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REPORT ON
HEALTH KNOWLEDGE, PRACTICE AND COVERAGE SURVEY
ADAMA AND LUME DISTRICT
NAZARETH (NACID)

CRS/ETHIOPIA
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CRS/Ethiopia MCH Knowledge, Practice, Coverage Survey

Table of Contents

EXECUTIVE SUMMARY

I. INTRODUCTION 1
   A. Background 1
   B. Objectives of the Survey. 2
   C. Schedule of Activities in Ethiopia 3

II. METHODOLOGY 4
   A. The questionnaire 4
   B. Determination of Sample Size 4
   C. Selection of Sample 5
   D. Training of Supervisors and Interviewers 6
   E. Conduct of the interviews 6
   F. Method of Data Analysis 7

III. RESULTS 9

IV. DISCUSSION AND RECOMMENDATIONS 19

BIBLIOGRAPHY 25

APPENDIX
   Questionnaire in Amharic and English
   Population Data
   Map of Survey Area
   Schedule for Training of Supervisors and Interviewers
   Age calculation Guide-Mothers
   Age calculation Guide-Child
   Calendar of events

EXECUTIVE SUMMARY

A Knowledge, Practices and Coverage (KPC) survey was conducted in a rural community in East Shoa, Adama and Lume Woreda (Nazareth) in March 1995. The survey sites, Adama and Lume Woreda are the program areas for Nazareth Children's Integrated Development(NACID) which is a CRS/Ethiopia (CRS/ET) counterpart. This effort was organized and coordinated by Catholic Relief Services. Funding was provided by USAID under Monetization. The survey was conducted in collaboration with Department of Community Health of Addis Ababa University, Africare/Ethiopia, and NACID. The methodology used was the one developed by the Private Voluntary Organization/Child Survival Support Program (PVO/CSSP), Institute for International Programs of the John Hopkins University School of Hygiene and Public Health. The KPC survey was designed to be rapid and build in country survey capacity, to rapidly yield information useful for project/program management.

The objectives of the survey were to obtain information on the knowledge and practices of the mothers of children under two years of age in NACID project areas concerning child survival activities for use in focussing program activities towards Food Assisted Child Survival (FACS) Program and to identify health care factors at the household level for childhood illness. In addition, the data will be used in preparation of a curriculum that targets the health education messages and activities of FACS to the key child survival issues identified in these areas. The Survey also establishes a baseline for measuring changes in health knowledge, practice and coverage of the target community. The survey was accomplished within three weeks. The field team, comprised of Catholic Relief Services and Counterpart staff, discussed the results extensively to: 1) gather baseline data for future monitoring /evaluation in the CRS PL. 480 child survival program 2) provide information for development of improved objectives for use in planning and monitoring of activities for all those involved in the program.

The survey questionnaire was initially designed at the PVO/CSSP office in Baltimore, MD with the assistance of US and international experts for the various intervention areas. CRS/Ethiopia first in cooperation with the PVO CSSP survey trainers in Nairobi and then with the field staff of NACID and Cheshire, further customized the standardized questionnaire. The refined questionnaire was translated into Amharic and pretested in Nazareth area and final changes to the questionnaire were made. CRS/ET selected 12 Core Team/Supervisors both from CRS/ET and counterparts who participated in a six day training program that covered the World Health Organization(WHO) 30 cluster sampling methodology and skills to empower them to conduct this type of survey accurately and efficiently. The supervisors participated in the four-day training of 30 interviewers selected by NACID and Cheshire counterparts according to a set criteria. Nine three-person teams in NACID conducted a 30-cluster survey in Adama and Lume woredas out of a population of 31,000. Each cluster included 10 household survey interviews of mothers with children less than two years of age. A total of 300 mothers were interviewed.

Major findings of the Survey in Adama and Lume woreda (NACID) include: Though prevalence of breast feeding in children less than 24 months is high (95.3%), early initiation of breast feeding (49.3%), introduction of supplementary food (60%) and exclusive breast feeding and supplementary feeding of the young child were found low. Diarrheal management was found to be poor. Barely over one half of the children with diarrhea were given the correct feeding: continued food (50.6%), continued fluid (57.1%), continued breast milk (55.9%). Only 36.9% of the children were treated with ORT.

The percent of "dropout' rate in NACID survey area was 10.3% as compared to the national estimate of 36%(MOH 1990). However percent of dropouts between BCG and Measles (28.3%) were found very high. Expanded Program of Immunization(EPI) access (54.4%) and EPI coverage (42.4%), though relatively higher than the national figure, is still a point of concern in the project area. Maternal care, though relatively better than the national figure, is still very low. Percent of mothers who reported one antenatal visit were 20.3%, percent of deliveries attended by skilled personnel were 11.8% and percent of mothers who received two doses of tetanus toxoid vaccine were 31.1%. Knowledge of mothers regarding the timeliness of Measles (27.8%), protection with tetanus toxoid (7.8%) was very low.

Recommendations to improve the health of children and mothers are given.

E

I. INTRODUCTION

A. Background

Catholic Relief Services/Ethiopia, a PVO with its headquarters in Baltimore, MD., is implementing a Maternal Child Health(MCH) Program in the eastern and central regions of Ethiopia. The health status of mothers and children in Ethiopia is very poor. Infant mortality rates (IMR) are not available for NACID areas, however, the National figure is 105/1000 (CSA 1994), child mortality 159/1000 (CSA 1984)and Maternal mortalities estimated to be 500/100,000 deliveries. It is believed that diarrhea, vaccine preventable childhood diseases and malnutrition are the greatest threats to child survival in Ethiopia. The current potential health service coverage is 38% (MOH, 1993), ORS accessibility less than 30%, and DPT3 immunization coverage less than 28% (MOH 1993). The National Rural Nutrition Survey revealed that 64% of children aged 6-59 months were stunted (low height for age) and underweight 47% (low weight for age)(CSA 1993). Antenatal care is at 13%, Immunization of women with TT2 is 13% and institutional deliveries are 6% (MOH 1993). Birth weight is estimated at 15% indicating maternal malnutrition. A large number of women suffer and die of complications arising in pregnancy and child bearing.

The CRS/ET MCH program has received Title II resources under PL. 480 managed by USAID Bureau for Food and Humanitarian Assistance, Food for Peace since 1987. The program includes increasing immunization coverage among eligible children and pregnant mothers and target oriented health education, growth monitoring, food supplementation and credit schemes.

Like many food assisted programs, CRS/ET has had difficulty in documenting progress and showing the impact of its MCH program. The MCH program has had difficulty in satisfying the requirements of USAID to show impact of projects. Therefore, CRS is looking for ways of improving the situation. Recently a USAID funded Child Survival Support Program (CSSP) of John Hopkins University has developed, tested and conducted KPC training and survey techniques.

In 1995, CRS initiated use of this tool with Title II MCH programs to better focus activities and document health practice and coverage. The KPC survey provides data on knowledge, practices and coverage related to the health interventions. The survey directs program activities to specific objectives and child survival indicators, and helps to ensure that the critical health issues identified in the area are addressed.

In order to provide CRS staff with the correct methodology, trainers from the John Hopkins CSSP were contracted to provide training for survey trainers to CRS personnel. Three of the CRS/ET staff attended the KPC survey training conducted in Nairobi in

October 1994. The major output of this training was the development of a proposal to conduct an MCH KPC survey by CRS/ET.

CRS/ET has planned to do the survey phase by phase within a period of two years. The first phase of the survey was conducted in March 1995. The second and the third phase are tentatively scheduled for October 1995 and April 1996 respectively.

This is the report of the first phase of the survey conducted in Adama and Lume Weredas of Nazareth.[1]

Description of Survey area:

Nazareth Children Center and Integrated Community Development (NACID) is an indigenous NGO established in 1989. It operates in Adama and Lume woreda in East Shewa. The project area lies between 89 and 114 km south east of Addis Ababa. It is located in the Woinadega "Agro climatic Zone." It is predominantly inhabited by Oromos and Amhara ethnic groups. The total population of the two Weredas is approximately 481,889. The economy of the area is based on agriculture. The rest of the population is engaged in various agricultural related activities such as grain and live stock trading, fattening of animals or provision of services to the farming communities.

NACID is involved in two major programs i.e. running an orphanage program and implementing integrated development activities. The major areas of involvement are in health, water supply, agriculture, education, soil and water conservation, provision of credit and infrastructure development. Twenty-two PAs with a total population of 23,313 benefit from one or a combination of these rural development programs. NACID has a plan to expand its MCH services to six additional PAs.

According to the needs assessment carried out in the area , lack of drinking water followed by lack of health facilities were listed as their first and second priority areas.

Three deep water wells have so far been drilled for community use. In the area of health, NACID is running a polyclinic and various health programs, like EPI to children and TT for child bearing age women, growth monitoring, provision of supplementary food, family planning and health education programs as well as a women's poverty lending program. Communities from surrounding 26 PAs have free access to the health program. CRS supports NACIDs MCH, poverty lending and other development programs.

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[1] The first phase of the survey was conducted in two communities, Nazareth and Cheshire simultaneously. Each is reported separately.

