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The quality of child health services offered at primary health care clinics in Johannesburg

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Appendix A

1.Clinic code :

SICK INFANT CLINICAL ENCOUNTER

LEVEL OF TRAINING OF PRIMARY HEALTH CARE WORKER			
2. Health worker's code:			
3. Is the primary health care worker	1=professional nurse 2=enrolled nurse 3=enrolled nursing assistant 4=staff nurse 5=doctor		
4. Years since qualification?	_____years		
5. Training courses (choose all)	1= primary health care training course 2= family planning course 3= HIV/AIDS course 4= VCT/counseling course 5= integrated management of childhood illnesses course 6=TOP course 7= pharmacy issuing course 8= infection control course 9= other		
6. Patient code:			
7. Age: years months weeks			
8. Time of:	a. Arrival at clinic — h b. Record obtained — h c. Seen by health worker — h		
9. Does the health worker greet the caregiver?		Y	N
10. Does the health worker ask about the relationship of the caregiver to the child?		Y	N
11. Presenting problem/s: (mark all) a=cough b=difficulty in breathing c=diarrhoea d=vomiting e=fever f=skin rash g=ear problems h=worms i=cold j=cotrimoxazole prophylaxis k=other (specify)			

Appendix A

[Coding: 0 = poor/not done; 1 = less adequate; 2 = satisfactory; N/A = not applicable; Y = Yes; N = No]

12. Health workers performance in the following areas according to the scoring system

a.	Was an adequate history taken?		0	1	2
b.	Did the health worker probe about related symptoms?		0	1	2
c.	Asked about other symptoms/problems?		0	1	2
d.	Asked about past medical history or illnesses		0	1	2
13.	**Did the health worker assess for the following danger signs?**				
a.	Not able to drink or breastfeed		Y	N	
b.	Vomits everything		Y	N	
c.	Convulsions this illness		Y	N	
d.	Lethargic or unconscious		Y	N	N/A
14.	**General Examination**				
a.	Appropriately undressed?		0	1	2
b.	Temperature checked?		0	1	2
c.	Was the child examined for pallor?		0	1	2
15.	**Systems examination of children:**				
a.	Was the throat examined?	0	1	2	N/A
b.	Were the ears examined?	0	1	2	N/A
c.	Was the respiratory rate counted in 1 minute?	0	1	2	N/A
d.	Was the chest auscultated with a stethoscope?	0	1	2	N/A
e.	Was the child assessed for sunken eyes	0	1	2	N/A
f.	Was skin turgor assessed?	0	1	2	N/A
g.	Was the child offered a test feed of ORS?	0	1	2	N/A
h.	Was the child's abdomen examined?	0	1	2	N/A
i.	Was the perineum examined?	0	1	2	N/A
j.	Was a urine dipstix done?	0	1	2	N/A
k.	Was the level of consciousness assessed?	0	1	2	N/A
l.	If child less than 18 months of age was the child examined for				
	(i). bulging fontanelle	0	1	2	N/A
	(ii). neck stiffness	0	1	2	N/A
m.	If child greater than 18 months was child examined for neck stiffness	0	1	2	N/A
16.	**Examination of child for HIV:**				
a.	Was the child examined for enlarged lymph glands?		0	1	2
b.	Was the child examined for oral thrush?		0	1	2
c.	Was the child examined for hepatosplenomegaly?		0	1	2
d.	Was the child examined for parotid enlargement?		0	1	2
e.	Was the child examined for ear discharge?		0	1	2

