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BASICS
TRIP REPORT

Community Demand Study for the Essential Services for Health in Ethiopia Project

BASICS is a USAID-Financed Project Administered by
The Partnership for Child Health Care, Inc.

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Community Demand Study for the Essential Services for Health in Ethiopia Project

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BESO	Better Education Spawns Opportunities-USAID Project
CHA	Community Health Agent
ESHE	Essential Services for Health in Ethiopia
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
NGO	Non-Governmental Organization
SEPR	Southern Ethiopian People's Region
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development

I. EXECUTIVE SUMMARY

Purpose

The purpose of the trip was to finalize the design of the community demand study and train the data collection team. The study, to be conducted in July, 1995, will examine community perception and priorities for primary health services.

Activities

The main activities of the trip included:

- participation in an NGO workshop in Awassa, June 8-9, 1995,
- finalization of the design and data collection procedures,
- training of the data collection team,
- pilot testing of some of the data collection procedures,
- development of plan for analysis and report outline,
- site selection and logistics, and
- briefings and de-briefings of USAID/HPN staff.

Conclusions

The data collection procedures were modified based on the pilot test and the comments of the team of interviewers. The eight-member team for the community demand study was trained in the data collection procedures. The data collection for the community demand study has started and will be completed by July 31, 1995.

II. PURPOSE OF VISIT

The purpose of the visit was to make the final preparations for the community demand study, including finalization of the study design, training the data collection team, pilot-testing the data collection procedures, and developing the plan for analysis.

III. BACKGROUND

USAID/Ethiopia is developing an assistance program entitled Essential Services for Health in Ethiopia (ESHE). The purpose of ESHE is to increase the utilization of essential primary and preventive health services which include family planning, peri-natal care, management of the sick child, immunizations, and STD/HIV prevention and control. The ESHE project will be implemented in the Southern Ethiopian People's Region (SEPR). The BASICS project is providing up-front technical assistance to carry out the policy and strategy development activities

for the ESHE project and to assist with data collection efforts at the health facility and community levels.

The design of specific approaches of the ESHE project must take into account preferences and priorities of local communities. The community demand study will identify important operational issues related to the demand for and perceptions of services, local priorities and experience with family planning and primary health care activities. The study will be carried out in selected zones within the SEPR. The BASICS Country Advisor Dr. Paul Freund has recruited a local team of researchers and will supervise the data collection activities.

IV. TRIP ACTIVITIES

- **NGO workshop:** An NGO workshop was held to discuss the potential opportunities for collaboration between USAID/Ethiopia, the MOH, and NGOs in both education and health under the BESO and ESHE projects. The two-day workshop included presentations by USAID/Ethiopia on health and education, and presentations by selected NGOs on their health and education projects. During the last day of the workshop, the participants split into six discussion groups, three for health and three for education. I was a member of the community participation working group.

  A complete description of the working group discussions will be included in the proceedings of the workshop. In brief, several NGOs had extensive experience working with communities for building roads and agriculture, but there was little experience in health. The group identified the steps in the process of community participation to be the following: 1) identify the problem with the community; 2) prioritize the needs; and 3) discuss how to raise funds for the activity.

- **Training of the data collection team:** The data collection team consists of five men and three women, most of whom have significant experience working in rural communities. Most of them are government staff and have taken leave to participate in the demand study. The two team leaders also worked on the facilities study which was recently completed in the SEPR by Freund and his team. By the third day of training, all data collectors were present and everyone was able to participate in the field visit.

  The data collection team was trained over five days and a field visit was included on one day. The first day was spent going over the general background and purposes of the ESHE project and the community demand study. The strategy for the training was to limit the presentations to a minimum and emphasize practice of the actual data collection procedures. After the introductions and overview, we practiced Procedure H-Focus Group Discussion. After reviewing the discussion guide, the participants practiced moderating and note-taking in a round robin focus group. We then conducted an exercise

in probing for further details. For this, I said a statement and each person had to think of one way to probe that statement for further details.

The morning of the second day of training was spent practicing Procedure C-Seasonal Diagraming. The participants thought that everyone would use the Ethiopian calendar, though the names of the months might change. Hence, the forms were changed to reflect the Ethiopian calendar. The afternoon was spent practicing Procedure D-Ranking Health Problems. The participants took turns as moderator and note-taker while the rest of the group role-played as respondents. The diagrams were drawn on the floor with chalk, and cut grass was used to fill in the diagrams.

During the third day, we reviewed Procedure G-Narratives of Illnesses, Deaths, and Deliveries. Then the participants formed pairs and practiced interviewing each other. In the afternoon, we went to the field and practiced seasonal diagraming, health problem ranking, and narratives with a group of men and a group of women. The field visit went extremely well and the data collectors felt confident that the villagers could respond to the procedures. The data collectors were impressed with how seriously the villagers took the exercises, discussing in great detail how many rocks or leaves to place in a particular box. This was very important because earlier some trainees expressed concern that the villagers may think this exercise was childish.

The fourth day of training was spent practicing Procedures A-Ranking of Problems, B-Social Mapping, E-Ranking of Providers, and Procedure F-Provider Interviews. On the last day of the training, we practiced Procedure H-Focus Group Discussion for the benefit of those people who were not present on the first day. For this exercise, we had the four new people act as moderators and note-takers in a round-robin manner. They practiced probing and answering villagers questions. Next, each participant listed which procedures they wanted to practice and the group was divided into two groups. One group practiced all the ranking procedures while the other practiced social mapping, seasonal diagraming, and the provider interviews. At the end of the day, everyone came back together to discuss the logistics and some "Dos and Don'ts." In addition, each person was given a small piece of paper and asked to write what they personally wanted to learn from the study. The papers were shuffled and each person read out another person's interest. Everyone expressed great interest in learning more about rural communities and in using the data collection procedures.

Pilot testing of some of the data collection procedures: On the third day of the training, we visited Abella Wondu village near Tula to pilot-test some of the data collection procedures and to provide a field practice session for the data collectors. We had previously arranged with a health assistant to attend his immunization outreach session and identify a group of men and a group of women. Three of the data collectors worked with a group of about eight men to do ranking of men's health problems, seasonal diagraming of their work in the fields, times of food availability, and times of illness.

