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Assessment of the quality of IMCI implementation in four districts in Zimababwe

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Appendix 4

	All Eligible Health Facilities, HFS, Zimbabwe 2007			
Province	**District**	**HF Nr**	**Health Facility**	**H F Type**
Manicaland	**Chipinge**	1	Chikore Mission	H
		2	Chipinge District	H
		3	Mt Selinda	H
		4	St Peters	H
		5	Chinyamukwakwa	R
		6	Chipangayi	R
		7	Chiriga	R
		8	Hakwata	R
		9	Kopera	R
		10	Mahenye	R
		11	Maparadze	R
		12	Musirizwi	R
		13	Chibuwe	R
		14	Paidamoyo	R
		15	Rimbi	R
		16	Southdowns	R
		17	Tamandai	R
		18	Tanganda	R
		19	Tuzuka	R
		20	Zamchiya	R
	Nyanga	21	Elim	H
		22	Nyanga District	H
		23	Regina	H
		24	Nyarumvurwe	R
		25	Sabvure	R
		26	Spring Valley	R
		27	Gotekote	R
		28	Nyautare	R
		29	Ruchera	R
		30	Gairezi	R
		31	Nyatate	R
		32	Nyamombe	R
		33	Nyamaropa	R
		34	Chiwarira	R
		35	Tombo	R
Mashonaland East	**Mudzi**	36	Kotwa	H
		37	Kondo	R
		38	Chikwizo	R
		39	Chiunye	R
		40	Dendera	R

Province	District	HF Nr	Health Facility	H F Type
		41	Kapotesa	R
		42	Makaha	R
		43	Masarakufa	R
		45	Nyamanyora	R
		46	Nyamatawa	R
		47	Suskwe	R
	Mutoko	48	Mutoko District	H
		49	Nyadire Mission	H
		50	Nyamuzuwe	H
		51	Charewa	R
		52	Chindenga	R
		53	Kapondoro	R
		54	Kawazva	R
		55	Kushinga	R
		56	Makosa	R
		57	Mushimbo	R
		58	Nzira	R
	UMP	59	Mutawatawa	H
		60	Chipfunde	R
		61	Chitsungo	R
		62	Dindi	R
		63	Manyika	R
		64	Marembera	R
		65	Muskwe	R
		66	Nyakasoro	R
		67	Nyanzou	R
		68	Sowa	R
Mashonaland West	**Chegutu**	69	Chegutu District	H
		70	Norton	H
		71	Mhondoro	H
		72	Chegutu Rural	R
		73	Chinengundu	R
		74	Chivero	R
		75	Katanga Utano	R
		76	Monera	R
		77	Musengezi	R
		78	Pfupajena	R
		79	Rwizi	R
		80	Sandringham	R
		81	Selous	R
		82	Watyoka	R
	Hurungwe	83	Hurungwe Rural	H
		84	Karoi District	H
		85	Mwami	H
		86	Chikangwe	R
		87	Chinhere	R

Province	District	HF Nr	Health Facility	H F Type
		88	Chirundu	R
		89	Chivende	R
		90	Chundu	R
		91	Helwyn	R
		92	Kapfunde	R
		93	Karuru	R
		94	Kazangarare	R
		95	Lanlory	R
		96	Lynx Mine	R
		97	Masanga	R
		98	Mashongwe	R
		99	Nyamakate	R
		100	Nyamhunga	R
		101	Tengwe	R
		102	Zvipani	R
Mashonaland Central	**Mount Darwin**	103	Karanda Mission	H
		104	Mt Darwin District	H
		105	Chawanda	R
		106	Dotito	R
		107	Kaitano	R
		108	Kamutsenzere	R
		109	Mukumbura	R
		110	Mutungagore	R
		111	Nembire	R
		112	Pachanza	R
		113	Tsakare	R
Masvingo	**Zaka**	114	Ndanga	H
		115	Bota	R
		116	Jichidza	R
		117	Nemauku	R
		118	Siyawareva	R
		119	Svuure	R
		120	Zinguwo	R
Midrand	**Gokwe**	121	Chireya Mission	H
		122	Mutora Mission	H
		123	Musadzi	R
		124	Nora	R
		125	Tsungai	R
		126	Kadzidirire	R
		127	Rubatsiro	R
		128	Kwirirano	R
		129	Zhomba	R
		130	Kahobo	R

Province	District	HF Nr	Health Facility	H F Type
		131	Gumungu	R
		132	Mashane	R
		133	Vhumba	R
		134	Madzivazrido	R
		135	Goredema	R
Matebelelan d North	Hwange	136	Lukunguni	H
		137	Victoria Falls	H
		138	Chinotimba	R
		139	Dete	R
		140	Hwange Safari	R
		141	Jambezi	R
		142	Kamativi	R
		143	Lukosi	R
		145	Lupote	R
		146	Mwemba	R
Matebelelan d South	Gwanda	147	Manama	H
		148	Matshambezi	H
		149	Buvuma	R
		150	Gungwe	R
		151	Kafusi	R
		152	Magwe	R
		153	Mashaba	R
		154	Mzimuni	R
		155	Nhwali	R
		156	Ntalape	R
		157	Phakama	R
		158	Prison	R
		159	Selonga	R
		160	Sendezane	R
		161	Simbumbumbu	R
		162	Stainmore	R
		163	ZNFP	R
		164	ZRP	R
	Mangwe	165	Plumtree	H
		166	St Annes Brunapes	H
		167	Dingumuzi	R
		168	Ingwizi	R
		169	Madabe	R
		170	Mambale	R
		171	Sanzukwi	R

