

Form 1. Observation checklist – child

(2 months–5 years)

District:

Date: ... / ... / ...

Facility name: Facility code Facility type Surveyor ID:

Health worker: Name ID Sex: (1) M (2) F Trained: (1) Yes (2) No
 Type: (1) Physician (2) Nurse (3) Medic Assist (4) Other Year trained:

Child: Name ID Sex: (1) M (2) F Birth date: ... / ... / ... Age:

ASSESSMENT MODULE

Record what you hear or see.

A3. Does the health worker, or another staff, weigh and record the weight of the child today?

- (1) Yes
- (2) No
- (8) Doesn't know

A4. Does the health worker, or another staff, check the temperature of the child?

- (1) Yes
- (2) No

A5. What reasons does the caretaker give for bringing the child to the health facility?

Circle all signs mentioned.

- | | | |
|---|---------------|-------------------|
| a. Diarrhoea/vomiting | (1) mentioned | (2) not mentioned |
| b. Fever/malaria | (1) mentioned | (2) not mentioned |
| c. Fast/difficult breathing/cough/pneumonia | (1) mentioned | (2) not mentioned |
| d. Ear problem | (1) mentioned | (2) not mentioned |
| e. Well-child visit | (1) mentioned | (2) not mentioned |
| f. Other | (1) mentioned | (2) not mentioned |

Specify

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

- (1) Yes
- (2) No

A7. Does health worker ask whether the child vomits everything?

- (1) Yes
- (2) No

A8. Does health worker ask whether the child has convulsions?

- (1) Yes
- (2) No

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

- (1) Yes → *Skip to question # A11*
- (2) No

A10. If child not visibly awake, does health worker check for lethargy or unconsciousness (try to wake up the child)?

- (1) Yes
- (2) No

A11. Does health worker ask for cough or difficult breathing?

- (1) Yes
- (2) No

A12. Does health worker ask for diarrhoea?

- (1) Yes
- (2) No

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

- (1) Yes
- (2) No

A14. Does health worker check for visible severe wasting?

- (1) Yes
- (2) No
- (8) Don't know

A15. Does health worker look for palmar pallor?

- (1) Yes
- (2) No
- (8) Don't know

A16. Does health worker look for oedema of both feet?

- (1) Yes
- (2) No
- (8) Don't know

A17. Does health worker check child's weight against a growth chart?

- (1) Yes
- (2) No

A18. Does the health worker ask for and check the child's vaccination card?

- (1) Yes
- (2) No → *Skip to question # A20*

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

- (1) Yes → *Skip to question # A21*
- (2) No

A20. Does the health worker ask the caretaker if

- a. the child has ever been given an injection in the shoulder against tuberculosis (BGG)? (1) Yes (2) No
- b. the child has ever been given drops against polio? (1) Yes (2) No
- c. the child has ever been given injection against DTP? (1) Yes (2) No
- d. the child has ever been given an injection in the arm against measles? (1) Yes (2) No
- e. the child has ever been given vitamin A capsules? (1) Yes (2) No

A21. Does health worker ask about breastfeeding?

- (1) Yes
- (2) No

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

- (1) Yes
- (2) No

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

- (1) Yes
- (2) No

A24. Does health worker ask about possible "other problems"?

- (1) Yes
- (2) No

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

(1) Yes

(2) No → *Skip to Treatment Module**Record all classifications given in the table below:*

C05. One or more danger signs	1	2
C10. Severe pneumonia/very severe disease	1	2
C11. Pneumonia	1	2
C12. No pneumonia	1	2
C20. a. Severe dehydration	1	2
b. Some dehydration	1	2
c. No dehydration	1	2
C21. Severe persistent diarrhea	1	2
C22. Persistent diarrhea	1	2
C23. Dysentery	1	2
C30. Very severe febrile disease	1	2
C31. Malaria	1	2
C32. Fever, malaria unlikely	1	2
C33. Fever, no malaria	1	2
C34. Severe complicated measles	1	2
C35. Measles with eye/mouth complications	1	2
C36. Measles	1	2
C40. Mastoiditis	1	2
C41. Acute ear infection	1	2
C42. Chronic ear infection	1	2
C43. No ear infection	1	2
C50. a. Severe malnutrition	1	2
b. Severe anaemia	1	2
C51. a. Anaemia	1	2
b. Very low weight	1	2
C52. No anaemia and not very low weight	1	2
C60. Other, <i>specify</i>	1	2
C61. Other, <i>specify</i>	1	2

To be completed by supervisor

<i>Based on the re-examination of the child (instrument 3A) circle surveyor classifications</i>	
105. One or more danger signs	
110. Severe Pneumonia/very severe Disease	
111. Pneumonia	
112. No pneumonia	
120. a. Severe dehydration	
b. Some dehydration	
c. No dehydration	
121. Severe persistent diarrhea	
122. Persistent diarrhea	
123. Dysentery	
130. Very severe febrile disease	
131. Malaria	
132. Fever, malaria unlikely	
133. Fever, no malaria	
134. Severe complicated measles	
135. Measles with eye/mouth complication	
136. Measles	
140. Mastoiditis	
141. Acute ear infection	
142. Chronic ear infection	
143. No ear infection	
150. a. Severe malnutrition	
b. Severe anaemia	
151. a. Anaemia	
b. Very low weight	
152. No anaemia and not very low weight	
160. Other, <i>specify</i>	
161. Other, <i>specify</i>	
165. Follow-up visit required in days	
170. Malaria risk: high, low, no risk	

Note: Numbers above are not consecutive to allow space to add country-specific adaptations of the imci guidelines without changing variable labels in the data file.