B. Objectives of the Survey

The objectives of the survey are to provide CRS/ET and, NACID with information about the following issues:

- Knowledge of mothers of children under two years of age about: major threats to infant, maternal and child health; ways to prevent immunizable diseases; proper treatment of diarrheal diseases (ORT); the value of growth monitoring; and appropriate nutrition/weaning practices.
- Actual practices of mothers regarding the intervention areas mentioned above
- Target groups for health education action messages
- For children aged 12-23 months: the coverage rates of BCG, DPT3, OPV3, measles vaccines and drop out rates between series antigens

The survey establishes estimates of child survival knowledge and assesses the extent of practices (KPC) of the project's health care interventions. The data collected will help CRS and NACID to plan, manage, and assess project activities.

C. Schedule of Activities in Ethiopia

01 Feb-11 March	Preparations for the survey and training
13-15 March	Training of Supervisors
16-18 March	Training of Interviewers
20 March	Field training exercise and discussion
21-24 March	Survey
27-28 March	Manual tabulation of questionnaires(NACID)
29-31 March	Analysis/Report Writing(NACID)
04 April	Feedback at National level

II. METHODOLOGY

A. The Questionnaire

The questionnaire, which contains 45 questions, was designed to collect information from mothers of children under 24 months of age. The questions were based on a standardized survey format that A.I.D. requires of all PVO Child survival projects. The standardized survey instrument was developed by the staff at the PVO/CSSP, with the assistance of US and international experts for the various intervention areas, and in cooperation with CRS/Ethiopia field staff. CRS/Ethiopia, in cooperation with the PVO/CSSP Survey Trainer William Weiss and Cynthia Carter, CRS/Baltimore KPC Survey trainer Vicki Denman, and NACID field staff further customized the standardized survey questionnaire making the finalized questionnaire appropriate to the actual MCH project interventions and the project area.

The first two questions ask about the age of the respondent (mothers) and her youngest child under 24 months of age; questions three - six help to collect data regarding mothers' literacy, employment, and who cares for the child when the mother is away from home; questions 7 - 15 deal with breast-feeding and other feeding practices; questions 16 - 19 ask questions concerning the child's attendance at growth monitoring sessions; questions 20 - 29 refer to mothers' response to diarrheal disease and management of the child with diarrhea; questions 30 - 34 concerns the immunization status of the child; and finally, questions 35 - 45 are about pre-natal care, and maternal nutrition.

The questionnaire originally written in English was translated into Amharic by CRS/Ethiopia in collaboration with AFRICARE/Ethiopia. The field staff further customized the questionnaire for the project area. The questionnaire was pretested and refined accordingly.

B. Determination of Sample Size

Sample sizes were calculated with the following formula:

$$n = z^2(pq)/d^2$$

where **n** = sample size; **z** = statistical certainty chosen; **p** = estimated prevalence/coverage rate/level to be investigated; **q** = 1 - **p**; and **d** = precision desired.

The value of **p** was defined by the coverage rate that requires the largest sample size (p = .5). The value **d** depends on the precision, or margin of error, desired (in this case d = .1). The statistical

certainty was chosen to be 95% (**z** = 1.96). Given the above values, the following sample size (**n**) needed was determined to be:

$$n = (1.96 \times 1.96)(.5 \times .5)/(.1 \times .1)$$
$$n = (3.84)(.25)/.01$$
$$n = 96$$

It takes much time to randomly select an identified individual from the survey population, and then perform this selection 96 times to identify a sample of **n = 96**. Time can be saved by doing a <u>30 cluster</u> sample survey in which several individuals within each cluster selected to reach the required sample size. However, in order to compensate for the bias which enters the survey from interviewing persons in clusters, rather than as randomly selected individuals, experience has shown that a minimum sample of 210 (7 per cluster) should be used given the values of **p, d, and z** above (Henderson, et. al., 1982). In general, when using a 30 cluster sample survey, the sample size used should be approximately double the value **n**, when: **n = (z x z)(pq)/(d x d)**. In this case, a sample size of 300 (10 per cluster) was selected so as to ensure that sub-samples would be large enough to obtain useful management type information.

The estimates of confidence limits for the survey results were calculated using the following formula:

95% confidence limit = p ± z(square root of {pq/n})

where: **p** = proportion in population found from survey; **z** = statistical certainty chosen (if 95% certainty chosen, then **z** = 1.96); **q** = 1 - **p**; and **n** = sample size

EXAMPLE: If the proportion of children in the <u>survey</u> who were completely and correctly immunized is 37% and **n** = 297:

95% confidence limit = .37 ± 1.96(square root of {.37 x .63/297}) (**z** = 1.96)

= .37 ± .03 (or, 34% to 40%)

In other words, we are 95% sure that the actual proportion of children in the <u>survey area</u> who are completely and correctly immunized is between 34% and 40%.

<u>C. Selection of the Sample</u>

The sampling method of choice for these kind of surveys is a 30-cluster sampling technique. The study population consists of mothers of children under the age of 24 months in NACID MCH catchment areas. By restricting the sample to mothers of children less than 24 months of age, repeat surveys can ascertain the

project's ability to reach children born during the life of the project, and establish whether the project was successful in communicating to the mothers, through center staff and other PHC staff, certain action messages about key child survival interventions.

A population based sample survey is one method of obtaining rates, i.e. data relative to denominators, which are an important part of projects' health information system. The data collected from a sample survey can be used for project design, management information and evaluation purposes.

The sample in this survey consisted of 300 women with children 0-23 months of age in Nazareth MCH catchment area. 10 women were selected in each of 30 randomly selected (cluster sites) following the process described in The EPI Coverage Survey training manual (WHO, Geneva, Oct. 1988).

Once the survey teams reached the designated *cluster site*, the initial household surveyed within the cluster, as well as the direction from the initial household, was randomly selected.

D. Training of supervisors and interviewers

The three CRS/ET staff who participated in the KPC training in Nairobi acted as core team. Twelve people, nine MCH coordinators from CRS' nine counterparts and three CRS staff were selected both as core team and as supervisors. The interviewers were selected from the survey community by NACID and Cheshire[2] counterpart. The training of Core Team/supervisors took place in three days, the training of Interviewers/Supervisors took four days. The training team was supported by Dr.Gebreselassie of Africare/ET and Dr. Nigussie of the Department of community Health of the Medical Faculity of Addis Ababa University. Before the first day of training, the core team went over the training curriculum and identified people for various classes.

The training of the supervisors and interviewers covered the following topics: survey administration, general background to KPC and child survival indicators, purpose and objectives of the survey, understanding and review of the questionnaire, WHO 30 cluster methodology, selection of the sample size, selection of the starting household and survey direction, interviewing techniques, role play of good supervisors and interviewers, roles of supervisor in auditing surveys, in class questionnaire practice, calculation of age of mother and child, survey tabulation, and field testing

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[2]A similar survey was conducted in Cheshire (another CRS counterpart) catchment area simultaneously. The training as well as the preparation of the survey was done at the same time.

of questionnaire. The field test was conducted in the villages of Debrezeit near the training venue. Each team (consisting of a supervisor and two interviewers) used the household sampling methodology to interview mothers with children 0-23 months' old.

E. Conduct of the interviews

The survey was conducted over three and a half consecutive days; 21-24 March, 1995. Thirty clusters were randomly selected from the total population of the targeted villages in NACID.

The supervisors of each team were responsible for the selection of the starting household and survey direction. The supervisors observed at least one complete interview by each surveyor each day. Each questionnaire was checked for completeness before the survey team left the survey area, so that, in the case of missing or contradictory information, the mother could be visited again the same day.

In many countries it is very difficult to find out exact ages for many individuals. This is particularly true in those countries where birth registration is not common and where the exact birth date is rarely required for official documents. To reduce the importance of age misreporting, we have limited the tabulations to broad age groups. In most cases, the tabulations are for all children under age two (that is, 0-23 months) separately for children 0-11 months and 12-23 months. In cases where a child is "about one year old" or "about 2 years old" the interviewers have been trained to probe to try to determine whether the child is past its first or second birthday.

In order to ensure consent and confidentiality, a written explanation to the mother was prepared by the group to be read to the mother before commencing with the interview. The purpose of this message was to advise the potential respondent that she was not obligated to participate in the survey, and that no services would be withheld from her if she chose not to participate. It also assured the mother that all information would be held in confidentially, and that the information would be used to help health workers plan health activities. The interviewers were strictly supervised to make sure that they have read the explanation to the mother, and that she had consented to participate.

F. Method for Data Analysis

March 27-28 was dedicated to manual data tabulation. The Core team supervised the hand tabulation. Six two-person teams, made up of supervisors were available full-time for hand tabulation. The hand tabulators sat around large tables in the training hall at Debrezeit Ras hotel. The questionnaires were organized by cluster

site, and each cluster of questionnaires was circulated between the tabulators. The tabulators each recorded the responses to one question at a time going through each of the 300 survey questionnaires until all the responses to that particular question had been tabulated. The tabulators were trained to analyze the results of the questions they tabulated and then write out the analysis on the hand tabulation sheets.

