

Implementing the Follow-up Home Interview with the Caregiver (4-VI)

The follow-up home interview seeks detailed information on the factors that encourage the caregiver to comply with the treatment recommendations and the factors that discourage her from doing so. It also seeks information on any additional treatments given or any other providers consulted since the visit to the health facility.

This component can be logistically complicated, as it involves returning to the communities 2 or 3 days after the health facility visit, finding caregivers in their homes, and comparing recommended treatments with actual treatment. If the Health Facility module is conducted on the first day in a community, then two researchers can do follow-up interviews on the last day of work in the community, possibly when other team members are writing up findings from the other modules.

In preparation for the follow-up interview, interviewers should review the completed health facility forms for the caregivers to be visited to know the background and recommended treatments for each case. The forms will indicate whether the provider recommended that the caregiver:

- Give medication at home
- Follow feeding recommendations
- Return to the facility for a follow-up visit
- Go to another facility (i.e., the caregiver was referred)
- Use an ITN

For any of these that the providers did *not* recommend, circle “NA” on the form.

Start the interview with an open question, letting the caregiver tell you what she has done: “*How is the child doing?*” “*Has the child been given any treatment since visiting [facility]?*” Note that you are asking about actions taken since the health facility visit. Actions prior to the visit have already been recorded in the preconsultation interview.

For each treatment action that was recommended by the provider but not mentioned by the caregiver (actions A–E on the form), ask whether the caregiver carried it out and find out what helped or hindered her. Do not ask about actions that the provider did not recommend. For example, if the caregiver was not given feeding advice or referred to another facility, it is not necessary to ask if she did those things.

If the caregiver was to give an antimalarial at home, it is especially important to ask her what doses she gave the child each day and to determine whether she administered it correctly. Ask also whether any other drugs were given; whether you want to ascertain if those drugs were correctly administered depends on your research objectives and on the technical knowledge of the interviewer.

Then ask about *other things* that she may have done, specifically whether she gave any herbal remedies and whether she consulted various types of providers since she was interviewed in the health facility.

Note taking and recording. The combined interview and recording form includes some questions that are close-ended and easily coded and others that are open-ended with space for notes and exact wording where relevant. The close-ended information can be added to the Health Facility data set. If data are entered into the computer, only the “**no/yes**” responses in the right-hand margin need be coded. The qualitative information can be typed and analyzed as any other qualitative information.

Module 4: Health Facility - 4-I. Preconsultation Interview with the Caregiver

A. Identify suitable respondents

As caregivers enter the clinic and register, introduce yourself and screen for two criteria.

A group of us is here from [organization] studying some illnesses in this region and how they are treated. We are not part of [health facility] and all your answers would be confidential. Would it be all right if I spoke with you for a few minutes about your child's illness?

1. Child must be under 5 years
How old is this child? Ask years and months, for example 3 years and 2 months.
2. Illness must involve fever or convulsions, or caregiver must mention malaria unprompted.
What brings you to the clinic? What is wrong with this child? Ask about symptoms to see if fever or convulsions mentioned. Record all symptoms using caregiver's actual terms. Any other symptoms?
If caregiver has not mentioned illness name, ask: *What do you think this illness is?*

Continue if both criteria are met. Let the caregiver know that someone else from the team will be in the consultation with the provider, and ask if that is okay. Write an ID number on a card, and ask the caregiver to hand the card to observer when she goes into the consultation room. Make sure the ID number is written on all pages of the coding sheet.

B. Gather further background information

Is this a first visit here for this illness or a follow-up visit?

What do you think caused this illness?

How serious is the child's condition now? Would you say: not very serious, somewhat serious, or very serious?

C. Obtain a brief history of the illness

Find out:

- When illness began.
When did this problem/illness begin? When was the very first time that you noticed the child had [symptom(s)]? What day was that?
- What prior treatments (home treatments, medications given, and other providers consulted) were given. Get the sequence of treatment actions.
Have you done anything to make the child feel better? Start with the first thing you did. What did you do? When did you do this? Why did you decide to do this? Did you do anything else?
Did you take this child to see anyone else or ask advice of anyone? What did he/she recommend?
[If antimalarial given:] How much did you give?
- What prompted caregiver to bring in child today.
What made you decide to bring the child in to the clinic today?