Two data collectors worked with a group of women and ranked children's health problems and then did seasonal diagraming for food availability and times of children's illnesses. The rest of the team conducted narratives of children's illnesses with some of the mothers coming for the immunization session. Overall, the procedures went very well using the forms. We changed the form for the seasonal diagraming to give the note-takers more space for notes. It was interesting to note that the men and women differ markedly in the months that they think food is most available. Women were thinking of the vegetables harvested from their home gardens, while men were thinking of the *teff* harvest.

- **Finalization of the design and data collection procedures:** Modifications in the data collection procedures were made throughout the training according to suggestions of the participants. Some procedures were also modified after the pilot test. The final forms for all procedures are included in Appendix D.

- **Development of plan for analysis and report outline:** The plan for analysis is attached as Appendix E.

- **Site selection and logistics:** There will be a minimum of eight study sites, two in each of the four focus zones of Sidamo, North Omo, Kambata, and Hadiya. If time permits, additional study sites will be added. Through discussions with Victor Barbiero, Carmela Abate, and Paul Freund, it was decided that the villages within each zone should be selected to include some well-served and some under-served areas, including some areas served by NGOs. We all agreed that this is a preliminary study and cannot cover the full range of situations in SEPR. Emphasis should be given to areas where the ESHE project could begin work (hence excluding remote areas), villages with a CHA, and areas which are accessible given that data collection will occur during the rainy season. It was decided that the team leaders would select the two study villages according to the above criteria in each of four zones in consultation with the regional and zonal authorities. The two team leaders met with Dr. Lemisso at the Regional Health Bureau and selected Awassa woreda within Sidamo zone for the first two sites. From this, they selected two villages. Busa is served by a health station and has a non-active CHA, while Garhiariketa is 12 km from the health station and less well served.

  The eight data collectors were divided into two teams, each led by a team leader. The team leader is responsible for making sure that the work gets done in each site using the assignment sheet shown in Appendix C. The team leader will also handle logistical arrangements including lodging, per diem, etc. Each evening the team leader will gather the group together to discuss the following questions: 1) What did you learn that was new? 2) How does this village differ from other villages? 3) How is this village the same as other villages? 4) What difficulties did you have? 5) What are the solutions to those difficulties? 6) What did you learn about the study objectives? Notes from these evening sessions will be kept in a separate notebook.

- **Meetings in Addis Ababa:** During my last day, I met with Carmela Abate, Victor Barbiero, Fisseha Haile Meskal, Tom Palmer, and Paul Freund to brief them on my activities. I gave them a draft trip report and the complete protocol for the demand study. Everyone responded favorably to the protocol and felt that it would generate useful information. We discussed the need to involve government authorities as much as possible. We spent some time discussing how the results of the study could be disseminated, including a workshop to present the data from both the demand study and the facilities study and then develop an action plan based on those studies.

  Later, Dr. Abate and I met with Aylulu Pankhurst who is in the Department of Anthropology at the University of Addis Ababa. I described the community demand study and we then discussed the possibilities for collaboration with the department. He said that although there is no faculty working on health currently, they are expecting a Fulbright scholar (Michael Quam) next year who is interested in working in AIDS issues. He thought there were three possibilities for involving students: 1) after they have graduated, 2) during the summer holidays, and 3) have their thesis be on a health topic. He suggested that one way to generate interest among students is to give a seminar of guest lectures once we have some data from the community demand study.

V. BUILDING LOCAL CAPACITY

One of the objectives of the community demand study is to build local capacity for assessing community demand for health services using some appropriate and participatory data collection methods. With this in mind, the methodology that is being used does not require expensive resources such as computers, nor does it require advanced knowledge of statistics. The methodology is participatory in that local people analyze their own problems and identify potential solutions <u>with</u> the moderator.

Each person on the data collection team is a government employee and has taken leave to participate in the study. The following institutions are represented in the team: Ethiopian Nutrition Institute, Labor and Social Services Bureau, Senior High School of Awassa - Ministry of Education, Development Bank, Small Industries and Crafts Bureau, and College of Agriculture - University of Addis Ababa. A member of the Regional Planning Bureau of SEPR was interested in participating, but could not take leave due to prior commitments.

During the data collection, the team leaders will meet with the Regional Planning Bureau to select the specific research sites. Zonal and woreda authorities will accompany the team to the field sites to observe and participate in some of the data collection activities. In this way, local authorities will understand and appreciate the need to assess local demand and some of the methodologies that can be used.

VI. RESULTS AND CONCLUSIONS

The research team will also be involved in summarizing and analyzing the data from the field work. To the extent that time, resources, and interest permit, the team will also participate in the discussion and dissemination of the study results. The data collection procedures were modified based on the pilot test and the comments of the team of interviewers. The eight-member team for the community demand study was trained in the data collection procedures. The data collection for the community demand study has started and will be completed by July 31, 1995.

VII. FOLLOW-UP ACTION REQUIRED

The data collected will be hand-tabulated and analyzed according to the specific research questions. The analysis and final report will be completed by Paul Freund with my assistance as needed, including a follow-up trip if required. The report will be completed by the end of August 1995.

APPENDICES

APPENDIX A

APPENDIX A

LIST OF CONTACTS

Dr. Victor Barbiero, USAID/Ethiopia
Dr. Carmela Abate, USAID/Ethiopia
Dr. Paul Freund, BASICS/Awassa
Ato Lemma, BASICS/Awassa
Dr. Fisseha Haile Meskal, USAID/Ethiopia
Mr. Walter North, USAID/Ethiopia
Mr. Tom Palmer, BASICS/Ethiopia
Dr. Aylulu Pankhurst, Department of Anthropology, University of Addis Ababa

Data Collection Team
Wondimu Amede - Team Leader
Genet Baraki
Ayalew Goshu
Ermias Gebre Mariam
Zeritu Negalign
Aster Seifu
Tesfaye Shigute
Dargie Teshome - Team Leader

APPENDIX B

APPENDIX B

Community Demand Study - Ethiopia

Objectives

1. To understand what priority local communities place on health.

2. To understand the perceived health problems of local communities and households and the demand for health services

3. To understand the patterns of provider preference and care-seeking behavior

4. To understand the willingness and ability of people to pay for health services.

5. To understand the potential and existing role of community health care providers (including CHA, TBA and other extension agents).

Possible Uses of the Information for Decision Making

- Enable health programs to be responsive to local priorities by identifying "points of entry" for health services;

- Identify key issues to improve the quality of care and service delivery;

- Develop list of barriers to the utilization of community based health care providers.

- Identify topics for further investigation.