Appendix 5

	All Health Facilities in the four randomly selected districts, Zimbabwe 2007			
Province	**District**	**HF Nr**	**Health Facility**	**H F Type**
Manicaland	**Chipinge**	1	Chikore Mission	H
		2	Chipinge District	H
		3	Mt Selinda	H
		4	St Peters	H
		5	Chinyamukwakwa	R
		6	Chipangayi	R
		7	Chiriga	R
		8	Hakwata	R
		9	Kopera	R
		10	Mahenye	R
		11	Maparadze	R
		12	Musirizwi	R
		13	Chibuwe	R
		14	Paidamoyo	R
		15	Rimbi	R
		16	Southdowns	R
		17	Tamandai	R
		18	Tanganda	R
		19	Tuzuka	R
		20	Zamchiya	R
Mash East	**Mutoko**	21	Mutoko District	H
		22	Nyadire Mission	H
		23	Nyamuzuwe	H
		24	Charewa	R
		25	Chindenga	R
		26	Kapondoro	R
		27	Kawazva	R
		28	Kushinga	R
		29	Makosa	R
		30	Mushimbo	R
		31	Nzira	R
Mash West	**Hurungwe**	32	Hurungwe Rural	H
		33	Karoi District	H
		34	Mwami	H
		35	Chikangwe	R
		36	Chinhere	R
		37	Chirundu	R
		38	Chivende	R
		39	Chundu	R

		40	Helwyn	R
		41	Kapfunde	R
		42	Karuru	R
		43	Kazangarare	R
		44	Lanlory	R
		45	Lynx Mine	R
		46	Masanga	R
		47	Mashongwe	R
		48	Nyamakate	R
		49	Nyamhunga	R
		50	Tengwe	R
		51	Zvipani	R
Matebeleland North	**Hwange**	52	Lukunguni	H
		53	Victoria Falls	H
		54	Chinotimba	R
		55	Dete	R
		56	Hwange Safari	R
		57	Jambezi	R
		58	Kamativi	R
		59	Lukosi	R
		60	Lupote	R
		61	Mwemba	R

Appendix 6

HFS, Zimbabwe, Final Sample of 35 Randomly Selected Health Facilities				
Province	**District**	**Health Facility**	**HF Code**	**H F Type**
Manicaland	**Chipinge**	Chipinge District	02	H
		Paidamoyo	10	HC
		Southdowns	12	HC
		Tamandai	13	HC
		Chipangayi	01	HC
		Mt Selinda	04	H
		Musilizwi	09	HC
		Chibuwe	07	HC
		Chiriga	27	HC
		Chikore	14	H
		St Peters	06	H
		Maparadze	05	HC
		Mahenye	08	HC
		Hakwata	03	HC
		Rimbi	11	HC
Mashonaland West	**Hurungwe**	Chikangwe	20	HC
		Hurungwe Rural	21	H
		Nyamhunga	29	HC
		Zvipani	30	HC
		Kapfunde	22	HC
		Kazangarare	23	H
		Mwami	26	HC
		Chundu	25	HC
		Nyamakate	28	HC
		Helwyn	24	HC
Mashonaland West	**Mutoko**	Nyadire	16	H
		Charewa	15	HC
		Mushimbo	19	HC
		Mutoko District	17	H
		Kushinga	18	HC
Mathebeleland North	**Hwange**	Dete	31	HC
		Lukosi	34	HC
		Mwemba	35	HC
		Jambezi	33	HC

Appendix 7

IMCI Health Facility Survey
Supervisors and Surveyors Training Workshop

31st July to 4th August 2007

Harare, Zimbabwe
Workshop Agenda

Day 1 – 31/07/2007

Timing	Facilitator	Presentations	Presenter
08.30am – 10.00am		Registration	
		Administrative announcements	
10am – 10.40am	**T E A**		
11.00am – 11.30am		Introduction to the survey	
11.30am – 11.45am		Training objectives and agenda	
11.45 – 12.00pm		Survey protocol and techniques	
12.00pm – 12.15pm		Organization of survey teams	
12.15pm – 01.00pm		Discussion	
01.00pm – 02.00pm	**L U N C H**		
02.00pm – 03.30pm		Introduction of Chapter 4 and Annex B of the manual	
		Instrument 1: Observation checklist – sick child • Review • Role play instrument 1	
03.30pm-04.00pm	**T E A**		
04.00pm-05.00pm		Instrument 2: Exit interview – sick child • Review • Role play instrument 2	

Day 2 – 01/08/2007

Timing	Activity	Presenter
08.30am – 09.00am	Re-cap	
09.00am – 10.00am	Instrument 2: Exit interview – sick child (cont) • Review • Role play instrument 2	
10.00am – 10.30am	**T E A**	
10.30am – 11.30am	Debriefing on health facility visit (instruments 1 and 2)	
11.30am – 12.30pm	Role play instruments 1 and 2	
12.30 pm-1.00pm	Consent Forms - review Enrolment form – review	
01.00pm – 02.00pm	**L U N C H**	
02.00pm – 03.00pm	Instrument 3: Sick child recording form: Re-examination of sick children	
03.00pm – 04.00pm	Instrument 4: Equipment and supplies checklist • Review • Role play instrument 4	
04.00pm	**T E A**	
04.00pm-05.00pm	Introduction to practice at health facility	

Day 3 – 02/08/2007

08.30am – 09.00am	Re-cap	
09.00am – 11.00am	Health facility visit: Practice instruments 1, 2, 3, and 4	
11.00am – 11.30am	**T E A**	
11.00am- 1pm	Debriefing on health facility visit (instruments 1, 2, 3, and 4)	
01.00pm – 02.00pm	**L U N C H**	
02.00pm –3.30pm	Team identification for field survey	
03.30pm-04.00pm	**T E A**	
04.00pm-05.00pm	Role play in small groups	