D. Obtain information on access to clinic

If not obvious, ask: *What time did you arrive here?*

How long did it take you to get here? How did you get here? (e.g., foot, bicycle)

Did you have to pay for transportation? How much?

Did you have to get permission from anyone to come to the HF? Who?

Module 4: Health Facility - Coding Sheet for Preconsultation Interview with the Caregiver

ID#: _____

Health facility: _____ Date / Interviewer: _____ / _____

Child's age: _____ yrs _____ mos Sex: F M

Caregiver relation to child: mother other: _____

Visit # to this facility for this illness: 1st 2nd 3rd Arrival time: _____

Symptoms besides fever: vomiting diarrhea chills/sweating cough twitching/convulsions other: _____

Perceived illness: DK malaria other: _____ Perceived cause: DK _____

Perceived severity: not very serious somewhat serious very serious # days after onset of fever: _____

NOTES: _____

TREATMENT (Put sequence number in left hand bold column for each care source used. Then for each care source used, tick in the vertical column the treatments given and fill in further information as indicated.)

___ Gave home care (✓ all home treatments given): # days after onset of fever: _____

___ tepid sponging or bathing

___ home remedies/herbs

___ Antimalarial given: CQ SP Other: _____ Amt given: _____ c-dose u-dose o-dose

___ Other drugs: Antipyretic Antibiotic Other: _____

NOTES: _____

___ Took child to pharmacist # days after onset of fever: _____

(tick only if pharmacist was asked to diagnose and recommend treatment)

___ Antimalarial given: CQ SP Other: _____ Injection: # & type: _____

Amt recommended: _____ Amt given: _____ c-dose u-dose o-dose

___ Other drugs: Antipyretic Antibiotic Other: _____

NOTES: _____

___ Consulted formal provider 1 (type): _____ # days after onset of fever: _____

___ Antimalarial given: CQ SP Other: _____ Injection: # & type: _____

Amt recommended: _____ Amt given: _____ c-dose u-dose o-dose

___ Other drugs: Antipyretic Antibiotic Other: _____

___ Referred to other provider/facility (specify): _____ Referral followed? No Yes

___ Admitted

NOTES: _____

Consulted formal provider 2 (type): _____ # days after onset of fever: _____
 Antimalarial given: CQ SP Other: _____ Injection: # & type: _____
 Amt recommended: _____ Amt given: _____ c-dose u-dose o-dose
 Other drugs: Antipyretic Antibiotic Other: _____
 Referred to other provider/facility (specify): _____ Referral followed? No Yes
 Admitted

NOTES: _____

Consulted CHW # days after onset of fever: _____
 Antimalarial given: CQ SP Other: _____ Injection: # & type: _____
 Amt recommended: _____ Amt given: _____ c-dose u-dose o-dose
 Other drugs: Antipyretic Antibiotic Other: _____
 Referred to other provider/facility (specify): _____ Referral followed? No Yes

NOTES: _____

Consulted traditional healer

NOTES: _____

Prompt to seek care from HF / Why caregiver brought child in today:

Access to HF:

Amount of time to reach HF: _____ Mode of transport: _____ Transport cost: _____

NOTES: _____

OTHER NOTES: _____

Module 4: Health Facility - 4-II. Observation Guide and Recording Form for Caregiver's Consultation with the Provider

ID#: _____

Health facility: _____ Time session begins: _____

Observer: _____

Type of provider (*circle*): doctor nurse clinical officer other: _____

A. Information gathering

Asked about history of fever	No	Yes
Asked about convulsions	No	Yes
Asked about appetite	No	Yes
Asked about lethargy/weakness	No	Yes
Asked about prior treatment/meds	No	Yes
Asked about other	No	Yes (<i>specify</i>): _____

