A. Health Facility Assessment

1. Is the health facility in-charge on duty?  □ Yes  □ No

2. **Number** of health providers present?

3. Number of health providers present who **completed IPC training**:
   a. Were the health provider competencies assessed?  □ Yes  □ No
   b. Is a copy of the Health Provider Performance Appraisal Sheet attached?  □ Yes  □ No

4. **Number of children** under 5 in the waiting area?

5. **Average time** health provider spends with each caregiver of children under 5?
   □ < 5 min  □ 5-10 min  □ 10-15 min  □ >15 min

6. Are the **2012 Clinical Guidelines** available?  □ Yes  □ No

7. Is the **Job Aid for Children with Fever** available?  □ Yes  □ No

8. Are there **referral forms** available?  □ Yes  □ No  □ NA

9. Is there a functioning **thermometer**?  □ Yes  □ No

10. Is there a functioning **weighing scale** available?  □ Yes  □ No

11. Are **RDTs available**?  □ Yes  □ No
   a. If no, why not?
   b. **Number of RDTs in stock**:
   c. **Brand** of RDTs:
   d. **Expiry date** of RDTs:
12. Who performs RDTs?  
   a. Is this person available every day?  
      [ ] Yes  [ ] No

13. Who reads RDT results?  
   a. Is this person available every day?  
      [ ] Yes  [ ] No

14. Is microscopy available?  
   [ ] Yes  [ ] No

15. Are the following medicines available?  
   a. Artesunate 50 mg suppositories  
      [ ] Yes  [ ] No  
   b. Artesunate 200 mg suppositories  
      [ ] Yes  [ ] No  
   c. Artemether/lumefantrine 20/120 mg tablets  
      [ ] Yes  [ ] No  
   d. Artesunate 50 mg tablets  
      [ ] Yes  [ ] No  
   e. Amodiaquine 153 mg tablets  
      [ ] Yes  [ ] No  
   f. Amoxicillin 125 mg tablets  
      [ ] Yes  [ ] No  
   g. Amoxicillin 250 mg tablets  
      [ ] Yes  [ ] No  
   h. Cotrimoxazole tablets  
      [ ] Yes  [ ] No
B. Health Provider Assessment

Health Provider Competencies for IPC and Differential Diagnosis of Fever

Competencies are a written set of knowledge, skills, abilities, and attitudes that help define a standard level of job performance and to differentiate superior performance from average performance under specified circumstances. Competencies help to:

- Define the essential functions of a role or job.
- Identify the behaviours required to be successful in a job so that health providers and their supervisors are aware of what is expected of them.
- Identify areas of strengths and those that need improvement over time.
- Observe for behaviours which can be used to give objective feedback through dialogue.
- Drive performance improvement of an organization or the health care system.

The Competencies for IPC and Differential Diagnosis of Fever is a list of observable skills and behaviours used to assess the health provider’s ability at using interpersonal communication skills during patient assessment, diagnosis and treatment of children under 5 with fever.

The Competencies for IPC and Differential Diagnosis of Fever is divided into Domains, Core Competencies, Behaviours and Performance Levels.

A domain is an area of performance. For the purposes of this training there are 3 domains:

1. Patient Assessment
2. Diagnosis
3. Treatment

A core competency describes the broad knowledge, skills and attitudes required to perform each domain under each domain. Every health provider will be observed for the following 10 core competencies:

1. Puts the child’s caregiver at ease.
2. Asks medical history questions in a manner the caregiver understands.
3. Listens to the caregiver’s concerns and responses.
4. Communicates information about exam procedures in a manner the caregiver understands.
5. Uses the Job Aid for Children with Fever correctly to assess the cause of the child’s fever.
6. Communicates information about diagnostic procedures and test results in a manner the caregiver understands.
7. Communicates the child’s diagnosis at a level the caregiver can understand.
8. Uses the Job Aid for Children with Fever correctly to communicate diagnostic procedures and results.
9. Communicates information about treatment recommendations in a manner the caregiver will understand and follow.
10. Uses the Job Aid for Children with Fever correctly to communicate treatment recommendations for malaria and non-malaria fever.