For the first draft of the survey report, the team in collaboration with Africare Ethiopia and Department of Community Health prepared the frequency distributions for each question and a few cross tabulations.

Immunization covérage was analyzed by looking at children aged 12-23 months. By restricting the sample to children of these ages, one can estimate the percentage of children fully immunized within the first year of life. For example, if only 50% of the children aged 12-23 months in the survey are fully immunized, we can then assume that the percentage of children in the project area who receive the full set of immunizations by age 12 months is 50% or less.

Once the frequency tables and some cross tabulation tables were completed, the results of the survey were compared to the National MOH, CSA and UNICEF/WHO health messages, and the results of previously conducted local surveys. This was done during a group discussion on 30 March with all those involved in the training, supervision and tabulation. The consensus of the group was recorded and provided the basis for the results and discussion sections of the survey report.

The following answers were given for the 45 q[illegible] questionnaires were manually tabulated. four quest[illegible] removed from the analysis because of missing values.

Identification Module

1. The mean age reported by mothers surveyed was 27.1 years. 4% of the mothers surveyed (12 out of 296) were under 18 years. 13.2% mothers who were surveyed (39 out of 296) are over 35 years.

2. In this survey 67 (or 22.6%) of children were under four months of age, 63.2% (187 out of 296) children, under the age of one year and 38.1% (113 out of 296) of the children in the survey were 12-23 months of age. The mean age of children in the survey was 10.4 months.

Age of surveyed children

AGECHILD	Freq.	Percent	Cum.
0	5	1.69%	1.69%
1	19	6.42%	8.11%
2	19	6.42%	14.53%
3	15	5.07%	19.59%
4	7	2.36%	21.96%
5	14	4.73%	26.69%
6	16	5.41%	32.09%
7	9	3.04%	35.14%
8	17	5.74%	40.88%
9	16	5.41%	46.28%
10	14	4.73%	51.01%
11	20	6.76%	57.77%
12	18	6.08%	63.85%
13	11	3.72%	67.57%
14	17	5.74%	73.31%
15	6	2.03%	75.34%
16	8	2.70%	78.04%
17	10	3.38%	81.42%
18	16	5.41%	86.82%
19	8	2.70%	89.53%
20	10	3.38%	92.91%
21	9	3.04%	95.95%
22	5	1.69%	97.64%
23	7	2.36%	100.00%
Total	296	100.00%	

Mother's Education and Occupation Module

3. Of the mothers surveyed 55.4%(164 out of 296)reported that they could not read or write . 4.4% (13 out of 296) mother reported that they could read but not write. 20.9% (62 out of 296 mothers) reported that they could read and write. 14.9% (44 out of 296)had attended primary school. 4.3% (13 out of 296) reported that they had either a Junior or Senior high school education. In sum 59.8% (177 out of 296) are illiterate and 40.2% (119 out of 296) are literate.

4. 54.4% of mothers (161 out of 296) reported that they were generally away from home during the day. The remaining 45.6% stayed close to the home during the day.

5. 72.3% (214 mothers) stated that they had no income generating work. 13.2% (39 mothers) reported that they earn income from selling agricultural products. 9.1% (27 mothers) said that they earn income by selling food, dairy products, 2.0% (6 mothers) from handicraft. 0.7% (2 mothers) said that they earned income as servants, 0.3(1 mother) said that she earns her income as a shopkeeper and 3%(9 mothers) mentioned other activities.

6. This question was answered by 296 mothers. Multiple answers were possible. The response showed that in 47% (139 mothers) of the cases older children took care of the child when the mother was away from home. 33.1% (98 mothers) took the child with them when they left home. 19.6% (58 mothers) left their children with relatives, and 4.4% (13 mothers) left their children with neighbors/friends. One mother left her child with a maid. No mothers took their child to a nursery.

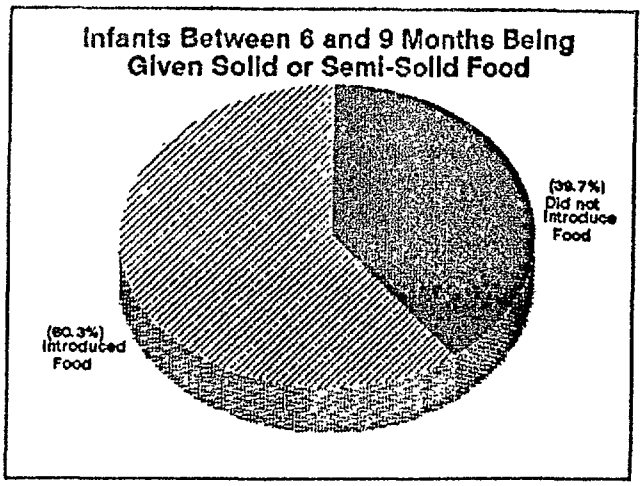
Breast feeding/Nutrition Module

7. Of the 296 mothers who answered this question 95.3% (282 mothers) reported that they were breastfeeding their children. Only 4.7% (14) mothers have not breast fed their children. Of those mothers in the survey with children 20 -23 months of age 85.7% (30 mothers) were still breast feeding their child.

8. Of the 14 mothers who were not breastfeeding their child, 78.6%(11 mothers) reported that they have breastfed in the past and 21.4%(3 mothers) reported that they didn't breastfeed in the past.

9. Of the 292 mothers who answered this question, 17.1% (50 out of 292 mothers) reported that they had breastfed their child within one hour after delivery where as 32.2% (94 out of 292) reported breastfeeding between one and eight hours after delivery and 47.3% (138 out of 292 mothers) reported breastfeeding more than eight hours after delivery, and 3.4% (10 out of 292) said that they did not remember when they first breastfed their child after delivery.

10. Of the children 0, 1, 2 and 3 months of age (58 children), 65.5% (38 out of 58) were being exclusively breastfed; in other words, they were not being given any of the food/fluid categories listed in question 10 (10a-10i).



Of the children 5, 6, 7, 8 and 9 months of age (58 children), 60.3% (35/58) had been introduced solid or semisolid foods; in other words, they were being given at least one of the non-fluid categories listed in question 10 (10c - 10i).

11. Of the 296 mothers 64.2% (190 out of 296 mothers) reported that they do not know what mothers can do to keep the baby on breastfeeding, 13.2%(39 mothers out of 296) said that frequent suckling to stimulate production, 3.4% (10 mother out of 296)reported that exclusive breastfeeding during the first four months as actions to take to continue breastfeding, 2.4% (7 out of 296 mothers)reported breastfeeding as soon as possible after delivery to continue breastfeeding, 0.7%(2 mothers)responded with "avoiding bottle feeding" and 14.5% (43 mothers) responded "Other" actions to keep on breastfeeding in the first four months. Only 2.7% (8 mothers) reported that care of breasts or nipples was an action a mother could take to continue to breast feed during the first four months of a child's life. Multiple answers were possible.

12. When asked when should a mother should start giving a child foods in addition to breastmilk, 48.3% (143 out of 296) mothers responded with an age between four and six months. 4.7% (14 mothers out of 296) start adding foods earlier than four months, and 33.8% (100 mothers out of 296) start adding foods at 6 months or later. 13.2% (39 mothers out of 296) said that they did not know when to start additional food. In sum, 51.7 (153 mothers out of 296) did not know that mothers should give their children food in addition to breastmilk between four and six months of age.

13. Regarding knowledge about additional foods to breastmilk, 6.1 (18 out of 296) responded with a food rich in iron, and 4.7%(14 out of 296) responded with a food rich in vitamin A. 5.7% (17 out of 296 mothers) stated adding oil and butter, 8.8 % (26 mothers) did not know and 81.4% (241 mothers) responded with a miscellaneous category other than those listed in question 13. Multiple responses were recorded.

14. Responding to the question as to which vitamin prevents Night blindness 7.1%(21 out of 296) mentioned vitamin "A" and 92.9% (275 out of 296) responded "doesn't know or other."

15. When asked what foods contain Vitamin A, 74.3% responded "doesn't know", 17.9% said green leafy vegetables mentioned egg yolk, 3.0% mentioned meat/fish, 2.4% said breastmilk, 1.7% mentioned yellow type fruits, 6.1 % mentioned others than the ones listed. Multiple answers recorded.

Growth Monitoring Module

16. In the survey 35.8% (106 mothers out of 296) had a growth monitoring card for their child, 3.4% (10 out of 296) said that they had lost their child's growth monitoring card, and 60.8% (180 out of 296) said that they never had a growth monitoring card for their child.

17. Of the 106 mothers who had growth monitoring cards, 83%(88) had a card that showed that they had been weighed in the last four months.