Day 4 – 03/08/2007

Timing	Activity	Presenter
08.30am – 09.00am	Recap	
09.00am – 11.00am	Health facility visit: Practice instruments 1, 2, 3, and 4	
11.00am-11.30am	**T E A**	
11.30am- 1.00pm	Debriefing on health facility visit	
01.00pm – 02.00pm	**L U N C H**	
02.00pm – 04.00pm	Role play in small groups – reliability check	
04.00pm	**T E A**	

Day 5 – 04/08/2007

Timing	Activity	Presenter
08.30am – 9am	Recap	
9am -10.30am	General review • Rules • Open questions	
10.30am-11am	**T E A**	
11.0am-12 noon	Role play in small groups – reliability check	
12 noon –1.00pm	Survey team meetings Team supervisors meeting	
01.00pm – 02.00pm	**L U N C H**	
2.00pm-3pm	Trainer debriefing	
3pm- 4pm	Closing remarks	

Appendix 8

HFS Training of Supervisors and Surveyors, 31 July to 4 August 2007
Harare, Zimbabwe

Evaluation of the Training

1. The objectives of this training were to prepare you

   A. Perform all survey tasks, including using the survey instruments, managing survey activities at a health facility, and identifying solutions to problems;

   B. Establish rules with other surveyors on how to interpret questions or words in the survey questionnaires;

   C. Reach agreement and consistency with other surveyors in following the survey procedures, and completing the survey forms (inter and intra-surveyor reliability).

   To what degree have these objectives been achieved? Please circle the comment of your choice.

   Not at all Somewhat Satisfactorily Well Very well

2. Please circle the comment that best describes your confidence in conducting the IMCI Health Facility Survey

   ☐ I feel confidant that I can perform a health facility survey

   ☐ I do not feel confidant in my ability to perform a health facility survey

3. What do you think of the materials used in this training? Please circle the comment of your choice.

   Irrelevant Somewhat useful Good Very good Excellent

4. What do you think of the methods used in this training? (Presentation/discussion/writing/individual feedback/health facility pre-test)

   Not effective Somewhat effective Good Very good Excellent

5. What do you think of the facilitation of this workshop?

   Not effective Somewhat effective Good Very good Excellent

6. Do you have any suggestions / recommendations on ways in which future HFS training workshops could be improved?

Appendix 9

Allocation of Survey Supervisors & Surveyors

Name of Supervisor & IDs	Surveyors Names & IDs	Health facilities to be visited	HF Code	HF Type	District
01 E. Tshuma	08 E. Nzima	Dete	31	HC	**Hwange**
	09 W. Mushongahande	Lukosi	34	HC	
		Mwemba	35	HC	
		Jambezi	33	HC	
		Victoria Falls	32	H	
02 R. Gerede	10 F. Gwarazimba	Nyadire	16	H	**Mutoko**
	11 M. Jembere	Charewa	15	HC	
		Mushimbo	19	HC	
		Mutoko District	17	H	
		Kushinga	18	HC	
03 P. Marape	12 F. Banda	Chikangwe	20	HC	**Hurungwe**
	13 F. Kanyanda	Hurungwe Rural	21	H	
		Nyamhunga	29	HC	
		Zvipani	30	HC	
		Kapfunde	22	HC	
04 C. Bakasa	14 I. Kutadzaushe	Kazangarare	23	H	**Hurungwe**
	15 T.G. Gumiso	Mwami	26	HC	
		Chundu	25	HC	
		Nyamakate	28	HC	
		Helwyn	24	HC	
05 A. Thuso	16 S. Mkundu	Chipinge District	02	H	**Chipinge**
	17 J. Nzuma	Paidamoyo	10	HC	
		Southdowns	12	HC	
		Tamandai	13	HC	
		Chipangayi	01	HC	
06 MN. Guwira	18 B. Dube	Mt Selinda	04	H	**Chipinge**
	19 B. Muhlwa	Musilizwi	09	HC	
		Chibuwe	07	HC	
		Chiriga	27	HC	
		Chikore	14	H	
07 C. Mhike	20 B. Ncube	St Peters	06	H	**Chipinge**
	21 D. Felemenga	Maparadze	05	HC	
		Mahenye	08	HC	
		Hakwata	03	HC	
		Rimbi	11	HC	

Appendix 10

Survey Schedule of Teams

Team 1- Mathebeleland North - Hwange District

Name	Responsibility	Cellphone No.
Tshuma	Supervisor	912476925
Nzima	Surveyor	912376684
Moshangahande	Surveyor	0912837775

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
0	5/8/2007				**Dinde**
1	6/8/2007	31	Dete	HC	Dinde
2	7/8/2007	34	Lukosi	HC	Chimuniko
3	8/8/2007	35	Mwemba	HC	Chimuniko
4	9/8/2007	33	Jambezi	HC	Jambezi
5	10/8/2007	32	Victoria Falls	H	Vic Falls
6	11/8/2007				
7	12/8/2007				

Team 2- Mashonaland East - Mutoko District

Name	Responsibility	Cellphone No.
Gerede	Supervisor	
Gwarazimba	Surveyor	
Jembere	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
0	5/8/2007				
1	6/8/2007	16	Nyadire	H	
2	7/8/2007	15	Charewa	HC	
3	8/8/2007	19	Mushimbo	HC	
4	9/8/2007	17	Mutoko District	H	
5	10/8/2007	18	Kushinga	HC	
6	11/8/2007				
7	12/8/2007				

