, we will request you to participate in an interview after you have completed all parts of this visit and are ready to go home. Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are uncomfortable with. We want to assure you that your confidentiality will be respected and that adequate steps to ensure that your identity is protected have been put in place. No information collected will be traced to you in any way because data will be kept and processed in an anonymous manner.</p> <p>[ASK CARETAKER TO SIGN CONSENT FORM AND PROVIDE A COPY]</p>			

OBSERVATION OF SICK CHILD-FIRST VISIT FOR PROBLEM						
Number		Question	Result			
007	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER		YES1 NO2		➔ STOP	
008	PATIENT NUMBER ASSIGN SERIAL NUMBERS FOR OBSERVED PATIENTS		PATIENT NUMBER		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
009	RECORD TIME OBSERVATION STARTED (24 HR)		TIME		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
OBSERVER NOTE						
101	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER?		YES1 NO2			
102	RECORD THE SEX OF THE (SICK CHILD		MALE1 FEMALE2			
103	DID THE SERVICE PROVIDER WASH/DISINFECT HIS/HER HANDS BETWEEN CLIENTS/BEFORE SEEING THIS CLIENT?		YES1 NO2 DON'T KNOW98			
OBSERVATION OF CONSULTATION						
182	105	FOR EACH ITEM, INDICATE IF THE FINDING/INFORMATION WAS POSITIVE (THE CHILD HAD THE SYMPTOM OR THE INFORMATION WAS ASKED ABOUT. IF THE TOPIC WAS NEVER MENTIONED, AT THE END OF THE CONSULTATION, CIRCLE '8'.				
		SYMPTOMS	ITEM WAS MENTIONED AND THE FINDINGS FOR THE ITEM		ITEM WAS MENTIONED	ITEM WAS NOT MENTIONED
			POSITIVE FINDING	NEGATIVE FINDING		
181	01	Fever	1	2		8
	A	Duration of fever			3	8
	B	Timing pattern for fever			3	8
	C	Night sweats			3	8
	02	Cough	1	2		8
	A	Duration of cough			3	8
	B	Sputum/productive cough/blood in sputum	1	2		8

		SYMPTOMS	ITEM WAS MENTIONED AND THE FINDINGS FOR THE ITEM		ITEM WAS MENTIONED	ITEM WAS NOT MENTIONED
			POSITIVE FINDING	NEGATIVE FINDING		
	03	Problems with breathing/shortness of breath/fast breathing	1	2		8
	A	Recent history of measles	1	2		8
	B	Family history of asthma	1	2		8
179	04	Diarrhoea	1	2		8
	A	Duration of diarrhoea			3	8
	B	Frequency of diarrhoea			3	8
	C	Consistency of diarrhea			3	8
	D	Blood in stool				
	05	Vomiting	1	2		8
	A	Child vomits everything	1	2		8
	06	Any nutritional or feeding assessment			3	8
	A	Loss of appetite/appetite—Breast feeding well or not	1	2		8
	B	Child is unable to drink or breast feed anything	1	2		8
	C	Weight loss	1	2		8
	07	OTHER SYMPTOMS ASKED				
	A	If child cried and whether there were tears	1	2		8
	B	Thirst	1	2		8
	C	Tiredness/fatigue	1	2		8
	D	Ear pain or discharge	1	2		8
	E	Child has convulsions with this illness	1	2		8
	W	Record other major symptoms identified				8

