UNIQUE ID:

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

OBSERVATION FOR SKILL ASSESSMENT (OPD)

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 am ……from…….....
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 the assessment 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 for health facility and Case Selection

OPD Observation

1. OPD Observation will be done at District hospital, SDH/CHC and PHC for government facilities.
2. OPD Observation will be done at a Private hospital with adequate load of children.
3. **Child** brought for **follow up visit** should **not be included for OPD assessment**.

THE INCLEN TRUST

I. <u>Type of Health Facility</u> *(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. <u>Qualification of the Respondent</u> (<u>In Charge of Health Facility)</u> (Highest degree to be mentioned)

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

Instructions for OPD patients

1. For OPD observation observe (any/ undernourished) four children with any symptoms
2. 2 children with age (6m-2yrs) and 2 children with age (2-5 yrs)

You are assessing the skill. Please do not probe or guide or ask any questions during observation. Put "tick" mark in the boxes against the items if the health provider is doing it. If not, then put X.

	PART B: Observation of OPD Patients		**Child 1 (6m-2 yr)**	**Child 2 (6m-2 yr)**	**Child 2 (2 y-5 yr)**	**Child 2 (2 y-5 yr)**
1	**Age of the Child**	(in completed months)				
2	**Sex of the Child**	**Male = 1, Female = 2**				
3	**Growth measurement**					
3.1	Was the child Weighed?					
3.2	**If yes,** weight of the child?					
3.3	Was the child measured for height/ length?					
3.4	Was weight & height checked from or plotted on the growth chart?					
4	**Does the care provider asks about the current illness**					
5	**Examination of the child**					
5.1	Does he/she examine the child?					
5.2	If yes, was the child assessed for anemia/ pallor? (palm/conjuctiva/tongue)					
5.3	Was the child checked feet for swelling?					

THE INCLEN TRUST

	Observation of OPD Patients	Child 1 (6m-2 yr)	Child 2 (6m-2 yr)	Child 2 (2 y-5 yr)	Child 2 (2 y-5 yr)
6	**Does the care provider ask about the following**				
6.1	**Is the child aged less than 2 years?**				
6.1.1	Is the child currently given breast feeding?				
6.1.2	Frequency of breastfeeds in last 24 hours				
6.1.3	Is the child given any feeds/food other than breastfeeding?				
6.1.4	Frequency of feeding				
6.1.5	Quantity of feed/serving				
6.1.6	Who feeds the child				
6.1.7	Any change in feeding during the current illness				
6.2	**Is the child aged 2 years- 5 years?**				
6.2.1	What all feeds are given to the child?				
6.2.2	Frequency of feeding				
6.2.3	Quantity of feed/ serving				
6.2.4	Who feeds the child?				
6.2.5	Any change in feeding during the current illness				
7	**If the child is aged < 2 years; does the prescriber ask/check and advice for the following about immunization?**				
7.1	Does he/she ask about the vaccination card of the child?				
7.2	If vaccination card is not available; does he/she ask about vaccination status of the child?				
7.3	Does he/she advice about remaining /additional vaccines?				
8	**Treatment and advice regarding care**				
8.1	**Treatment of the current illness**				
8.1.1	Does he/she prescribe treatment for current illness?				
8.1.2	Does he/she mention about Danger signs? Any one of the following: *(Becomes sick/worsening of condition; Decreased feeding; Develops high fever and/or cold to touch; Develops fast breathing/ difficult breathing; Develops blood in stool; Altered sensorium /excessive sleepiness/lethargy/ convulsions;* Any other symptoms (specify……) …….. ……				

THE INCLEN TRUST

	Observation of OPD Patients	Child 1 (6m-2 yr)	Child 2 (6m-2 yr)	Child 2 (2 y-5 yr)	Child 2 (2 y-5 yr)
8.1.3	Does he/she mention when to return to hospital?				
8.2	Nutritional status and advice about feeding				
8.2.1	Has the child's weight been recorded				
8.2.2	Does he/she mention about the nutritional status of the child?				
8.2.3	Does he/she advice about feeding-Breastfeeding/ more liquids (child < 2 years)?				
8.2.4	Does he/she advice about giving extra solid/semisolid feeds (child 2-5 years)?				
8.2.5	Any other advice (Specify……..) ……. ……. …….				
8.3	**Checking about mother's understanding about treatment and care**				
8.3.1	Does he/she check mother's understanding about the treatment of current illness? (medicines if prescribed)				
8.3.2	Does he/she check mother's understanding about the feeding advice? (breastfeeding, solid/semisolid feeds/liquids)				

Observations and comment of the SI about the facility and management being done at the facility:

Signature _____

Name of Senior Investigator: _____

THE ALLEN TRUST