Team 3 - Mashonaland West - Hurungwe District

Name	Responsibility	Cellphone No.
Bakasa	Supervisor	
Tazaushe	Surveyor	
Gumiso	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
0	5/8/2007				
1	6/8/2007	20	Chikangwe	HC	
2	7/8/2007	21	Hurungwe Rural	H	
3	8/8/2007	29	Nyamhunga	HC	
4	9/8/2007	30	Zvipani	HC	
5	10/8/2007	22	Kapfunde	HC	
6	11/8/2007				
7	12/8/2007				

Team 4 - Mashonaland West - Hurungwe District

Name	Responsibility	Cellphone No.
Marape	Supervisor	
Banda	Surveyor	
Kanyanda	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
0	5/8/2007				
1	6/8/2007	23	Mwami	H	
2	7/8/2007	26	Kazangarare	HC	
4	9/8/2007	25	Chundu	HC	
5	10/8/2007	28	Nyamakate	HC	
6	11/8/2007	24	Helwyn	HC	
7	12/8/2007				

Team 5 - Manicaland - Chipinge District

Name	Responsibility	Cellphone No.
Thuso	Supervisor	
Mkundu	Surveyor	
Nzuma	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
0	5/8/2007				
1	6/8/2007	02	Chipinge District	H	
2	7/8/2007	10	Paidamoyo	HC	
3	8/8/2007	12	Southdowns	HC	
4	9/8/2007	13	Tamadai	HC	
5	10/8/2007	01	Chipangayi	HC	
6	11/8/2007				
7	12/8/2007				

Team 6 - Manicaland - Chipinge District

Name	Responsibility	Cellphone No.
Guvira	Supervisor	
Dube	Surveyor	
Muhlwa	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
1	6/8/2007	04	Mt Selinda	H	
2	7/8/2007	09	Musirizwi	HC	
3	8/8/2007	07	Chibuwe	HC	
4	9/8/2007	11	Rimbi	HC	
5	10/8/2007	14	Tuzuka	HC	
6	11/8/2007				
7	12/8/2007				

Team 7 - Manicaland - Chipinge District

Name	Responsibility	Cellphone No.
Mhike	Supervisor	
Ncube	Surveyor	
Felemenga	Surveyor	

Survey Schedule

Day	Date	Health Facility			Overnight
		Code	Name	Type	
1	6/8/2007	06	St Peters	H	
2	7/8/2007	05	Maparadze	HC	
3	8/8/2007	08	Mahenye	HC	
4	9/8/2007	03	Hakwata	HC	
5	10/8/2007				
6	11/8/2007				
7	12/8/2007				

Appendix 11

Data entry and Analysis Team

Name	Designation	Address
Priscilla Chirisa	Health Information Assistant, Ministry of Health and Child Welfare	Cell:011724459/731524 Email:pchirisa@yahoo.com
Sharai Mutuda	Health Information Assistant, Ministry of Health and Child Welfare	Cell:912952091 Email:lsmutudah@yahoo.com
Wonder Sithole	Health Information Officer, Ministry of Health and Child Welfare	Cell:023405681 Email:sitholewonder@yahoo.co.uk
Rutendo Munharira	Health Information Assistant, Ministry of Health and Child Welfare	Cell:11507929/726531 Email:chikumbinker@yahoo.com
Brine Masvikeni	Health Information Officer, Ministry of Health and Child Welfare	Cell:0912765834 Email: brine masvikeni@yahoo.co.uk
Reggis Katsande	Data manager WHO/AFRO	Cell:011865559 Email:katsander@zw.afro.who.int

Appendix 12

HFS, Zimbabwe, Aug 2007, Pictures from the field



Training of supervisors & surveyors, Harare, July 2007



Some of the vehicles used for the survey, August 2007



Training of supervisors & surveyors, Harare, July 2007



Mother and child, Mutoko District Hospital August, 2007



Mother and child, Mutoko District Hospital August, 2007



Mother and child, Mutoko District Hospital August, 2007

HFS, Zimbabwe, Aug 2007, Pictures from the field cont.