TREATMENT MODULE

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

- (1) Yes
 (2) No → *Skip to question # T3*

T2. If yes, record all injections given:

- a. Antimalarial : specify (1) Yes (2) No
 b. Antibiotic: specify (1) Yes (2) No
 c. Other injection: specify: (1) Yes (2) No

T3. Does the health worker administer or prescribe ORS?

- (1) Yes
 (2) No → *Skip to question # T5*

T4. If yes health worker administer ORS at the facility?

- (1) Yes
 (2) No
 (8) Don't know

T5. Does the health worker prescribe immediate referral for the child?

- (1) Yes
 (2) No → *Skip to question # T6*

T5a Does the caretaker accept referral for the child?

- (1) Yes → — *If health worker give any oral treatment to the child before referral, record the oral treatment given in question T7 then go to question CM12 at the end of the questionnaire.*
 — *If no oral treatment is administered to the child before referral, go to question CM12 at the end of the questionnaire*
 (2) No

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

- (1) Yes
 (2) No → *Skip to Communication Module, question # CM5*

T7. Record all oral treatment given:

- a. Antidiarrheal/antimotility (1) Yes (2) No
 b. Metronidazole tablets/syrup (1) Yes (2) No
 c. Recommended antimalarial tablets/syrup (1) Yes (2) No
 d. Other antimalarial tablet/syrup (1) Yes (2) No
 e. Paracetamol/aspirin (1) Yes (2) No
 f. Recommended antibiotic tablets/syrup (1) Yes (2) No
 g. Other antibiotic tablets/syrup (1) Yes (2) No
 h. Vitamin A (1) Yes (2) No
 i. Multi-vitamins (1) Yes (2) No
 j. Other vitamins (1) Yes (2) No
 k. Mebendazole (1) Yes (2) No
 l. Iron tablets/syrup (1) Yes (2) No
 m. Tablets/syrup, unknown type (1) Yes (2) No
 n. Other, *specify* (1) Yes (2) No

T8. Does the oral treatment given or prescribed by the health worker include an antibiotic?

- (1) Yes
- (2) No → *Skip to question T10*

T9. IF the oral treatment includes an antibiotic, record what health worker says:

- | | |
|-----------------------------------|-----------------------------------|
| a. name: | Second antibiotic: f. name: |
| b. Formulation: | g. Formulation: |
| c. Amount each time: | h. Amount each time: |
| d. number of times per day: | i. # times per day: |
| e. total days: | j. total days: |

T10. Does the oral treatment given or prescribed by the health worker include an antimalarial?

- (1) Yes
- (2) No → *Skip to Communication Module*

T11. If the oral treatment includes an antimalarial, record what health worker says:

- | | |
|-----------------------------------|-------------------------------------|
| a. name: | Second antimalarial: f. name: |
| b. Formulation: | g. Formulation: |
| c. Amount each time: | h. Amount each time: |
| d. number of times per day: | i. # times per day: |
| e. total days: | j. total days: |

COMMUNICATION MODULE

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

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

- a. antibiotic (1) Yes (2) No (8) NA
- b. antimalarial (1) Yes (2) No (8) NA
- c. ORS (1) Yes (2) No (8) NA

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

- a. antibiotic (1) Yes (2) No (8) NA
- b. antimalarial (1) Yes (2) No (8) NA
- c. ORS (1) Yes (2) No (8) NA

CM3. Does the health worker ask an open-ended question to verify the caretakers' comprehension of how to administer the oral treatment?

- a. antibiotic (1) Yes (2) No (8) NA
- b. antimalarial (1) Yes (2) No (8) NA
- c. ORS (1) Yes (2) No (8) NA

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

- a. antibiotic (1) Yes (2) No (8) NA
- b. antimalarial (1) Yes (2) No (8) NA

CM5. Does the health worker prescribe and explain when to return for a follow-up visit?

- (1) Yes
- (2) No Skip to question #CM7

CM6. In how many days does the health worker ask the caretaker to come back?

- (1) Two days (3) 14 days
- (2) Five days (4) 30 days
- (5) Other: ...days

CM7. Does the health worker explain the need to give more liquid or breastmilk at home?

- (1) Yes
- (2) No

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

- (1) Yes
- (2) No

CM9. Does the health worker give correct age-specific advice on the frequency of feeding/BF?

- (1) Yes
- (2) No

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

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

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

- (1) Yes
- (2) No

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

- (1) Yes
- (2) No
- (8) Don't know

END OF OBSERVATION

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. The surveyor must complete this form before the next child observation.