Behaviours describe the specific knowledge, skills and attitudes which can be demonstrated and observed by others to determine whether the core competency is performed.
Performance levels define how well each competency is performed, or how proficient the health provider is at each competency. Performance levels are differentiated by:

- The extent of knowledge and experience.
- The frequency the competency is applied well.
- The amount of assistance and coaching required for improvement.
- The ability to perform the competency independently and with confidence.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description of Performance Level</th>
<th>Rating</th>
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</table>
| Advanced     | • Health provider is very knowledgeable about the topic.  
• Has repeated experience with this core competency.  
• Can demonstrate this competency very well.  
• Is capable of demonstrating almost all of the behaviours for this competency without assistance.  
• May serve as a role model or mentor peers on this competency.  
• Occasionally needs coaching and support for difficult or unique situations.                                                                                                 | 3      |
| Satisfactory | • Health provider is knowledgeable about the topic.  
• Has moderate experience with this core competency.  
• Can demonstrate this competency satisfactorily.  
• Is capable of demonstrating most of the behaviours for this competency without assistance.  
• Needs coaching and training in order to improve and demonstrate the advanced aspects or behaviors associated with this competency.                                 | 2      |
| Unsatisfactory| • Health provider has limited to very limited knowledge about the topic.  
• Has limited experience with this core competency.  
• Has difficulty demonstrating this competency or may demonstrate a negative attitude.  
• Is capable of demonstrating very few of the behaviours for this competency without assistance.  
• Needs significant coaching and additional training in order to improve.                                                                                                      | 1      |

**Health Provider Performance Assessment Checklist**

The health provider performance assessment is used to evaluate the level of behaviour change among the health providers who attended the *IPC Skills for Differential Diagnosis of Fever in Children* training and to determine if they apply what they learned at the health facility. It is used to determine how many health providers who attended training are performing at a desired level of performance in order to create the desired impact.

Supervisors will score the overall areas of performance and then provide positive reinforcement for desired performance and coaching and mentoring for areas that need improvement. The performance assessment will also be used to determine how much health providers improve with practice over 3 supervision visits. Along with the training Pre- and Post-Test scores, the performance assessment will serve to evaluate areas of strengths and weakness among health providers and to recommend additional CME courses.
Directions for Assessing Health Provider Competencies

1. Complete the top of the Health Provider Performance Appraisal Summary Sheet for each health provider assessment. Make sure to include the health provider’s Pre and Post-Test scores and the gap areas identified from the Test Scoring Tracking Sheet.

2. Observe the health provider at the health facility while they are conducting assessment, diagnosis and treatment for children under 5 with fever.

3. Rate the health provider based on the level of proficiency they demonstrate for each of the ten core competencies with a rating of 3=Advanced, 2=Satisfactory, or 1=Unsatisfactory.

4. It may not be possible to observe for ALL the skills described, therefore it is important to observe for specific examples when deciding what rating score to give. If the health provider demonstrates one skill in level 3 and another in level 2, then you must chose the lower rating; i.e. you can only score the higher level if ALL skills are demonstrated in that higher level.

5. Write down comments of specific examples for why the score was selected, what the health provider did well, and what needs improvement on the Health Provider Performance Appraisal Summary Sheet.

6. Write the rating for each competency and tally the ratings. Write the total score of the Health Provider Performance Appraisal Summary Sheet.
   - Total Rating of 21 to 30 = ADVANCED, can be selected to help train other health providers in the health facility on IPC skills and differential diagnosis of childhood fever.
   - Total Rating of 11 to 20 = SATISFACTORY, may require additional supervision, additional CMEs to improve specific skills may be needed.
   - Total Rating of 10 or less = UNSATISFACTORY, should attend additional CMEs. Requires additional support and supervision.

7. Provide the health provider with feedback on your observations. Use specific examples of the behaviours you observed to describe the rationale for your rating.