Completed forms protected in plastic envelops, HFS, August 2007



Data entry and analysis team, WHO office, August, 2007



Data entry and analysis equipments, WHO office, August, 2007





Data entry and analysis, WHO office, August, 2007

Appendix 13

Indicators Measured During the Health Facility Survey

Priority Indicators	Definition
Priority Indicator 1: Children checked for three danger signs	*Proportion of children checked for three general danger signs*
Priority Indicator 2: Child checked for the presence of cough, diarrhea and fever	*Proportion of children checked for the presence of cough, diarrhea and fever.*
Priority Indicator 3: Child weight checked against a growth chart.	*Proportion of children who have been weighed the same day and have their weight checked against a recommended growth chart.*
Priority Indicator 4: Child vaccination status checked	*Proportion of children who have their vaccination status checked*
Priority Indicator 5: Index of integrated assessment	*Arithmetic mean of 10 assessment tasks performed for each child (10 tasks are: check for three danger signs, check for the three main symptoms, child weighted and weight checked against a growth chart, check for palmar pallor and check for vaccination)*
Priority Indicator 6: Child under two years of age assessed for feeding practices	*Proportion of children under two years of age whose caretakers are asked about breastfeeding, complementary foods, and feeding practices during this episode of illness*
Priority Indicator 7: Child needing an oral antibiotic and / or an oral antimalarial is prescribed the drug correctly.	*Proportion of children who do not need urgent referral, who need an oral antibiotic and/or antimalarial who are prescribed the drug correctly.*
Priority Indicator 8: Child not needing antibiotic leave the facility without antibiotic	*Proportion of children, who do not need urgent referral and who do not need antibiotic for one or more IMCI classifications, who leave the facility without having received or having been prescribed antibiotic.*
Priority Indicator 9: Caretaker of sick child is advised to give extra fluids and continue feeding.	*Proportion of sick children whose caretakers are advised to give extra fluids and continue feeding.*
Priority Indicator 10: Child needing vaccinations leaves the facility with all needed vaccinations.	*Proportion of sick children needing vaccinations (based on vaccination card of history) who leave the health facility will all needed vaccinations.*
Priority Indicator 11: Caretaker of child who is prescribed ORS, and/or an oral antibiotic and/or an oral antimalarial knows how to give the treatment	*Proportion of children prescribed ORS, and/or oral antibiotic and/ or and/or an oral antimalarial whose caretaker can describe correctly how to give the treatment.*
Priority Indicator 12: Child needing referral is referred	*Proportion of children , needing referral who are referred by the health worker to a higher level of the health system*
Priority Indicator 13: Health facility received at least one supervisory visit that included observation of case management during the previous six months	*Proportion of health facilities that received at least one visit of routine supervision that included the observation of case management during the previous six months*
Priority Indicator 14: Index of availability of essential oral treatments	*Essential oral during for home treatment of sick children present at the facility the day of visit*
Priority Indicator 15: Index of availability of injectable drugs for pre-referral treatment	*Injectable antibiotics and antimalarials for pre-referral treatment of severely ill children and young infants present at the facility on the day of visit*
Priority Indicator 16: Health facility has the equipment and supplies to support full vaccination services	*Proportion of health facilities that have the equipment and supplies to provide full vaccination services on the day of survey.*
Priority Indicator 17: Index of availability of four vaccines.	*Mean of four recommended antigens available at each facility the day of visit.*
Priority Indicator 18: Health facilities with at least 60% of workers managing children trained IMCI	*Proportion of health facilities with at least 60% of health workers managing children trained in IMCI*

Supplemental Indicators	**Definition**
Supplemental Indicator 1: Child checked for other problems	*Proportion of children brought to the facility for" other problems" who were checked for this "other problem"*
Supplemental Indicator 2: All child main symptoms identified	*Proportion of children with one or more main symptoms for whom all symptoms were identified.*
Supplemental Indicator 3: Child with very low weight is assessed for feeding problems	*Proportion of sick children with very low weight who are assessed for feeding problems.*
Supplemental Indicator 4: Child with very low weight is correctly classified.	*Proportion of children with very low weight who are correctly classified*
Supplemental Indicator 5: Child is correctly classified	*Proportion of children whose classifications given by the health worker match all classifications given by an IMCI trained surveyor.*
Supplemental Indicator 6: Child with pneumonia correctly	*Proportion of children with pneumonia who are prescribed antibiotic treatment correctly.*
Supplemental Indicator 7: Child with dehydration treated correctly	*Proportion of children with diarrhea and some dehydration who receive ORS at the facility.*
Supplemental Indicator 8: Child with malaria correctly treated	*Proportion of children with malaria who are prescribed antimalarial treatment correctly.*
Supplemental Indicator 9: Child with malaria correctly treated.	*Proportion of children with anemia who are prescribed treatment correctly.*
Supplemental Indicator 10: Child receives first dose of treatment at facility.	*Proportion of children who do not need urgent referral, who need an antibiotic and/or an antimalarial who receive the correct first dose at the facility*
Supplemental Indicator 11: Child checked for lethargy	*Proportion of children not visibly awake who are checked for lethargy.*
Supplemental Indicator 12: Child with severe illness correctly treated.	*Proportion of children with severe classification needing urgent referral who received correct treatment and referral.*
Supplemental Indicator 13: Child prescribed oral medication whose caretaker is advised on how to administer the treatment.	*Proportion of children, who do not need urgent referral, who receive or were prescribed an antibiotic and/or an antimalarial and/or ORS who received at least two treatment counseling messages.*
Supplemental Indicator 14: Sick child whose caretaker is advised on when to return immediately.	*Proportion of sick children whose caretakers received at least three counseling messages on when to return immediately.*
Supplemental Indicator 15: Child with very low weight whose caretaker received correct counselling .	*Proportion of children with very low weight whose caretakers are provided with age-appropriate feeding messages.*
Supplemental Indicator 16: Child leaving the facility whose caretaker was shown or given a mother's card	*Proportion of children not needing urgent referral whose caretakers have a mother's counseling card with them at departure, or report having been shown a mother's card by the health worker.*
Supplemental Indicator 17: Health facility has essential equipment and materials	*Proportion of health facilities that have all equipment and materials available on the day of survey.*
Supplemental Indicator 18: Health facility has IMCI chart booklet and mother's counseling cards.	*Proportion of health facilities that have IMCI chart booklet available for use by health workers and mother's counseling cards for use during mother's counseling and/or distribution on the day of survey.*

Appendix 14

Form 0

An informed consent statement to be read to the caretaker of sick child

Province: _____District: _____ Date: __/__/__

Facility Name _____Facility Code_____Facility type: Health center (1) Hospital (2)

Health worker: Name _____ Sex: (1)M (2) F

Type: (1) Doctor (2) CO (3) RGN (4) Midwife (5) SCN (6) PCN (7) Other _____

IMCI Trained: (1)Yes (2)No Year IMCI trained ___ : In-service (1) pre-service (2)

Read the following statement to the caretaker:

"Good day. I am _____ from the Ministry of Health and Child Welfare.