Appendix A

17. Is the child's assessment correct?		0	1	2
18. Were antibiotics prescribed? If no, go to Q 17			Y	N
19. Was it necessary to prescribe antibiotics?			Y	N
20. Did the health worker correctly explain: dose duration frequency			Y Y Y	N N N
21. If any other medication is prescribed, did the health worker correctly explain: dose duration frequency		Y Y Y	N N N	N/A N/A N/A
22. Was the medication provided appropriate?		Y	N	N/A
23. If requiring a drip, was an intravenous line inserted?		Y	N	N/A
24. If requiring oxygen, was the child administered oxygen?		Y	N	N/A
25. If requiring a stat dose of intramuscular antibiotics or medication, was it administered?		Y	N	N/A
26. If requiring nebulization, was it administered		Y	N	N/A
27. Was the child appropriately referred (if needed)		Y	N	N/A
28. Was the caregiver counseled about: a. the current condition b. prevention c. home management d. follow-up e. danger signs	 0 0 0 0 0	 1 1 1 1 1	 2 2 2 2 2	 N/A N/A N/A N/A N/A

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Appendix A

ROAD TO HEALTH CARD(RTHC) AND NUTRITION:				
29. Was the road to health card requested			Y	N
30. Was the child weighed on this visit			Y	N
31. Was the weight accurately plotted?	Y	N	not plotted	
32. Was the interpretation of the RTHC correct?			Y	N
33. Was the child's growth discussed with the caregiver?			Y	N
34. **IF CHILD NOT GROWING WELL:**				
a. Was a nutritional history taken?	0	1	2	N/A
b. Was choice of milk feed discussed?	0	1	2	N/A
c. Was complementary feeding discussed?	0	1	2	N/A
d. Was nutritional advice offered?	0	1	2	N/A
e. Was nutritional advice appropriate?	0	1	2	N/A
f. Was food supplementation offered?	0	1	2	N/A
g. Was the parent referred to social welfare services, to enable access to social support grant?	0	1	2	N/A
h. Was the child appropriately referred (if needed)	0	1	2	N/A
35. **PROMOTION OF OPTIMAL GROWTH OF ALL CHILDREN**	0	1	2	N/A
a. choice of milk feed discussed (particularly exclusive breastfeeding for the 1st 6 months)	0	1	2	N/A
b. complementary feeding and discouragement of complementary feeding of infants under 4 months.	0	1	2	N/A
c. micronutrient supplementation (vit A, iron)	0	1	2	N/A
d. Was regular deworming discussed?				
36. Were other problems addressed appropriately?	0	1	2	N/A
HEALTH PROMOTION:				
37. Were immunisations checked on the road to health card			Y	N
38. Was vitamin A checked and given if necessary			Y	N
39. Was the caregiver asked about age appropriate milestones			Y	N
MATERNAL HEALTH:				
40. Were maternal health issues discussed and addressed			Y	N
HIV STATUS AND TESTING:				
41. a. Is the HIV status of the baby/mom known?			Y	N
b. If yes, where is the information recorded				
c. If no, was the mother's/child's status asked about?			Y	N
42. If HIV unknown was pre-test counseling offered			Y	N
43. Was cotrimoxazole prescribed for HIV exposed or positive babies?	Y		N	N/A
44. If HIV infected, was the need for ART considered?			Y	N
45. Is this visit an:	1=initial visit or 2=follow up visit			
46. Who brought child to the hospital?	1=mother 2=father 3=grandma 4=older relative 5=nanny 6=neighbour or friend 7=sibling 8=not asked 9=other			
47. Duration of consultation:	Beginning: ____h___sec___ Ending :_____h___sec____ Mins___ Sec____			

Appendix B

Clinic code :

THE WELL BABY VISIT

LEVEL OF TRAINING OF PRIMARY HEALTH CARE WORKER	
48. Health worker's code:	
49. Is the primary health care worker	1=professional nurse 2=enrolled nurse 3=enrolled nursing assistant 4=staff nurse 5=doctor
50. Years since qualification?	_____years
51. Training courses (choose all)	1= primary health care training course 2= family planning course 3= HIV/AIDS course 4= VCT/counseling course 5= integrated management of childhood illnesses course 6=TOP course 7= pharmacy issuing course 8= infection control course 9= other