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Ethiopia Community Demand Study
Research Questions to Methods Matrix

Research Question	A: Ranking the Priority of Health (M/W)	B: Social Mapping (M/W)	C: Seasonal Diagramming (M/W)	D: Ranking Health Problems (M/W)	E: Ranking Providers (M/W)	F: Provider Interviews	G: Illness or Death Narratives	H: Focus Group Discussion (M/W)
Health as a Priority								
1. How high a priority do local communities place on health compared with other problems they face (especially food and water)?	X							
Perceived Health Problems and Demand for Services								
2. What are the 5 most important health problems of men, women, and children in the village?				X				
3. What are the 5 most important health services that people want provided to them?				X				X
4. What are the seasonal variations in time availability, cash availability, food availability, illness, access to clinics/medicines, and migration?			X					
5. How do people perceive the health services intended for them in terms of cost, hours, quality of service and care, staff?					X		X	
6. What are the costs of medicines? What is the time and geographic access to medicines? How important are commercial medicines in the assessment of the quality of service?					X		X	X
Care-Seeking Behavior								
7. Where do people go for health care - government, traditional, informal? How has this changed over the past 5-10 years?		X					X	
8. Where do people go for deliveries, immunizations and other preventive services?		X			X			
9. Where do people go for curative care?		X			X		X	

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Research Question	A: Ranking the Priority of Health (M/W)	B: Social Mapping (M/W)	C: Seasonal Diagramming (M/W)	D: Ranking Health Problems (M/W)	E: Ranking Providers (M/W)	F: Provider Interviews	G: Illness or Death Narratives	H: Focus Group Discussion (M/W)
10. What are the most important criteria that people use to decide where to go for treatment (e.g. type of illness, geographic accessibility, availability of medicines, percieved quality, etc.)?					X		X	
11. What is the pattern of utilization of government, NGO, and traditional health services (especially TBAs, CHAs)? In other words, do people seek care of several providers simultaneously or do they see providers sequencially? Who do they visit first, second, third?					X		X	
12. What is the role of CHAs, TBAs, and other extension agents as perceived by the community?					X		X	X
Willingness and Ability to Pay								
13. What do people currently pay for preventive health services?							X	X
14. What do people currently pay for curative health services?							X	X
15. What do people consider a reasonable or affordable amount of money to pay for preventive health services?			X					X
16. What do people consider a reasonable or affordable amount of money to pay for curative health services?			X					X
17. What are the patterns of borrowing and pawning assets for health care? Who is asked for money (e.g. Is there a "money lender" or through relatives)? How much is borrowed for health care? How is it repaid (e.g. interest rates, labor)?			X				X	X
Community Based Health Care Providers								
18. What is the range of provider fees? How do providers determine how much to charge? Do providers charge less to poorer people?						X		
19. Into which community structures or organizations fit CHAs and TBAs? (E.g. health or development committees) How are they selected and held accountable to the community?						X		

Research Question	A: Ranking the Priority of Health (M/W)	B: Social Mapping (M/W)	C: Seasonal Diagramming (M/W)	D: Ranking Health Problems (M/W)	E: Ranking Providers (M/W)	F: Provider Interviews	G: Illness or Death Narratives	H: Focus Group Discussion (M/W)
20. What types of financing mechanisms have CHAs and TBAs experienced? (E.g revolving drug funds, community funds, etc.)						X		
21. What are the perceived needs of CHAs, TBAs?						X		
22. What are the perceived roles and responsibilities of TBAs, CHAs? Does this include education, prevention, and referral?						X		
23. What referral networks exist currently?						X		
24. How do health center/station staff see the role of CHAs and what is their capacity to provide support?						X		

Data Collection Schedule for Each Site				
	Person 1	Person 2	Person 3	Person 4
Day 1	Mapping-M Ranking Priorities - Men	Mapping-M Ranking Priorities - Men	Mapping-W Ranking Priorities - Women	Mapping-W Ranking Priorities - Women
Day 2	Ranking men's health problems - Men Provider Ranking - Men Narratives	Ranking men's health problems - Men Provider Ranking - Men Narratives	Ranking children's health problems - Women Ranking women's health problems - Women Provider Ranking-W	Ranking children's health problems - Women Ranking women's health problems - Women Provider Ranking - Women
Day 3	Seasonal Diagramming-Men Focus Group Discussion-Men Provider Interviews	Seasonal Diagramming-M Focus Group Discussion-M Provider Interviews	Seasonal Diagramming- Women Focus Group Discussion- Women Narratives	Seasonal Diagramming-Women Focus Group Discussion- Women Narratives
Day 4	Provider Interviews	Provider Interviews	Narratives	Narratives

Site Selection and Sampling

The main objective of the sampling design is to identify the range of beliefs, practices and experiences with community based health care delivery in SEPR and NOT to select a statistically representative sample which is generalizable to the whole region.

With this in mind, two sites will be selected in each of the 4 focus zones (Sidamo, North Omo, Kambata, Hadiya). In each zone, every attempt will be made to select one site where there is a working CHA and the other where there is none.

Within each site, a purposive sample of 20 households will be selected for the child illness/death narratives. The households will be identified during the social mapping exercise and will include the households with the following characteristics:

- Major ethnic groups
- Equal number of male and female children
- Poor and non-poor households

APPENDIX C

9. What was the problem? When did you first realize the person was sick or needed care?

10. What did you do at home for the person who died, was ill or delivered? How did that help?

Decision to Seek Care

11. How did you first decide to seek treatment outside the home? Who did you discuss it with? Who disagreed with the decision?

12. How did you decide to visit those specific providers instead of other providers?

13. Who paid for the treatment? [Note if a different person paid for different providers.]

8. <u>The Story of the Illness, Death or Delivery</u>

Could you tell me what happened from the beginning?

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Form G.1
Narratives of Illnesses, Deaths and Deliveries

1. Date of Interview _____

2. Interviewer _____

3. Village _____

4. Zone _____

5. Type of Narrative:

   ____ Illness
   ____ Death
   ____ Delivery
   ____ Other SPECIFY _____

6. Respondent's relationship to the person who was ill, died or delivered:

   ____ Self
   ____ Mother
   ____ Father
   ____ Grandmother
   ____ Other SPECIFY _____

7. Age and sex of person who was ill, died or delivered:

   Age: _____ years

   ____ Male
   ____ Female

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Procedure G:
Narratives of Illnesses, Deaths, and Deliveries

Purpose: To understand the patterns of treament seeking behavior. To document the costs of health care.

