Module 3: Terminology and Taxonomy - *Implementation Guide*

Purpose

- Elicit terminology for fever, convulsions, malaria
- Construct local taxonomy of illnesses involving fever and/or convulsions
- Obtain normative information on treatment of childhood febrile illnesses
- Determine local knowledge of the causes, symptoms, and treatment of malaria

Method

Group interview with free listing and semi-structured questioning to fill in matrix

Sample

Principally women, but men may participate also

Note Taking and Recording

Terminology and taxonomy grid

Detailed notes, some verbatim

Tape of session (optional, but recommended)

Purpose

The purpose of this module[5] is to identify local terms for illnesses involving fever and/or convulsions, and to understand local taxonomies (classifications) of those illnesses. By identifying local terminology and illness classifications, you can ensure that you and the respondents are talking about the same thing. This module can help you to determine the extent to which local terms correspond to the clinical definition of malaria. You may discover that participants call some symptoms and illnesses "malaria" that are not clinical malaria, and that they are not calling other symptoms and illnesses "malaria" that are part of the definition of clinical malaria. If you elect to use this module, conduct the terminology and taxonomy interviews after the Community Introduction module but before all other modules. This sensitizes your team to terms and classifications that local people may use when you are carrying out other modules.

Method

The module first elicits a list of child illnesses involving fever, and then, for each of those illnesses, asks about the cause, prevention, and treatment. Then the same procedure is followed for convulsions. The questions in this module should not be asked in a rote fashion. To do this module well, the researcher must listen actively and probe to differentiate illnesses with similar symptoms.

---

5. This module was adapted from Helitzer-Allen, D. L., and H. A. Allen, Jr. 1994. *Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members.* Washington, D.C.: USAID and Family Health International AIDS Control and Prevention Project.

Although detailed probing is essential, it is important not to force participants into making clear-cut classifications if none exist. *It is also essential that in the discussion as well as in your notes you use only the actual terms the participants use for any symptoms and illnesses, not your translation of those terms.* For example, only say or write the term "malaria" if that is the actual local word used, not if another term is used that you think means malaria.

This module yields information on terminology and illness classifications, and general normative information on how those illnesses are treated. This module should not be the primary source of information about how those illnesses are actually treated. That information is best gathered via the illness narratives, which ask about actual febrile illness cases.

Convulsions Taxonomies

There are several important objectives in constructing a local taxonomy of convulsions. One is to learn whether convulsions in the presence of high fever are seen as linked to the fever or are seen as a separate condition. If caregivers perceive these convulsions to be a separate illness with a separate cause, they are likely to seek a different course of treatment. It is important to learn whether caregivers think that a child with convulsions and fever should be taken to a health facility immediately. Another objective is to find out whether community members distinguish between convulsions related to high fever/malaria and those caused by epilepsy, which occur without fever.

Biomedically, there is a distinction between febrile convulsions and cerebral malaria. Febrile convulsions can result from any condition that causes high fever, and are treated by reducing the fever. Convulsions associated with cerebral malaria, a severe form of the illness, require treatment with antimalarials and intravenous fluids. From a care-seeking standpoint, it is not important that community members know this distinction. What is important is that they know that a child with convulsions and fever needs to be seen at the health facility as soon as possible.

You will note that this module has been labeled "supplementary" rather than "core." Some researchers may consider this exercise essential, and indeed it can yield important information. You are strongly encouraged to conduct this module if your team has sufficient time and expertise to do so. There are several reasons why this module has been made optional:

- The exercise looks simple but is hard to do well. Unless you are fluent in the local language, you must rely on local researchers. Few researchers have strong experience in doing this research, and they need a high degree of skill to do it correctly. At a minimum, they must understand the concept of taxonomies and explanatory models of illness. The terminology portion is much more than just getting a translation; it involves active listening and on-the-spot construction of a probing sequence that elicits accurate categories.
- The module is time-consuming and participants often find it tedious. At least four and as many as a dozen illnesses may be named in the initial free listing, each of which must be discussed using the same sequence of questions. Then the procedure is repeated for convulsions.
- If more than one language is spoken in your study area, you will need to develop a taxonomy for each. This requires a minimum of two but preferably more groups per language, which can take up a disproportionate amount of your research time and result in long tables explaining local terms that may be of limited use in the development of regional or national interventions.
- You can usually reach a mutual understanding of terms during data collection by talking about symptoms rather than illnesses—for example, by talking about a child being ill with fever rather than with malaria. Then you can listen for and ask about any other terms the mother introduces. For example, if a mother says her child had fever and she thought it was malaria, ask more about how she knew it was malaria and then use the term malaria from that point on in the interview.