52. Patient code:		
53. Age:	years months weeks	
54. Time of:		
a.	Arrival at clinic	h
b.	Record obtained	h
c.	Seen by health worker	h

STAFF AND PATIENT INTERACTION		
55. Does the health worker greet the caregiver?	Y	N
56. Does the health worker ask about the relationship of the caregiver to the child?	Y	N
57. Does the health worker ask the caregiver if there are any problems?	Y	N

THE ROAD TO HEALTH CARD AND NUTRITION			
58. Was the road to health card requested?		Y	N
59. Was the child weighed on this visit?		Y	N
60. Was the weight accurately plotted?	Y N	not plotted	

61. Was the interpretation of the RTHC correct?			Y	N
62. Was the child's growth discussed with the caregiver?			Y	N
63. **IF CHILD NOT GROWING WELL:**				
a. Was a nutritional history taken?	0	1	2	N/A
b. Was choice of milk feed discussed?	0	1	2	N/A
c. Was complementary feeding discussed?	0	1	2	N/A
d. Was nutritional advice offered?	0	1	2	N/A
e. Was nutritional advice appropriate?	0	1	2	N/A
f. Was food supplementation offered?	0	1	2	N/A
g. Was the parent referred to social welfare services, to enable access to social support grant?	0	1	2	N/A
h. Was the child appropriately referred (if needed)	0	1	2	N/A
64. **PROMOTION OF OPTIMAL GROWTH OF ALL CHILDREN**	0	1	2	N/A
a. choice of milk feed discussed (particularly exclusive breastfeeding for the 1st 6 months)	0	1	2	N/A
b. complementary feeding and discouragement of complementary feeding of infants under 4 months.	0	1	2	N/A
c. micronutrient supplementation (vit A, iron)	0	1	2	N/A
d. Was regular deworming discussed?				

IMMUNISATIONS AND VITAMIN A		
65. Did the health worker sign for immunisations being given on the RTHC?	Y	N
66. Was a follow-up date given for the next immunisations?	Y	N
67. Was advice given on immunisations and on any adverse effects?	Y	N
68. Was vitamin A checked and given if necessary?	Y	N
DEVELOPMENT AND MILESTONES		
69. Was the caregiver asked about milestones and development?	Y	N
70. If yes, what was asked?		
71. Was there any assessment of development?	Y	N
72. If yes then: Was any counseling or advice offered?	Y	N

VISION SCREENING			
73. Was a pencil test done in a child greater than 6 weeks of age?	Y	N	N/A
74. Was the Snellen chart used to assess vision in a child 5> years?	Y	N	N/A
HEARING SCREENING			
75. Did the health worker ask the caregiver if the child listens to songs and voices in a child of 3 months of age?	Y	N	N/A
76. Did the health worker ask the caregiver if the baby of approximately 6 months turns to loud noises?	Y	N	N/A
77. Was the voice test done in a child of greater than 12 months	Y	N	N/A

Appendix B

HIV STATUS AND TESTING:			
78. a. Is the HIV status of the baby/mom known?		Y	N
b. If yes, where is the information recorded			
c. If no, was the mother's/child's status asked about?		Y	N
79. If HIV unknown was pre-test counseling offered		Y	N
80. Was cotrimoxazole prophylaxis prescribed for positive or exposed babies	Y	N	N/A
81. If HIV infected, was the need for ART considered?		Y	N
82. Did the health worker respond to any risk factors?		Y	N
83. If yes, what was this response?			
84. Who brought child to the hospital?	1=mother 2=father 3=grandma 4=older relative 5=nanny 6=neighbour or friend 7=sibling 8=not asked 9=other		
85. Duration of consultation:	Beginning: ____h___sec___ Ending :_____h___sec___ Mins___ Sec___		

Appendix C

Clinic code :

