

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

QTYPE

E	S	C
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FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

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CLIENT CODE [FROM CLIENT LISTING FORM]

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INFORMATION ABOUT INTERVIEW

DATE

DAY

--	--

MONTH

--	--

YEAR

2	0	2
---	---	---

INTERVIEWER'S NAME: _____

INTERVIEWER'S NUMBER

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LANGUAGE OF QUESTIONNAIRE**

--	--

LANGUAGE OF INTERVIEW**

--	--

NATIVE LANGUAGE OF RESPONDENT**

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TRANSLATOR USED (YES = 1, NO = 2)

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LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH 03 LANGUAGE 05 LANGUAGE
02 LANGUAGE 04 LANGUAGE 06 LANGUAGE

TEAM

--	--

NUMBER

TEAM SUPERVISOR

NAME

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NUMBER

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

SICK CHILD CARETAKER EXIT INTERVIEW

INTRODUCTION AND CONSENT

READ THE FOLLOWING CONSENT STATEMENT

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how sick child services are provided in this facility. These questions usually take about 10-15 minutes.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor your child's name or 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 the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview please feel free to tell me. There is no penalty for refusing to participate, however, we hope you will choose to participate.

In case you need more information about the survey, you may contact the in-charge manager of this health facility.

Do you have any questions for me at this time?

Do I have your permission interview you?

SIGNATURE OF INTERVIEWER _____

DATE

DAY				
MONTH				
YEAR	2	0	2	

CLIENT AGREES
TO BE INTERVIEWED . . . 1

CLIENT DOES NOT AGREE
TO BE INTERVIEWED 2 → END



1. INFORMATION ABOUT SICK CHILD VISIT

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	What is the name of the sick child?	NAME _____	
103	What time did you arrive at the facility today? IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW 9998	
104	What time did you see the provider? IF THEY DON'T KNOW THE EXACT TIME, ASK THEM TO APPROXIMATE. IF THEY CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW 9998	
105	What month and year was (NAME) born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR 9998	
PREVIOUS VISITS FOR CURRENT ILLNESS			
106	Has (NAME) been brought to see a health provider or traditional healer before for this same illness ? IF YES, ASK: Whom did you see and where?	YES, THIS FACILITY A YES, DIFFERENT FACILITY B YES, TRADITIONAL HEALER C SAW NO ONE Y	
107	CHECK Q106 FOR PREVIOUS HEALTH PROVIDER VISITS CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> →	109
108	Was (NAME) referred to this facility from the other provider at the different facility?	YES 1 NO 2 DON'T KNOW 8	
109	CHECK Q106 FOR PREVIOUS HEALTH PROVIDER VISITS CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> →	111
110	When did you first bring (NAME) to this facility for this same illness?	WITHIN THE PAST WEEK 1 WITHIN THE PAST 2-4 WEEKS 2 MORE THAN 4 WEEKS AGO 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
INFORMATION PROVIDED TO CARETAKER			
111	Did the provider tell you what illness (NAME) has?	YES 1 NO 2 DON'T KNOW 8	
112	What would you do if (NAME) does not get completely better or becomes worse?	RETURN TO FACILITY 1 GO TO OTHER FACILITY 2 GO TO OTHER HEALTH WORKER OR /PHARMACY 3 GO TO TRADITIONAL HEALER 4 NOTHING, JUST WAIT 5 DON'T KNOW 8	
113	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back to a health facility? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring (NAME) back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING F POOR/NOT DRINKING G CONVULSION H OTHER _____ X (SPECIFY) NO, NONE Y DON'T KNOW Z	
TREATMENT AND CARETAKER COMFORT LEVEL			
114	Did the provider give or prescribe any medicines for (NAME) to take at home?	YES, GAVE MEDS 1 YES, GAVE PRESCRIPTION 2 GAVE MEDS AND PRESCRIPTION 3 NO 4	→ 119
115	May I see all medications that (NAME) received and any prescriptions that have not yet been filled? CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDICATIONS 1 HAS SOME MEDS, SOME UNFILLED 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY 3	
116 (FN1)	CIRCLE IF THE CHILD RECEIVED OR WAS PRESCRIBED ANY OF THESE MEDICATIONS CIRCLE ALL THAT IS APPLIED NOTE: FIRST LINE MALARIA TREATMENT WILL BE ADAPTED FOR EACH COUNTRY USING LOCAL BRAND NAME FOR ACT	ANTIMALARIAL MEDICINE ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N ORS O ZINC P OTHER _____ X (SPECIFY) DON'T KNOW Z	
117	Do you know the reason that the provider gave this treatment for (NAME)?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP																		
118	Do you feel comfortable that you know how much of each medication to give (NAME) each day and for how many days to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES 1 NO 2 DON'T KNOW 8																			
119	What did the provider tell you about feeding solid foods to (NAME) during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 NOT CERTAIN/CAN'T REMEMBER 8																			
120	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to (NAME) during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 DON'T KNOW/CAN'T REMEMBER 8																			
OUTCOME																					
121	What was the outcome of this consultation? READ EACH OUTOME OPTION AND CIRCLE CODE '1' IF YES, OR CODE '2' FOR NO. a) Treated and sent home b) Child referred to provider, same facility c) Child admitted, same facility d) Child sent to lab for testing e) Child referred to other facility	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) TREATED AND SENT HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CHILD REFERRED TO PROVIDER, SAME FACILITY ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CHILD ADMITTED, SAME FACILITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) CHILD SENT TO LAB FOR TESTING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CHILD REFERRED TO OTHER FACILITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) TREATED AND SENT HOME	1	2	b) CHILD REFERRED TO PROVIDER, SAME FACILITY ..	1	2	c) CHILD ADMITTED, SAME FACILITY	1	2	d) CHILD SENT TO LAB FOR TESTING	1	2	e) CHILD REFERRED TO OTHER FACILITY	1	2	
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NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
2. SICK CHILD EXPERIENCE OF CARE			
	Thank you for answering my questions about the care [NAME] received today. Now I am going to ask you about specific services that your child received in this visit to the health facility today. I know some of these are difficult to remember, so it is ok if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of sick child care provided in the facilities around here.		
201	Thinking about your visit with [NAME] today, did you feel the doctors, nurses or other staff treated you and [NAME] with respect? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
202	Thinking about your visit with [NAME] today, did you feel the doctors, nurses or other staff treated you and [NAME] in a friendly manner? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
203	Thinking about your visit with [NAME] today, did you feel you could discuss your problems with the doctors, nurses or other providers, without others not involved in your care overhearing your conversations? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
204	Thinking about your visit with [NAME] today, did you feel that during your consultation, no other clients or patients in the facility could see you? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
205	Thinking about your visit with [NAME] today, would you say you were treated poorly because of any personal attribute, like your age, marital status, number of children, your education, wealth, or something like that? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
206	Thinking about your visit with [NAME] today, did you feel you understood the purpose of any tests you were asked to do? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times? IF CLIENT SAYS THEY DIDN'T HAVE ANY TESTS, CIRCLE 9	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8 NOT APPLICABLE 9	
207	Thinking about your visit with [NAME] today, did you feel you understood the purpose of any medicines you were given? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times? IF CLIENT SAYS THEY WEREN'T GIVEN ANY MEDICINES, CIRCLE 9	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8 NOT APPLICABLE 9	
208	Thinking about your visit with [NAME] today, did you feel you could ask the doctors, nurses or other staff at the facility any questions you had? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
209	Thinking about your visit with [NAME] today, did you feel the health facility environment, including the washrooms were clean? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
210	Thinking about your visit with [NAME] today, did the doctors, nurses, or other health care providers involve you in decisions about [NAME'S] care? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times? IF CLIENT SAYS THEY DIDN'T MAKE ANY DECISIONS, CIRCLE 9	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8 NOT APPLICABLE 9	
211	Thinking about your visit with [NAME] today, did you feel you were able to discuss any problems or concerns you had with the health staff? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
212	Thinking about your visit with [NAME] today, did you feel your concerns were taken seriously by the health staff? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
213	Thinking about your visit with [NAME] today, did you feel like you or [NAME] were treated roughly, for instance were you pushed, beaten, slapped, pinched, physically restrained or gagged, or physically mistreated in any other way? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	
214	Thinking about your visit with [NAME] today, did you feel the doctors, nurses or other healthcare providers shouted at you, scolded you, insulted, threatened or talked to you rudely? IF YES, ASK: Would you say you were treated with respect all the time, most of the time, or a few times?	YES, ALL OF THE TIME 1 YES, MOST OF THE TIME 2 YES, A FEW TIMES 3 NO, NEVER 4 DON'T KNOW/CAN'T REMEMBER 8	