Similarly, if the objective is to learn whether treatment varies by how an illness is classified, then it is better to ask about a specific episode, including what the mother thought the illness was and what she did to treat it.

How much time you decide to spend on the Terminology and Taxonomy module will depend on how much the results of your research will be used to develop local, as opposed to national or regional, IEC materials or programs. For NGOs that will be working long term in a particular district, it is worth taking the time to understand all the terms that local people use. If the program encompasses more than one language or ethnic group, then the strategy should be based on finding a common rather than local way of talking about malaria.

From the standpoint of communication strategy, it is desirable to use a single term for malaria, and link that term to a common, accurate understanding of symptoms and treatment. One aim of the research, therefore, is to find out how well people understand a common term, and how their understanding could be improved. Fortunately for communication efforts, the English term *malaria* or its equivalent in the dominant language (e.g., *paludisme* or *palu* in French) is becoming more and more widely used, even in rural Africa.

Sample

The sample should consist mainly of mothers and grandmothers of children under 5 years of age, but fathers may also participate. No health providers should be included in the group.

Note Taking and Recording

The products of this module are (1) a verbatim or near-verbatim transcript of the discussion and (2) a taxonomy grid that organizes the information into symptoms, causes, prevention, and treatment, as in the recording form in the following pages.

(1) Because the intent of the module is to capture local terms and subtle differences in illness classifications, you may wish to tape-record these sessions as well as take detailed notes. Make sure that the note taker can take notes quickly and accurately.

(2) The taxonomy grid organizes the information for analysis. To save time and to give you a basis for end-of-day discussion and analysis, use an additional note taker to fill in basic information in the grid during the discussion session. The person filling in the grid should write each illness mentioned by free listing (Step 2 in the module) down the left-hand column, and then fill in information about the illness—symptoms, causes, and so on—across the grid as each is discussed. The information in the grid can be reviewed and refined when the complete transcripts are typed.

It is worth repeating that whenever discussions are recorded or transcribed, you should record the *actual local terms used, rather than translations*.

Module 3: Terminology and Taxonomy

Fever

1. **Terms for fever**: Find out the term(s) for fever.
   When a child's head or body gets hot, what is this called?
   Confirm: *So if my child's head or body is hot, I say, "My child has [term]?"*

2. **Illness list**: Obtain a free list of illnesses with fever as a symptom.
   Can you tell me all of the illnesses that children get that cause [term]

3. **Symptoms**: For the first illness with fever, elicit a free list of other symptoms associated with the illness. You may also want to ask if symptoms usually appear in any sequence.
   How do you know when a child has X [illness]? What is it like when a child has X? Do these symptoms appear at once, or do some appear before the others?

4. **Causes**: For that same illness, ask what causes the illness.
   How does a child get X?

5. **Prevention**: Ask if there is any way to prevent the illness.
   Is there any way to prevent a child from getting X? How? Why do some children get X and some don't?

6. **Treatment**: Ask how X is treated.
   How do you treat a child who has X?

   Where do you go for treatment (home, shop, clinic)?

   Who has the most information about this illness?

   Are there any medicines for X? How do you decide which one to give?

Repeat Steps 3–6 for each febrile illness with symptoms that overlap with malaria.

Convulsions

1. **Terms for convulsions**: Find out the term(s) for convulsions.
   When a child gets like this [imitate], what is this called?

2. **Types of convulsions**: Find out if there are different types of convulsions. Get a description of each.
   Are there different types of convulsions? How do you know which type of convulsion a child is having? What is each like?

3. **Causes of each**: Find out what causes each type of convulsion.

4. **Treatment for convulsions**: Find out how each type of convulsion is treated.

Module 3: Terminology and Taxonomy - *Recording Form*

Community: ______________________________ **Date:** ______________

Language: ______________ **Facilitator / Note taker:** ______________ / ______________

(Continue next page)

Module 3: Terminology and Taxonomy - *Recording Form* *(continued)*

Community: ______________________ **Date:** ______________

Language: ______________ **Facilitator / Note taker:** ______________ / ______________

(use additional pages as necessary)

Module 3: Terminology and Taxonomy: Taxonomy Grid

Community:

Language:

Date:

Facilitator/Note taker:

Illness Name	Symptoms	Causes	Prevention Methods	Treatments

[Use as many sheets of grids as necessary.]