CLINIC FACILITIES, INFRASTRUCTURE, SUPPLIES AND EQUIPMENT

CLINIC FACILITIES **[Coding: 0 = poor; 1 = less adequate; 2 = satisfactory; N/A = Not applicable; Y = Yes; N = No]**			
86. Are the grounds around the health center free from waste?	0	1	2
87. Is there a functioning and clean toilet at the facility for:			
a. staff	0	1	2
b. patients	0	1	2
88. Is there adequate seating and space for waiting patients?	0	1	2
89. Are rooms in the health center clean?	0	1	2
90. Is linen in use and in storage clean?	0	1	2
91. Is there a private consultation room for confidential counseling?		Y	N
92. Is there a procedure room/resuscitation room?		Y	N
93. Is there tap water available?		Y	N
94. Is there a telephone in working condition?		Y	N
95. Is there a fax machine in working condition?		Y	N
96. Is there electricity?		Y	N

SERVICES PROVIDED

97. Are the following services provided and how many days a week?

a. curative child care	Y	N	/DAILY
b. childhood immunizations	Y	N	/DAILY
c. chronic child care (eg.asthma)	Y	N	/DAILY
d. child mental health	Y	N	/DAILY
e. rehabilitation services	Y	N	/DAILY
f. HIV/AIDS counseling	Y	N	/DAILY
g. TB(DOTS)	Y	N	/DAILY
h. antenatal care	Y	N	/DAILY
i. maternity care	Y	N	/DAILY
j. postnatal care	Y	N	/DAILY
k. family planning	Y	N	/DAILY
l. AIDS home-based care	Y	N	/DAILY
m. community support groups	Y	N	/DAILY

98. Is there a triage system in place?	Y	N

100. How many hours per day is the clinic open? Open_____ close_____

101. How many days per week is the clinic open? ___

EQUIPMENT

102. Availability of the following and in working order

	Available		Working	
a=adult scale	Y	N	Y	N
b=baby scale	Y	N	Y	N
c=clock or other timing device	Y	N	Y	N
d=stethoscope	Y	N	Y	N
e=diagnostic set (otoscope)	Y	N	Y	N
f=thermometer	Y	N	Y	N
g=oxygen	Y	N	Y	N
h=dextrostix	Y	N	Y	N

i=road to health cards	Y	N		
j=syringes				
(i) 2cc	Y	N		
(ii) 5cc	Y	N		
(iii) 10cc	Y	N		
(iv) 20cc	Y	N		
k=needles				
(i) 20G	Y	N		
(ii) 22G	Y	N		
(iii) 23G	Y	N		
(iv) BCG	Y	N		
l=jelcos				
(i) 20G	Y	N		
(ii) 22G	Y	N		
(iii) 24G	Y	N		
m= (i) ORT CORNER	Y	N		
(ii) 1 liter container	Y	N		
(iii) cups	Y	N		
(iv) tablespoons or teaspoons	Y	N		
(v) sachets of ORS	Y	N		
n=nasogastric tube				
(i) 6F	Y	N		
(ii) 8F	Y	N		
(iii) 10F	Y	N		
(iv) 12F	Y	N		
o=peak flow meter	Y	N	Y	N
p=nebulizer	Y	N	Y	N
q=phototherapy	Y	N	Y	N
r=overhead heater	Y	N	Y	N
s=paediatric resuscitation mask	Y	N	Y	N
t=Laerdel bag (paediatric)	Y	N	Y	N
u=Height chart	Y	N	Y	N
v=Measuring board	Y	N	Y	N
W=Measuring tape	Y	N	Y	N

THE REFRIGERATOR		
103. Is the refrigerator in working order	Y	N
104. Are vaccines correctly stored and packed in the refrigerator	Y	N
105. Are there any expired vaccines	Y	N
106. Is the thermometer in working order	Y	N
107. Are refrigerator temperatures recorded daily on the charts	Y	N
108. Has any of the DPT or TT vaccine in the refrigerator been frozen (use the shake test)	Y	N

Appendix D

Clinic code :