Who: There will be one on one interviews with each respondent for a total of 20-25 interviews per study site.

10 narratives about children under 5 years old
5-7 narratives about women age 15-45, including some deliveries
5-7 narratives about men age 15-45

Selection of Respondents: Interviews should be conducted with the people or households identified during the social mapping who had experienced a death, serious illness, or delivery in the past 3 months.

Households should be selected to include the following characteristics:

- Main ethnic groups
- Poor and non-poor households, such as female headed households

EXCLUDE people who died from "old age".

25. How could the relationship between the community and providers be improved?

26. How do you think the staff in Health Centers and Stations should support and work with other providers, especially Community Health Agents (CHAs) or Traditional Birth Attendants (TBAs)?

27. How could the relationship between the Health Center / Health Station and providers be improved?

Thank You!

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20. Do the people most in need of health care always receive it? If no, why not?

Roles and Responsibilities

21. As a provider, what are your primary roles and responsibilities (e.g. preventive services, health education)? How is this the same or different from other providers?

22. What can local communities do to improve their health?

23. What are the greatest difficulties you face in providing health care?

24. Do you interact with local community organizations, such as a health committee?

____ Yes ____ No

If yes, what types of community groups do you work with and how do you work with them?

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15. How often do you provide outreach services? That is, services in people's homes or in central locations in the village? What type of services do you provide through outreach (e.g. health education, immunization, antenatal care, etc.)

16. What do you think are the most essential or important health services for the people you serve?

17. Do you have medicines here? Are they always available? Specifically, do you have the following medicines?

ORS:	Yes	No	Charge _____
Chloroquine:	Yes	No	Charge _____
Antibiotics:	Yes	No	Charge _____
Oral Contraceptives:	Yes	No	Charge _____
Worm medicine:	Yes	No	Charge _____

Fees and Charges

18. How much do you charge for your services? How do you decide what to charge?

19. Do you ever extend credit to people? Do you accept in-kind payments? (e.g. food, labor, etc.)

10. What are the most common illnesses that you see among men, women, and children?

Men:

Women:

Children:

Services Provided

11. What are your hours of service? Are you available if there is an emergency?

12. Do you provide any services which prevent illnesses? If yes, what? (e.g. immunizations, vitamins, amulets, etc.)

13. Do you ever refer your patients to other providers?

___ Yes ____ No

If yes, under what circumstances would you refer patients and who would you refer them to?

14. Do other providers ever refer patients to you?

___ Yes ____ No

If yes, who refers patients to you and under what circumstances would they be referred to you?

Form F.1
Interviews with Health Care Providers

1. Date of Interview _____

2. Interviewer: _____

3. Village _____

4. Zone _____

5. Type of Provider:

   ____ CHA
   ____ Pharmacist / Drug Vendor
   ____ Traditional healer
   ____ Traditional birth attendant
   ____ Health Center Staff, Position: _____
   ____ Health Station Staff, Position: _____
   ____ Other SPECIFY _____ _____

6. How far is the provider from the village?

   ____ Inside the village
   ____ Outside the village >> How many hours to reach provider? _____

<u>General Information</u>

7. How many years have you been practicing? in this area?

   Total years _____ In this Area _____

8. How did you learn your skills as a health care provider?

9. Approximately, how many people do you treat each week?

   Men _____ Women _____ Children _____

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Procedure F:
Interviews with Health Care Providers

Purpose: To understand the role and needs of community based health care providers, including Community Health Agents and traditional healers.

Who: This will be done by one interviewer with each health care provider for a total of 6-10 interviews per study site.

Selection of Health Care Providers: Interviews should be conducted with the health care providers used most often by people in the study village(s). This should include:

- Traditional healers,
- Traditional birth attendants,
- Private practitioners (qualified and unqualified),
- Pharmacists / Drug vendors
- Community Health Agents
- Health Station staff
- Health Center Staff

Explain to them the purpose of the demand study and assure them that their answers will be completely confidential.

Form E.2: Ranking of Health Care Providers

Who are the most frequently visited providers in your village?

	Provider A:	Provider B:	Provider C:	Provider D:	Provider E:	Provider F:
Most Frequently Visited						
Best Quality						
Most Expensive						

[Write the numbers 1 through 6 in the appropriate boxes. 1 is the most frequently visited, best quality, or most expensive and 6 is the least frequently visited, worst quality and least expensive.]

How do you know when provider is high quality? What do you look for in a health care provider?

If you could have only 1 of these providers, who would you choose and why?

Other Comments .

Moderator: _____ Note-taker: _____

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form E.1: Free List of Health Care Providers

Ask:
"What are all the places or people you visit for health services or to buy medicines?"

Provider (Name)	**Comments** (Type of Provider)

Moderator: _____ Note-taker: _____

Procedure E:
Free Listing and Ranking of Providers

Purpose: To understand how people categorize providers and where people go for curative and preventive care. To rank health care providers based on cost, quality of service and frequency of visits.

Who: The ranking will be done with two groups, one of men and one of women, of 6-8 people by 2 interviewers. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

Materials: A clear space to draw the matrix. Different leaves or grains to show different providers.

Procedure: Have the group sit in a circle near an open area. Try to keep the number of spectators to a minimum. The moderator will facilitate the group and the note-taker will fill out the forms. The moderator explains the purpose of the activity and asks each person in turn to list the health providers they visit. One by one, everyone gives the name of a provider until no one can think of any more. These are written onto form E.1 by the note-taker.

If there are more than 6 providers, you will have to read out the providers and ask the participants which are the least visited providers. Eliminate the least visited providers until you have 6 providers.

Next, the 6 providers are ranked according to frequency of visits, quality and expense. Have the group draw a symbol or place a leaf to show each of the six providers in a row. Then ask them to place grain or stones under each provider to show which is more frequently visited. The more stones or grain, the more frequently that provider is visited. When they have finished, say

"This shows that the most frequently visited provider is ____ and the least frequently visited is ____. Is this correct?"

Record the ranking on Form E.2.

Next, clear the stones or grain and ask them to place them under the providers according to the quality. The more grain or stones, the better quality that provider is. Follow the same procedure as above.

Then follow the same procedure to rank providers according to expense.

Discuss the criteria that they used to determine the best quality of providers. Keep notes of the discussion that takes place.

Ask them "If you could have only one of these providers, which would it be?" Does this match the providers that were ranked as most frequently visited or best quality?