3. ACCESS TO CARE

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	Thank you for answering my questions about your child's health care experience. Now I am going to ask you a few questions about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.		
301	Was the time you waited to see a provider a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	
302	Were the hours of service at this facility, that is when the facility opens and closes, a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	
303	Were the number of days services are available to you at this facility a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	
304	Was the cost for services or treatments at this facility a problem? IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM 1 YES, MINOR PROBLEM 2 NO, NOT A PROBLEM 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
305	Is this the closest health facility to your home?	YES 1 NO 2 DON'T KNOW 8	→ 401 → 401
306	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 SERVICE NOT OFFERED AT FACILITY NEAREST TO HOME 08 OTHER 96 DON'T KNOW 98	

4. SICK CHILD CLIENT PERSONAL CHARACTERISTICS

NO.	QUESTIONS	CODING CLASSIFICATION	
Thank you for answering my questions about your experience at this facility. My final questions are about yourself.			
401	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
402	Have you ever attended school?	YES 1 NO 2	→ 404
403 (FN2)	What is the highest level of school you attended: primary, secondary or higher? [COUNTRY SPECIFIC]	PRIMARY 1 SECONDARY 2 HIGHER 3	
404	Are you currently married or living together with a man/woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN/WOMAN 2 NO, NOT IN UNION 3	
405	RECORD THE TIME THE INTERVIEW ENDED	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			

Interviewer's comments:

SICK CHILD CARETAKER EXIT INTERVIEW: FOOTNOTES

(FN1) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names for medicine, such as Coartem, Malaron, Artemether–Lumefantrine or Artesunate–Amodiaquine, should be added to the response categories for Artemisinin-based combination treatments (ACTs) as appropriate.

(FN2) Revise according to the local educational system