8. Discuss and agree to action items for improvement.

9. Summarize areas for improvement and action items on the Health Provider Performance Appraisal Summary Sheet.

10. Sign and date the Health Provider Performance Appraisal Summary Sheet and ask the health provider to do the same.

11. File the Performance Appraisal Summary Sheet with the SMP Project Manager.

12. Give the health provider a copy of the Performance Appraisal Summary Sheet.
### IPC Core Competencies for PATIENT ASSESSMENT:

#### 1. Puts the child and the caregiver at ease:

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<th>Comments</th>
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- Greets the caregiver and the child courteously.
- Makes eye contact and is pleasant.
- Provides a space for privacy and confidentiality and offers the caregiver a place to sit. If possible, removes any barriers of communication such as a desk or table between the provider and caregiver.
- Determines the caregiver’s preferred language.
- Obtains the caregiver’s name, the child’s name and residence.
- Introduces self and role at the health facility.
- Interacts with the child. If the child is crying or irritable, tries to calm or distract the child.
- Thanks the caregiver for bringing the child to the health facility.
- Identifies the reason for the caregiver’s visit by asking an appropriate opening question. (e.g., What brings you to the health facility today? What is the reason for your visit today?)
- Shows empathy verbally or non-verbally by recognizing the caregiver’s concern over the outcome of their sick child.
- Encourages the caregiver to express her/his feelings.
- Demonstrates respect and interest in the caregiver’s concerns.
- Gives praise the caregiver for recognizing the child’s symptoms early and for bringing the child to the health facility for care.

#### 2. Asks medical history questions in a manner the caregiver understands:

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<th>Comments</th>
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<td>2</td>
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<td>1</td>
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- Explains to the caregiver that he/she is going to ask questions about the child’s illness.
- Uses simple non-medical words the caregiver understands. Sometimes uses colloquial or slang terms that are easier to understand.
- Begins by asking open-ended questions that allow the caregiver to describe and reveal information. (E.g., What more can you tell me about your child’s cough? Tell me more about your child’s symptoms).
- Rephrases the question in another way if the caregiver does not understand the question. (e.g. When did the cough start? How many days and nights has the child had a cough?)
- Asks probing questions based on specific points the caregiver has made to gather more information. (E.g., Has the child had this illness before? Tell me more about your child’s rash; did the rash appear with other symptoms?)
- Asks sufficient questions to elicit a complete medical history. (e.g. *Is there anything else that you are worried about? Have you already given the child any treatment?*)
- Asks about symptoms of alternative diagnoses that have similar signs and symptoms.

### 3. Listens to the caregiver’s concerns and responses:
- Allows time for the caregiver to respond to questions.
- Allows the caregiver to tell their story and complete statements without interruption.
- Clarifies statements that are unclear by asking the caregiver to explain what they meant.
- Periodically summarizes and paraphrases what the caregiver has said to confirm understanding.
- Observes the caregiver’s non-verbal cues (body language, facial expression, rhythm of speech) and confirms what she/he observes.
- Accepts the caregiver’s views and feelings in a non-judgmental manner.
- Leans towards the caregiver when she/he is talking and makes eye contact.
- Shows the caregiver they are listening and encourages the caregiver to express themselves freely by nodding or by saying words such ‘yes’, ‘OK’, or ‘mmhmm’.

### 4. Communicates information about exam procedures in a manner the caregiver understands:
- Explains that he/she will be examining the child and asks permission to undress the child.
- Encourages the caregiver to ask questions.

### 5. Uses the Job Aid for Children with Fever correctly to assess the cause of the child’s fever:
- Shows the caregiver the pictures and refers to the cues on the back of each card.
- Follows the sequence of cards in the correct order:
  - Takes the patient history
  - Assesses for all danger signs and signs of severe illness
  - Conducts the physical exam
### IPC Core Competencies for DIAGNOSIS:

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<th>Comments</th>
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<tbody>
<tr>
<td>6. Communicates information about diagnostic procedures and test results in a manner the caregiver understands:</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td></td>
<td>• Provides clear information on what procedures or laboratory tests will be conducted.</td>
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<td>• Explains why the tests are needed.</td>
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<td></td>
<td>• Explains what the child might experience and how long the procedure or test will take.</td>
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<td></td>
<td>• Explains the meaning of laboratory and diagnostic test results.</td>
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<tr>
<td>7. Communicates the child’s diagnosis at a level the caregiver can understand:</td>
<td>3</td>
<td>2</td>
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<tr>
<td></td>
<td>• Explains what he/she thinks is the cause of the child’s fever at a level the caregiver can understand.</td>
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<td></td>
<td>• Explains why he/she suspects the child has the stated diagnosis.</td>
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<td></td>
<td>• Stresses the importance of adhering to negative test results.</td>
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<td></td>
<td>• Elicits the caregiver’s beliefs, reaction or concerns about the diagnosis.</td>
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<tr>
<td>8. Uses the Job Aid for Children with Fever correctly to communicate diagnostic procedures and results:</td>
<td>3</td>
<td>2</td>
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<tr>
<td></td>
<td>• Shows the caregiver the pictures and refers to the cues on the back of each card.</td>
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<tr>
<td></td>
<td>• Follows the sequence of cards in the correct order to communicate malaria diagnostic testing and results:</td>
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<tr>
<td></td>
<td>o Test for malaria</td>
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<td>o Positive malaria test results</td>
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<tr>
<td></td>
<td>o Negative malaria test results</td>
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<td></td>
<td>• Explains why a negative malaria test result means the child does not have malaria.</td>
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<td></td>
<td>• Explains which non-malaria febrile illness he/she thinks the child has and why.</td>
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</table>
### IPC Core Competencies for TREATMENT:

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<tr>
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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>9.</strong> Communicates information about treatment recommendations in a manner the caregiver will understand and follow.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>• Provides information on the recommended treatment.</td>
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<tr>
<td>o The name of the treatment, what it is for and why it is needed.</td>
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<tr>
<td>o How the treatment is to be taken. The number of tablets to be swallowed or crushed and mixed with water.</td>
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<tr>
<td>o The number of times the dose should be taken daily and for how long.</td>
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<tr>
<td>• Counsels the patient on the importance of adherence to treatment recommendations.</td>
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<tr>
<td>• Encourages the caregiver to ask questions.</td>
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<tr>
<td>• Asks the caregiver to repeat back information about the diagnosis and treatment to confirm it was understood correctly.</td>
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<tr>
<td>• Elicits the caregiver’s willingness to accept and follow the recommended treatment.</td>
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<tr>
<td>• Communicates when to come back if the child does not improve or worsens.</td>
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<tr>
<td>• Communicates when to return for a follow-up to check if the child is improving. (Children with pneumonia should return for follow-up in 2 days).</td>
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<tr>
<td>• Gives information to the caregiver about how to prevent the illness in the future. (e.g. <em>Sleep under LLIN,</em> or <em>breastfeed exclusively for the first 6 months</em>).</td>
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<tr>
<td><strong>10.</strong> Uses the <em>Job Aid for Children with Fever</em> correctly to communicate treatment recommendations for malaria and non-malaria fever.</td>
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<tr>
<td>• Shows the caregiver the pictures and refers to the cues on the back of each card.</td>
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<tr>
<td>• Follows the sequence of cards in the correct order to communicate treatment of malaria and management of fever.</td>
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<tr>
<td>• Follows the sequence of cards in the correct order to communicate the treatment recommendations for non-malaria fever and management of fever.</td>
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</table>
### C. Health Provider Performance Appraisal Summary Sheet

<table>
<thead>
<tr>
<th>Health Provider:</th>
<th>Supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test Score:</td>
<td>Post-Test Score:</td>
</tr>
<tr>
<td>Date:</td>
<td>Health Facility:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Rating</th>
<th>Competencies discussed; need for performance improvement</th>
<th>Action items agreed upon</th>
<th>N/A*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Puts the child’s caregiver at ease.</td>
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<td></td>
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<tr>
<td>2. Asks medical history questions in a manner the caregiver understands.</td>
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<tr>
<td>3. Listens to the caregiver’s concerns and responses.</td>
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<tr>
<td>4. Communicates information about exam procedures in a manner the caregiver understands.</td>
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<tr>
<td>5. Uses the <em>Job Aid for Children with Fever</em> correctly to assess the cause of the child’s fever</td>
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<tr>
<td>8. Uses the <em>Job Aid for Children with Fever</em> correctly to</td>
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</table>
### Core Competency

<table>
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</tr>
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</table>

9. Communicates information about treatment recommendations in a manner the caregiver will understand and follow.

10. Uses the *Job Aid for Children with Fever* correctly to communicate treatment recommendations for malaria and non-malaria fever.

*NOT observed or NO need to improve

---

**Signature of Health Provider:** ________________________________  
**Date:** ____________

**Signature of Observer:** ________________________________  
**Date:** ____________