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form D.2: Ranking of Health Problems for Men ___, Women ___, Children ___

What are the most common health problems of _____ (Men, women, children) in your village?

	Illness A:	Illness B:	Illness C:	Illness D:	Illness E:	Illness F:
Common						
Severe						

[Write the numbers 1 through 6 in the appropriate boxes. 1 is the most common or most severe and 6 in the least common or least severe illness.]

How do you know when an illness is severe?

If you could be free of one illness, what would it be and why?

Other Comments

Moderator: _____ Note-Taker: _____

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form D.1: Free List of Health Problems of Men___, Women ___, Children __

Ask:
"What are all the health problems that_____ (men, women, children) face in this village?"

Health Problem (Local Language)	**Approximate English term**	**Comments**

Moderator: _____ Note-Taker: _____

Procedure D:
Free Listing and Ranking of Health Problems

Purpose: To understand what the most important health problems are for men, women, and children.

Who: The ranking will be done with two groups, one of men and one of women, of 6-8 people by 2 interviewers. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

The men should rank men's illnesses.
The women should rank women's illnesses
The women should also rank children's illnesses on a separate form.

Materials: A clear space to draw the matrix. Different leaves or grains to show different health problems.

Procedure: Have the group sit in a circle near an open area. Try to keep the number of spectators to a minimum. The moderator will facilitate the group and the note-taker will fill out the forms. The moderator explains the purpose of the activity and asks each person in turn to list the most important health problems that they face. One by one, everyone gives the name of a common illness until no one can think of any more. These are written onto form D.1 by the note-taker.

> [NOTE: If people have difficulty thinking of health problems, help them by asking what problems they have in the rainy season, the dry season, etc.]

If there are more than 6 illnesses, you will have to read out the illnesses and ask the participants which are the least common illnesses. Eliminate the least common illnesses until you have 6 illnesses.

Next, the 6 illnesses are ranked according to importance, common, and severity. Have the group draw a symbol or place a leaf to show each of the six illnesses in a row. Then ask them to place grain or stones under each illness to show which is more common. The more stones or grain, the more common that illness is. When they have finished, say

"This shows that the most common illness is ____ and the least common is ____. Is this correct?"

Record the ranking on Form D.2.

Next, clear the stones or grain and ask them to place them under the illnesses according to severity. The more grain or stones, the more severe the illness. Follow the same procedure as above.

Explain the final ranking to the participants and ask if this makes sense to them. Would they agree with the ranking they produced?

Discuss the criteria that they used to determine the importance health problems. Keep notes of the discussion that takes place.

Ask them "If you could be free of any 1 health problem in the village, what would it be?" Does this match the health problems that were ranked most common or severe?

Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Times of Migration

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Difficult Access to Health Facilities

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Times of Illness

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form C.1

Times of Debt

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

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Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form C.1

Times of Expenditure

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

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Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Times of Income

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Availability of Food

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men ____

Zone: _____ Women ____

Form C.1

Work in the Home

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

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Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form C.1

Work in the Fields

Month	Diagram	Comments
Meskerem		
Tikemt		
Hidar		
Thaisas		
Tir		
Yekatit		
Megabit		
Miaza		
Ginbot		
Sene		
Hamele		
Nehase		

Moderator: _____

Note-Taker: _____

Procedure C:
Seasonal Diagramming

Purpose: To understand the seasonal variations in illnesses, time, cash and access to health care facilities.

Who: The diagramming will be done with two groups, one of men and one of women, of 6-8 people. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

Materials: A clear space to draw the diagrams. Different leaves or grains to show different time, food, illness, income, access to facilities.

Procedure: Have the group sit in a circle near an open area. Try to keep the number of spectators to a minimum. The moderator will facilitate the group and the note-taker will fill out the forms. The moderator explains the purpose of the activity.

Begin with a discussion of the local names of the months or seasons - however they divide up their year. Draw boxes in a clear area and explain that each box represents a month (or whatever their division of the year is) of the year. Then ask the participants to fill the boxes with pebbles, leaves, or anything else available to show the amount of work in the fields during each month.

Draw another line of boxes and ask participants to fill the boxes to show the heaviest work in the home. Continue in this way to show the 1) food availability, 2) times of income, 3) times of expenditure, 4) times of debt, 5) times of illnesses, 6) difficult access to health care facilities and 7) times of migration.

> [**NOTE:** If you need more room to draw boxes, you can wipe off some of the earlier ones but always leave the boxes showing work in the fields at the top.]

One interviewer should fill in Form C.1, write down the names of the months and take notes of the discussions which take place.

Village: _____ Number of Participants: Men ____

Zone: _____ Women ____

5. **Which households have experienced a deaths, delivery or serious illness in the past 3 months?** (Ask for the approximate age and cause of death for each. Get the names so that these people can be contacted later.)

_____

_____

_____

_____

_____

_____

6. **According to your perception, who do you call poor?**

_____

_____

_____

_____

_____

_____

7. **Where are the poorest households in the village?** (Which households are unable to borrow money? Which are female-headed households?)

_____

_____

_____

_____

_____

_____

Moderator: _____ Note-Taker: _____

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

1. **Ask about the general background on the village:**

a. Total number of households and approximate population: _____

b. Percent who can read and write in the local language:

Men_____ Women _____

c. Main occupations of villagers: _____

What kinds of village groups exist? (including women's organizations, health or development committees, etc.)

_____

_____

_____

_____

2. **Where are all the places you go for health care and deliveries?** (this should include clinics, drug peddlers, traditional healers and birth attendants and any other source). [**NOTE:** If the source is outside the village, have them show the direction and ask how long it takes to reach the provider.]

_____

_____

_____

_____

3. **How have the sources of health care changed over the past 10 years?**

_____

_____

4. **Where are all the places that you get medicines?** (if different from sources of health care)

_____

Moderator: _____ Note-Taker: _____

Village: _____

Zone: _____

Number of Participants: Men ___

Women ___

Form B.1: Mapping

Draw Map Here:

Moderator: _____

Note-Taker: _____

Procedure B: Social Mapping

Purpose: To establish rapport with the villagers. To identify households which had experienced a serious illness, delivery or death in the past 3 months, the sources of health care, and changes in the past 10 years.

Who: This will be done by 1 moderator and 1 note-taker per group. The mapping will be done with two groups, one of men and one of women, of 6-8 people. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

Materials: A clear space to draw the maps. Different leaves or grains to show health facilities and poor households.