I am here with my colleagues to do a study about children with common illnesses, and how they are routinely assessed and treated in health facilities.

A member of our team would like to observe the consultation between your child and health worker. Following your consultation another member of our team would like to ask you some questions about your experience during the consultation and to have another look at the child.

There are no risks or direct benefits to you from participating in the study but your participation will contribute to improving health services in this and other facilities.

Your child will still be seen and treated if you choose to participate

Please be assured that the information will be confidential by using codes and you may choose to stop your participation at any time or refrain from answering any questions.

At this time, do you want to ask me anything about this study?

Do I have your agreement to participate? _____ (write YES or NO)

Form 00

Enrolment Card

Date:……..…../……..…./……..…. Facility Name:……..… Code ..…

Child's arrival time at the facility:…….…… Hours … Min…. Child's No:…

Child's Name…… Child's birthday……../……./ …..…. Age (Months):…

Child sex: (1) M (2) F

Form 1: observation [ ] Form 2: Caretaker interview [ ] Form 3: re-examination [ ]

Questionnaire # | …. | …. | …. | ….. |

HF code Child ID

Form 000

An informed consent statement to be read to the health worker

Province: _____District: _____ Date: __/__/__

Facility Name _____Facility Code___ Facility type: Health center (1) Hospital (2)

Health worker: Name _____ Sex: (1)M (2) F

Type: (1) Doctor (2) CO (3) RGN (4) Midwife (5) SCN (6) PCN (7) Other _____

IMCI Trained: (1)Yes (2)No Year IMCI trained _____ : In-service (1) pre service (2)

Read the following statement to the health worker:

"Good day. I am _____ from the Ministry of Health and Child Welfare.

I am here with my colleagues to do a study about children with common illnesses, and how they are

routinely assessed and treated in health facilities.

My colleagues and I would like to observe the case management of sick children. Please proceed as you usually do. Please be aware that we are not supervisors and that we are not here to judge you or your work. We will not be able to give any opinions, advice, or participate at all in the consultations. Please proceed as you usually do."

Please be assured that the information will be confidential by using codes and you may choose to stop your participation at any time.

At this time, do you want to ask me anything about this study?

Do I have your agreement to participate? _____ (write YES or NO)

Questionnaire No.___

Form 1. OBSERVATION CHECKLIST—CHILD (2 months-5 years)

Surveyor ID: _____

Province: _____District: _____ Date: __/__/__

Facility Name _____ Facility Code_____ Facility type: Health center (1) Hospital (2)

Health worker: Name _____ Sex: (1)M (2) F
Type: (1) Doctor (2) CO (3) RGN (4) Midwife (5) SCN (6) PCN (7) Other
IMCI Trained: (1)Yes (2)No Year IMCI trained _____ : In-service (1) pre-service (2)

Child: Name_____ ID: _____ Sex: (1)M (2) F Birth date: __/__/__ Age: ___ in months

Begin timing the observation now. Time:____ hours ____ min.
If consultation is interrupted note time at beginning of interruption: ____hours ____min
when resuming consultation: ____hours ____min

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

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. Other *specify* _____ (1) mentioned (2) not mentioned

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?

Yes
No
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 try to find out from 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
f. the child has ever been given injection against HBV? (1)Yes (2)No

A21. Does health worker ask about breastfeeding?
(1) Yes
(2) No
(8) Does not apply

A22. Does health worker ask whether the child takes any other foods/fluids?
(1) Yes
(2) No
(8) Does not apply

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

A24.1. Does health worker check for simptomatic HIV (child who has one of following conditions: pneumonia, persistent diarrhea, discharging ear, low weight or growth faltering) ?
(1) Yes
(2) No
(8) Does Not apply

A24.2 Does health worker ask about ear problems?
(1) Yes
(2) No

Questionnaire No.___

CLASSIFICATION MODULE

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

0 (1) Yes

(2) No ™ *Skip to Treatment Module*

Record all classifications given in the table below:

		Yes	No
C05.	One or more danger signs	1	2
C10.	Severe pneumonia/very severe disease	1	2
C11.	Pneumonia	1	2
C12.	No pneumonia: cough or cold	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 Low weight or growth faltering	1	2
C52.	No anaemia and not low weight	1	2
C60.	Suspected symptomatic HIV_____	1	2
C61.	Symptomatic HIV unlikely_____	1	2
C61.1.	Other (specify)_____	1	2
C61.2.	Other (specify)_____	1	2

To be completed by supervisor:

Based on the re-examination of the child (instrument 3A) circle surveyor classifications

105. One or more danger signs

110. Sev. Pneumonia/very sev. Disease

111. Pneumonia

112. No pneumonia: cough or cold

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 Low weight or growth faltering

152. No anaemia and not low weight

160. Other(specify)_____

161. Other(specify)_____

161.1. Suspected symptomatic HIV

161.1. Symptomatic HIV unlikely

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.

Questionnaire No.___

TREATMENT MODULE

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

0 (1) Yes
(2) No ™ *Skip to question # T3*

T2. If yes, record all injections given (administered or prescribed):

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

T3.a Does the health worker administer or prescribe SSS?