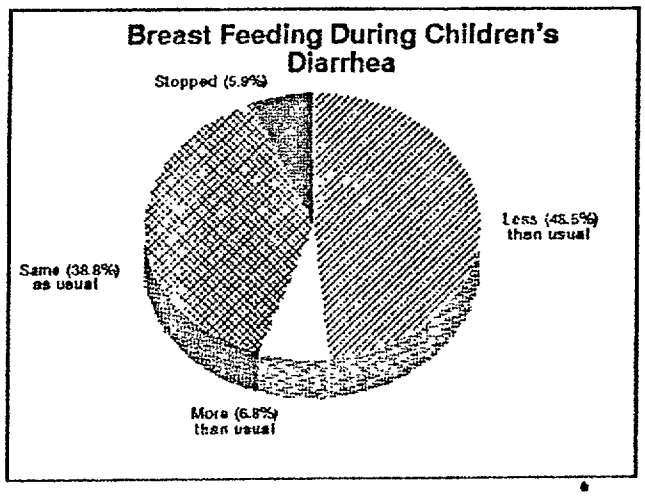
18. Of those children weighed during the last four months 44.7% were above 80% Wt. for age, 44.7% were between 71-80% Wt. for age and 8.5% between 60-70% Wt. for age indicating moderate malnutrition and mild malnutrition respectively. 2.1% were below 60%Wt for age indicating severe malnutrition. In sum 64% of the children weighed were below 80% Wt. for age indicating some degree of malnourishment.

19. Of those children who were below 80% Wt for age 2% had received a home visit by the center staff.

Diarrheal Disease Module

20. Of the mothers surveyed 35.8 (106 out of 296)stated that their child had diarrhea within the two weeks prior to the survey.

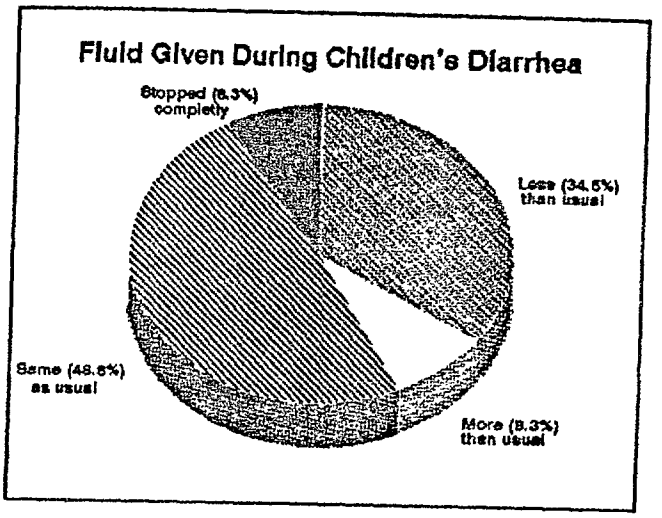
21. Of the 106 mothers who had stated that their children had diarrhea during the two weeks prior to the survey 103 mothers answered this question. All of the 103 children with diarrhea were still being breast fed. Of these 103 children, 6.8% (7 children) were given more breastmilk than usual and 48.5% (50 children) were given the same amount of breastmilk as usual. In sum, 55.3% of children



were being given breastmilk more or the same amount as usual during the diarrhea episode.

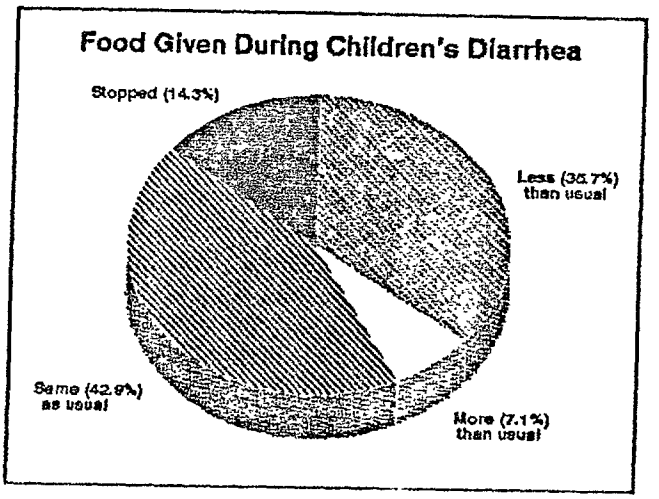
Those who gave their child less breastmilk than usual during diarrhea were 38.8 % (40 mothers), and six mothers (5.9%) stopped giving their child breastmilk completely during the diarrhea episode. In sum, 44.7% (46 mothers) gave less breastmilk or stopped giving breastmilk completely.

Of the 103 children with diarrhea during the two weeks prior to the survey (whose mothers answered this question), 19 were exclusively breastfed 84 were being given fluids other than breastmilk. Of these 84 children, 8.3% (7 children) were given more fluids than usual and 48.8%(41 children) were given the same amount of fluids as usual. In sum, 57.1% of the 84 children were being given fluids other than breastmilk more or the same amount as usual during the diarrhea episode.



Less fluids than usual was given by 34.5% (29 mothers out of 84) during diarrhea, and 8.3% (7 out of 84 mothers) stopped giving their child fluids completely during the diarrhea episode. In sum, 42.8% (36 out of 84 mothers) gave less fluids or stopped giving fluids other than breastmilk completely during their child's diarrhea episode.

23. Of the 106 mothers who stated that their children had diarrhea during the two weeks prior to the survey 104 mothers answered this question. Out of the 104 children with diarrhea 20 were being exclusively breastfed and 84 were being given solid or semisolid food. Of these 84 children, 7.1% (6 children) were given more foods than usual, and 42.9% were given the same amount of food as usual.



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In sum, 50% of the 84 children were being given foods more or the same amount as usual during the diarrhea episode.

30 mothers (35.7% of 84 mothers) gave their child less food than usual during diarrhea, and 12 mothers (14.3% of 84) stopped giving their child food completely during the diarrhea episode. In sum, 50% (42 out of 84 mothers) gave less food or stopped giving food completely during their child's diarrhea episode.

24. Of the 104 children with diarrhea during the two weeks prior to the survey (whose mother answered the question) 31.7% were given ORS sachet, 2.9% gave sugar salt solution, 6.8 % gave cereal based ORT. 22.1% gave their children antidiarrheal medicine or antibiotics as treatment for their child's diarrhea. 37.5% did not give any treatment for their child's diarrhea, and 10.6% gave something other than the categories listed in question 24. Multiple answers allowed.

25. Of the 104 mothers of children with diarrhea during the two weeks prior to the survey, 59.6% (62 mothers) sought advice or treatment for their child's diarrhea.

26. Of the 62 mothers who sought advice or treatment for their child's diarrhea: 71% went to a private clinic or doctor, health center, or general Hospital. 9.7% sought advice from relatives and friends for their child's diarrhea, 8.1% went to a pharmacy, and 9.7 went to others than the listed categories in question 26. Multiple answers allowed.

27. Out of the 296 mothers 12.5% (37) responded "doesn't know" 42.9% (127) stated vomiting, 36.1%(107) said fever, and 2.4%(7) stated dry mouth, sunken eyes, decreased urine output (dehydration) as a sign/symptom that would cause them to seek advice or treatment for their child's diarrhea. 12.2% (36) stated that weakness or tiredness was a sign/symptom that cause them to seek advice or treatment for their child's diarrhea. 38.9%(115) stated prolonged diarrhea as a sign/symptom, 7.1%(21) responded blood in stool and 10.5% (31) stated that loss of appetite was a sign/symptom that would cause them to seek advice or treatment for their child's diarrhea.

11.8% (35) mothers responded with a sign/symptom other than the ones listed in question 27. The majority of these other responses were actually definitions of diarrhea, in other words "loose stool." Multiple answers allowed.

28. One mother(0.4%)stated that proper mixing and administration of a sugar-salt solution (SSS) is an important action to take if a child has diarrhea. 0.7%(2)stated that giving the child smaller more frequent feeds is an important action, and 0.7%(2) stated that initiating fluids rapidly is an important action. 1.4%(4) stated that giving more to drink than usual

is an important action, and 0.7%(2) mothers stated that feeding more than usual after the diarrhea episode is an important action.

Those who said that taking the child to the health center is an important action to take if the child has diarrhea were 84.1% (249). some mothers 4.7% (14) stated an action other than the action listed in question 28. 81% of these mothers stated that giving drugs is an important action.

29. Mothers who said that giving the child foods with high caloric content as important actions to take when the child is recovering from diarrhea were 12.2% (36) . 17.2%(51) responded to this question by saying that giving more foods than usual is an important action. 13.9%(41) stated that giving the child smaller, more frequent feeds is an important action to take when the child is recovering from diarrhea.

33.1%(98) gave an answer other than the categories listed in question 29. Other actions included giving local herbs, certain foods and breastfeeding .

Immunization Module

30. Of the 296 mothers 148 mothers (50%) stated that their child had received at least one immunization. 145 mothers(49% out of 296)stated that their child had not received any immunizations and 1% (3 out of 296) responded "don't know."

31. Out of the 295 mothers who answered this question 27.8%(82 mothers) stated that a child should receive its measles vaccine at age nine months. 72.3% (213 mothers)stated that they did not know when a child should receive the measles vaccine.