Procedure: Have the group sit or stand near an open area. Try to keep the number of spectators to a minimum. The moderator will facilitate the group and the note-taker will draw the map and take notes. The moderator explains the purpose of the activity.

Ask the participants to draw a map of their village using sticks or chalk to draw the outline and leaves, corn cobs etc. to show important landmarks.

Once the outline of the village is drawn (there is no need to show each individual house), ask the following questions and ask them to show them on the map using leaves, pebbles, etc.

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form A.2: Ranking of Problems

What are the most important problems in your village?

	Problem A:	Problem B:	Problem C:	Problem D:	Problem E:	Problem F:
Most Important						

[Write the numbers 1 through 6 in the appropriate boxes. 1 is the most important and 6 is the least important.]

How do you know which problems are the most important? What makes some problems important and others not so important?

If you could solve only 1 of these problems, which would you choose and why?

<u>Other Comments</u>

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men ___

Zone: _____ Women ___

Form A.1: Free List of Problems

Ask:
"What are all the problems you face in this village?"

Problems	Comments

Moderator: _____

Note-Taker: _____

Procedure A:
Free Listing and Ranking of Problems

Purpose: To understand the problems that people face and what priority is given to health.

Who: The ranking will be done with two groups, one of men and one of women, of 6-8 people by 2 interviewers. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

Materials: A clear space to draw the matrix. Different leaves or grains to show different problems.

Procedure: Have the group sit in a circle near an open area. Try to keep the number of spectators to a minimum. The moderator will facilitate the group and the note-taker will fill out the forms. The moderator explains the purpose of the activity and asks each person in turn to list the problems they face. One by one, everyone lists a problem until no one can think of any more. These are written onto form A.1 by the note-taker.

If there are more than 6 problems you will have to read out the problems and ask the participants which are the most important problems. Eliminate the least important problems until you have 6 problems.

Next, the 6 problems are ranked according to importance. Have the group draw a symbol or place a leaf to show each of the six problems in a row. Then ask them to place grain or stones under each problem to show which is a more important problem. The more stones or grain, the more important that problem is. When they have finished, say

"This shows that the most important problem is ____ and the least important is ____. Is this correct?"

Record the ranking on Form A.2.

Discuss the criteria that they used to determine the importance of problems. Keep notes of the discussion that takes place.

Ask them "If you could have only one of these problems solved, which would it be?" Does this match the problem that was ranked as most important?

APPENDIX D

APPENDIX C

Assignment Sheet: Study Site: _____

	Procedure	Moderator/Interviewer	Note-taker
DAY 1	B: Social Mapping -Men		
	B: Social Mapping -Women		
	A: Ranking the Priority of Health - Men		
	A: Ranking the Priority of Health - Women		
DAY 2	D: Ranking Men's Health Problems - Men		
	D: Ranking Women's Health Problems - Women		
	D: Ranking Children's Health Problems - Women		
	E: Provider Ranking - Men		
	E: Provider Ranking - Women		
	G: Narratives*		XXXXXXXXXXXXXXXX
DAY 3	C: Seasonal Diagramming - Men		
	C: Seasonal Diagramming - Women		
	Focus Group Discussion - Men		
	Focus Group Discussion - Women		
	Provider Interviews**		XXXXXXXXXXXXXXXX
	Narratives*		XXXXXXXXXXXXXXXX
DAY 4	Provider Interviews**		XXXXXXXXXXXXXXXX
	Narratives*		XXXXXXXXXXXXXXXX

*10 Narratives about children under 5
5-7 narratives about women 15-45
5-7 narratives about men 15-45

**6-10 interviews with providers
(CHA, TBA, Traditional healers, drug vendors
health centre staff, health station staff)

Time and Money

14. How much did you pay for the treatment? medicines? transportation? How long did it take you to reach each place from your home?

How many places did you visit for treatment or medicines for this problem?

[Fill in table - from first place of treatment to the last]

Place	Costs			Time it took to reach
	Registration and Consultation	Transport	Medicines	
1.				
2.				
3.				
4.				
5.				

15. Did any of the people or places that you visited extend credit to you?

___ Yes HOW MUCH? _____
___ No

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16. How much money did you have to borrow to come to each of those places? Did you give something in exchange (e.g. grain)?

How long did it take for you to arrange the money?

[Fill in table]

Place	Amount Borrowed	Source of money	Repayment Terms	Time it took to arrange the money
1.				
2.				
3.				
4.				
5.				

17. Did you have to sell or pawn anything to pay for treatment? If yes, what?

18. Do you think the treatment you got was "worth the money"? Why or why not?

19. Comments on Family Background

Procedure H:
Focus Group Discussion

Purpose: To have the local community discuss the role of CHAs and TBAs and their willingness and ability to pay for health services.

Who: This will be done by 2-4 interviewers with 2 groups (1 with men and 1 with women) of 6-8 people. Try not to include 2 people from the same family as one person might be reluctant to speak in front of the other. The participants should not be too old (who might have very traditional ideas) or too young (who might not have enough experience). A good estimate might be people who have children who are 10-15 years old.

Materials: A quiet place to hold the discussion where there are not too many spectators or other distractions.

Procedure: One interviewer will serve as the moderator and the other will take notes during the session. Use the following topic guide for the discussion. The discussion should follow the guide loosely. The purpose of the focus group is to generate ideas from the participants. The moderator should not provide information or contradict anything which has been said. The moderator is NOT an interviewer but should stimulate the conversation. Ideally, the focus group will need little intervention.

Some Tips

- Ensure as much as possible the equal participation of everyone, don't let one person dominate or other remain quiet
- Use open-ended questions (which cannot be answered yes or no) to minimize the moderator's influence on the discussion.
- Use previous comments in forming the next questions.
- Help keep the discussion from going too far away from the topics but DO NOT allow it to become a question and answer session.
- Probe for details and explanations of statements: For example, a poor woman says "All the decisions are made by the elders, so we can do nothing." The moderator should probe as to which decisions specifically are made by the elders.
- Point out contradictions in statements (e.g. you just said doctor x is better but now you say you always go to doctor y)

The note-taker should:

- Write down all the main points in the words of the participants as much as possible
- Write down disagreements that occur
- Keep track of any major interruptions or disturbances
- Write down how the questions are asked by the moderators

Focus Group Discussion Guide

Introduction: "We are working in SEPR for community development. We are here to learn about your problems so that we can improve the delivery of social services. We would like this to be a group discussion so there are no right or wrong answers and everyone should participate."