(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

T4.a.If yes health worker administer SSS 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 record time at the end of the questionnaire.*
- If no oral treatment is administered to the child before referral, record time 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. Cotrimoxazol tablets/syrup (1)Yes (2)No
b.1.Amoxicilin tablets/syrup (1)Yes (2)No
c. Recommended antimalarial tablets/syrup (1)Yes (2)No
d. Other antimalarial tablet/syrup, specify:_____ (1)Yes (2)No

e. Paracetamol	(1)Yes (2)No
e.1.Aspirin	(1)Yes (2)No
f. Recommended antibiotic tablets/syrup	(1)Yes (2)No
g. Other antibiotic tablets/syrup, specify:_____	(1)Yes (2)No
h. Vitamin A	(1)Yes (2)No
i. Multi-vitamins	(1)Yes (2)No
j. Other vitamins, specify:_____	(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. ORS	(1)Yes (2)No
o. SSS	(1)Yes (2)No
p. Others *specify*: _____	(1)Yes (2)No

T8. Does the oral treatment 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 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 hw 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:_____

Questionnaire No.___

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
d.	SSS	(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
d.	SSS	(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
d.	SSS	(1)Yes (2)No (8) NA

CM4. Does the health worker give or ask the caretaker 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

CM6.a. Does the health worker counsel the caretaker of symptomatic suspected HIV child ?

(1) Yes
(2) No
(8) Does not apply

CM7. Does the health worker explain the need to give more liquid or breast milk 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

CM9.a. If yes, how many times/24 hours did the health worker advice to feed/breastfeed?
……..times per 24 hours

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.	Child develops convulsions	(1) Yes (2) No
i.	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/case management guideline at any time during the management of the child?
(1) Yes
(2) No

CM13. Did the health worker check if the child slept under an ITN ?
(1) Yes
(2) No

Questionnaire No.___

FORM 1: SUPERVISOR CODING

	Information needed	Where to find data	Codes		
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)	(1) Yes	(2) No	(8) 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	(1) Yes	(2) No	(8) 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	(1) Yes	2) No	(8) 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	(1) Yes	(2) No	(8) NA *(child not referred)*

Questionnaire No.___

Form 2: EXIT INTERVIEW - CARETAKER OF CHILD (2 months - 5 years)

Surveyor ID: _____

District: _____ Date: __/__/__

Facility: Name _____ Facility Code_____ Facility type: Health center (1) Hospital (2)

Child: Name _____ ID: _____ Age: _____

Caretaker: Sex: (1)M (2) F Relationship to child: (1) biological mother
(2) father
(3) other relative, specify: _____
(9) Other: _____

Begin timing the interview now. Time:____ hours ____ min.

1. **What do you think of services for sick children at this facility?** *Prompt answer. If the caretaker does not answer, repeat the question prompting.*
   (1) Good as they are
   (2) Should improve What should improve_____
   _____

2. **How do you feel about the time you had to wait today before receiving attention for your child** *Prompt answers. If the caretaker does not answer, repeat the question prompting.*
   (1) Definitely too long
   (2) Long
   (3) Acceptable
   (4) Short

3. **Did the health worker give you or prescribe any oral medicines for <CHILD> at the health facility today?**
   (1) Yes .
   (2) No ™ skip to question # 16

If yes compare the caretaker's medication with the samples for identification of the oral medicines

4. Were antibiotics 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):

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 # 19.a*

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? _____

19.a. Was SSS prescribed or given?
(1) Yes
(2) No → *Skip to question # 20*

19.b How much water will you use to prepare SSS ? _____
19. b.1 How much sugar will you use to prepare SSS?
19. .b2 How much salt will you use to prepare SSS?

19.c When will you give SSS to <CHILD> each day? _____

19.d How much SSS 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

Questionnaire No.___

f. Child has blood in the stools	(1) Mentioned	(2) Not mentioned
g. Child is drinking poorly	(1) Mentioned	(2) Not mentioned
h. Convulsions	(1) Mentioned	(2) Not mentioned

i. Other (specify): _____
j. Other (specify): _____
k. Other (specify): _____

Questionnaire No.___

IF THE CARETAKER IS A WOMAN OF CHILD BEARING AGE (15-49 YEARS AGE) , ASK QUESTION 22:

22. Were you ever given an injection in the arm to prevent the baby from getting tetanus, that is convulsions after birth?

(1) Yes → 22.a. **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

24. Did the child sleep under an ITN last night ?

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

Record time of end of interview:___ hours ____ min.

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 or SSS 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.

Questionnaire No.___

FORM 3: 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 5, 6 and 7 (and if YES in 7b, also correct in 7c, d, and e)	(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)*
D	If SSS has been given or prescribed does the caretaker describe correctly how to give SSS?	YES in 16.a and caretaker's answers correct in 17.a1 and 17.a2, 18a, and 19a	(1) Yes	(2) No	(8) NA *(didn't receive SSS)*

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:_____

ASK: What are the child's problems?_____ Initial visit?__ Follow-up visit?__

ASSESS (Circle all signs present)

	CLASSIFY
CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS	General danger sign present? Yes___No___ **Remember to use danger sign when selecting classifications**
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes___ No___ For how long?____Days . Count the breaths in one minute. _____breaths per minute. Fast breathing? . Look for chest indrawing. . Look and listen for stridor.	
DOES THE CHILD HAVE DIARRHOEA? Yes___ No___ For how long?____Days Is there blood in the stool? . Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and irritable? . Look for sunken eyes. . Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? . Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?	
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5□C or above) Decide MALARIA risk: High Low Yes___ No___ For how long?____Days . Look or feel for stiff neck. If more than 7 days, has fever been present every day? . Look for runny nose Look for signs of MEASLES: Has child had measles within the last 3 months? . Generalized rash and . One of these: cough, runny nose or red eyes. **If the child has measles now or within the last 3 months:** . Look for mouth ulcers If Yes, are they deep and extensive? . Look for pus draining from the eye. . Look for clouding of the cornea.	
DOES THE CHILD HAVE AN EAR PROBLEM? Yes___ No___ Is there ear pain? . Look for pus draining from the ear. Is there ear discharge? . Feel for tender swelling behind the ear. If Yes, for how long?___Days	
THEN CHECK FOR MALNUTRITION AND ANAEMIA Look for visible severe wasting. . Look for palmar pallor Determine weight for age. Severe palmar pallor? Some palmar pallor? Very low_____ Not Very low_____ . Look for oedema of both feet.	
CHECK THE CHILD'S IMMUNIZATION STATUS based on the child immunization card or asking questions listed in Annex 1. Circle immunizations needed today. BCG DPT 1 DPT2 DPT 3 HBV 1 HBV 2 HBV 3 OPV 0 OPV 1 OPV 2 OPV 3 Measles Vitamin A	Return for next immunization on: _____ (Date)
ASSESS OTHER PROBLEMS:	

