Observation of Interaction between Provider and Caregiver of Child

Project Title: Understanding opportunities and challenges of delivering maternal, infant and young child nutrition (MIYCN) services in urban maternal, newborn, and child health (MNCH) facilities in Dhaka City, Bangladesh

Q001-003 SHOULD BE FILLED BY THE DATA COLLECTION TEAM PRIOR TO THE OBSERVATION.				
FACILITY INFORMATION				
001	FACILITY CODE:	___/____/_____/		
002	UNIT CODE:	___/_____/		
003	TYPE OF FACILITY CODE:	___/_____/		
PROVIDER INFORMATION				
004	PROVIDER CODE:	___/ ___/		
	PROVIDER TYPE		Code	Remarks
		☐ Facility manager	1	
		☐ Doctor	2	
		☐ Nurse	3	
		☐ Midwife	4	
		☐ Other, (specify) _____	5	
005	SEX OF PROVIDER	☐ MALE	1	
		☐ FEMALE	2	
OBSERVATION INFORMATION				
006	DATE: Day ___/___/ Month ___/___/ Year ___/_____/___/_____/			
007	OBSERVER CODE ___/_____/			

FORM4B: Sick Under-Two Pediatric Services Observation Checklist [pediatric unit] (English)

4B01	Surveyor Name and ID: _____ ____/____/	4B02 Date: ____/____/_____/
	General Information of health facility	Code
4B03	Observation Starting time:	_____ (HH:MM (24 hours))
4B04	Observation End time:	_____(HH:MM (24 hours))
4B05	Facility code	_____/_____/
4B06	**Information on the under-two child**	
4B06.1	Age of child: ☐☐ in weeks	

4B06.2	Sex of child:	☐ MALE	1
		☐ FEMALE	2

4B.08 Information on the under-two years child during *pediatric session*

Note: Carefully observe the pediatric session conducted by the provider and put a (√) in the applicable box

No	**Observation Points**	**Responses**	**Code**
4B08.1	Does the health care provider have any integrated management of childhood illness (IMCI)/register books?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.2	Does the health care provider, or another staff member, weigh and record the **WEIGHT** of the child today?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.3	Does the health care provider, or another staff member take **weight** according to recommended practices?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.4	Does the health care provider, or another staff member, measure height/length and **record the height/length** of the child today?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.5	Does the health care provider, or another staff member take **height/length** according to recommended practices?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.6	Does the health care provider check child's weight against a **GROWTH CHART**?	☐ Yes	1

		☐ No	2
		☐ N/A	9
4B08.7	Does the health care provider ask about EXCLUSIVE **BREASTFEEDING or continued breastfeeding depending on age**?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.8	Does the health care provider ask whether the child takes any other **FOODS/FLUIDS?**	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.9	Does the health care provider ask about **FEEDING** during illness?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.10	Does the health care provider counsel on exclusive breastfeeding for children under 6 months?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.11	Does the health care provider counsel on continued breastfeeding for children 6 – 23 months of age?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.12	Does the health care provider counsel on introduction of solid, semi-solid or soft foods at 6 months?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.13	Does the health care provider counsel on dietary diversity?	☐ Yes	1

		☐ No	2
		☐ N/A	9
4B08.14	Does the health care provider counsel on meal frequency?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.15	Does the health care provider **provide zinc** tablet? (for diarrhoea)	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.16	Does the health care provider explain the need to give more liquid or breast milk at home?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.17	Does the health care provider explain the need to continue feeding or breastfeeding at home?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.18	Did the health care provider advise the caregiver on frequency of feeding?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.19	Does the health care provider use the IMCI chart booklet at any time during the management of the child?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.20		☐ Yes	1

	Does the health care provider use any visual job aids for demonstrating infant and young child feeding (IYCF) practice?	☐ No	2
		☐ N/A	9
4B08.21	Does the health care provider use of behaviour change communication (BCC) materials to raise awareness on nutrition?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4B08.22	Does the health care provider prescribe/provide vitamin-A capsules?	☐ Yes	1
		☐ No	2
		☐ N/A	9

*Please review the entire observation checklist for any **missing points**, fill up with (√) in appropriate box and finish the observation.*

Conclude the observation by thanking the client and health worker for participating in the observation.

FORM4C: Immunization services Observation Checklist (English)

4C01	Surveyor Name and ID: _____ ____/____/	**4C02** Date: ____/____/_____/	
4C03	**General Information of health facility**	Facility code:	
4C04	Observation Starting time:	_____ (HH:MM(24 hours)	
4C05	Observation End time:	_____ (HH:MM(24 hours)	
4C06	**Information on the under-two child**		
4C06.1	Age of child: ☐☐ in weeks		
4C06.2	Sex of child:	☐ MALE	1
		☐ FEMALE	2

4C.07. Information on the under-two years child during *Immunization session*			
Note: Carefully observe the pediatric session conducted by the provider and put a (√) in the applicable box			
No.	**Observation Points**	**Responses**	**Code**
4C07.1	Does the health care provider have any register book?	☐ Yes	1
		☐ No	2

		☐ N/A	9
4C07.2	Does the health care provider, or another staff member, weigh and record the **WEIGHT** of the child today?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.3	Does the health care provider, or another staff member, measure height/ length and **record the height/length** of the child today?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.4	Does the health care provider, or another staff member take **weight** according to recommended practices?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.5	Does the health care provider, or another staff member take **height/length** according to recommended practices?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.6	Does health care provider check child's weight against a **GROWTH CHART**?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.7	Does health care provider ask about the illness of the **child**?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.8	Does health care provider ask about **child feeding practices**?	☐ Yes	1
		☐ No	2

		☐ N/A	9
4C07.9	Does the health care provider explain the need of exclusive breastfeeding?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.10	Did the health care provider advise the caregiver on frequency of feeding?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.11	Counselled on ensuring for all children aged 6-11 months 1 blue Vitamin A capsule and for all children aged 1-5 years 1 red Vitamin A capsule	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.12	Does the health care provider use any visual job aids for demonstrating IYCF practice?	☐ Yes	1
		☐ No	2
		☐ N/A	9
4C07.13	Does the health care provider use of BCC materials to raise awareness on nutrition?	☐ Yes	1
		☐ No	2
		☐ N/A	9

*Please review the entire observation checklist for any **missing points**,*

Fill up with (√) in appropriate box and finish the observation.

Conclude the observation by thanking the client and health worker for participating in the observation.

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