32. Of the 296 mothers, 23 mothers (7.8% of 296) said that the main reason pregnant women need to be vaccinated with the tetanus toxoid vaccine is to protect both the mother and child. 0.7%(2 mothers) stated that the main reason for the TT vaccine was to protect the woman against tetanus, and 2.7% (8 mothers) stated that the main reason was to protect the newborn infant. 87.5% stated that they did not know, and 1.3%(4 mothers) stated something other than the categories listed in question 32.

33. Out of 296 mothers, 59 mothers (19.9 % of 296 mothers) stated that a pregnant woman needs more than two tetanus toxoid injections to protect the newborn infant from tetanus, and 15 mothers (5.1%) stated that a pregnant woman needs two TT injections. In sum 25%(74 out of 296 mothers) stated that a pregnant woman needs at least two TT injections to protect the newborn infant from tetanus.

Those who said that they did not know how many TT injections a pregnant woman needs were 216 mothers (73%), 4 mothers (1.3%) stated that one TT injection is needed to protect the newborn and 2 mothers (0.7%) responded none. In sum 222 mothers(75%) of the mothers did not know that a pregnant mother needs at least two or more TT injections to protect the newborn infant from tetanus.

34. Of the 296 mothers (44.6%) had an immunization card for their child. 19 mothers (6.4%%) stated that they had lost their child's immunization card, and 145 (49.0%) stated that they never had a card for their child.

35. The immunization status for children 12-23 months of age is based on the immunization card actually seen by the interviewers. There are 125 children in the survey 12-23 months of age. The following are coverage figures for BCG, OPV, DPT, and measles:

BCG Status

AGEGROUP	NO BCG	YES BCG	TOTAL
12-23 MONTHS	57(45.6%)	68(54.4%)	125

OPV Status

OPV 1,2, &3: 125 children 12-23 months of age

OPV 1		OPV 1,2		OPV 1,2,3		Drop Out	
Freq	Percent %	Freq. #	Percent %	Freq. #	Percent %	D.O. Frequency (# OPV1 - # OPV3)	D.O. Rate #OPV1 - #OPV3 / #OPV1
[illegible]	54.4%	64	51.2%	61	48.8%	7	10.2%

DPT Status

DPT 1,2,&3: 125 children 12-23 months of age

DPT 1		DPT 1,2		DPT 1,2,3		Drop Out	
Freq. #	Percent %	Freq. #	Percent %	Freq. #	Percent %	D.O. Frequency (# DPT1 - # DPT3)	D.O. Rate #DPT1 - #DPT3 / #DPT1
68	54.4%	64	51.2%	61	48.8%	7	10.2%

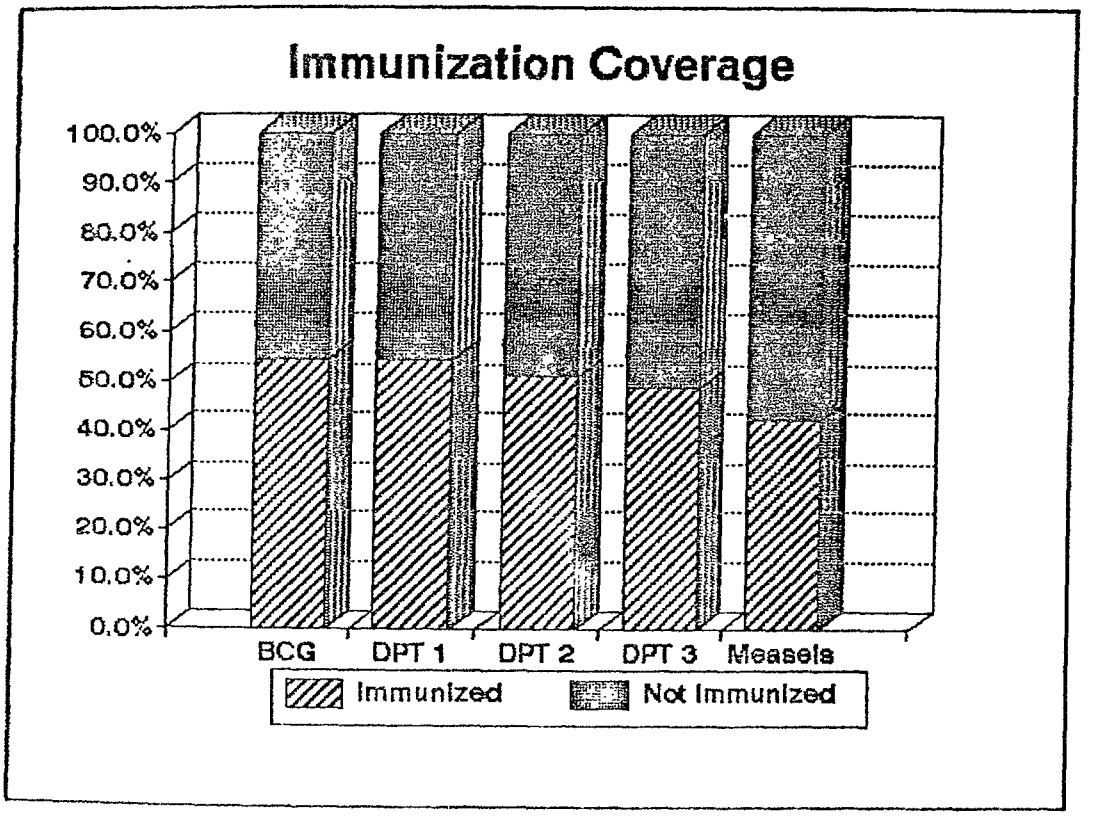
Measles Status

AGEGROUP	NO MEASLES	YES MEASLES	TOTAL
12-23 MONTHS	72(57.6%)	53(42.4%)	125 CHILDREN

Fully Immunized Status

(BCG + OPV123 + DPT123 + Measles)

AGEGROUP	NOT FULLY IMMUNIZED	FULLY IMMUNIZED	TOTAL
12-23 MONTHS	74(59.2%)	51(40.8%)	125 CHILDREN



Maternal Care Module

36. Of the 296 mothers 104 mothers (35.1%) had "maternal health cards". 15 (5.1%) reported having lost their maternal health card, while 177 (59.8%) said that they did not have a maternal health card.

37. Of the 104 mothers who had "maternal health cards"[3] 92 (31.1%) had at least two TT injections indicated on the cards. 18 mothers (6.1% of 104 mothers) had one TT injection indicated on the card.

38. The card given to the mother did not have space to record antenatal visits.

39. Since the card given to the mother didn't have this information it was not possible to record the number of antenatal visits from the cards. Self report data was used to assess this variable.

40. When asked how soon after a woman knows she is pregnant should she see a health professional, of the 295 mothers who responded 67 mothers (22.7% of 295) indicated a time within the first trimester of pregnancy, 38 mothers (12.9%) indicated middle of pregnancy (4-6 months), and 19 mothers (6.4%) indicated a time period within the third trimester. Four mothers(1.4%) indicated that there was no need to see a health professional during pregnancy, and 167 mothers (56.6%) mothers stated that they did not know when a pregnant woman should see a health professional.

41. When asked what foods are good for a woman to eat to prevent pregnancy anemia, 40 mothers (13.5%) indicated a protein food rich in iron and 75 mothers (25.3 %) indicated green leafy vegetable rich in iron. 99 mothers (33.4%) indicated a food type other than the categories listed in question 41, and 131 mothers (44.3%) stated that they did not know which foods would help prevent anemia.

42. When asked how much weight should a women gain during pregnancy 3 out of 296 (1.0%) said 10-12 kgs, 6 out of 296 (2%) stated that she should gain the weight of the baby, and 277 Mothers (93.6%) didn't know how much a pregnant women should gain during pregnancy and 10 mothers (3.4%) stated others than listed in question 42.

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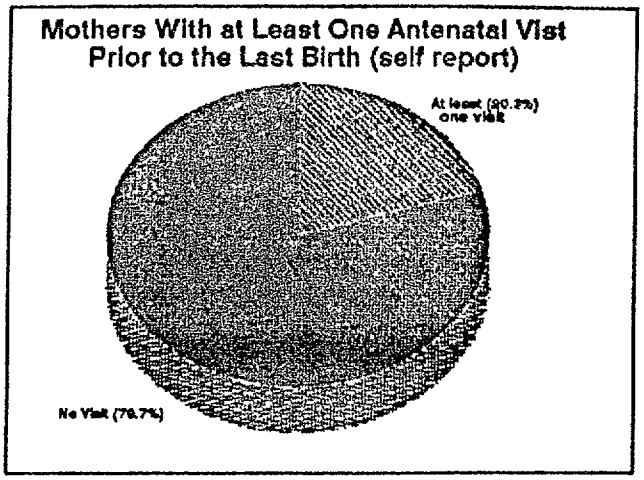
[3] The Maternal Health Card is kept at the health institution. Mothers were given TT vaccination cards, their Children's vaccination and growth monitoring cards. Since information on TT vaccination was recorded in one of these cards, it was decided after the pretest and the field exercise to take the data on TT vaccination from these sources.

43. When asked if pregnant mother had any antenatal visit 60 mothers out of 296 (20.3%) reported that they had and 236 mothers (79.7%) reported no visit.



