

# MEASURE Service Provision Assessment

## OBSERVATION OF CONSULTATION FOR SICK CHILD

Provider Information	
QTYPE OF _____	QTYPE .....OSC
Name of the facility _____	
Facility Location _____	
Governorate _____	GOV..... <input type="text"/> <input type="text"/>
District _____	DISTRICT ..... <input type="text"/> <input type="text"/>
Code of the facility .....	FACILITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Health Facility and Operating Authority	FACILITY TYPE ..... <input type="text"/> <input type="text"/>
Governmental:	AND OPERATING AUTHORITY
11 = General Hospital	
12=District Hospital	
13=Fever Hospital	
14= Complimentary	
21=MCH Center	
22=Rural health unit	
23=Urban health unit	
24=Health Office	
25=Mobile Unit	
26=Other	
Non-Governmental:	
31 =CSI	
32= EFPA	
33=other non-governmental	
Provider Information	
Provider category: 11=OB/GYN Physician ;12=Family Planning Physician; 13=Pediatrician; 14=Family physician; 15=Other physician specialist; 16=General Practitioner; 21=Nurse w/ midwifery; 22=Nurse; 23=Midwife; 24=Nurse asistant; 96=other (_____) (SPECIFY)	PROVIDER CATEGORY .... <input type="text"/> <input type="text"/>
Sex of Provider: (1= male; 2= female)	SEX OF PROVIDER..... <input type="text"/>
Code for Provider (should be the same as that used for the Provider Interview): _____	PROVIDER CODE ..... <input type="text"/> <input type="text"/>
Date: _____	DAY..... <input type="text"/> <input type="text"/>
	MONTH..... <input type="text"/> <input type="text"/>
	YEAR..... <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 4
Name of the interviewer _____	INTERVIEWER CODE..... <input type="text"/> <input type="text"/>
Time observation started: _____	HOUR..... <input type="text"/> <input type="text"/>
	MINUTES..... <input type="text"/> <input type="text"/>
Child Code _____	CHILD CODE..... <input type="text"/> <input type="text"/>

## Observation of Sick Child Consultation

	<p><b>READ TO PROVIDER:</b> Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this child in order to better understand how health care is provided in this country.</p> <p>This information is completely confidential. You may choose to stop the interview at any time. Do you have any questions for me? May I be present at this consultation?</p>		
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE	
100	PERMISSION RECEIVED FROM PROVIDER	YES..... 1 NO ..... 2	➔ STOP
	<p><b>READ TO CHILD'S CARETAKER:</b> Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this Provider in order to better understand how health care is provided.</p> <p>This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today.</p> <p>You may tell me to stop the interview at any time. Do you have any questions for me? May I be present at this consultation?</p>		
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE	
101	PERMISSION RECEIVED FROM CARETAKER?	YES..... 1 NO ..... 2	➔ STOP
102	SEX OF CHILD	MALE ..... 1 FEMALE ..... 2	
103	Visit type (THIS REFERS TO <u>THIS</u> SICKNESS)	FIRST VISIT ..... 1 FOLLOW-UP VISIT ..... 2	

## 1. Provider Interaction with Child and Caretaker

NO.	QUESTIONS	CODING CLASSIFICATION			
		YES	NO	UNSURE	NA
104	Does the Provider ask about or the Caretaker mention if the child has any of the following <b>major symptoms</b> ?				
	1) Cough or difficult breathing?	1	2	8	
	2) Diarrhea?	1	2	8	
	3) Fever or body hotness?	1	2	8	
	4) Ear pain or discharge?	1	2	8	
	5) Throat problems?	1	2	8	
	6) If the child is unable to drink or breastfeed at all?	1	2	8	
	7) If the child vomits everything?	1	2	8	
	8) If the child has had convulsions with this sickness?	1	2	8	
	9) Did the provider ask about any other problems?	1	2	8	
105	Does the Provider perform any of the following <b>physical examinations</b> ?				
	1) Take temperature using thermometer?	1	2	8	
	2) Feel the child for fever or body hotness?	1	2	8	
	3) Count respiration (breaths)?	1	2	8	
	4) Use stethoscope on chest or back?	1	2	8	
	5) Check skin turgor for dehydration (pinch abdominal skin)?	1	2	8	
	6) Check for pallor by looking at palms?	1	2	8	
	7) Check for pallor by looking at lower lip of mouth?	1	2	8	
	8) Check throat with tongue depressor, using no light?	1	2	8	
	9) Use light and tongue depressor, to check throat?	1	2	8	
	10) Look in ear and feel behind ear?	1	2	8	
	11) Press both feet (checking for edema)?	1	2	8	
	12) Remove or partially remove clothing and check arms and shoulders, thighs and buttocks for muscle/body status?	1	2	8	
	13) Weight the child? IF YES:	1	2→106	8→106	
	14) Plot weight on a growth chart?	1	2	8	5