B. Diagnosis and advice

Stated diagnosis to caregiver	No*	Yes (<i>state verbatim</i>): _____
Medication: recommended	No	Yes
Specified meds to caregiver	No	Yes: _____
Feeding: advice given	No	Yes: _____
Return visit: requested	No	Yes, for review Yes, if no improvement
Checked feasibility of return	No	Yes
Referral: recommended	No	Yes
Checked feasibility of referral	No	Yes
Prevention: ITN recommended	No	Yes
Other notes regarding the consultation session: _____		

(Continue on back as necessary)

*If diagnosis was not stated, after the consultation ask provider what it was: _____

C. Quality of interaction with caregiver

(Consider provider interest, patience, empathy, attempt to make mother comfortable; not clinical assessment)

Overall assessment: very poor somewhat poor somewhat good very good

Comments: _____

Time session ends: _____

Module 4: Health Facility - 4-III. Observation Guide and Recording Form for Observation of the Treatment Room

ID#: _____

Health Facility: _____

Observer: _____

CQ/Amodiaquine given	No	Yes	Prescription only
Form	Tablets	Syrup	Injection
Identified med to caregiver	No	Yes	
Explained how to administer	No	Yes: _____	
Gave full course to take home	No	Yes	
Explained importance of giving full course	No	Yes	
Checked if caregiver understood dosage	No	Yes	

SP given	No	Yes	Prescription only
Identified med to caregiver	No	Yes	
Explained single dose	No	Yes	

Other medication prescribed **No** **Yes**

Check as many as apply:

___ Antipyretic (e.g., Panadol, aspirin)

___ Septrin or other antibiotic

___ ORS

___ cough medicine

___ eye ointment

___ other

Total number of medications given: _____

NOTES: _____

Module 4: Health Facility - 4-IV. Exit Interview with the Caregiver

A. Recall of treatment, and ability to comply

Ascertain whether caregiver recalls advice or action plan.

What did [provider] recommend that you do [to treat]? Anything else?

Record the unprompted recall, and then prompt for (if the caregiver has not mentioned) recommended medication, feeding advice, return visit, referral, and ITN use.

Medication:

Did [provider] recommend any medications?

Feeding:

Did [provider] give any feeding advice?

Return visit:

Did [provider] tell you to come back to [facility]?

[If return visit recommended:] *Do you think you will be able to return or will it be difficult to return?*

Referral:

Did [provider] tell you to go to another provider? Do you think you will go? What would make it difficult for you to go?

Prevention:

Did [provider] recommend that the child sleep under an ITN? Do you think you will be able to put the child under an ITN when he/she sleeps? What would make it difficult to have the child sleep under an ITN?

B. Understanding of dosage

If antimalarial was dispensed, check whether the caregiver

- knows *what drug* she was given, and
- knows how to administer it, including *amount to be given* and *at what times* or *how often*.

If mother has written or symbolic instructions, check her interpretation of those instructions.

If antimalarial was prescribed only or if full course was not given, find out where the caregiver will get the medication, whether there will be any problems getting it, whether the caregiver received an explanation how to administer it, and whether she knows what the correct dosage is.

Where will you get this medication? Will you have any problems getting this medication?

Did anyone here explain how much to give? How much [antimalarial] should be given?

NOTE: After all research questions about dosage have been asked and if mother has misunderstood, explain to her the correct dosage. If she has misunderstood symbols, explain them to her.

C. Confidence in advice and satisfaction with the visit

Find out the caregiver's confidence in the treatment given.

Do you think this is the right treatment for this child?

What about the recommendation/treatment makes you think it is right?

Find out the caregiver's satisfaction with the clinic experience.

Did you get what you need today? Was there anything else you would have wanted to happen?

Was there anything that happened you were unhappy with? Happy with?

D. Cost of facility services

Find out whether the caregiver had to pay for services or medication.

Did you have to pay anything for the services you received today?

[If she received medication] *Did you have to pay anything for the medication you received?*

E. Demographic information

Ask the caregiver's age, and years of education.

F. Follow-up

Find out where the caregiver is from, so that if the village is in the sample you can arrange a follow-up home visit to look at compliance issues. Confirm the name of the caregiver and get good directions as to how to find her.

Module 4: Health Facility - *Recording Form for Exit Interview with the Caregiver*

ID#: _____

HF: _____ Interviewer / Note taker: _____ / _____

A. Unprompted and prompted recall of treatment, and ability to comply

[Tick **Unprompted** mentions in 1st column and **Prompted** mentions in 2nd column. Fill in additional info as specified.]

U **P**

_____ _____ Medication: drugs to be given at home (complete section B)

_____ _____ Feeding advice given (specify): _____

_____ _____ Return visit requested: **After** _____ **days** **If no improvement** **To get more drugs/injections**
Do you think you will return? *What would make it difficult to return?*

_____ _____ Referral to another provider (detail): _____
Do you think you will be able to go to [referral]? *What would make it difficult?*

_____ _____ Prevention recommended using an ITN
What did [provider] say about using an ITN?
Do you think child will now sleep under an ITN? *What would make it difficult?*

B. Understanding of dosage of drugs to be administered at home

_____ Tick if drugs *prescribed* only (mother must buy)

Where will caregiver get the medication? Any obstacles to buying?

[Researcher: write in what antimalarial was given/prescribed: _____]

What mother thinks the drug is: _____ **Knows drug?** **No** **Yes**

What mother thinks dosage is: _____ **Knows dose?** **No** **Yes**

NOTES: _____

C. Confidence in advice and satisfaction with visit

Do you think this is the right treatment for this child?

What about the recommendation/treatment makes you think it is right?

Did you get what you need today? Was there anything else you would have wanted to happen?

Was there anything that happened you were unhappy with? Happy with?

D. Cost

Pay for the services received? **No** **Yes** (amount): _____

Pay for the medication received? **No** **Yes** (amount): _____ **NA** (no meds rec'd)

E. Demographic information

Caregiver age: _____ Years of education: _____

F. Follow-up

If caregiver resides in sample village, directions for finding her for follow-up interview:

Module 4: Health Facility - 4-V. Provider Interview and Recording Form

Health Facility: _____ Provider type: _____

Date / Interviewer: _____ / _____

Ask if you can speak with the provider about how mothers care for young children who have malaria. Continue notes on back or use additional sheets as necessary.

- A. Do you feel that mothers give you sufficient information about their child's symptoms for you to make an accurate diagnosis? Do mothers recognize when a child's condition is becoming dangerous?

- B. Do you feel that mothers give you sufficient information about the treatment actions they take before coming to the clinic? What kinds of things do they do before bringing in a child to the clinic?

- C. Do you think mothers should do anything differently in how they care for a child becoming sick with malaria?

- D. When children have malaria, at what point in the illness do mothers bring them in? Fairly early on or rather late? What makes them decide to come to the clinic for treatment at a particular time?

- E. Do you think mothers understand your advice? What makes you think they do or do not understand?

- F. Do you think mothers follow your treatment advice? What makes you think they follow your advice? What are some of the reasons that mothers don't follow treatment advice?

- G. Do you have any suggestions for improving the care for children with malaria are cared for?

Module 4: Health Facility - 4-VI. Interview Guide and Recording Form for Follow-Up Interview with the Caregiver

Community: _____ ID#: _____
Date / Interviewer: _____ / _____

Preparation: From the records of the interviews and observations at the health facility, note which of actions A–E below were recommended. Code whether each was carried out or not. For any not recommended, circle NA.

Without prompting her, ask the caregiver:

How is the child doing? Has the child been given any treatment since visiting [facility]?

If she fails to mention any action A–E that was recommended, ask whether she carried it out. Do not ask about actions (A–E) that were not recommended.

A. Medication

Look on HF forms and enter which antimalarial drug(s) the child was prescribed. If an antimalarial was to be administered at home, record amount of antimalarial given each day; then code if the dose was correct. Day 1 is the day the caregiver was at the HF. Circle which day you are doing this interview.

antimalarial prescribed	Day 1 (HF)	Day 2	Day 3	Day 4

Code if antimalarial was correctly administered: **No** **Yes** **NA**

Other drugs given: _____

NOTES: _____

B. Feeding

Was any feeding advice given during your visit to [the HF]? If so, what? **No** **Yes** **NA**

Were you able to do that? [Probe]

C. Return visit **No Yes NA**

Were you able to return to [the HF]? [If she returned, find out what happened. If she did not return, find out why not.]

D. Referral **No Yes NA**

Have you been able to go to [referral provider/facility]? [Find out in detail what happened.]

E. ITN **No Yes NA**

Has the child been sleeping under a mosquito net since you visited [the HF]? [Find out why or why not.]

[If family has a net] *Has the net ever had insecticide on it?* **No Yes NA**
 [Find out if net was pretreated or treated after purchase; where and how treatment was obtained, etc.]

F. Other treatments: herbal remedies **No Yes**

Have you given any herbal remedies since you visited [the HF]? What was given/why/what happened?

G. Other providers consulted

Ask about, and then get details of, any other providers consulted.

Since your visit to [facility], have you consulted

... any other health facility? **No Yes**

... a community health worker? **No Yes**

... a traditional healer? **No Yes**

... anyone else? **No Yes**

NOTES: _____

Module 5: Other Providers - *Implementation Guide*

Private Clinics and Private Doctors

Purpose

To determine

- Role of provider in treating illnesses with fever, especially cases likely to be malaria
- Provider's knowledge of causes of malaria
- Provider's diagnostic criteria for malaria
- Provider's treatment recommendations for malaria
- Whether provider knows that convulsions can be caused by malaria
- Provider's treatment for convulsions
- Cost of service

Method

Semi-structured interview

Sample

Small private clinics that serve the area around the sample village

Traditional Healers or Community Health Workers

Purpose

To determine

- Role of provider in treating illnesses with fever, especially cases likely to be malaria
- Provider's knowledge of causes of malaria
- Provider's diagnostic criteria for malaria
- Provider's treatment recommendations for malaria
- Role of provider in treating illnesses with convulsions
- Provider's perception of causes of convulsions
- Provider's treatment for convulsions
- Cost of service

Method

Semi-structured interview

Sample

Health providers consulted by the community who are not based in a facility

[continued]

Pharmacists and Drug Vendors

Purpose

To determine

- Types of antimalarials sold and cost of each; consistency of supply
- Role of vendor in treating malaria in children
- Vendor's recommendations for treating malaria in children
- If caregivers seek advice from vendor on which drug to purchase for treatment of malaria in children
- If caregivers seek advice from vendor on dosage
- Amount of dose caregivers generally purchase (full or partial)

Method

Semi-structured interviews and observation

Sample

Pharmacists, shop sellers, market and street vendors

Note Taking and Recording

No special recording forms were developed for this module, as the interview guides list topics rather than offer set lines of questioning. Use a combination of open notes and verbatim notes, as appropriate.

The Other Providers module offers suggested topics to investigate for several types of providers not covered in the Health Facility module: private doctors or small, private clinics; community health workers (CHWs); traditional healers; pharmacists; and drug vendors. (The Health Facility module includes an interview with formal providers working in government or NGO health facilities.) The Other Providers module comprises a subset of modules; implement interviews only with providers relevant to the research setting. These modules can be adapted for other types of providers, such as injectionists or ayurvedic practitioners, as necessary.

The methodology used is the standard semi-structured interview, supplemented by observation where appropriate. The number of interviews for each type of provider depends on how much of a role each plays in treating childhood febrile illness. In Zambia, there are very few private clinicians or pharmacists in the rural areas, so they were not included in the study there. In Kenya, the private sector is well developed, and families often seek the advice of pharmacists and clinicians outside the government system. Therefore, it was important to include these types of providers in the Kenya study.

Module 5: Other Providers - *Private Clinics and Private Doctors*

Suggested Topics

- Overall size and staffing

- Volume of young children with probable malaria
(if volume is quite small, then interview can be cut short)

- Perception of causes of malaria

- How diagnosis of malaria is made

- Treatment and advice for malaria

- Treatment and advice for convulsions

- Perception of causes of convulsions

- Under what conditions the provider refers caregivers to another provider

- Cost of services