Module 4: Health Facility - *Implementation Guide*

Purpose

To investigate:

The history of the illness and the triggers to care-seeking, including:

- treatments tried and providers/facilities consulted prior to the health facility visit
- illness symptoms or other factors that prompted the caregiver to bring the child to the facility
- the time between the onset of fever and the visit to the health facility (if first visit)

The provider's interaction with the caregiver, including:

- the provider's understanding of the history of the illness and of what treatment has been tried
- the provider's advice to caregiver regarding treatment and prevention
- the provider's explanation and whether it is sufficient to enable the caregiver to comply with the advice
- duration of consultation

Caregiver's satisfaction and ability to comply with the provider's advice, including:

- the caregiver's confidence in the diagnosis, advice, and treatment
- what the caregiver liked and disliked about the experience
- the caregiver's ability to understand and recall the provider's advice
- other factors that facilitate or hinder caregiver's compliance

Caregiver's compliance with treatment advice

Method

- Interviews with caregivers when they arrive at the health facility, as they exit, and 2 or 3 days later
- Interviews with providers
- Observation of the interactions of caregivers and providers at the facility

Sample

- Caregivers at the health facility who brought children under 5 years with fever and/or convulsions or perceived malaria
- A subset of this sample, interviewed 2 or 3 days later
- Providers at the health facility

Note Taking and Recording

This module consists of six sub-modules that use different methods, and the recording technique for each sub-module is specified. The close-ended questions in this module can be coded and entered into a data set.

Purpose

The purpose of the Health Facility module is to understand the caregiver's experience in the health facility and how it bears on the overall treatment that a child receives. It should be emphasized that the purpose is *not* to assess the quality of health services or the clinical skills of health providers, but rather to understand the clinic experience from the caregiver's perspective and to identify those factors that encourage or discourage the caregiver being able to proceed with optimal treatment. (There are other research protocols designed to assess health service quality—see footnote 4.) It is worth referring to Step 3 in the care-seeking model described in Section 2 for a review of issues relevant to this module.

To perform the module, the research team "follows" caregivers through their health facility visit: interviewing them on arrival, observing their consultations with the provider and in the treatment room, and interviewing them as they leave. At least one provider from each facility should be interviewed. You may also interview some of the caregivers again a few days after the visit, to see how well they have understood, remembered, and complied with treatment recommended by the health facility staff.

Sample

Your overall sampling plan will probably include 5 to 10 health facilities, and you should aim to interview from 6 to 10 caregivers at each. Depending on the size of the facility, you should interview one or two providers. The number of follow-up home interviews, if any, depends on how important the issue of caregiver compliance is to your research. As a general guide, you would conduct follow-up interviews with one-third to one-half the caregivers interviewed at the facility, but if your study is focused solely on compliance, you will want to conduct follow-up interviews with all of them.

The Components of the Module

Basic information about the health facility. Assemble (on one page) basic descriptive information about the facility (such as name and location, size, and type) and collect other information you deem relevant to your study (such as current stock of antimalarials, regularity of supply, special mechanisms for making insecticide-treated nets (ITNs) available, and so on). You will already know the basic descriptive information but will want to keep track of it for describing the health facility sample in your report. Other information can be collected informally during your initial conversation with staff when you are explaining your purpose and gaining permission to collect data.

4-I. *Preconsultation interview with the caregiver* to elicit a brief history of the illness; treatments already tried and/or providers consulted; symptoms or factors that prompted the decision to bring the child to the facility; and time between this visit and onset of fever.

4-II. *Observation of the caregiver's consultation with the provider* to note how well the provider and caregiver communicate about the history of the illness and treatments already tried; the provider's diagnosis; and the provider's advice about medication, feeding, return visits, referral to other facilities, and prevention.

4-III. *Observation of the treatment room* to note medication regimes prescribed, whether medication is identified to the caregiver, and quality of communication of dosages.

4-IV. *Exit interview with the caregiver* to assess caregiver's ability to understand and recall treatments, caregiver's confidence in diagnosis and treatment advice, and satisfaction with the visit.

4-V. *Interview with the provider* to obtain provider's perspective on caregivers' treatment practices.

4-VI. Follow-up home interview with the caregiver after 2 or 3 days, to find out how well caregivers are complying with the treatment recommended at the health facility.

