

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">C</td> <td style="width: 20px; height: 20px; text-align: center;">O</td> </tr> </table>	S	C	O		
S	C	O				
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

2. Provider Information

<p><u>Provider Qualification Category:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>PROVIDER TYPE 1</td><td style="text-align: right;">01</td></tr> <tr><td>PROVIDER TYPE 2</td><td style="text-align: right;">02</td></tr> <tr><td>PROVIDER TYPE 3</td><td style="text-align: right;">03</td></tr> <tr><td>PROVIDER TYPE 4</td><td style="text-align: right;">04</td></tr> <tr><td>PROVIDER TYPE 5</td><td style="text-align: right;">05</td></tr> <tr><td>PROVIDER TYPE 6</td><td style="text-align: right;">06</td></tr> <tr><td>PROVIDER TYPE 7</td><td style="text-align: right;">07</td></tr> <tr><td>PROVIDER TYPE 8</td><td style="text-align: right;">08</td></tr> <tr><td>PROVIDER TYPE 9</td><td style="text-align: right;">09</td></tr> <tr><td>OTHER TYPE</td><td style="text-align: right;">96</td></tr> </table>	PROVIDER TYPE 1	01	PROVIDER TYPE 2	02	PROVIDER TYPE 3	03	PROVIDER TYPE 4	04	PROVIDER TYPE 5	05	PROVIDER TYPE 6	06	PROVIDER TYPE 7	07	PROVIDER TYPE 8	08	PROVIDER TYPE 9	09	OTHER TYPE	96	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
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SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																						

3. Information About Observation

Date:	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	2	0	2	
2	0	2			
Name of the observer: _____	OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG]
 We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

		2	0	2	
DAY		MONTH		YEAR	

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END
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READ TO CLIENT: Hello, I am _____. I am representing the [IMPLEMENTING ORG]
 We are conducting a study of health services in [COUNTRY]. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES 1 NO 2	→ END
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102	RECORD THE TIME THE OBSERVATION STARTED	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2	
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104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE 1 FEMALE 2	
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5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	
01	Mother's HIV status	A
02	TB disease in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y

PHYSICAL EXAMS

108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child's ear	J
11	Felt behind child's ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's immunization card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card	I
10	Asked if child received any de-worming medication in last 6 months	J
11	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B	
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C	
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D	
05	GAVE REFERRAL SLIP TO CARETAKER	E	
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F	
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G	
08	NONE OF THE ABOVE	Y	
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. 1 CHILD REFERRED TO PROVIDER, SAME FACILITY. 2 CHILD ADMITTED, SAME FACILITY. 3 CHILD SENT TO LAB. 4 CHILD REFERRED TO OTHER FACILITY. 5	

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. DIAGNOSIS

<p>ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.</p>		
DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201	DEHYDRATION	
	SEVERE DEHYDRATION. 1	
	MODERATE DEHYDRATION. 2	
	MILD DEHYDRATION. 3	
	NONE OF THE ABOVE / NO DEHYDRATION. 4	
202	RESPIRATORY SYSTEM	
	PNEUMONIA / BRONCHOPNEUMONIA A	
	BRONCHIAL SPASM / ASTHMA. B	
	UPPER RESPIRATORY INFECTION (URI) / ACUTE RESPIRATORY ILLNESS (ARI) C	
	RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN. D	
	COUGH, DIAGNOSIS UNCERTAIN. E NONE OF THE ABOVE. Y	
203	DIGESTIVE SYSTEM / INTESTINAL	
	ACCUTE WATERY DIARRHEA. A	
	DYSENTERY. B	
	AMEBIASIS. C	
	PERSISTENT DIARRHEA. D	
	OTHER DIGESTIVE / INTESTINAL (SPECIFY) _____ X NONE OF THE ABOVE. Y	
204	MALARIA	
	MALARIA (CLINICAL DIAGNOSIS) 1	
	MALARIA (BLOOD SMEAR) 2	
	MALARIA (RAPID DIAGNOSTIC TEST) 3	
	NONE OF THE ABOVE. 4	
205	FEVER/MEASLES	
	FEVER OF UNKNOWN ORIGIN. 1	
	MEASLES WITH NO COMPLICATIONS. 2	
	MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE). 3	
	TYPHOID FEVER. 4	
	URINARY TRACK INFECTION. 5	
	SEPTICEMIA. 6	
	MENINGITIS. 7 NONE OF THE ABOVE. 8	
206	EAR	
	MASTOIDITIS. A	
	ACUTE EAR INFECTION. B	
	CHRONIC EAR INFECTION. C	
	OTHER EAR INFECTION. X NONE OF THE ABOVE. Y	
207	THROAT	
	SORE THROAT/PHARYNGITIS. 1	
	OTHER THROAT DIAGNOSIS (SPECIFY) _____ 2 NONE OF THE ABOVE. 3	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABCESS.	A
	BACTERIAL CONJUNCTIVITIS.	B
	SKIN CONDITION.	C
	OTHER DIAGNOSIS (SPECIFY) _____	X
	NO OTHER DIAGNOSIS.	Y

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.			
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES. 1 NO. 2	→ 215
210	GENERAL TREATMENT		
01	BENZYL PENICILLIN INJECTION		A
02	OTHER ANTIBIOTIC INJECTION		B
03	OTHER INJECTION		C
04	CO-TRIMOXAZOLE TABLETS		D
05	CO-TRIMOXAZOLE SYRUP		E
06	AMOXICILLIN CAPSULES		F
07	AMOXICILLIN SYRUP		G
08	OTHER ANTIBIOTIC TABLET/SYRUP		H
09	PARACETAMOL		I
10	OTHER FEVER REDUCING MEDICINE		J
11	ZINC		K
12	VITAMINS (OTHER THAN VITAMIN A)		L
13	COUGH SYRUPS/OTHER MEDICATION		M
14	NONE OF THE ABOVE		Y
211	RESPIRATORY		
01	NEBULISER OR INHALER		A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)		B
03	ORAL BRONCHODILATOR		C
04	DRY EAR BY WICKING		D
05	NONE OF THE ABOVE		Y
212	MALARIA		
01	INJECTABLE QUININE		A
02	INJECTABLE ARTEMETHER / ARTESUNATE		B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)		C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE		D
05	ORAL ACT/AL (E.G., COARTEM)		E
06	ORAL ARTEMETER / ARTESUNATE		F
07	ORAL AMODIAQUINE		G
08	ORAL FANSIDAR (SP)		H
09	ORAL QUININE		I
10	OTHER ORAL ANTIMALARIAL		J
11	NONE OF THE ABOVE		Y

NO.	QUESTIONS / OBSERVATIONS	CODES
213	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	NONE OF THE ABOVE	Y
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW..... 8	
216	Did you vaccinate the child during this visit or or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. 01 YES, REFERRED 02 NOT DUE FOR VACCINATION..... 03 VACCINE NOT AVAILABLE..... 04 CHILD TOO SICK..... 05 NOT DAY FOR VACCINATION..... 06 DID NOT CHECK FOR VACCINATION..... 07 VACCINATION COMPLETED... 08	
217	RECORD THE TIME THE OBSERVATION ENDED.....	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

Observer's comments: