

UNIQUE ID:

--

**Determinants of Under-nutrition in Children and
Assessment of Management at Different level of Health
Care**

GENERIC OBSERVATIONS AT HEALTH FACILITY

State:

District

Partner Medical Institution /Medical College:

Hospital name & Place			
----------------------------------	--	--	--

Date	D	D	-	M	M	-	Y	Y						
-------------	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Session 1 Commencing Time	Hr	Hr	Min	Min	Session 2 Commencing Time	Hr	Hr	Min	Min
Concluding Time	Hr	Hr	Min	Min	Concluding Time	Hr	Hr	Min	Min

Namaskar. I amfrom.....
 Medical College I am here with my colleagues to do a study on under nutrition. Your participation in the study would contribute to improve health services and other facilities in this district. Our team would like to observe health facilities and services available for children for management of under nutrition at your centre. You are an important stake holder in this survey and therefore we would appreciate if you could spare your valuable time to facilitate observation of your health facility. Your responses will be treated as confidential and you may choose to stop your participation at any time. At no time the identity of health facility will be revealed to anyone outside the study teams.

Selection criteria

1. Only facility with Allopathic doctor is to be chosen.
2. The **person in-charge** of health facility to be contacted to facilitate filling up this schedule.
3. **Government health facility:** District hospital, SDH/ CHC and PHC
4. **Private health facility:** One where village residents take their sick children; if more than one private health facility are present, choose the one where more under five- children are seen. Include the Private health Facility where the OPD and In-patient Skill observation is done.

I. Type of Health Facility

(Please write the corresponding number in the box)

(Allopathic hospital)

- 1. District Hospital
- 2. SDH
- 3. CHC
- 4. PHC
- 5. NRC
- 6. Dispensary
- 7. Private clinic
- 8. Private hospital

II. Qualification of the Respondent (In Charge of Health Facility) (Highest degree to be mentioned)

- 1. MBBS
- 2. MD
- 3. Diploma
- 4. Others

Whenever required, Questions to be asked to the Medical Officer in-charge of the health facility to confirm.

III. Facilities for Pediatric Care

1. How many **days per month** are the following **services** provided? (**ASK**)
Frequency / week (*Mention Number*)

1.1. Vaccination/Immunization clinic

--	--

1.2 OPD services for Children

--	--

2. Who all are **examining children in Out Patient Department (OPD)?**

(Enter as many as apply) (0=No, 1=Yes)

2.1. Pediatrician

2.2. GDMO (General Duty Medical Officer)

2.3. Staff Nurse

2.4. Public health nurse/ LHV

2.5. ANM (MPW-F)

2.6. Other. Specify (_____)

3. During the **non working hours** is any **health care provider available/ on call** to provide **emergency services** for children? (**ASK**)

(0=No, 1= Yes, 8= Refused to answer, 9=Do not know/Not applicable)

4. If **yes, who are the** health care providers available for **emergency** services?

(Enter as many as apply) (0=No, 1= Yes)

- 4.1. Pediatrician
- 4.2. GDMO (General Duty Medical Officer)/ Doctor
- 4.3. Staff Nurse
- 4.4. Public health nurse/ LHV
- 4.5. ANM (MPW-F)
- 4.6. Others (.....)

IV. Facility Available:

5. In patient care *(on the day of observation)* *[Mention Number]*

- 5.1. Number of total available **in-patient beds.**
- 5.2. Total number of beds allocated for **pediatric cases**
(Separate beds earmarked for Pediatric patients)
- 5.3. Any special beds available for SAM (severe Acute Malnutrition)

6. Short term patient care facility

- 6.1 Presence of **day care** (only for the day time stay) in the health facility
(1=Not available, 2= Available)
- 6.2. Availability of **over-night stay facility** for patients
(1=Not available, 2= Available)

V. Infrastructure

- 7. Location of health facility
(1= Outside habitation, 2= Within habitation)
- 8. Water supply at the health facility
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
 - 8.1. Running tap water
 - 8.2. Stored water
- 9. Functional electricity/ power connection
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)

10. Stand by /functional Generator/ Invertors available
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
11. Telephone
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
12. Computer(s)
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
13. Clinic cum-examination room
14. Casualty/ emergency area
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
15. Waiting/ Seating area in health facility for patients/ attendants
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
16. Delivery room
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
17. Laboratory
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
18. Store room
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
19. Hand washing facility
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
20. Toilets for patient
(1=Not available, 2=Available but Non-functional, 3=Available and Functional)
21. Cleanliness of the toilet(s)
(1=Shabby/ Dirty, 2= Clean / Acceptable)
22. **Kitchen Facility (not available –1; Yes- 2)**
- 22.1 Designated space for cooking /
- 22.2. Equipment & fuel
- 22.3 Manpower (cook)
- 22.4 Food distribution
- 22.5 Special diet provision for children
- 22.6 Any special diet provision for malnourished children
- 22.7 If yes, specify

VI. Manpower [Mention number] (ASK)

[0-NO, 1- Yes, 8- Refused to answer, 99- Do not know /Not Sure]

23.	Manpower Category	Sanctioned (a)	In place	
			Permanent (b)	Contractual (c)
23.1	General Duty MO/ Public Health Specialist			
23.2	Pediatrician			
23.5	Pharmacist /Compounders			
23.6	Health Supervisor/ LHV/Public Health Nurse			
23.7	Staff Nurse			
23.8	ANM			
23.9	Dietician			
	Cook			
23.10	Store keeper			
23.11	Laboratory Technician			
23.12	Driver			
23.13	Class- IV / Safai Karmachari/ Attendants			

24. Training on child health/ nutrition

24.1 Is any of the staff trained on child health/ nutrition (IMNCI/IYCF)?

24.2 If yes, who and on what?

Sl no.	Who	What Training
24.2.1		
24.2.2.		
24.2.3		

VII. Referral Facility

25. Functional **vehicle**/ ambulance for transport/referral of patients (**ASK**)

(1=Not available, 2= Available, 9=Not applicable private health facility)

26. If Yes, is it free or paid facility? (1=free, 2=paid, 9- not sure)

27. If No, Is there any **other arrangement/vehicle** available for transport of patients (**ASK**)

(0=No, 1= Yes, Regularly available, 2=Sometimes available, 9= Not sure)

28. If Yes, specify.

.....

VIII. Equipment and Laboratory

29. **Equipments for essential newborn care or care of children less than 5 years**

(Ask and Confirm)

SI no.	Equipment	Available (0=No, 1=Yes) (a)	Functional (0=No, 1=Yes) (b)
29.1	Nutritional assessment	<input type="checkbox"/>	<input type="checkbox"/>
29.1.1	Infant weighing scale (10 kgs)	<input type="checkbox"/>	<input type="checkbox"/>
29.1.2	Adult weighing scale	<input type="checkbox"/>	<input type="checkbox"/>
29.1.3	Measuring tape	<input type="checkbox"/>	<input type="checkbox"/>
29.1.4	Infantometer/stadiometer	<input type="checkbox"/>	<input type="checkbox"/>
29.2	Emergency care	<input type="checkbox"/>	<input type="checkbox"/>
29.2.1	Resuscitation (Bag and Mask) [Laryngoscope, Endotracheal Tube, Mobile Suction Unit (Foot Operated)]	<input type="checkbox"/>	<input type="checkbox"/>
29.2.2	Suction Unit (Electric/foot operated)	<input type="checkbox"/>	<input type="checkbox"/>
29.2.3	Mucous Extractor	<input type="checkbox"/>	<input type="checkbox"/>
29.2.4	IV facility (canula, IV sets)	<input type="checkbox"/>	<input type="checkbox"/>
29.2.5	Pediatric infusion burette	<input type="checkbox"/>	<input type="checkbox"/>
29.2.6	infusion pump	<input type="checkbox"/>	<input type="checkbox"/>
29.2.7	Oxygen cylinder	<input type="checkbox"/>	Gas filled <input type="checkbox"/>

29.2.8	Oxygen delivery system (nasal canula/hoods/masks)	<input type="checkbox"/>	<input type="checkbox"/>
29.2.9	Pulse oximeter / vital sign monitor	<input type="checkbox"/>	<input type="checkbox"/>
29.3	Temperature maintenance	<input type="checkbox"/>	<input type="checkbox"/>
29.3.1	Radiant warmer /heater available	<input type="checkbox"/>	<input type="checkbox"/>
29.3.2	Clinical thermometer	<input type="checkbox"/>	<input type="checkbox"/>
29.3.3	Hot water bags/Blankets	<input type="checkbox"/>	<input type="checkbox"/>
29.4	Feeding	<input type="checkbox"/>	<input type="checkbox"/>
29.4.1	Facility for tube feeding	<input type="checkbox"/>	<input type="checkbox"/>

(Need to show photographs during the regional workshop-Operational manual)

30. Supplies / Logistics (Check stock/ register)

SI No.	Items	Availability on the day of visit (0=No, 1= Yes) (a)	No of days this item was not available (nil balance) during last 3 months (b)
30.1	IV fluids <u>(Dextrose (5% / 10%)</u> <u>Ringer lactate,</u> <u>Normal saline)</u>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

31. Is any of the following investigation facility available in this health facility?
(0=No, 1= Yes)

SN	Name of the test	Test done 0=No: 1=Yes; 9= Not sure (a)	Total No. of tests done in March 2009 (b)	Total No. of tests done in March 2009 for children under 5 (c)
31.1	Hemoglobin	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
31.2	Stool analysis for parasites	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
31.3	Peripheral smear for malaria	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
31.4	Urine routine & microscopy examination	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
31.5	AFB smear	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

31.6	Blood sugar estimation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.7	Blood electrolytes (Sodium/ Potassium)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.8	Cultures (Urine/ Blood)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

32. Which of the following **medicines** are available for patients in the health facility?

(0=No, 1=Yes, 9=Do not know)

IX. Oral drugs		Availability on the day of visit (0=No, 1= Yes, 9=Not applicable)	No. of days this item was not available (nil balance) during last 3 months (Write 00 if available for all days in last 3 months 88 if records not available and 99 if not applicable)
		(a)	(b)
32.1	Antibiotics	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.2.	Paracetamol	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.3.	Oral Iron preparation (IFA small/ large, syrup)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.4.	Vitamin A solution	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.5	Zinc sulfate syrup/Zinc tablet	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.6	Vitamin B (Multivitamin solution/ syrup)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.7	ORS packet	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.8	Gentian violet	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.9	Anti- helminthes (Albendazole/ Mebendazole)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
32.10	Medicines of ISM /other systems of medicine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

X. Intravenous/ Injectable <u>drugs</u>		Availability on the day of visit (0=No, 1= Yes, 9=Not applicable) (a)	No. of days this item was not available (nil balance) during last 3 months (Write 00 if available for all days in last 3 months 88 if records not available and 99 if not applicable) (b)
33.1.	Antibiotics	<input type="text"/>	<input type="text"/> <input type="text"/>
33.2	Magnesium sulphate	<input type="text"/>	<input type="text"/> <input type="text"/>
33.3	Potassium chloride	<input type="text"/>	<input type="text"/> <input type="text"/>

XI. Observation (Physical Verification) of Records at the Health Facility

34. Availability and Maintenance of Records (Only for pediatric age group)

S. No	Name of Register/ Cards	Availability 1= Not available 2= Available & accessible, 8= Not accessible (a)	Maintenance Status 1= Updated as per requirement or last 48 hours whichever applicable, 2= Partially /sporadically updated, 3= Not updated, 8= Not accessible, 9= Not applicable (b)
34.1	Emergency Room/ Casualty	<input type="text"/>	<input type="text"/>
34.2	OPD	<input type="text"/>	<input type="text"/>
34.3	Immunization	<input type="text"/>	<input type="text"/>
34.4	In patient /Admission	<input type="text"/>	<input type="text"/>
34.5	Stock	<input type="text"/>	<input type="text"/>
34.6	Standard referral register	<input type="text"/>	<input type="text"/>
34.7	Standard referral card	<input type="text"/>	<input type="text"/>
34.8	OPD cards	<input type="text"/>	<input type="text"/>

34.9	Immunization cards	<input type="checkbox"/>	<input type="checkbox"/>
34.10	Monthly progress report register	<input type="checkbox"/>	<input type="checkbox"/>
34.12	Death register	<input type="checkbox"/>	<input type="checkbox"/>
34.13	Recording the information on nutritional status in OPD or in-patient ward	<input type="checkbox"/>	<input type="checkbox"/>

35. Specific Recorded Information [Mention Number]

35.1. **MCH report** (form 8/9/10 as applicable) of March 2009 sent
(1=Not available, 2= Available, 9= Not applicable)

35.2. Total number of under-five **children** attended the **OPD** on **previous working day**.

35.3. Total number of **female under-five children** attended the **OPD** on last working day.

35.4. Number of total **under five admitted in-patients in the ward** (observed)

35.5. Based on **screening of admission register** total number of under-five children **admitted** during the **last calendar month- March 2009** (See records)
(Enter 888 if refused to show records; Enter 999 if information / Register not available;
Enter 000 if no inpatient facility)

35.6 Number of under-five children with SAM (severe Acute Malnutrition) admitted in last 3 months (Jan 2009-Mar 2009)

35.7. **Doctor on night call** present on last working day.
(0=No, 1=Yes, 9=Not Applicable)

35.8. Number of **under- 5 children** attended the emergency in **last 24 hours**.

--	--

35.9. Number of **female under 5 children** attended the **emergency** in **last 24 hours**.

--	--

36. Referral register/ Records

36.1 Total number of **cases referred** in **last one month (March 2009)**

--	--

36.2 Total number of **under five children referred** in **last one month**

--	--

**Q.37 to Q.39 are meant for Government Health Facility only.
For other types of health facility/ health provider skip to Q.50**

XV. Supervision and Monitoring (check for registers)

37. What was the date of **last supervisory visit** between *July-December 2008* related to mother and child health services?

D	D	M	M	Y	Y
---	---	---	---	---	---

(Enter 000000 -No visit, 999999 - Not know)

37. 1. Who made the **last supervisory visit**?

--

(1=Chief Medical Officer, 2= Chief Medical Superintendent, 3= Reproductive Child Health officer, 4= Public Health Nurse 9=Not known)

37. 2. How many **supervisory visits** were made between *July-December 2008* related to mother and child health services?

--	--

XVI. Inter-Sectoral Coordination

38. Date of **last common meeting** with personnel from different departments (ICDS, AWW, CDPOs, POs, Panchayat)

D	D	M	M	Y	Y
---	---	---	---	---	---

(Enter 000000 - No meeting, 999999 - Not know)

XVII. Program Guidelines and Operation Manuals

39. Availability and display:

SI No.	Program	Guidelines/ Operational manual <i>1= Not available; 2= Available</i> (a)	Posters <i>1= Not available; 2= Available, displayed</i> <i>3=Available, not-displayed,</i> (b)
39.1	IMNCI	<input type="checkbox"/>	<input type="checkbox"/>
39.2	ARI	<input type="checkbox"/>	<input type="checkbox"/>
39.3	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
39.4	Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
39.5	Complementary feeding	<input type="checkbox"/>	<input type="checkbox"/>
39.6	Nutritional management guidelines	<input type="checkbox"/>	
39.7	Immunization	<input type="checkbox"/>	<input type="checkbox"/>
39.8	Hygiene & hand washing	<input type="checkbox"/>	<input type="checkbox"/>
39.9	RCH II	<input type="checkbox"/>	<input type="checkbox"/>
39.10	NRHM	<input type="checkbox"/>	<input type="checkbox"/>

\40. **Overall impression** about the health facility related to child health/ nutrition
(Senior Investigator to describe)

<p>Signature _____</p> <p>Name of Senior Investigator: _____</p>
--