CLINIC PERSONNEL

109. How many staff is working in the health facility?
Doctors =___ Professional nurses=___ Staff nurse =___ Enrolled nurse =___
Enrolled nursing assistant=___ Community health worker =___ Clerks=___
Other =___

110. How many attend to both adults and children?___

111. How many attend to adults only?___

112. How many attend to children only? ___

TRAINING AND SUPPORT

113. How many are primary health care trained? ___

114. How many doctors are IMCI trained? ___

115. How many PNs are IMCI trained? ___

116. In 2004, how many new staff members joined the clinic? ___

117. In 2004, how many staff members left the clinic? ___

118. Are the following protocols or guidelines

	Available	Accessible in consulting rooms		
a. SB –primary clinical care manual	Y	N	Y	N
b. Standard treatment guidelines and essential drug lists	Y	N	Y	N
c. IMCI chart booklets	Y	N	Y	N
d. Policy guidelines for growth monitoring and promotion	Y	N	Y	N
e. Management of HIV infection in children. Guidelines for clinics and hospitals	Y	N	Y	N
f. National antiretroviral HIV guidelines	Y	N	Y	N
g. Handouts for vitamin A training and protocol	Y	N	Y	N
h. National tuberculosis control programme guidelines	Y	N	Y	N

HEALTH PROMOTION AND EDUCATION

119. Are the following available:

	For health professionals	For public	Detail
a. Posters			
b. Videos			
c. Flyers			
d. Other			

120. What child-related in-service activities have taken place at the clinics in the past 6 months:
a. At the clinic?
b. Elsewhere?

Appendix E

Clinic code :

RECORDS AND REGISTERS			
121. What was the under 5 year headcount for last month? ___			
122. What was the over 5 year headcount for last month? ___			
123. How many new cases of < 5 years old with dehydration were seen last month? ___			
124. How many new cases of < 5 years old with no dehydration were seen last month? ___			
125. How many new cases of pneumonia of < 5 years old were seen last month? ___			
126. How many children < 5 years old were underweight for age last month? ___			
127. How many children < 5 years old were not gaining weight last month? ___			
128. How many children < 5 years old were severely malnourished? ___			
129. How many infants between 6 -11 months of age received vitamin A last month? ___			
130. How many infants between 12-60 months of age received vitamin A last month? ___			
131. How many home visits were done last month? ___			
TRANSPORT			
132. How are extremely sick children transported to referral centers?	1=by the parents, themselves 2=ambulance 3= clinic car or bus 4=other		
133. Where is the ambulance based? _____(km)			
134. How long on average does it take for the vehicle to respond? Min_____ Max____			
135. How close is your referral center? _____km			
136. How many sick children do you transfer per month?			
137. Is there transport for routine referrals to referral centers?		Y	N
138. If yes, how?			
139. How do you communicate with the referral center?	1= telephone 2= transfer or referral note 3= discharge summary or notes		

Appendix E

ESSENTIAL DRUGS		
140. Availability of adequate essential drugs		
DRUGS	**Stocks present today**	**Number of days O/S last month**
a=amoxicillin		
b=oral penicillin		
c=erythromycin		
d=cloxacillin syrup		
e=cotrimoxazole		
f=paracetamol syrup		
g=nalidixic acid		
h=oral rehydration solution (ORS)		
i=albendazole/mebendazole		
j= vitamin A (i) 50000U (ii) 100000U (iii) 200000U		
k=iron supplements		
l=salbutamol		
m=prednisone		
n=adrenaline		
o=diazepam ampoules		
p=phenobarbitone syrup		
q=ceftriaxone		
r=chloramphenicol eye ointment		
s=tine test		
t=PPD		
u= benzyl benzoate 25% lotion		
v=monosulfiram 5% medicated soap		
w=nystatin suspension		
x=sterile water for injection		
y=IVI fluids for severe dehydration		
z=measles vaccine		