Form 1. Supervisor coding

Information needed	Where to find data	Codes		
		(1)	(2)	(8)
A If antibiotics were prescribed, is it a non-IMCI reason that justifies the antibiotic treatment?	Based on re-examination (page 4, questions 160 and 161)	Yes	No	NA (no AB)
B If antibiotics were prescribed (whatever the reason) were they prescribed correctly?	YES in T8 and CORRECT for T9c, d and e and h, i, and j if 2 antibiotics	Yes	No	NA (no AB)
C If antimalarials were prescribed (whatever the reason) were they prescribed correctly?	YES in T10 and CORRECT in T11c, d and e and h, i, and j if 2 antimalarials	Yes	No	NA (no AM)
D If the child was referred (whatever the reason) did the child receive an appropriate pre-referral treatment?	YES in T5a and appropriate pre-referral treatment in T2 and/or T3	Yes	No	NA (child not referred)

Then ask the caretaker (record what you hear):

- 4.c How much will you give <CHILD> each time:
- 4.d How many times will you give it to <CHILD> each day? times
- 4.e How many days will you give the medicine to <CHILD> ? days

5. Was a second antibiotic prescribed or given?

- (1) Yes
- (2) No → Skip to question # 8

Copy the information from the caretaker's medication or prescription:

- a. Name:
- b. Formulation:

Then ask the caretaker (record what you hear):

- 5.c How much will you give <CHILD> each time:
- 5.d How many times will you give it to <CHILD> each day? times
- 5.e How many days will you give the medicine to <CHILD> ? days

8. Were antimalarials prescribed or given?

- (1) Yes
- (2) No → Skip to question # 16

Copy the information from the caretaker's medication or prescription:

- a. Name:
- b. Formulation:

Then ask the caretaker (record what you hear):

- 9. How much will you give <CHILD> each time:
- 10. How many times will you give it to <CHILD> each day? times
- 11. How many days will you give the medicine to <CHILD> ? days

12. Was a second antimalarial prescribed or given?

- (1) Yes
- (2) No → Skip to question # 16

Copy the information from the caretaker's medication or prescription:

- a. Name:
- b. Formulation:

Then ask the caretaker (record what you hear):

- 13. How much will you give <CHILD> each time:
- 14. How many times will you give it to <CHILD> each day? times
- 15. How many days will you give the medicine to <CHILD> ? days

16. Was ORS prescribed or given?
 (1) Yes
 (2) No → Skip to question # 20
17. How much water will you mix with one ORS packet?
18. When will you give ORS to <CHILD> each day?
19. How much ORS will you give to <CHILD> each time?
20. Did the health worker give you a specific day when to come back to this facility?
 (1) Yes → In how many days? days
 (2) No → Skip to question # 21
 (8) Doesn't know → Skip to question # 21
21. Sometimes children condition may worsen and they should be taken immediately to a health facility: What types of symptoms would cause you to take your child to a health facility right away?
Do not prompt—keep asking for more signs/symptoms until the caretaker cannot recall any additional ones.
- | | | |
|--|---------------|-------------------|
| a. Child not able to drink or breastfeed | (1) Mentioned | (2) Not mentioned |
| b. Child becomes sicker | (1) Mentioned | (2) Not mentioned |
| c. Child develops a fever | (1) Mentioned | (2) Not mentioned |
| d. Child has fast breathing | (1) Mentioned | (2) Not mentioned |
| e. Child has difficult breathing/pneumonia | (1) Mentioned | (2) Not mentioned |
| f. Child has blood in the stools | (1) Mentioned | (2) Not mentioned |
| g. Child is drinking poorly | (1) Mentioned | (2) Not mentioned |
| h. Other, specify | | |
| i. Other, specify | | |
| j. Other, specify | | |

If the caretaker is a woman, ask:

22. Were you ever given an injection in the arm to prevent the baby from getting tetanus, that is convulsions after birth?
 (1) Yes → When did you receive the last injection? Year:
 (2) No
 (8) Doesn't know
23. Did you receive or have you been shown this card today? Show mother's card.
 (1) Yes
 (2) No
 (8) Doesn't know

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.

Form 2. Supervisor coding

Information needed		Where to find data	Codes		
A	If an antibiotic has been given or prescribed (whatever the reason) does the caretaker describe correctly how to give antibiotic?	YES in 4 and caretaker's answers correct in 4c, 4d and 4e (and if YES in 5, also correct in 5c, 5d, and 5e)	(1) Yes	(2) No	(8) NA (didn't receive AB)
B	If an antimalarial has been given or prescribed (whatever the reason) does the caretaker describe correctly how to give antimalarial?	YES in 8 and caretaker's answers correct in 9, 10 and 11 (and if YES in 12, also correct in 13, 14 and 15)	(1) Yes	(2) No	(8) NA (didn't receive AM)
C	If ORS has been given or prescribed does the caretaker describe correctly how to give ORS?	YES in 16 and caretaker's answers correct in 17, 18, and 19	(1) Yes	(2) No	(8) NA (didn't receive ORS)