44. Regarding feeding practice during pregnancy, 13.9% of mothers surveyed (41 of 296) stated that they ate more food than usual during pregnancy and 161 mothers (54.4%) stated that they ate the same as usual during pregnancy. In sum, 68.3% stated that they ate either more or the same as usual during pregnancy.

However 83 mothers (28%), stated that they ate less than usual during pregnancy and 11 (3.7%) responded "doesn't know".

45. When asked who tied and cut the cord at the child's delivery, 2.7% (8 of 296) indicated a health professional (physician, nurse or midwife) and 27 mothers (9.1%) stated trained birth attendant. 168 mothers (56.8%) indicated untrained traditional birth attendant, 76 out of 296 mothers (25.7%) indicated a family member, 6 mothers (2.0%) reported indicated self and 6 mothers (2.0 %) indicated someone other than the categories listed in this question and 5 mothers (1.7%) responded "doesn't know."

IV. DISCUSSION AND RECOMMENDATIONS

A. Major findings

The KPC Methodology calls for data analysis to center on key indicators of child survival that are calculated using the same formula in every KPC survey. The key indicators which are based on the messages in the WHO, UNICEF, UNESCO publication "Facts for Life" are the most important predictor of child survival.

Breast feeding/ Nutrition

"Facts for Life" recommends that mothers should exclusively breastfeed during the first four to six months of life, introduce food in addition to breastmilk between four and six months of age, infants should start to breastfeed as soon as possible after birth, and breastfeeding should continue well into the second year of a childs life and for longer if possible.

1. Initiation of Breastfeeding:

   In the study population the percentage of children for whom breastfeeding was initiated within the first 8 hours of life were 49.3% (144/292)

2. Prevalence of Breastfeeding in children less than 24 months as measured by the current practice of breastfeeding was found to be 95.3% (282/296). This is consistent with the study conducted in Jimma that showed a prevalence of 96.5%. Another three rounds of nutrition survey (CSA, 1989) indicated that 93.9%, 93.3% and 94.6% of children less than 24 months respectively were breastfeeding in the areas of the 12 surveyed regions.

3. Exclusive breastfeeding:

   The percentage of Infants less than 4 months who are being exclusively breastfed were 65.5% (38/58). When mothers were asked what practices were important in assuring breastfeeding 64.4% of the mothers reported that they don't know what mothers can do to keep the baby on breast feeding. An urban study conducted in Addis Ababa (1993) showed exclusive breastfeeding of children less than 4 months to be 32% where as a rural study in Jimma (1987) indicated that 45.6% of children less than or equal 3 months were exclusively breastfed. This survey shows higher percentage of infants being exclusively breastfed in Adama and Lume Woreda.

4. Introduction of first foods:

   The percentage of infants between 6 and 9 months being given solid or semi-solid foods were 60.3% (35/58). This finding is comparable to the result of the study conducted in Addis Ababa (1993)which showed that 57.4% of the infants in the same age group were given supplementary food. In the knowledge question

for introduction of foods, 48.3% responded with the correct age and 51.7% did not know that foods in addition to breast feeding should be given between 4 and 6 months of age. Intensive education with regard to introduction of supplementary feeding should be given.

5. Persistence of breastfeeding:

The percent of children between 20 and 24 months who are still breastfeeding were 85.7% (30/35) generally the current practice of breastfeeding in NACID MCH operational area (95.3%)is high. Persistence of breastfeeding is also quite high.

The problem areas identified with regard to infant feeding are:

a. Early initiation of breastfeeding with only 17.1%(50/292) with the first hour and 32.2% (50/292) with in the 1-8 hrs. of birth shows that more than half of the mothers interviewed do not initiate breastfeeding for the first 8 hrs. The initiation of breastfeeding in this survey is relatively higher when compared to other studies. However it is quite low when the ideal situation is taken into consideration. Reasons behind this low situation of breasfeeding as soon as the child is born could be low level of awareness, traditional practices of butter feeding and practice of giving water for possible smoothening of the bowel. The reasons could be verified and further explored in focus group discussions with the mothers. Expansion of ante-natal care service for the target group of women so that they will have an opportunity of being taught about this and other child feeding practices should be considered. Education on early initiation of breast feeding should emphasize the principles underlying the use of colostrum (high nutritive value and protection against common infections).

b. Exclusive breastfeeding though relatively higher in the study area (65%) needs improvement. Education on the importance, adequacy and completeness of breastmilk during the first four months of life should be emphasized.

c. Introduction of supplementary foods is reported as 60% which means 40% of children didn't start supplementary food even by the age of 6 months. According to the universal understanding of child health and nutrition, every child has to be on supplementary food by the age of 6 months. Continuous education and motivation on early introduction of breastfeeding should be emphasized.

Management of Diarrheal Diseases

1. Continued breastfeeding during diarrhea:

Percentage of children with diarrhea in the past two weeks who were given the same amount or more of breast milk were

55.9%(57/103). Those who gave more breastmilk during diarrhea were only 6.8%(7/103). We couldn't come across any comparable data. However from observation, traditionally mothers withhold fluids including breastmilk thinking that it could worsen the diarrheal attack.

2. Continued fluids during diarrhea:

Percent of children with diarrhea in the past two weeks who were given the same or more amount of fluids other than breastmilk was 57.1% (48/84). When one considers an increased fluid intake alone, only 8.3% (7/84) were given more than usual. This is more or less in accordance with Wolayta study (1990) which showed that only 12.3% of mothers increased fluid intake during diarrheal episode. A study conducted in Addis Ababa (1993) showed use of sugar salt solution by 17.8% of mothers when children developed diarrhea.

3. Continued food during diarrhea:

Percent of children with diarrhea in the last two weeks who were given the same amount or more food were 50.6% (42/83). The study in Wolayta (1990) showed that only 20% maintained and/or increased food intake during diarrheal episodes.

4. Management of Diarrheal Diseases: ORT usage

Percent of children with diarrhea in the last two weeks who were treated with ORT 36.9% (38/103). The National figure for ORT usage is at about 30% and the Wolayita study indicated 20.5 use of ORS and/or cereal based ORT.

"Facts for life" diarrhea messages stress the importance of giving extra fluids and continued feeding during the diarrhea episode, and providing extra food when the child is recovering from diarrhea. However, in this survey only 6.8% of the children with diarrhea were given more breast milk, 8.3% more fluid, 7.1% more food than the usual (6.8%). Barely over one half of children with diarrhea were given the correct feeding, more or same as usual: of breastmilk (55.3%), fluid (57.1%), continued food (50%). Only 36.9% were treated with ORT . Though the finding in the NACID operational area is relatively better as compared to some other studies and National data, home management of childhood diarrhea is a point of concern, since home management using breastmilk, homemade fluids and continued feeding is the principal cornerstone in managing and thus reducing the severity of diarrhea. The health message by center staff, CHAs and TBAs should stress the need for giving more fluid and continued feeding during childrens diarrhea. Increased access rate to ORS should be sought and alternate approaches such as distribution of ORS or increased availability in health post in the community should be explored. Traditional practice of withholding foods (14.3%) and fluids (8.3%) by the mother should be changed through education. Health workers working in health facilities and center staff should be skillful in educating mothers on preparation of homemade diarrhea treatment fluids and mixing of ORS appropriately. In addition continued emphasis is needed to

build the confidence of mothers on home treatment. Training of health workers including TBAs, CHAs and center staff to emphasize these messages is important. Current National plan is to increase ORT usage to 80% by 1995.

Immunization Coverage

9. EPI Access:

Percent of children 12 to 23 months who received DPT1: 54.4% (68/125)

10. EPI Coverage:

Percent of children 12 to 23 months who received OPV3: 48.8%(61/125).

11. Measles Coverage:

Percent of children 12 to 23 months who received Measles: 42.4% (53/125)

12. Drop Out Rate:

Percent of 'drop outs' between DPT1 and DPT3: 10.3% (7/68) Percent of overall dropouts between BCG and measles 28.3% (15/53). National drop out rates between DPT1 and DPT3 is estimated to be 36% (MOH 1990). Community based studies in Addis Ababa in 1989 and 1992 showed defaulter rates of 25% and 19.7% respectively. Another study in rural town Wolliso (1993) found rates of 35%. World Health Organization indicates that there is a problem with dropouts when the rate is greater than 10%.

The immunization coverage is Adama and Lume Woreda is relatively higher(48.8%) when compared to the national data(40%). According to "Facts for Life" children should be fully immunized by the first year of life. Thus increasing the coverage by expanding outreach vaccination sites and using every missed opportunity vaccination when children come for other purposes to the health facility is needed. The importance of continued in-service training and motivation of health workers should be given due consideration. Percent of drop out rate between DPT1 and DPT3(10.3%) is low as compared to the national rate (36%). This is an encouraging result and should be sustained. However Percent of Overall drops outs' between BCG and Measles, 28.3% (15/53)is high. This could be due to the long gap between DPT3 and measles and the lack of continuous follow up and education of mothers. Follow up of defaulters using CHAs, TBAs and animators are required.