1. What are the root causes of ill health? What changes are necessary to improve health of people in this village?

2. If you could design a health system for your P.A., what would it look like? What are the most important health services that people in your village need (e.g. immunization, family planning, antenatal care, post-natal, growth monitoring, etc.)?

3. What has been your experience with Community Health Agents or trained Traditional Birth Attendants? What services do they provide? What is the quality of their services?

4. What do you think about having someone from a nearby village visiting periodically to teach you about health and treat minor illnesses? Do you think this would improve your health? Would you trust such a person with your health problems?

5. How should such a person be selected? What criteria should be used?

6. How much would you be willing to contribute, in cash or in kind, to have such a community health agent?

7. How much did you spend (cash or kind) on health care during the past 3 months for your household? What do you currently pay for deliveries on average? For children's illnesses? For adult illnesses? For medicines?

8. How do you usually pay for health care? Mention the sources of payment (e.g. P.A. certificate, borrowing, credit, in-kind payments).

9. What do you consider a reasonable or affordable amount of money to pay for <u>preventive health services</u> like deliveries and immunizations?

10. What do you consider a reasonable or affordable amount of money to pay for <u>curative health services</u>?

Village: _____

Zone: _____

Page ____ of ____

Number of Participants: Men____

Women ____

Form H.1: Field Notes

Actual Statements	Comments/Observations

Moderator: _____

Note-Taker: _____

Village: _____

Zone: _____

Page ____ of ____

Number of Participants: Men____

Women ____

Form H.2: Fair Notes

1. What are the root causes of ill health? What changes are necessary to improve health of people in this village?

Moderator: _____

Note-Taker: _____

Village: _____

Number of Participants: Men____

Zone: _____

Women ____

Page ___ of ___

2. If you could design a health system for your P.A., what would it look like? What are the most important health services that people in your village need (e.g. immunization, family planning, antenatal care, growth monitoring, etc.)?

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men____

Zone: _____ Women ____

Page ____ of ____

3. What has been your experience with Community Health Agents or trained Traditional Birth Attendants? What services do they provide? What is the quality of their services?

Moderator: _____ Note-Taker: _____

Village: _____

Zone: _____

Page ____ of ____

Number of Participants: Men____

Women ____

4. What do you think about having someone from a nearby village visiting periodically to teach you about health and treat minor illnesses? Do you think this would improve your health? Would you trust such a person with your health problems?

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men____

Zone: _____ Women ____

Page ___ of ___

5. How should such a person be selected? What criteria should be used?

Moderator: _____ Note-Taker: _____

Village: _____

Number of Participants: Men____

Zone: _____

Women ____

Page ____ of ____

6. How much would you be willing to contribute, in cash or in kind, to have such a community health agent?

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men____

Zone: _____ Women ____

Page ___ of ___

7. How much did you spend (cash or kind) on health care during the past 3 months for your household? What do you currently pay for deliveries on average? For children's illnesses? For adult illnesses? For medicines?

Moderator: _____ Note-Taker: _____

Village: _____

Zone: _____

Page ____ of ____

Number of Participants: Men____

Women ____

8. How do you usually pay for health care? Mention the sources of payment (e.g. P.A. certificate, borrowing, credit, in-kind payments).

Moderator: _____

Note-Taker: _____

Village: _____ Number of Participants: Men____

Zone: _____ Women ____

Page ____ of ____

9. What do you consider a reasonable or affordable amount of money to pay for preventive health services like deliveries and immunizations?

Moderator: _____ Note-Taker: _____

Village: _____

Number of Participants: Men____

Zone: _____

Women ____

Page ____ of ____

10. What do you consider a reasonable or affordable amount of money to pay for curative health services?

Moderator: _____

Note-Taker: _____

1, 6

APPENDIX E

APPENDIX E

Plan for Analysis and Report Outline
Community Demand Study

[The report can be written as the answers to the specific questions under each of the main objectives. Use the Questions to Methods matrix to identify which procedures address which questions. However, this is only a rough guide and all relevant data should be presented under the appropriate heading. Key points and dummy tables are suggested for some of the questions. Most of the tables are by zone but depending on the results, some tables could be constructed to compare "well-served" areas with "under-served" areas. For all questions, differences between men and women and among the various study sites should be discussed.]

Executive Summary and Implications for the ESHE Project

Introduction

Objectives of the Community Demand Study
Overview of the methodology and criteria for site selection
Profiles of the Study Sites (may want to use pseudonyms for the names of the villages and health care providers)

Health as a Priority

1. How high a priority do local communities place on health compared with other problems they face (especially food and water)?

Ranking of Problems in the Community				
	Sidama	North Omo	Kambata	Hadiya
Men	(List problems in order of importance)			
Women				

Perceived Health Problems and Demand for Services

2. What are the five most important health problems <u>of men, women, and children</u> in the village?

65

Perceived Health Problems of Men				
	Sidama	North Omo	Kambata	Hadiya
Most Common	(List health problems in order ranked)			
Most Severe				
If we could be free of 1 illness?				

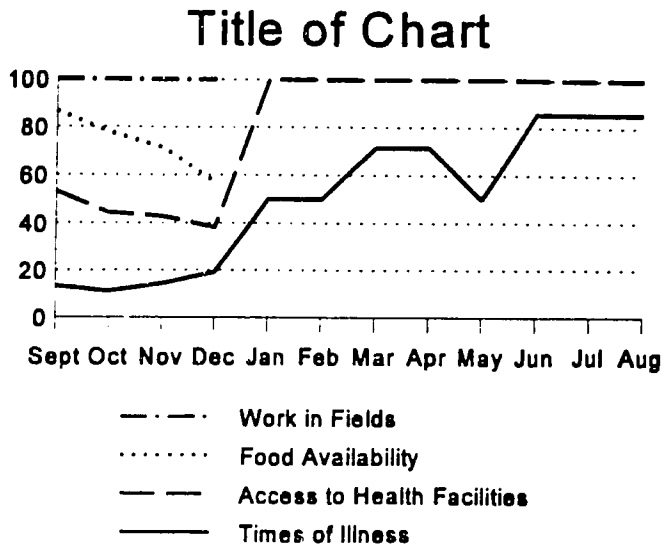
Perceived Health Problems of Women				
	Sidama	North Omo	Kambata	Hadiya
Most Common	(List health problems in order ranked)			
Most Severe				
If we could be free of 1 illness?				