Form 3. Re-examination – child (2 months–5 years)

District: Date: .../.../... Facility name: Facility code: Surveyor ID:

Child name: Child's ID: Age: Sex: M F Weight: kg Temperature:

ASSESS (CIRCLE ALL SIGNS PRESENT)	CLASSIFY
<p>CHECK FOR GENERAL DANGER SIGNS</p> <p>NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS</p> <p>LETHARGIC OR UNCONSCIOUS</p>	<p>General danger sign present? Yes No</p> <p>Remember to use danger sign when selecting classifications</p>
<p>DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ... No ...</p> <ul style="list-style-type: none"> For how long? days Count the breaths in one minute. breaths per minute. Fast breathing? Look for chest indrawing. Look and listen for stridor. 	
<p>DOES THE CHILD HAVE DIARRHOEA? Yes ... No ...</p> <ul style="list-style-type: none"> For how long? days Is there blood in the stool? Look at the child's general condition. Is the child: <ul style="list-style-type: none"> Lethargic or unconscious? Restless and irritable? Look for sunken eyes. Offer the child fluid. Is the child: <ul style="list-style-type: none"> Not able to drink or drinking poorly? Drinking eagerly, thirsty? Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly? 	
<p>DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above)</p> <p>Decide MALARIA risk: High Low Yes ... No ...</p> <ul style="list-style-type: none"> For how long? days If more than 7 days, has fever been present every day? Has child had measles within the last 3 months? Look or feel for stiff neck. Look for runny nose <p>Look for signs of MEASLES:</p> <ul style="list-style-type: none"> Generalized rash and One of these: cough, runny nose or red eyes. 	
<p>If the child has measles now or within the last 3 months:</p> <ul style="list-style-type: none"> Look for mouth ulcers If Yes, are they deep and extensive? Look for pus draining from the eye. Look for clouding of the cornea. 	
<p>DOES THE CHILD HAVE AN EAR PROBLEM? Yes ... No ...</p> <ul style="list-style-type: none"> Is there ear pain? Is there ear discharge? If Yes, for how long? days Look for pus draining from the ear. Feel for tender swelling behind the ear. 	
<p>THEN CHECK FOR MALNUTRITION AND ANAEMIA</p> <ul style="list-style-type: none"> Look for visible severe wasting. Determine weight for age. Very low Not Very low Look for palmar pallor Severe palmar pallor? Some palmar pallor? Look for oedema of both feet. 	
<p>CHECK THE CHILD'S IMMUNIZATION STATUS AT THE TIME HE/SHE LEAVES THE FACILITY based on the child immunization card or asking questions listed in Annex 1.</p> <p>Circle immunizations still needed.</p> <p>BCG DPT 1 DPT 2 DPT 3</p> <p>OPV 0 OPV 1 OPV 2 OPV 3 Measles Vitamin A</p>	<p>Return for next immunization on:</p> <p>.....</p> <p>(Date)</p>
<p>ASSESS OTHER PROBLEMS</p>	

0a. Did your child receive a vaccination today?

- (1) Yes
- (2) No

0b . Did the health worker ask you to bring back the child to receive vaccination another day?

- (1) Yes → *If yes, when?*

0c. Is the child's vaccination card available?

- (1) Yes
- (2) No

If child does not have a vaccination card, or if the card was not seen, ask questions 1 to 5a.

If child has a vaccination card, skip to question 6.

1. Has <CHILD> ever been given a BCG vaccination against tuberculosis—that is, an injection in the left shoulder that caused a scar?

- (1) Yes
- (2) No
- (8) Doesn't know

2. Inspect left shoulder for presence of BCG scar

- (1) Present
- (2) Absent
- (8) Unable to examine/unable to tell

3. Has <CHILD> ever been given "vaccination injections"—that is, an injection in the thigh or buttocks—to prevent him/her from getting tetanus, whooping cough, diphtheria?

- (1) Yes → How many times? When was the last dose given?
- (2) No
- (8) Doesn't know

4. Has <CHILD> ever been given "vaccination drops" to protect him/her from getting diseases—that is, polio?

- (1) Yes → How many times? When was the last dose given?
- (2) No
- (8) Doesn't know

5. Has your child ever been given "vaccination injections"—that is, a shot in the arm, at the age of 9 months or older—to prevent him/her from getting measles?

- (1) Yes
- (2) No
- (8) Doesn't know

5a. Has your child ever been given vitamin A drops from a capsule? Show the mother a capsule of vitamin A

- (1) Yes
- (2) No
- (8) Doesn't know

Surveyor: based on caretaker interview and on your re-examination of the child, answer the following question:

6. Does the child leaving the facility still need a vaccination today?

- (1) Yes
- (2) No

Form 4. Equipment and supply checklist

District:

Date: ... / ... / ...