		SYMPTOMS	ITEM WAS MENTIONED AND THE FINDINGS FOR THE ITEM		ITEM WAS MENTIONED	ITEM WAS NOT MENTIONED
			POSITIVE FINDING	NEGATIVE FINDING		
	106	HISTORY FOR THIS ILLNESS				
	01	Previously sought services for same symptoms presenting today	1	2		8
	02	Whether the child currently is being treated for any condition	1	2		8
	03	Whether the child is currently on any medicines	1	2		8
	107	RISK HISTORY				
	01	Prior history of TB	1	2		8
	02	Exposure to someone with TB	1	2		8
	03	TB infection in any parent in the last 5 years	1	2		8
	04	Exposure to person with prolonged cough	1	2		8
	05	Mother's HIV status	1	2		8
	06	Two or more episodes of diarrhea in child each lasting 14 or more days	1	2		8
182	108	PHYSICAL MEASURES AND EXAMINATIONS	MEASURE/EXAM OBSERVED			NOT PERFORMED /NOT OBSERVED
			PERFORMED AS PART OF CONSULTATION	ROUTINE PRACTICE PRIOR TO CONSULTATION		
181	01	Measured temperature using thermometer	1	2		3
	02	Measured pulse/heart rate	1	2		3

182	108	PHYSICAL MEASURES AND EXAMINATIONS	MEASURE/EXAM OBSERVED		NOT PERFORMED /NOT OBSERVED
			PERFORMED AS PART OF CONSULTATION	ROUTINE PRACTICE PRIOR TO CONSULTATION	
	03	Counted respiratory rate for 60 seconds	1	2	3
	03a	Counted respiratory rate but for less than 30 seconds	1	2	3
	04	Measured height	1	2	3
	05	Measured weight	1	2	3
	06	Plotted weight on growth chart	1	2	3
	07	Auscultated child (listen to chest or back with stethoscope)	1	2	3
	08	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	1	2	3
	09	Offered the child something to drink or asked the mother to put the child to the breast MARK YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	1	2	3
	10	Checked for pallor by looking at palms	1	2	3
	11	Checked for pallor by looking at conjunctiva	1	2	3
	12	Looked into child's mouth	1	2	3
	13	Look at throat using tongue depressor and light	1	2	3
	14	Checked for neck stiffness	1	2	3
	15	Looked in child's ear	1	2	3
	16	Felt behind child's ear	1	2	3
	17	Undressed child to examine (up to shoulders/down to ankles)	1	2	3
	18	Pressed both feet to check for edema	1	2	3
	19	Checked for enlarged lymph nodes (by palpation) in 2 or more of the following sites: neck, axillae, groin	1	2	3
	20	Palpate for spleen (right side below ribcage)	1	2	3

183	109	WERE ANY OF THE FOLLOWING ITEMS DISCUSSED WITH THE CARE PROVIDER?	YES	NO	
	01	Normal feeding habits or practices when the child is not ill	1	2	
	02	Feeding or breastfeeding habits or practices for the <u>child</u> during this illness	1	2	
	03	The child's <u>weight or growth</u> or where the child is on the growth chart	1	2	
	04	The child's <u>Immunization</u> status and history	1	2	
	05	If the child received <u>Vitamin A</u> at 6months	1	2	
	06	If the child received any <u>de-worming</u> medication in last 6 months	1	2	
	07	If child sleeps under an <u>Insecticide Treated bed Net (ITN)</u> at night	1	2	
	08	Counseled to give extra fluids to the child during this illness	1	2	
	09	Counseled to continue feeding the child during this illness	1	2	
	11	Counseled on signs and/or symptoms for which the child should immediately be brought back	1	2	
183	110	Did the service provider provide or prescribe any oral medications during or after the consultation? IF YES, DID THE SERVICE PROVIDER:	YES 1	NO 2 → 11 1	
	01	Explain how to administer oral treatment(s)	1	2	
	02	Ask the care provider to repeat the instructions for giving medications at home?	1	2	
	03	Give the first dose of the oral treatment in the consultation area prior to the patient leaving? [IF ANYONE GAVE THE FIRST DOSE MARK '1']	1	2	
183	111	Did the service provider tell the care provider what illness(es) the child has?	1	2	
	01	Did the service provider discuss any follow-up visit for the sick child?	1	2	
	02	Were any visual aids used to educate care provider?	1	2	
183	112	Did the provider look at the child's health or immunization card at any point time?	1	2	
	01	Did the service provider write on the child's health card?	1	2	
PRIOR TO THE CARETAKER AND CHILD LEAVING THE CONSULTATION AREA, RECORD YOUR UNDERSTANDING OF THE FINAL OUTCOME OF THIS CONSULTATION (THIS IS THE POINT WHEN THE PATIENT IS NOT EXPECTED TO RETURN TO THE PROVIDER THIS DAY WITH LABORATORY RESULTS OR WITH MEDICINES FROM THE PHARMACY). YOU MAY ASK THE PROVIDER IF NOT CERTAIN. SELECT ALL THAT APPLY					
	113	FINAL OUTCOME FROM THIS CONSULTATION	Yes	No	
			RESPONSE		
	01	Recommended that child be hospitalized urgently (i.e., admitted to the hospital or referred to another hospital)	A		
	02	Referred child to another provider within facility for other care [SPECIFY IF ANY CHILD WAS REFERRED TO ANY OF THE BELOW SPECIALTY CLINICS OR SERVICE AREAS	B		