It may not be feasible to conduct all six components of the Health Facility module. The follow-up interviews (4-VI), in particular, require finding caregivers several days after they visit the health facility, and may be difficult to arrange. However, if compliance issues are of high importance in your research, this component is worth the effort. Compliance issues can also be explored in the illness narratives, but this approach is not as reliable as the follow-up interview because you will have to depend on the caregiver's report of what the provider recommended. The caregiver's recollection may be faulty, or she may not mention provider recommendations that she did not act on.

Approaching the Health Facility

Check the facility schedule and try to visit on a typical day. Do not go, for example, on a day designated for prenatal visits only. Find out the facility hours and begin, ideally, at opening time. Whether or not you need to pre-arrange your visit depends on the facility. If it is possible to arrive at opening time and gain permission to work that same day, that is preferable to giving advance notice since you want to minimize the opportunity for the staff to prepare for the visit and change normal operations to make a good impression. Emphasize to the staff that you are looking at the *caregivers'* perceptions of illness and treatment; be careful not to give the impression that you are checking up on or assessing the health providers. Stress that you do not want to impose on the staff or disrupt their work, and that the main purpose is to talk to the caregivers in the facility and look at their experience there and the kinds of things they do to seek help for children who are ill with fever. Tell staff what you will want to do—that some team members will want to talk to caregivers before and after their consultation and that others will want to observe the consultation and talk with the health provider afterwards.

If members of your team are from the Ministry of Health and known to facility staff, do not use them in this module. The presence of someone known to be an MOH official is almost certain to influence, if not intimidate, the staff.

Organizing Your Team

Divide the team up to conduct preconsultation interviews, consultation observations, treatment room observations, and exit interviews simultaneously. To plan this, find out in advance about the size and organization of the health facility. Depending on your sample, "health facility" can mean a rural health post or a large urban hospital outpatient clinic, so the organization of services will vary. In many facilities, the clinician performs the examination and gives the diagnosis and another staff member administers treatments such as injections and drugs. Figure 13 provides an example of an organizational approach for a team to conduct the components of the Health Facility module simultaneously in a mid-sized facility.

Figure 13: How to Organize the Team to Follow Caregivers in a Typical Mid-sized Health Facility

Component	*# of team members*	*Team members' tasks*
4-I. Preconsultation interview with the caregiver	1 or 2	One interviews, the other takes notes; if patient flow is high, both interview so as not to keep caregivers waiting. *Average time: 10 minutes per interview*
4-II. Observation of the caregiver's consultation with the provider	1	Sit through all consultations, whether patient is in sample or not (unless there are privacy considerations), but fill out observation sheets only when a patient in the sample is being seen. *Average time: 10 minutes per patient*
4-III. Observation of the treatment room	1	Sit through all patients, record only when a patient in the sample is being seen. *Average time: 10 minutes per patient*
4-IV. Exit interview with the caregiver	1 or 2	One interviews, the other takes notes; if patient flow is high, both interview so as not to keep patients waiting. *Average time: 10 minutes per interview*

Keeping Track of Your Interviewees and Records

To make sure that records from different caregivers do not get mixed up, give each caregiver an identity (ID) number and ensure that it is written on all records from all components with that caregiver. This must be done systematically:

1) At the start of each preconsultation interview, the interviewer assigns the caregiver an ID number and writes it on the preconsultation recording forms. At the end of the interview, the interviewer gives the caregiver a card with the ID number on it and asks her to give it to the team member in the consultation room. If this is the first health facility and the first caregiver, the ID could be 11; for the second caregiver, the ID could be 12; for the third, 13; and so on. If you are giving incentives,[6] you could tell caregivers that they will receive a small gift when they exit the facility, to increase chances that they will complete the exit interview.
2) The observer in the consultation room will know that a caregiver who presents a card is part of the sample. The observer writes the ID number on the recording form for the caregiver's consultation with the provider, hands the card back to the caregiver, and asks her to give it to the team member in the treatment room.
3) The observer in the treatment room writes the ID number on the recording form for the treatment room and asks the caregiver to hand the card to someone who would like to interview her upon exit.
4) Immediately after the interviews, the IDs should be matched, and the recording forms from all components for a given caregiver should be stapled together.

6. Whether or not incentives or small gifts are given to the respondent depends on the setting. In some countries or under some projects, incentives are highly discouraged or prohibited. In others, they are seen as an appropriate means of giving a small compensation to the respondent for her time. In most cases, an incentive is a small item, such as a bar of soap.