Facility name: Facility code: Facility type: 1 2 3 Surveyor ID:

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

Table 1. Characteristics of health workers with case management responsibilities for children

Category	No. of hws assigned to facility	No. of hws assigned to facility who usually manage children	No. of hws usually managing children present today	No. of hws usually managing children IMCI trained	No. trained in IMCI present today
Physician					
Nurse					
Midwife					
Health Assistant					
Others					
Total					

Ask a health worker to show you around the facility. Look and touch to complete the following questions.

EQUIPMENT AND SUPPLIES MODULE

- E1. Does the facility have the following equipment and materials?**
- | | | |
|--|---------|--------|
| a. Accessible and working adult scale? | (1) Yes | (2) No |
| b. Accessible and working baby scale? | (1) Yes | (2) No |
| c. Working watch/timing device available to every health worker managing children? | (1) Yes | (2) No |
| d. Supplies to mix ORS, cups and spoons | (1) Yes | (2) No |
| e. Source of clean water | (1) Yes | (2) No |
| | | |
| f. Stock cards/drug logbook | (1) Yes | (2) No |
| g. Child vaccination cards | (1) Yes | (2) No |
| h. Mothers' counselling cards? | (1) Yes | (2) No |
| i. IMCI chart booklet? | (1) Yes | (2) No |
| j. | (1) Yes | (2) No |
| | | |
| k. Accessible means of transportation for patients requiring referral | (1) Yes | (2) No |
- E2. Does the facility have needles and syringes appropriate for vaccinations?**
 (1) Yes
 (2) No → *Skip to question # E3*
- E2a If appropriate needles, how do health workers use these needles?**
 (1) Single use
 (2) Multiple uses
- E3. Does the facility have a functional sterilizer, cooker or stove?**
 (1) Yes
 (2) No
- E4. Does the facility have a functioning fridge?**
 (1) Yes → *Skip to question # E6*
 (2) No
- E5. Does the facility have ice packs and cold boxes?**
 (1) Yes
 (2) No → *Skip to module on availability of drugs*
- E6 Does the facility have the following vaccines in stock?**
- | | | |
|--------------------|---------|--------|
| a. BCG vaccine | (1) Yes | (2) No |
| b. OPV vaccine | (1) Yes | (2) No |
| c. DPT vaccine | (1) Yes | (2) No |
| d. Measles vaccine | (1) Yes | (2) No |
| e. TT vaccine | (1) Yes | (2) No |

AVAILABILITY OF DRUGS MODULE

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

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

- | | | |
|--|---------|--------|
| a. ORS | (1) Yes | (2) No |
| b. Recommended antibiotic for pneumonia: | (1) Yes | (2) No |
| c. Another antibiotic recommended for pneumonia: | (1) Yes | (2) No |
| d. Recommended antibiotic for dysentery: | (1) Yes | (2) No |
| e. Another antibiotic recommended for dysentery: | (1) Yes | (2) No |
| f. Recommended antimalarial: | (1) Yes | (2) No |
| g. Another recommended antimalarial | (1) Yes | (2) No |
| h. Vitamin A | (1) Yes | (2) No |
| i. Iron | (1) Yes | (2) No |
| j. Paracetamol/aspirin | (1) Yes | (2) No |
| k. Mebendazol | (1) Yes | (2) No |
| l. Tetracycline eye ointment | (1) Yes | (2) No |
| m. Gentian violet | (1) Yes | (2) No |
| n. | (1) Yes | (2) No |

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

- | | | |
|---|---------|--------|
| a. Recommended intramuscular antibiotic for children: | (1) Yes | (2) No |
| b. Quinine IM | (1) Yes | (2) No |
| c. Benzylpenicillin IM | (1) Yes | (2) No |
| d. Gentamycin IM | (1) Yes | (2) No |
| e. Sterile water for injection | (1) Yes | (2) No |
| f. Recommended IV fluid for severe dehydration | (1) Yes | (2) No |

FACILITY SERVICES MODULE

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

- S1. How many days per week is the facility open? Days/week
- S2. How many days per week are child health services provided? Days/week
- S3. How many days per week are vaccination services available? Days/week
Other
- S5. How many times during the last six months did the facility receive a supervisory visit? Times
if 0 time, skip to question # S8
- S6. How many of these supervisory visits were follow-up visits to health workers who have been recently trained in IMCI? Visits

Ask the health worker question 7 based on the most recent supervisory visit that was not an IMCI follow-up visit:

- S7. Did the supervisor observe case management of a sick child the last time he/she visited the facility?
(1) Yes
(2) No
(8) Don't know
- S8. Where do you refer the severely-ill children?
(1) Hospital, specify name:
(2) Private physician
(3) Other, specify:
- S9. How long does it take for the patient to get to the referral center/physician using the most common local transport? Hours
- S10. Have you ever wanted to refer a very severely-ill child but been unable to do so?
(1) Yes → Why?
(2) No
- S11. If you had to refer 10 children to the hospital, how many of them do you think will end up going to the hospital?

FACILITY RECORDS MODULE

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

Adaptation note: The availability of records will vary by country and by level of health facility. Procedures to be used for arriving at estimates of attendance should be determined in each site. The procedure must be practical!