Maternal Care

13. One or More Ante-Natal visits (self report):

Percent of mothers who reported at least one antenatal visit during last pregnancy were 20.3% (60/296). Only "self report"

was considered to assess the number of ante-natal visits . This was due to the problem encountered during this survey regarding documentation of maternal health status. Mothers in the routine ante-natal care period were not given their maternal health card to take it home . Instead many mothers had either Adult TT vaccination cards and their childrens' vaccination and growth monitoring cards on which TT vaccinations were recorded. Only few mothers had outpatient appointment cards for ante-natal visits. This was detected during the pre-test and field exercise and it was decided by the group to use "self report" for this variable. It is advisable that MOH be consistent to avoid data collection problems and confusion. Also in future KPC surveys, ante-natal visits could be filled from health facility records rather than depend on verbal responses.

The national figure for ante-natal visits is 13% (MOH 1993). Though the figure is relatively higher in the survey area, prenatal care is very weak. Moreover 28% of the mothers said that they ate less than usual during pregnancy.

14. Percent of deliveries attended by skilled personnel: 11.8% (35/296). According to (MOH 1993),percent of institutional deliveries are reported to be 6% and percent of TBA reported deliveries to be 1% (MOH 1991) which adds up to 7%. This is very low and lack of attendance by skilled personnel is one of the contributory factors to maternal morbidity and mortality. This is complicated by the fact that many rural women get pregnant below the age of 18 (4%)and after the age of 35(13.2%). Thus, 17.2% of the mothers were in the high risk category. In fact, if we include the category ages 18 and below, 23.3% of the mothers are in the high risk group.

15. Tetanus Toxoid coverage:

Percent of Mothers who received two doses of tetanus toxoid vaccine: 31.1 % (92/296). This is higher than the national figure that is reported to be 13%. However very low since "Facts of Life" recommends that at least two doses of TT for every pregnant mother.

Thus maternal health care is an area which requires significant improvement. There is a need to expand the service to the community through training of TBAs and CHAs and providing technical and material support to these health workers. Insistence on prenatal visits to identify high risk cases, improving tetanus coverage and education on maternal nutrition are all areas that require greater attention and offer potential for program improvement.

Knowledge Indicators

1. Mothers Literacy:

Percent of mothers who are literate: 40.2% (119/296)

2. Immunization Knowledge: Timeliness of Measles

Percentage of Mothers who know that Measles vaccine is at 9 months: 27.8% (82/295)

3. Immunization Knowledge : Tetanus Toxoid Protection

Percent of mothers who know that tetanus toxoid protects both the child and the mother 7.8% (23/296)

4. Maternal Care Knowledge: Timeliness of Ante-Natal Care

Percent of mothers who know that ante-natal care should begin by third semester; 35.6% (105/295)

In general mothers knowledge on key indicators is low indicating the need to emphasize health messages on these indicators through training of animators and CHAs, TBAs.

B. Other indicators of child survival:

Age Distribution

The KPC survey identified that 4% of the mothers surveyed were under 18 years and 13.2% mothers over 35 years old. The book "Facts of Life" published by UNICEF, WHO and UNESCO states that the risks of childbearing are greatest when the mother to be is under 18 years of age or over 35 years. Thus, 17.2% are in the high risk category.

Considering the number of unattended deliveries by skilled personnel (88.2%) early identification of potential problems in high risk pregnancies is an important aspect of maternal care. The NACID FACS program should provide health education messages aimed at identification of risks associated with pregnancies and referral through training and education of TBAs and center and health clinic staff.

Over 62% of the children in the survey are under 12 months of age. One possible explanation for this large number is that many mothers are spacing births less than two years apart. Thus, birth spacing at least two years apart will be a critical health message.

Education/Occupation

Over 55% of the mothers surveyed cannot read or write (illiterate) and 40% of the mothers can either read or read and write only at primary level. Two different groups will be targeted. Those who can read at the primary level and those who cannot read. NACID will develop simple written health messages for those who can read in Amharic and Oromogna. For those mothers who cannot read can be reached by TBA/CHA who would be trained in counseling techniques and adult learning methodologies for example demonstrations, role plays ,pictorial presentations and through discussions. NACID should also explore the use of taped messages to reach the rural

non-readers and of women with low level of literacy.

Over 54% of the mothers are away from home during the day. Many of these mothers (47%) leave children with older siblings and 19.6% with relatives. Over 33% of the mothers surveyed took their children with them. In order for health workers to reach mothers, appropriate time selection is important. And to reach older siblings with the health messages NACID should explore further on where and how to reach them. Another issue to explore further is the issue of keeping the child with older siblings if this tends to keep children particularly girls away from school, which requires the exploration of the possibility of communal child care/day care center.

Over 72% of the mothers surveyed said that they had no income generating work meaning that they have no income of their own to spend for the household. Further discussion with women's groups in the expansion of the credit and saving, scheme started in pilot areas of NACID should be explored.

Recommendations

One of the objectives of the KPC survey is to identify realistic program objectives with measurable indicators of program progress. The survey also helps program managers to focus their resources by identifying critical problem areas. Based on the results of this survey, the CRS MCH program will focus the FACS program particularly on the following problem areas: breastfeeding and nutrition, management of diarrheal diseases, immunization coverage, growth monitoring and maternal Care.

Breastfeeding/Appropriate Infant Feeding Practices

1. Increase the percentage of mothers exclusively breastfeeding their infants during the first four months from 65.5% to 80% by 1998.

2. Increase the percentage of mothers who initiate breast feeding within the first 8 hrs. of life from 49.3% to 80% by 1998

3. Increase the percentage of mothers who start supplementary feeding on time from 60.3% to 80% by 1998.

Management of Diarrheal Diseases

1. Increase the percentage of mothers who provided the same or more amount of breastmilk to their children during diarrheal episodes from 55.9% to 80% 1998.

2. To increase the percentage of mothers who provided the same or more amount of liquids to their children during diarrheal episodes from 57.1% to 80% by 1998.

3. To increase the percentage of mothers who provided the same or more amount of foods to their children during diarrheal episodes from 50.65 to 80% by 1998

4. To increase the percentage of mothers who gave their children ORS, sugar salt solution or homebased fluids during diarrheal episodes from 36.9 % to 80% by 1998.

Immunization

1. Increase the EPI coverage from 48.8% to 80% by 1998

2. Increase the percentage of children 12 to 23 months who receive Measles from 48.8% to 80% by 1998

3. Increase the percentage of children fully immunized from 40.8% to 80% by 1998.

At the same time decrease the drop out rate from 28.3% to 10% by 1998.

Maternal Care

1. To increase the number of pregnant women who attend 2 or more antenatal visits from 20.3% to 60% by 1998.

2. To increase the percentage of pregnant mothers who seek skilled personnel for the delivery of their children from 11.8% to 50% by 1998

3. To increase the percentage of mothers who receive two doses of tetanus toxoid from 31.1 % to 80% by 1998

4. To increase the knowledge of mothers on the timing of antenatal visits from 27.8% to 85% by 1998.

5. To increase knowledge of mothers on the use of TT from 7.8% to 85% by 1998.

6. To increase the knowledge of mothers on the use and timing of vaccinations from 27.8% to 85%.

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PVO/COUNTRY _CRS/ETHIOPIA_ CLUSTER # ___ HOUSE RECORD #: ___

PVO Child Survival
Rapid Knowledge, Practice & Coverage (KPC) Questionnaire
(Draft - 10/21/94)

All questions are to be addressed to the mother with a child under two (less than 24 months of age)

Interview date __/__/9_ Reschedule interview __/__/9_
(dd/mm/yy) (dd/mm/yy)
Interviewer name _____
Supervisor _____
Community _____

1. Name and age of the mother

Name _____ Age (years)_____

2. Name and age of the child less than 24 months of age

Name _____

Birth date __/__/__ (dd/mm/yy) Age in months_____

Mother's Education/Occupation

3. What was the highest educational level you attained?
   1. none [ ]
   2. primary does not read [ ]
   3. primary reads [ ]
   4. secondary & higher [ ]

4. Do you work away from home?
   1. yes [ ]
   2. no [ ]

5. Do you do any "income generating work"?
(multiple answers possible; record all answers)
   a. nothing [ ]
   b. handicraft, weaving, rugs, etc [ ]
   c. fattening (sheep, goat, cow) [ ]
   d. selling agricultural products [ ]
   e. selling foods, drinks [ ]
   f. servant/household services [ ]

6. Who takes care of (name of child) while you are away from home?
(multiple answers possible; record each one)
   a. mother takes child with her [ ]
   b. older children [ ]
   c. relatives [ ]
   d. neighbors/friends [ ]
   e. maid [ ]
   f. nursery school [ ]

Breastfeeding/Nutrition

7. Are you breastfeeding (name of child)?
   1. yes [ ] ---> go to 9
   2. no [ ]

8. Have you ever breast-fed (name of child)?
   1. yes [ ]
   2. no [ ] ---> go to 10

9. After the delivery, when did you breast-feed (name of child) for the first time?
   1. during the first hour after delivery [ ]
   2. from 1 to 8 hours after delivery [ ]
   3. more than 8 hours after delivery [ ]
   4. do not remember [ ]