NO.	QUESTIONS	CODING CLASSIFICATION			
106	Does the Provider ask about or perform other assessments of the child's health?				
	1) Offer the child something to drink or put the child to the breast? (TO VERIFY IF THE CHILD CAN DRINK OR NOT)	1	2	8	
	2) Ask about normal feeding practices when the child is not ill?	1	2	8	
	3) Ask about normal breast feeding practices when the child is not ill?	1	2	8	
	4) Ask about feeding/breast feeding practices for the child during this illness?	1	2	8	
	5) Mention the child's weight or growth to the caretaker, or discuss the growth chart with the caretaker?	1	2	8	
		YES	NO	UN-SURE	NA
	6) Look at the immunization card or ask caretaker about the vaccination history?	1	2	8	
	7) Tell the caretaker where and when to take the child for immunization?	1	2	8	
	8) Look at the child health card either before beginning the consultation or while collecting information from the caretaker or when examining the child? (THIS MAY BE THE VACCINATION CARD OR ANOTHER HEALTH CARD)	1	2	8	
107	Does the Provider <b>provide any of the following advice</b> when counseling the caretaker?				
	1) Counsel the caretaker about feeding and/or breast-feeding the child when not sick?	1	2	8	
	2) Give extra fluids to the child during this sickness?	1	2	8	
	3) Continue feeding the child during this sickness?	1	2	8	
	4) Tell the caretaker what illness(es) the child has?	1	2	8	
	5) Describe signs or symptoms in the child for which the caretaker should <u>immediately</u> bring the child back to the facility?	1	2	8	
108	Was the child referred to another provider (either inside or outside this facility), or for a laboratory test?	1	2	8	
			→110	→110	
109	IF YES: Did the provider explain why the referral was made?	1	2	8	
110	Were any oral <b>medications prescribed or provided</b> during the consultation? IF YES: DID A PROVIDER:	1	2	8	
			→111	→111	
	1) Explain how to administer oral treatment(s)?	1	2	8	5
	2) Ask the caretaker to repeat instructions on how to administer the oral medications?	1	2	8	5
	3) Give the first dose of any oral medicines?	1	2	8	5
	4) Was an oral antibiotic prescribed?	1	2	8	5
	5) Was the child given the first dose of the oral antibiotic by a provider?	1	2	8	5

NO.	QUESTIONS	CODING CLASSIFICATION	
111	Did the Provider use any visual aids when providing health education or counseling the caretaker about the child?	1      2      8	
112	Did the Provider write on the child health card?	YES ..... 1 NO ..... 2 NO CHILD HEALTH CARD USED ..... 3 DON'T KNOW ..... 8	
113	OUTCOME OF CONSULTATION	CHILD SENT HOME ..... 1 CHILD REFERRED TO LAB OR OTHER PROVIDER AT SAME FACILITY ..... 2 CHILD ADMITTED TO SAME FACILITY ..... 3 CHILD REFERRED TO OTHER FACILITY ..... 4 DON'T KNOW ..... 8	
114	Did the provider discuss a return appointment for when the child should be brought back for follow-up?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
115	RECORD TIME CONSULTATION ENDED.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	

## 2. Diagnosis and Classification and Treatment

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS. EXPLAIN THAT FOR ANY DIAGNOSIS OR SYMPTOM YOU WANT TO KNOW IF THE PROBLEM WAS SEVERE, MODERATE, OR MINOR. THEN ASK ABOUT THE TREATMENT PRESCRIBED OR PROVIDED.