R1. What is the total number of visits to the health facility for outpatient services during the previous month?

No. of visits:

R2. How many of these visits were made by children from 0 upto 5 years?

Visits by children under 5:

R3. How many of these child visits were made by female children?

Visits:

R4. How many of these visits were made by children between the ages of 0 to 2 months?

Visits by children 0 day–2 months:

R5. How many of all child visits were for:

- a. Outpatient care of illness visits
- b. Well-child care visits
- c. Other types of services visits

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

Form 6: Health worker interview: Case Scenarios

District: _____ Date: __/__/__
Facility Name: _____ Facility code _____ Facility Type: _____
Surveyor ID: _____
Health worker: Name _____ ID _____ Sex: (1)M (2) F
Trained: (1)Yes (2)No
Type: (1) Physician (2) Nurse (3) Medic Assist (4) Other

Explain to the health worker that these case scenarios aim to know his/her usual practice in some special situations. Explain that you will read the scenarios together then he/she will have to tell you what actions he/she would take to treat the child. Explain that he/she could refer to any clinical guidelines if needed. These scenarios will not be used to judge his/her practice and the information collected will not be communicated to any district or central level MOH authorities.

The health worker should consider that he/she has all authority to decide whether or not to refer a child to an hospital, that all the drugs he/she would like to administer are available at the facility, and that there is a referral center 20 minutes away from the facility.

Before going to the first case scenario, answer any health worker concern.

Give to the health worker the first card with case scenario #1, then read it with him/her.

Case scenario 1

A little girl aged 25 months and weighing 10.5 kg is brought to the facility because she has been asleep since the morning and very difficult to wake up. She hasn't eaten or drunk since yesterday. When asked, the mother said that her daughter did not vomit and did not have any convulsions, but had diarrhoea for about six days. She also had fever for three days and a runny nose. The health worker assessed the child and confirmed that the child was lethargic. The health worker also performed a skin pinch that came back very slowly. No other clinical signs were found. The family lives in a low malaria risk area and has not travel recently.

After reading the case scenario with the health worker, ask him/her to tell you all actions and/or prescriptions he/she would take to provide this child with the most appropriate treatment, assuming that all needed drugs are in stock in the facility and that there is a referral facility available 20 minutes away. Do not prompt.

Circle "yes" for each of the following actions mentioned by the health worker.

- | | | |
|------|--|--------------|
| 1.01 | Recommends urgent referral to an hospital | (1)Yes (2)No |
| 1.02 | Administer Ringer Lactate or Normal saline IV solution | (1)Yes (2)No |
| 1.03 | Administer liquid by naso-gastric tube | (1)Yes (2)No |
| 1.04 | Inject one dose of an injectable antibiotic | (1)Yes (2)No |
| 1.05 | Inject one dose of a second antibiotic | (1)Yes (2)No |
| 1.06 | Prescribe injectable antibiotic for five days | (1)Yes (2)No |
| 1.07 | Give one dose of an oral antibiotic | (1)Yes (2)No |
| 1.08 | Prescribe oral antibiotics for five days | (1)Yes (2)No |
| 1.09 | Inject one dose of quinine | (1)Yes (2)No |
| 1.10 | Give one dose of oral antimalarial | (1)Yes (2)No |
| 1.11 | Prescribe quinine for five days | (1)Yes (2)No |
| 1.12 | Prescribe oral antimalarials for 3 days | (1)Yes (2)No |
| 1.13 | Administer ORS at the facility | (1)Yes (2)No |
| 1.14 | Advise on giving ORS on the way to hospital | (1)Yes (2)No |
| 1.15 | Prescribe ORS for home treatment | (1)Yes (2)No |
| 1.16 | Give one dose of paracetamol | (1)Yes (2)No |
| 1.17 | Prescribe paracetamol for home treatment | (1)Yes (2)No |
| 1.18 | Give one dose of vitamin A | (1)Yes (2)No |
| 1.19 | Treat to prevent low blood sugar | (1)Yes (2)No |
| 1.20 | Recommends to continue breastfeeding | (1)Yes (2)No |
| 1.21 | Recommends to give food and fluids other than breastmilk | (1)Yes (2)No |
| 1.22 | Advise mother to keep infant warm | (1)Yes (2)No |

As for the previous case scenario, read this case scenario with the health worker and ask him/her to tell you all actions and/or prescriptions he/she would take to provide this child with the most appropriate treatment, assuming that all needed drugs are in stock in the facility and that there is a referral facility available 20 minutes away. Do not prompt.

Case scenario 2

A father brought his 29 month old son to your facility because he has had a fever for more than three days and has an ear discharge since last week. The child does not have other symptoms and lives in a low malaria risk area. The health worker found that the child had a temperature of 38.2°C and saw an ear discharge. The health worker found the child's neck to be stiff. The child has a normal weight and received all vaccinations for his age. There are no other clinical signs.

Circle "yes" for each of the following actions mentioned by the health worker.