a. Did your child receive a vaccination today?

(1) Yes
(2) No

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

(1) Yes if yes, when?_____
(2) No

c. Is the child vaccination card available?

(1) Yes ***IF YES, SKIP TO QUESTION 6***
(2) No ***IF NO, ASK QUESTIONS 1 TO 5a. :***

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

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

2. INSPECT RIGHT 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 right thigh – to prevent him/her from getting tetanus, whooping cough, diptheria?

(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 left shoulder, at the age of 9 months or older – to prevent him/her from getting measles?

(1) Yes
(2) No
(8) Doesn't know
(9)

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

5.b Has <CHILD> ever been given "vaccination injections" –that is, an injection in the left thigh – to prevent him/her from getting hepatitis B?

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

Questionnaire No.___

SURVEYOR: BASED ON CARETAKER INTERVIEW AND ON YOUR RE-EXAMINATION OF THE CHILD, ANSWER THE FOLLOWING QUESTIONS:

6. Does the child still need a vaccination today?

(1) Yes
(2) No

SUPERVISOR COPY CLASSIFICATIONS IN APPROPRIATE BOX ON PAGE 4, FORM 1

Questionnaire No.___

Form 4. EQUIPMENT AND SUPPLY CHECKLIST

District: _____	Date: __ / __ / __
Facility Name:_____	Facility code ____ Facility Type: 1 2 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

Category	**No. assigned to facility**	**No. assigned to case management of children**	**No. managing children present today**	**No. managing children trained in IMCI**	**No. trained in IMCI on duty today**
Doctor					
Clinical officer					
RGN					
Midwife					
SCN					
PCN					
Others,(specify)					
Total					

Ask a health worker to show you around the facility. Look and verify 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 or timing device?	(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. Drug logbook (stock control book)	(1)Yes (2)No
g. Child vaccination cards	(1)Yes (2)No
h. Mothers' counseling cards?	(1)Yes (2)No
i. IMCI chart booklet?	(1)Yes (2)No
j. Supplies to mix SSS, (cups and spoons), bottle 750ml, sugar and salt	(1)Yes (2)No
k. Accessible means of transportation for patients requiring referral	(1)Yes (2)No
k.a. Stock cards	(1)Yes (2)No
l. Thermometers	(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 functioning microscope?

(1) yes,,,
(2) No..

E4. Does the facility have an EPI functioning fridge?

(1) Yes
(2) No

E5. Does the facility have ice packs and vaccine carriers?

(1) Yes
(2) No

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
f. HBV vaccine	(1)Yes (2)No
g. DT vaccine	(1)Yes (2)No

E7. Does the facility have GIEMSA stock?

(1) yes
(2) No

E8. Does the facility have blood Slides?

(1) yes
(2) No

E8.a. Does the facility have Rapid Diagnostic Tests for malaria?

(1) yes
(2) No

Questionnaire No.___

AVAILABILITY OF MEDICINES MODULE

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

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

a. ORS	(1)Yes	(2)No
b. Recommended antibiotic for pneumonia: Cotromoxazol__	(1)Yes	(2)No
c. Another antibiotic recommended for pneumonia: amoxicillin_	(1)Yes	(2)No
d. Recommended antibiotic for dysentery: Nalidixic ac_____	(1)Yes	(2)No
e. Another antibiotic recommended for dysentery: _____	(1)Yes	(2)No
f. Recommended antimalarial: Chloroquine +SP	(1)Yes	(2)No
g. Another recommended antimalarial:Oral quinine	(1)Yes	(2)No
h. Vitamin A	(1)Yes	(2)No
i. Iron and folate	(1)Yes	(2)No
j. Paracetamol	(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. SSS ingredients	(1)Yes	(2)No
o. Recommended IPT treatment:Sulphadoxine Pyrimetamine	(1)Yes	(2)No

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

a. kanamycin IM _____	(1)Yes	(2)No
b. Quinine IM	(1)Yes	(2)No
c. Benzylpenicillin IM	(1)Yes	(2)No
d. Oxytocin	(1)Yes	(2)No
e. Sterile water for injection	(1)Yes	(2)No
f. Recommended IV fluid for severe dehydration	(1)Yes	(2)No
g. Ergometrine	(1)Yes	(2)No
h. Diazepam injection	(1)Yes	(2)No

Questionnaire 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

S5. How many times during the last six months did the facility receive a supervisory visit? _____ times
if o 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) Doesn't know

S8. Where do you refer the severely-ill children?

(1) Hospital *Specify name:* _____
(2) Private doctor
(3) Other *Specify:* _____

S9. How long does it take for the patient to get to the referral center 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? _____

Questionnaire No.___

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 up to 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

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