Implementing the Preconsultation Interview with the Caregiver (4-I)

Researchers conducting preconsultation interviews should post themselves where patients enter the facility and select respondents who meet the following criteria:

(1) Child is under 5 years

(2) Illness involves fever or convulsions, or caregiver perceives the illness to be malaria

In most facilities, there are (sometimes long) waits before the patient can be seen by the provider; this waiting period is usually a convenient time to conduct the preconsultation interview. Interviewers should, however, be careful to minimize any inconvenience to the caregiver and sick child. Some caregivers may be bringing in very sick children who need prompt care, and, although the entry interview takes only about 10 minutes, in no case should the interview delay the receipt of care or the flow of services. If necessary, the initial interview can be conducted after the child has been treated, so that the entry and exit interview are combined. There may be some cases where the caregiver is too worried or hurried or the child is too upset or uncomfortable to take any time at all for interviews.

The preconsultation interview is similar to the illness narrative in Module 2, but shorter, to avoid inconveniencing the caregiver whose primary interest is to get treatment for a sick child. The main objective of this interview is to document prior treatment and what prompted the caregiver to bring the child to the facility. There may be little time to ask details of how and why treatment decisions were made. Of course, if the caregiver is willing, you should explore issues in as much detail as time permits.

Briefly explain the purpose of the research, assure the caregiver that responses are confidential and will not be communicated to the health facility staff, and obtain permission to continue.

The key information to gather is:

- age and sex of child
- caregiver relationship to child
- whether this is the first, second, or third visit to this facility for this illness
- illness symptoms besides fever (fever is a criterion for inclusion in sample)
- perceived illness, cause, and severity
- number of days since the onset of fever
- prior treatments given, including antimalarial type and amount; whether the amount of antimalarial given was the correct dose, an underdose, or an overdose; formal providers, CHWs, and traditional healers consulted
- what prompted caregiver to bring in child to the health facility
- information on access to the health facility, including what form of transportation was used, how long it took to get to the facility, and how much it cost

Note the arrival time if you want to calculate waiting times. (The observer in the consultation room will note the time the consultation starts.) After the interview, hand the caregiver a card with her ID number and ask her to give it to the team member in the consultation room when she is called to see the provider.

Note taking and recording. This is a mini-narrative, but concentrate on documenting the main treatment events, but with less detail on the reasons for them. Record responses directly on the coding sheet, and take additional notes as appropriate, including any noteworthy verbatim statements. The coding sheet is

like that used in the Illness Narrative module; to use it, follow the instructions under "Note taking and recording: (2) Coding Sheet for Computer" in the implementation guide for Module 2. The close-ended information can be taken directly from the coding sheet and entered into a database. This health facility sample constitutes a separate data set from the narratives sample.

Implementing the Observation of the Caregiver's Consultation with the Provider (4-II)

Only record consultations with caregivers who have ID cards from the preconsultation interview. Write the ID number on the coding sheet immediately to ensure that records from different caregivers do not get mixed up.

It is particularly important to record the following:

1) Medication: what drugs the provider recommended
2) Feeding: what advice the provider gave about feeding the child
3) Return visit: whether the provider asked the caregiver to return to this facility
4) Referral: whether the provider told the caregiver to go to other facilities
5) Prevention: whether the provider recommended use of an ITN

Your record of this information will be compared with what the caregiver recalls in the exit interview. The comparison will indicate how well the caregiver recalls advice, as incomplete recall would clearly influence the ability to comply. If this caregiver is given a follow-up interview to look at actual compliance, her treatment actions will again be compared with the treatment recommendations recorded here.

Also note:

- Whether the provider obtained information about the history of the illness—especially history of fever and presence of convulsions—either by asking whether specific symptoms were present or by giving the caregiver the chance to describe the illness problem
- Whether the provider obtained information on what the caregiver has already done to treat the child, either by asking whether specific treatment actions were taken or by giving the caregiver the chance to describe what she did
- What diagnosis the provider made, and whether the provider communicates it to the caregiver (if not, ask the provider for the diagnosis after the caregiver leaves)
- Your qualitative assessment of the interaction between the provider and the caregiver
- Time consultation begins and ends

Observers should note their qualitative assessment of the interaction, and the team should discuss beforehand the interaction criteria—e.g., provider interest, empathy, and attempts to make the caregiver comfortable. Observers are encouraged to note other aspects of the caregiver's experience with the provider, such as how the provider handled the child during the exam, whether there was privacy for the consultation, whether the caregiver was scolded, permitted to ask questions, and so on.