- | | | |
|------|--|--------------|
| 2.01 | Recommends urgent referral to an hospital | (1)Yes (2)No |
| 2.02 | Administer Ringer Lactate or Normal saline IV solution | (1)Yes (2)No |
| 2.03 | Administer liquid by naso-gastric tube | (1)Yes (2)No |
| 2.04 | Inject one dose of an injectable antibiotic | (1)Yes (2)No |
| 2.05 | Inject one dose of a second antibiotic | (1)Yes (2)No |
| 2.06 | Prescribe injectable antibiotic for five days | (1)Yes (2)No |
| 2.07 | Give one dose of an oral antibiotic | (1)Yes (2)No |
| 2.08 | Prescribe oral antibiotics for five days | (1)Yes (2)No |
| 2.09 | Inject one dose of quinine | (1)Yes (2)No |
| 2.10 | Give one dose of oral antimalarial | (1)Yes (2)No |
| 2.11 | Prescribe quinine for five days | (1)Yes (2)No |
| 2.12 | Prescribe oral antimalarials for 3 days | (1)Yes (2)No |
| 2.13 | Administer ORS at the facility | (1)Yes (2)No |
| 2.14 | Advise on giving ORS on the way to hospital | (1)Yes (2)No |
| 2.15 | Prescribe ORS for home treatment | (1)Yes (2)No |
| 2.16 | Give one dose of paracetamol | (1)Yes (2)No |
| 2.17 | Prescribe paracetamol for home treatment | (1)Yes (2)No |
| 2.18 | Give one dose of vitamin A | (1)Yes (2)No |
| 2.19 | Treat to prevent low blood sugar | (1)Yes (2)No |
| 2.20 | Recommends to continue breastfeeding | (1)Yes (2)No |
| 2.21 | Recommends to give food and fluids other than breastmilk | (1)Yes (2)No |
| 2.22 | Advise mother to keep infant warm | (1)Yes (2)No |

As for the previous case scenario, read this case scenario with the health worker and ask him/her to tell you all actions and/or prescriptions he/she would take to provide this child with the most appropriate treatment, assuming that all needed drugs are in stock in the facility and that there is a referral facility available 20 minutes away. Do not prompt.

Case scenario 3

A teenager came to the facility with her small sister aged 13 months. She said that her sister was coughing for five days and has had temperature since yesterday night. She remembers that her sister had a generalized rash about one month ago and that neighbours in the village said that it was measles. Her mother continues to breastfeed her sister. There is no malaria in the place where they live. The health worker weighed the child (8.5 kg) and checked temperature (38.8°C). The health worker counted 48 breaths per minute and noticed chest indrawing. No other clinical signs were found. The vaccination card shows that the child received all vaccinations as well as a dose of vitamin A four months ago.

Circle “yes” for each of the following actions mentioned by the health worker.

- | | | |
|------|--|--------------|
| 3.01 | Recommends urgent referral to an hospital | (1)Yes (2)No |
| 3.02 | Administer Ringer Lactate or Normal saline IV solution | (1)Yes (2)No |
| 3.03 | Administer liquid by naso-gastric tube | (1)Yes (2)No |
| 3.04 | Inject one dose of an injectable antibiotic | (1)Yes (2)No |
| 3.05 | Inject one dose of a second antibiotic | (1)Yes (2)No |
| 3.06 | Prescribe injectable antibiotic for five days | (1)Yes (2)No |
| 3.07 | Give one dose of an oral antibiotic | (1)Yes (2)No |
| 3.08 | Prescribe oral antibiotics for five days | (1)Yes (2)No |
| 3.09 | Inject one dose of quinine | (1)Yes (2)No |
| 3.10 | Give one dose of oral antimalarial | (1)Yes (2)No |
| 3.11 | Prescribe quinine for five days | (1)Yes (2)No |
| 3.12 | Prescribe oral antimalarials for 3 days | (1)Yes (2)No |
| 3.13 | Administer ORS at the facility | (1)Yes (2)No |
| 3.14 | Advise on giving ORS on the way to hospital | (1)Yes (2)No |
| 3.15 | Prescribe ORS for home treatment | (1)Yes (2)No |
| 3.16 | Give one dose of paracetamol | (1)Yes (2)No |
| 3.17 | Prescribe paracetamol for home treatment | (1)Yes (2)No |
| 3.18 | Give one dose of vitamin A | (1)Yes (2)No |
| 3.19 | Treat to prevent low blood sugar | (1)Yes (2)No |
| 3.20 | Recommends to continue breastfeeding | (1)Yes (2)No |
| 3.21 | Recommends to give food and fluids other than breastmilk | (1)Yes (2)No |
| 3.22 | Advise mother to keep infant warm | (1)Yes (2)No |

As for the previous case scenario, read this case scenario with the health worker and ask him/her to tell you all actions and/or prescriptions he/she would take to provide this child with the most appropriate treatment, assuming that all needed drugs are in stock in the facility and that there is a referral facility available 20 minutes away. Do not prompt.