179	03	Referred child to TB clinic	C
	04	Referred child to HIV follow up/treatment/ART clinic	D
	05	Referred child to Oral rehydration therapy (ORT) corner	E
	06	Referred child to Intensive feeding/ treatment for severe malnutrition	F
	07	Referred child to other specialty clinic _____	G
		(SPECIFY)	
	08	Referred child for a laboratory test outside facility	H
	09	Explained where (or to whom) to go for the lab or admission referral outside the facility	I
	10	Service Provider explained to caretaker when to go for referral inside facility	J
	11	Child sent home	K
<p>AFTER THE SERVICE PROVIDER IS COMPLETELY FINISHED WITH THE CONSULTATION FOR THE CHILD ASK THE FOLLOWING QUESTIONS. YOU MAY ASK THE SERVICE PROVIDER TO KEEP THE PATIENT CHART/CARD ASIDE AS REFERENCE FOR WHEN YOU RETURN IF THE CLINIC IS VERY BUSY.</p>			

201	Test	Test ordered		Result received prior to leaving facility		Result Positive	
		A		B		C	
		Yes	No	Yes	No	Yes	No
01	HIV test	1	2→02	1	2→02	1	2
02	Sputum test	1	2→02	1	2→02	1	2
03	PPB TB test (under skin)	1	2→04	1	2→04	1	2
04	Blood slide for malaria parasite	1	2→05	1	2→05	1	2
05	Rapid test for malaria	1	2→06	1	2→06	1	2
06	Complete blood count	1	2→07	1	2→07	1	2

07	Hemoglobin level measured/PCV	1	2→08	1	2→08	1	2
07a	Hemoglobin level (g/dl) or %	_					
08	Anemia test using color code	1	2→09	1	2→09	1	2
09	Stool culture (for rota/adeno virus)	1	2→10	1	2→10	1	2
10	Stool microscopy (for ova and cyst)	1	2→11	1	2→11	1	2
11	Chest X-ray	1	2→96	1	2→96	1	2
96	Other laboratory (SPECIFY)						

202	TREATMENT: DO NOT READ ANY OF THE TREATMENTS, BUT YOU MAY PROBE “DID YOU PROVIDE/PRESCRIBE ANY OTHER [TYPE OF MEDICINE]?”		
	Did you prescribe or provide any treatment today for this child? IF YES, CIRCLE ANY OF THE BELOW TREATMENTS THAT THE SERVICE PROVIDER MENTIONS	YES 1 NO 2	→203