201 DIAGNOSIS OR MAIN SYMPTOMS (IF NO DIAGNOSIS)		1 SEVERE	2 MODERATE	3 MINOR	4 NO	5 DID NOT ASK	8 UNSURE
RESPIRATORY SYSTEM	A) PNEMUONIA (PNEUMONIA)	1	2		4	5	8
	B) BRONCHO-PNEUMONIA	1	2		4	5	8
	C) BRONCHITIS	1	2	3	4	5	8
	D) COUGH OR COLD ONLY	1	2	3	4	5	8
	E) RESPIRATORY ILLNESS DIAGNOSIS UNCERTAIN	1	2	3	4	5	8
	F) COUGH, DIAGNOSIS UNCERTAIN	1	2	3	4	5	8
Digestive system	I) PERSISTENT DIARRHEA	1	2	3	4	5	8
	J) DIARRHEA	1	2	3	4	5	8
	K) DYSENTERY	1	2	3	4	5	8
	L) OTHER DIGESTIVE _____ (SPECIFY)	1	2	3	4	5	8
DEHYD RATION	M) DEHYADRATION	1	2	3	4	5	8
FEVER	N) FEVER	1	2	3	4	5	8
	O) PROBABLE BACTERIAL FEVER	1	2	3	4	5	8
	P) PROBABLE VIRAL FEVER	1	2	3	4	5	8
	Q) MEASLES	1	2	3	4	5	8
	R) MEASLES WITH EYE OR MOUTH COMPLICATIONS	1	2	3	4	5	8
EAR	S) MASTOIDITIS	1	2	3	4	5	8
	T) ACUTE EAR INFECTION	1	2	3	4	5	8
	U) CHRONIC EAR INFECTION	1	2	3	4	5	8
THROAT	V) STREPTOCOCCAL SORE THROAT	1	2	3	4	5	8
	W) NON-STREPTOCOCCAL SORE THROAT	1	2	3	4	5	8
	X) OTHER THROAT OR EAR DIAGNOSIS _____	1	2	3	4	5	8
X1 OTHER DAGNOSIS _____		1	2	3	4	5	8

202 ASK ABOUT PRESCRIPTION, TREATMENT AND ACTIONS TAKEN FOR ILLNESS AND PROB "ANY THING ELSE"		YES	NO	UNSURE
TREATMENTS FOR VARIETY OF ILLNESSES	A) IMMEDIATE REFERRAL TO OTHER FACILITY	1	2	8
	B) ADMIT TO THIS FACILITY	1	2	8
	C) NO TREATMENT OR REFERRAL	1	2	8
	D) BENZATHINE PENICILLIN INJECTION	1	2	8
	E) OTHER ANTIBIOTIC INJECTION	1	2	8
	F) OTHER INJECTION	1	2	8
	G) ANTIBIOTIC TABLET/SYRUP	1	2	8
	H) ASPIRIN, PARACETAMOL, VITAMINS, COUGH SYRUP, OTHER ORAL MEDICINE FOR SYMPTOMATIC TREATMENT	1	2	8
RESPIRATORY	I) NEBULIZED MEDICATION	1	2	8
	J) ORAL BRONCHODILATOR	1	2	8
	K) DRY EAR BY WICKING	1	2	8
DEHYDRATION	L) HOME ORT	1	2	8
	M) INITIAL ORT IN FACILITY (4 HOURS)	1	2	8
	N) INTRAVENOUS FLUIDS	1	2	8
MEASLES	O) VITAMIN A	1	2	8
	P) FEEDING SOLID FOODS	1	2	8
	Q) FEEDING EXTRA LIQUIDS	1	2	8
	R) FEEDING BREAST MILK	1	2	8
	X) OTHER TREATMENT _____ (SPECIFY)	1	2	8
203	CHECK RESPIRATORY ILLNESSES IN 201. IF ANY CATEGORIES ARE CIRCLED, CLARIFY WITH THE PROVIDER IF THERE WAS WHEEZING OR NOT.	YES, WHEEZING..... 1 NO WHEEZING..... 2 NA..... 5 NOT CERTAIN..... 8		
204	Did you give or refer the child for an immunization?	PROVIDER GAVE ..... 1 PROVIDER REFERRED..... 2 NOT DUE FOR IMMUNIZATION ..... 3 NOTHING ABOUT IMMUNIZATION ..... 4 DON'T KNOW ..... 8		
205	RECORD TIME OBSERVATION ENDED.	HOUR..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>		
206	<b>OBSERVER COMMENT</b>			