Case scenario 4

A 10-day old baby is brought to the facility by her mother because she thinks her daughter is sick and feels hot. After careful examination, the health worker found that the baby has a temperature of 38°C and a bulging fontanelle. The mother breastfeeds day and night, about 10 times/24 hours and does not report feeding problems. The child's weight is normal.

Circle "yes" for each of the following actions mentioned by the health worker.

- | | | |
|------|--|--------------|
| 4.01 | Recommends urgent referral to an hospital | (1)Yes (2)No |
| 4.02 | Administer Ringer Lactate or Normal saline IV solution | (1)Yes (2)No |
| 4.03 | Administer liquid by naso-gastric tube | (1)Yes (2)No |
| 4.04 | Inject one dose of an injectable antibiotic | (1)Yes (2)No |
| 4.05 | Inject one dose of a second antibiotic | (1)Yes (2)No |
| 4.06 | Prescribe injectable antibiotic for five days | (1)Yes (2)No |
| 4.07 | Give one dose of an oral antibiotic | (1)Yes (2)No |
| 4.08 | Prescribe oral antibiotics for five days | (1)Yes (2)No |
| 4.09 | Inject one dose of quinine | (1)Yes (2)No |
| 4.10 | Give one dose of oral antimalarial | (1)Yes (2)No |
| 4.11 | Prescribe quinine for five days | (1)Yes (2)No |
| 4.12 | Prescribe oral antimalarials for 3 days | (1)Yes (2)No |
| 4.13 | Administer ORS at the facility | (1)Yes (2)No |
| 4.14 | Advise on giving ORS on the way to hospital | (1)Yes (2)No |
| 4.15 | Prescribe ORS for home treatment | (1)Yes (2)No |
| 4.16 | Give one dose of paracetamol | (1)Yes (2)No |
| 4.17 | Prescribe paracetamol for home treatment | (1)Yes (2)No |
| 4.18 | Give one dose of vitamin A | (1)Yes (2)No |
| 4.19 | Treat to prevent low blood sugar | (1)Yes (2)No |
| 4.20 | Recommends to continue breastfeeding | (1)Yes (2)No |
| 4.21 | Recommends to give food and fluids other than breastmilk | (1)Yes (2)No |
| 4.22 | Advise mother to keep infant warm | (1)Yes (2)No |

As for the previous case scenario, read this case scenario with the health worker and ask him/her to tell you all actions and/or prescriptions he/she would take to provide this child with the most appropriate treatment, assuming that all needed drugs are in stock in the facility and that there is a referral facility available 20 minutes away. Do not prompt.

Case scenario 5

A mother brought her three-week old little boy to the facility because he does not gain weight and does not want to eat. The child receives breastmilk and since last week some milk and weak tea because he seemed not to like breastmilk. The health worker finds that the child weights 2.3 kg, does not have an abnormal temperature, and has 62 breaths per minute. The health worker repeated the count and found 65 breaths per minute. There are no other clinical signs. The health worker asked the mother whether he could observe her while she breastfeeds her child. During the observation, the health worker noticed that there was no attachment of the child to the breast at all and that the child was not suckling.

Circle “yes” for each of the following actions mentioned by the health worker.

- | | | |
|------|--|--------------|
| 5.01 | Recommends urgent referral to an hospital | (1)Yes (2)No |
| 5.02 | Administer Ringer Lactate or Normal saline IV solution | (1)Yes (2)No |
| 5.03 | Administer liquid by naso-gastric tube | (1)Yes (2)No |
| 5.04 | Inject one dose of an injectable antibiotic | (1)Yes (2)No |
| 5.05 | Inject one dose of a second antibiotic | (1)Yes (2)No |
| 5.06 | Prescribe injectable antibiotic for five days | (1)Yes (2)No |
| 5.07 | Give one dose of an oral antibiotic | (1)Yes (2)No |
| 5.08 | Prescribe oral antibiotics for five days | (1)Yes (2)No |
| 5.09 | Inject one dose of quinine | (1)Yes (2)No |
| 5.10 | Give one dose of oral antimalarial | (1)Yes (2)No |
| 5.11 | Prescribe quinine for five days | (1)Yes (2)No |
| 5.12 | Prescribe oral antimalarials for 3 days | (1)Yes (2)No |
| 5.13 | Administer ORS at the facility | (1)Yes (2)No |
| 5.14 | Advise on giving ORS on the way to hospital | (1)Yes (2)No |
| 5.15 | Prescribe ORS for home treatment | (1)Yes (2)No |
| 5.16 | Give one dose of paracetamol | (1)Yes (2)No |
| 5.17 | Prescribe paracetamol for home treatment | (1)Yes (2)No |
| 5.18 | Give one dose of vitamin A | (1)Yes (2)No |
| 5.19 | Treat to prevent low blood sugar | (1)Yes (2)No |
| 5.20 | Recommends to continue breastfeeding | (1)Yes (2)No |
| 5.21 | Recommends to give food and fluids other than breastmilk | (1)Yes (2)No |
| 5.22 | Advise mother to keep infant warm | (1)Yes (2)No |