Usually a clinician carries out the consultation and another staff member dispenses the treatment. In a facility where one staff member does both, combine the observation of the treatment room with the observation of the caregiver's consultation with the provider.

Note taking and recording. The observation guide includes space for recording and coding. Note items to be observed and mark as indicated. It is not necessary to take verbatim notes on the interaction unless something is said that you want to recall. For example, if the provider scolds the caregiver, you may wish to record what was said. Write other notes about the session, as relevant.

Implementing the Observation of the Treatment Room (4-III)

In many facilities, the caregiver goes from the consultation with the provider to a "treatment room," where injections may be given, medication dispensed, or prescriptions written. The purpose of this component is to observe the treatment given and the provider communication with the caregiver regarding medications or other treatments recommended for the child. To administer treatments correctly at home, the caregiver must receive the correct medications in the correct amounts and understand how they are to be given. On the form, the observer will note what happens in the treatment room that might affect the caregiver's ability to comply with the provider's instructions. For example, there is space for recording whether the dispensing provider said what medication was being given (if caregiver did not know already) and explained how to complete the administration of any multidose medications at home. The form should be adapted to reflect the first-line and second-line antimalarial for the country in which you are working, as well as any special issues related to those drugs. For example, if the first-line drug has recently been changed from CQ to Fansidar™, then the provider ideally would explain to the caregiver some key differences between the drugs, such as that Fansidar™ may take longer to show effect.

Note any other factors that might affect the caregiver's understanding of how to administer medications, such as the speed or tone of the instructions given or the clarity of written instructions. In the Zambia study, researchers noted that in some clinics the staff person who was filling the prescription had her back turned as she was giving instructions on how to give the medication. This made it difficult for the mother to hear the instructions and discouraged her from asking questions. Note any other pertinent circumstances, such as whether caregivers are expected to provide their own empty bottles or other containers for carrying the medication, whether special symbols are used to indicate dosage, and so on.

> Even when doses were accurately prescribed, dosage instructions were usually given in a quick, inaudible, unclear manner. Sometimes two, three, and four different medications were handed to the mother with very rapid instructions on each. The name or purpose of the drug was rarely stated. Even when written instructions were given, labels and written instructions were confusing, especially those written on bottles containing liquid medications. The persons doing the dispensing did not check to see whether the mother understood the dosage, and some seemed annoyed if a mother asked a question.
>
> *—excerpt of health facility observations from the Zambia report*

The observer will record only sessions for caregivers who have ID numbers from the preconsultation interview, and will immediately write the ID number at the top of the observation form. When the card is handed back to the caregiver, she should be asked to give the card to a team member posted outside the facility who will talk to her briefly when she is finished.

Note taking and recording. As in the observation of the caregiver's consultation with the provider, the recording form serves both as an observation guide and recording device. Note the items to be observed and mark accordingly, but write other notes on the session, as relevant.

Implementing the Exit Interview with the Caregiver (4-IV)

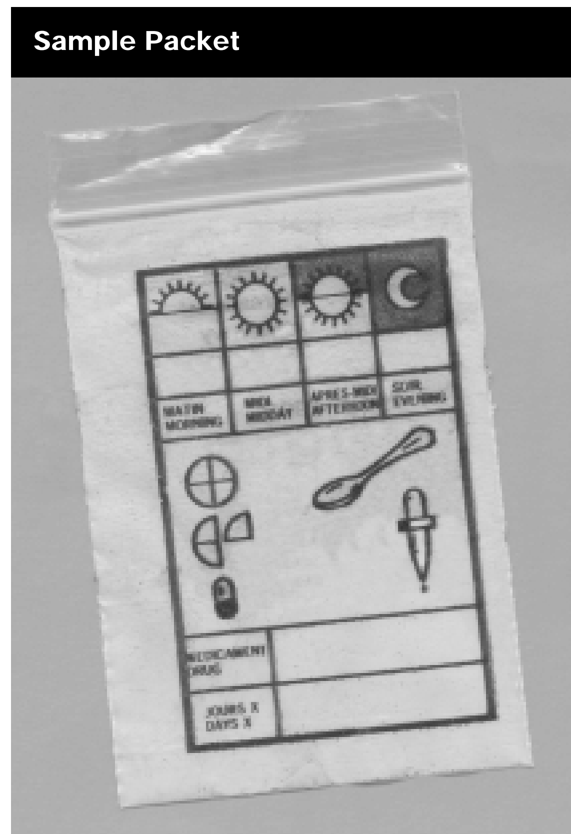
The main purpose of the exit interview is to ascertain recall of treatment advice, satisfaction with services, and cost of services. The following topics should be covered:

- Recall of treatment: A primary purpose of the exit interview is to ascertain recall of the provider's main recommendations on medication, feeding, return visits, referrals, and prevention. You may want to obtain both unprompted and prompted recall. For unprompted recall, start with an open-ended question on what the provider recommended to help the child get better. Then, for any action not mentioned, prompt: *"Did [the provider] say anything about X?"* In the analysis phase, the caregiver's recall will be compared with what the providers actually recommended.
- Understanding of antimalarial dosage: If a multidose antimalarial has been prescribed, correct understanding of how to administer it is essential. Interviewers must be sufficiently trained to recognize the various antimalarials and ideally also should know the administration regimen of each. At a minimum, one person on the team must know the dosing regimens and be responsible for coding whether the instructions and the recall are correct.

  If interviewers have the skill and the time, they can ask how each of the drugs the caregiver was given is to be administered. (If you do this, adapt the module and recording form accordingly; currently it asks only about administering the antimalarial.) In Zambia, caregivers were routinely given two or three drugs, and about half the caregivers could not recall on exit how the drugs should be administered. Further, some caregivers misinterpreted symbols used on medication packets. The round sun, intended to mean that a dose was to be given in the morning, was taken to mean "give a whole tablet," and a symbol showing the lower half of the sun, intended to mean that a dose was to be given in the afternoon, was taken to mean "give half a tablet."

  After all research questions about dosage have been asked and if the caregiver has misunderstood how to administer the drugs,

Sample Packet



explain the correct administration to her. If she has misunderstood symbols, explain those to her. For your records, note what has been explained to her, especially if she may be included in follow-up home interviews looking at compliance.

- Confidence in treatment recommended and satisfaction with the overall visit: The perceived efficacy of the treatment recommendations will affect whether the caregiver feels that it is worth carrying them out. Find out whether the caregiver thinks that the provider has recommended the right treatment. Often, caregivers are hesitant to question the authority of a health provider. Interviewers will have to ask questions in an open and neutral way. The module suggests asking, "*Do you think this is the right treatment for this child?"* and "*What about the recommendation/ treatment makes you think it is right?*"

  Find out the caregiver's level of satisfaction with the visit. Again, a caregiver may be hesitant to say that she was not happy with her experience, and the module suggests neutral language for asking about satisfaction: *"Did you get what you need today?" "Was there anything else you would have wanted to happen?" "Was there anything that you were unhappy with?" "Was there anything you were particularly happy with?"* Some respondents may be worried that you will pass on what they say to the provider; reassure them their opinions are confidential.

- Cost of services and medications: Cost is known to influence utilization of services. Sometimes services are supposed to be free, but in fact fees are charged. You may also wish to find out whether the caregiver considers what she paid to be reasonable or expensive.
- Caregiver age and level of education, for purposes of analysis.

If you are doing follow-up home interviews, let the caregiver know that some mothers will be visited by a team member in a few days. Obtain detailed instructions on how to locate potential interviewees.

Note taking and recording. The interview guide is on a separate sheet from the recording form, as the exit interviews will most likely be conducted by an interviewer and note taker team. Some questions are close-ended and responses are set up for coding on the recording form, but some questions are open-ended and space is provided for noting the exact wording. For example, note what the caregiver says about satisfaction; do not just record "satisfied." The close-ended information can be coded and entered into the Health Facility data set, and the open-ended information provides more detail about the coded responses.

Implementing the Interview with the Provider (4-V)

The interview can be done after all the caregivers in the sample have had consultations, or whenever it is most convenient for the provider(s). Your main purpose is to compare provider perceptions of caregiver treatment practices with what actually occurs. In introducing the purpose of the interview, emphasize that you are interested in learning what mothers do to treat febrile illness. You are not testing the provider's competence, and be sure to avoid giving that impression.

Note taking and recording. This is a standard semi-structured interview. Answers can be written directly on the combined questionnaire and recording form. Take a combination of summary and verbatim notes.