177	202A	Was the child provided or prescribed any antibiotic ?						YES1		→ 202 B	
	IF YES, CIRCLE THE LETTER FOR EACH ITEM THAT WAS PRESCRIBED/ PROVIDED						NO2				
		ITEM	RESPONSE		ITEM	RESPONSE		ITEM	RESPONSE		
	01	Benzyl penicillin injection	A		03	Amoxicillin syrup or tablets	C	96	Other antibiotic tablet/syrup	W1	<u> </u> SPECIFY
	02	Other antibiotic injection	B		04	WAS DOSE AMOXICILLIN CORRECT FOR AGE GROUP?	YES.....1 NO2			W2	<u> </u> SPECIFY
		DISPERSIBLE AMOXICILLIN DOSAGE: 2-11months (4-<10kg): 250 mg 2x/day for 5 days. 12-59months (10-19kg): 500 mg 2x/day for 5 days									
	202B	Was the child provided or prescribed any nebulizer or bronchodilator ?						YES.....1		→ 202 C	
IF YES, CIRCLE THE LETTER FOR EACH ITEM THAT WAS PRESCRIBED/ PROVIDED						NO2					
		ITEM	RESPONSE		ITEM	RESPONSE					
	01	Nebulizer or inhaler	A		03	Injectable bronchodilator (e.g., adrenaline)	C				
	02	Oral bronchodilator	B								

181	202C	Was the child provided or prescribed any antimalarial ?? IF YES, CIRCLE THE LETTER FOR EACH ITEM THAT WAS PRESCRIBED/PROVIDED				YES.....1 NO2		→ 202 D
		ITEM	RESPONSE		ITEM	RESPONSE		
	01	Oral ACT/AL (e.g., coartem)	A		05	Injectable quinine	E	
	02	Oral artemeter / artesunate	B		06	Injectable artemether / artesunate	F	
	03	Oral amodiaquine	C		07	Other injectable antimalarial (e.g., fansidar)	G	
	04	Oral fansidar (sp)	D		08	Suppository artemether / artesunate	H	
					09	Oral quinine	I	
					96	Other oral antimalarial	W1 SPECIFY	
	202D	Was the child provided or prescribed any treatment for dehydration or diarrhea ? IF YES, CIRCLE THE LETTER FOR EACH ITEM THAT WAS PRESCRIBED/ PROVIDED				YES.....1 NO2		→ 202 E
		ITEM	RESPONSE		ITEM	RESPONSE		
179	01	Home ORT (plan a)	A		03	Zinc	C	
	02	Initial ORT in facility (4 hours - plan b)	B		04	Intravenous fluids (plan c)	D	
	202E	Was the child provided or prescribed any ANY OTHER TREATMENT & ADVICE ? IF YES, CIRCLE THE LETTER FOR EACH ITEM THAT WAS PRESCRIBED/PROVIDED				YES.....1 NO2		→ 203
		ITEM	RESPONSE		ITEM	RESPONSE		

		ITEM	RESPONSE			ITEM	RESPONSE			ITEM	RESPONSE
	01	Paracetamol	A		05	Vitamin A	E		09	Prescribed/gave deworming tablets	I
	02	Other fever reducing medicine	B		06	Feeding solid foods	F		10	Dry ear by wicking	J
	03	Vitamins (other than vitamin A)	C		07	Feeding extra liquids	G				
	04	Cough syrups/other medication	D		08	Feeding breast milk	H				
	203	What was your final diagnosis or diagnoses for this child? DO NOT PROMPT OR READ ANY RESPONSES. CIRCLE ALL THAT APPLY									
181	01	Presumptive/clinical malaria	A		05	Dysentery	E		09	Strep throat	I
	02	Malaria by blood test	B		06	Minor respiratory illness (cough /cold)	F		10	Ear infection	J
	03	Pneumonia	C		07	Dehydration	G		96	Other _____ (specify)	W
	04	Watery diarrhea/diarrhea	D		08	Malnutrition	H				

204	ADDITIONAL QUESTIONS FOR THE PROVIDER	
01	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW 98
02	Did you vaccinate the child during this visit or refer the child for vaccination today other than for vitamin A supplementation? IF NO: Why not?	YES, VACCINATED CHILD..... 1 YES, REFERRED FOR VACCINATION..... 2 NOT DUE FOR [OR COMPLETED] VACCINATION. 3 VACCINE NOT AVAILABLE..... 4 CHILD TOO SICK..... 5 NOT DAY FOR VACCINATION..... 6 DID NOT CHECK FOR VACCINATION..... 7

