

Health Facility:		Year:	
Date:		Quarter:	
Name of health worker being assessed:			
Designation:			
Name of assessor:			
Signature of assessor:			

Instructions for skills assessment

Begin the observation when the health worker greets the caretaker.

End the observation when the health worker has referred the child or finished treating the child (including counselling the mother).

Write the **beginning and end times** on the IMCI Recording Form so that you can determine the total amount of time spent managing the case.

Avoid interfering with the management of the case so that you can observe what the health worker is able to do alone, without assistance.

Correct the health worker only if what the health worker is doing might lead to harming the child.

Assess the child as much as possible while the health worker is managing the child.

Refer to the chart booklet, as needed, for guidance.

Note your own assessment, classification, and treatment decisions.

Make a star for instances where the health worker made different decisions, omitted tasks, or did tasks incorrectly.
Write enough notes to remember what was done and what should have been done, to **review** these tasks with the health worker.

If you **need to re-assess** the child (e.g. to count breaths), save this task until the end to give the health worker a chance to practice the task at the same time.

Note: Use the **IMCI Recording Form** in any way that it is useful to you as an aid to:

- observe case management;
- identify priorities for feedback and practice, and later;
- summarise your observations on this skills assessment form.

Scoring: Compliant (C): 1; Not Compliant (NC): 0; Not Applicable: N/A					
Assessment and classification:		N/A	C	NC	Comments
1	Correctly assessed and classified for Possible Bacterial Infection (0-2m)/ Danger Signs (2m-5y)				
2	Correctly assessed and classified for jaundice (0-2m)				
3	Checked for all Main Symptoms : Cough, diarrhoea, fever, ear problem, sore throat if >3 years (2m-5y)				
4	Correctly assessed for Congenital problems (0-2m)				
5	Considered Risk Factors (0-2m)				
6	Correctly assessed and classified for Anaemia (2m-5y)				
7	Correctly assessed and classified for Nutrition (0-2m) or Feeding problems and Poor growth (0-2m)				
8	Correctly assessed and classified for HIV infection (all patients)				
9	Correctly assessed and classified for TB (all patients)				
10	Development assessment completed correctly at ages 14w, 6m, 9m, 12m, 18m, 3y, 5y				
11	Head circumference assessed at ages 14w, 6m				
12	Immunisation status, vitamin A and deworming checked (all patients)				
13	Asked about other problems and caregiver's health (all patients)				
Treatment and Counselling					
14	Referred appropriately if: <ul style="list-style-type: none"> • Birth abnormalities • TB exposed and mother receiving TB treatment <2 months before delivery • At-risk infant or social problem • Severe feeding problems or SAM • Risk of TB or possible TB • Abnormal head circumference • Signs of developmental delay 				
15	Immunisations given correctly if due				
16	HIV test done or result traced if indicated				
17	ARV prophylaxis or <i>treatment</i> correctly given if indicated				
18	Cotrimoxazole prophylaxis correctly given if indicated				
19	Mom counselled on "good nutrition to grow and be healthy" RTHB p4-7				
20	Mom counselled on "love, play and talk" for healthy development RTHB p22				
21	Mother counselled when to return				
22	RTHB updated and used during consultation				
Duration of consultation		min			
A. Numerator: total score (compliant items)					
B. Denominator: 22 - NA (not applicable items)					
C. Average % score: A / B x 100		%			
D. Recorded Score on Child Health Dashboard		<input type="checkbox"/> Yes			
E. Recorded Remedial Action on QIP		<input type="checkbox"/> Yes			