Perceived Health Problems of Children				
	Sidama	North Omo	Kambata	Hadiya
Most Common	(List health problems in order ranked)			
Most Severe				
If we could be free of 1 illness?				

3. What are the five most important health services that people want provided to them?

Perceived Need for Health Services				
	Sidama	North Omo	Kambata	Hadiya

Perceived Need for Health Services				
Men				
Women				



4. What are the seasonal variations in time availability, cash availability, food availability, illness, access to clinics/medicines, and migration?

[When is the most difficult time? How do seasonal variations in workload differ between men and women, and among the different sites?]

Perhaps create some line graphs:

5. How do people perceive the health services intended for them in terms of cost, hours, quality of service and care, staff?

Ranking of Health Services								
	Sidama		North Omo		Kambata		Hadiya	
	Men	Women	Men	Women	Men	Women	Men	Women
Most Frequently visited	(list health services in order)							

Ranking of Health Services								
Most Expensive								
Best Quality								
If we could only have 1 provider?								

6. What are the costs of medicines? What are the time and geographic access to medicines? How important are commercial medicines in the assessment of the quality of service?

Availability and Charges for Medicines										
	Chloroquine		ORS		Antibiotics		Oral Contraceptives		Worm Medicine	
	% Avai l	Charge	% Avail.	Charge	% Avail	Charge	% Avail	Charge	% Avail	Charge
Government Facilities										
NGO										
Traditional Healers										
Drug Vendors										

Care-Seeking Behavior

7. Where do people go for health care - government, traditional, informal? How has this changed over the past 5-10 years?

8. Where do people go for deliveries, immunizations and other preventive services?

9. Where do people go for curative care?

10. What are the most important criteria that people use to decide where to go for treatment (e.g., type of illness, geographic accessibility, availability of medicines, perceived quality, etc.)?

11. What is the pattern of utilization of government, NGO, and traditional health services (especially TBAs, CHAs)? In other words, do people seek care of several providers simultaneously or do they see providers sequentially? Who do they visit first, second, third?

12. What is the role of CHAs, TBAs, and other extension agents as perceived by the community?

Willingness and Ability to Pay

13. What do people currently pay for preventive health services?

14. What do people currently pay for curative health services?

Average Cost of Treatment and Medicines by Type of Facility from Narratives (Birr)				
	Sidama	North Omo	Kambata	Hadiya
Government Facilities				
Traditional Healers				
Other providers (drug vendors)				

15. What do people consider a reasonable or affordable amount of money to pay for preventive health services?

Recommendations for a Reasonable Amount to Pay for Preventive Health Services				
	Sidama	North Omo	Kambata	Hadiya
Men				
Women				

16. What do people consider a reasonable or affordable amount of money to pay for curative health services?

Recommendations for a Reasonable Amount to Pay for Curative Health Services				
	Sidama	North Omo	Kambata	Hadiya
Men				
Women				

17. What are the patterns of borrowing and pawning assets for health care? Who is asked for money (e.g. Is there a "money lender" or through relatives)? How much is borrowed for health care? How is it repaid (e.g. interest rates, labor)?

Borrowing to Pay for Health Services (Narratives)				
	Sidama	North Omo	Kambata	Hadiya
Percent of Respondents who borrowed or pawned assets				
Range of Amount Borrowed				

Community Based Health Care Providers

18. What is the range of provider fees? How do providers determine how much to charge? Do providers charge less to poorer people?

Range of Provider Fees According to Providers				
	Sidama	North Omo	Kambata	Hadiya
Government				
NGO				
Traditional Healers				

19. Into which community structures or organizations fit CHAs and TBAs? (e.g. health or development committees) How are they selected and held accountable to the community?

20. What types of financing mechanisms have CHAs and TBAs experienced? (e.g. revolving drug funds, community funds, etc.)

21. What are the perceived needs of CHAs, TBAs?

22. What are the perceived roles and responsibilities of TBAs, CHAs? Does this include education, prevention, and referral?

23. What referral networks exist currently?

24. How do health center/station staff see the role of CHAs and what is their capacity to provide support?

Tabulation for Procedure F:
Interviews with Health Care Providers

1. Provider Skills and Experience

Provider	Type of Provider	Years Experience	How Skills were learned

	Provider 1	Provider 2	Provider 3	Provider 4	Provider 5	Provider 6	Provider 7
Number of Men Treated per week							
Number of Women Treated per week							
Number of Children Treated per week							
Hours							
Medicines Available Yes/No							
Average Fees							
Range of Fees							
Accepts In-kind Yes/No							
Extends Credit Yes/No							
Distance from Village in hours							

Abstraction Form for Cost Information from Procedure G: Narratives

Form No.	Type of Narrative	No. Places Visited	Cost for Reg. & Consultation	Cost for Medicines	Cost for Transportation	Borrow? Y/N	Amount Borrowed	Pawn? List Items	Credit? Y/N	In-Kind? List Items

Tabulation Form for Procedure G:
Narratives of Illnesses, Deaths and Deliveries
(1 Form per Site)

2.Village: _____

3.Zone: _____

4. Number of Interviews for each type of narrative

____ Illness
____ Delivery
____ Death

5. Type of health problem for illness and death narratives

Reason (Health Problem)	**Number of People**	**Man (M) Woman (W) Child (C)***

* Child means someone 5 years old or less

75

6. People involved in the decision to seek care

Person Needing Treatment	Relationship of People Involved in the Decision	Who Paid for Treatment?	Who disagreed with the decision?
Men			
Women			
Children			

7. Average cost of services per visit [Sum all the costs and divide by the total number of visits, including previous visits where cost is known.]

Total average cost to patient per visit _____

Average cost for Medicines _____

Average cost for transportation _____

Average cost for registration and consultation only _____

8. What percent of the time did people have to borrow to pay for the health services? [Number of times borrowed ÷ the total number of visits x 100]

_____ % of visits

9. On average, how long did people have to wait for health care in order to arrange the money? [Total number of days waited ÷ number of times people had to wait.

_____ days Range of days waited (least to most) _____

10. Amount borrowed and terms [Group amount borrowed into 4 main categories.]

Amount Borrowed	Source of Cash	Repayment Terms

11. List the items and number of people mentioning the item which were sold or pawned to obtain money for health care.

Items	Number of Times Mentioned

12. What are the main patterns of resort (progression of providers)? What is the first source of health care? the second? etc.