10. a. Are you giving (name of child) water (or fenugreek water, tea)?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

   b. Are you giving (name of child) cow milk, goat milk, or formula?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

   c. Are you giving (name of child) semisolid foods such as gruels, porridge or semolina, "fafa"?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

   d. Are you giving (name of child) fruits?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

e. Are you giving (name of child) carrot, mango or papaya?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

f. Are you giving (name of child) dark leafy green vegetables, such as kale or spinach?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

g. Are you giving (name of child) meat or fish?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

h. Are you giving (name of child) lentils, peas, chickpeas, beans or peanuts?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

i. Are you giving (name of child) eggs or yogurt?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

j. Are you adding dark leafy green vegetables, such as kale or spinach, to (name of child)'s food?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

k. Are you adding honey or sugar to (name of child)'s meals?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

l. Are you adding butter or oil to (name of child)'s meals?
   1. yes [ ]
   2. no [ ]
   3. doesn't know [ ]

11. Health workers believe that it is very important to breastfeed during the first two years of the baby's life. What can a mother do in the baby's first four months of life to keep on breastfeeding (other than drinking and eating more)?
(multiple answers possible; record all answers)
   a. doesn't know [ ]
   b. breastfeed as soon as possible after delivery (don't discard colostrum) [ ]
   c. care of breasts, nipples [ ]
   d. frequent sucking to stimulate production [ ]
   e. exclusive breastfeeding during the first four months [ ]
   f. avoid bottle feeding of baby [ ]
   g. relactation (if had to stop, mother can resume breastfeeding again) [ ]
   h. other (specify) _____ [ ]

12. When should a mother start adding foods to breastfeeding?
   1. start adding between 4 and 6 months [ ]
   2. start adding earlier than 4 months [ ]
   3. start adding 6 months or later [ ]
   4. doesn't know [ ]

13. What should those first additional foods to breastfeeding be?
(multiple answers possible; record all answers)
   a. doesn't know [ ]
   b. add oil and butter to food [ ]
   c. give food (like kale, etc) rich in Vitamin A [ ]
   d. give food (like teff, etc.)rich in iron [ ]
   e. other (specify) _____ [ ]

14. Which vitamin helps you prevent "night blindness" ('Dafint)?
   1. vitamin A [ ]
   2. doesn't know or other [ ]

15. Which foods contain vitamin A to prevent "night blindness"?
(multiple answers possible; record all answers)
   a. doesn't know or other [ ]
   b. green leafy vegetables [ ]
   c. yellow type fruits [ ]
   d. meat/fish [ ]
   e. breast milk [ ]
   f. egg yolks [ ]

Growth Monitoring

16. Does (name of child) have a growth monitoring/promotion card?
   1. yes [ ] (must see card)

17. Look at the growth monitoring card of the child, and record the following information: has the child been weighed in the last two months?

1. yes [ ]
2. no [ ]

18. What is the nutritional status of child as of last weighing?

1. severely underweight [ ]
2. moderately underweight [ ]
3. mildly underweight [ ]
4. Normal [ ]
5. Overweight [ ]

19. If severely underweight, ask the mother, has the health promotor visited you in your home since the last weighing?

Yes [ ]
No [ ]

Diarrheal Diseases

20. Has (name of child) had diarrhea during the last two weeks?

1. yes [ ]
2. no [ ] ---> go to 27
3. doesn't know [ ] ---> go to 27

21. During (name of child)'s diarrhea did you breast-feed (read the choices to the mother) .....

1. more than usual? [ ]
2. same as usual? [ ]
3. less than usual? [ ]
4. stopped completely? [ ]

22. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk .....
(read the choices to the mother)
   1. more than usual? [ ]
   2. same as usual? [ ]
   3. less than usual? [ ]
   4. stopped completely? [ ]
   5. exclusively breastfeeding [ ]

23. During (name of child)'s diarrhea, did you continue to provide (name of child) with solid/semisolid foods.....
(read the choices to the mother)
   1. more than usual? [ ]
   2. same as usual? [ ]
   3. less than usual? [ ]
   4. stopped completely? [ ]
   5. exclusively breastfeeding [ ]

24. When (name of child) had diarrhea, what treatments, if any, did you use?
(multiple answers possible; record all answers)
   a. nothing [ ]
   b. ORS sachet [ ]
   c. home made fluids, sugar-salt solution or other fluids [ ]
   d. anti-diarrhea medicine or antibiotics [ ]
   e. other specify _____ [ ]

25. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
   1. yes [ ]
   2. no [ ] ---> go to 27

26. From whom did you seek advice or treatment for the diarrhea of (name of child)?
(multiple answers possible; record each answer)
   a. hospital/health center/clinic/private doctor [ ]
   b. pharmacy [ ]
   c. village health worker [ ]
   d. traditional healer [ ]
   e. traditional birth attendant [ ]
   f. relatives & friends [ ]
   g. other (specify) [ ]_____

27. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?
(multiple answers possible; record all answers)

a. doesn't know [ ]
b. vomiting [ ]
c. fever [ ]
d. dry mouth, sunken eyes or fontanell, decreased urine output (dehydration) [ ]
e. diarrhea of prolonged duration (at least 14 days) [ ]
f. blood in stool [ ]
g. loss of appetite [ ]
h. weakness or tiredness [ ]
i. other (specify) _____ [ ]

28. What are important actions you should take if (name of child) has diarrhea?
(multiple answers possible; record all answers)

a. doesn't know [ ]
b. initiate fluids rapidly [ ]
c. give the child more to drink than usual [ ]
d. give the child smaller more frequent feeds [ ]
e. proper mixing and administration of ORS [ ]
f. take child to the hospital/health center [ ]
g. feed more after diarrhea episode so that child can re-gain weight [ ]
h. withhold fluids [ ]
i. withhold foods [ ]
j. other (specify) _____ [ ]

29. What are important actions a mother should take when a child is recovering from diarrhea?
(multiple answers possible; record all answers)

a. doesn't know [ ]
b. give the child smaller more frequent feeds [ ]
c. more foods than usual [ ]
d. give foods with high caloric content [ ]
e. other (specify) _____ [ ]

Immunizations

30. Has (name of child) ever received any immunizations?

1. yes [ ]
2. no [ ]
3. doesn't know [ ]

31. At what age should (name of child) receive measles vaccine?

1. specify in months [__/__]
2. doesn't know [ ] (99)

32. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
    1. to protect both mother/newborn against tetanus [ ]
    2. to protect <u>only</u> the woman against tetanus [ ]
    3. to protect <u>only</u> the newborn against tetanus [ ]
    4. doesn't know or other [ ]

33. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
    1. one [ ]
    2. two [ ]
    3. more than two [ ]
    4. none [ ]
    5. doesn't know [ ]

34. Do you have an immunization card for (name of child)?
    1. yes [ ] (must see card)
    2. lost it [ ] ---> go to 41
    3. never had one [ ] ---> go to 41

35. Look at the vaccination card and record the dates of all the immunizations in the space below (dd/mm/yy).

BCG __/__/__

OPV 1st __/__/__
2nd __/__/__
3rd __/__/__

DPT 1st __/__/__
2nd __/__/__
3rd __/__/__

Measles __/__/__

MATERNAL CARE

36. Do you have a maternal health card?
    1. yes (must see card) [ ]
    2. lost it ---> go to 45 [ ]
    3. no ---> go to 45 [ ]

37. Look at the maternal health card and record the number of T.T. vaccinations in the space below.

1. one [ ]
2. two or more [ ]
3. none [ ]

38. Does the card have space to record ante-natal care visits?

1. yes [ ]
2. no [ ] --> go to 45

39. If yes, record whether the mother ever made any ante-natal visit?

1. one [ ]
2. two or more [ ]
3. none [ ]

40. When should a pregnant woman first see a health professional (physician, nurse, midwife)? (probe for months)

1. first trimester, 1-3 months [ ]
2. middle of pregnancy, 4-6 months [ ]
3. last trimester, 7-9 months [ ]
4. no need to see health worker [ ]
5. doesn't know [ ]

41. What foods are good for a pregnant woman to eat to prevent pregnancy anemia? (multiple answers possible; record all answers)

a. doesn't know [ ]
b. proteins rich in iron (eggs, fish, meat) [ ]
c. leafy green vegetables, rich in iron [ ]
d. other (specify) _____ [ ]

42. How much weight should a woman gain during pregnancy?

1. 10-12 kilos [ ]
2. gain weight of baby [ ]
3. doesn't know [ ]
4. other (specify) [ ]

43. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?
    1. yes [ ]
    2. no [ ]

44. When you were pregnant with (name of child) was the amount of food you ate .....
(read the choices to the mother)
    1. more than usual? [ ]
    2. same as usual? [ ]
    3. less than usual? [ ]
    4. doesn't know [ ]

45. At the delivery of (name of child), who tied and cut the cord?
    1. yourself [ ]
    2. family member [ ]
    3. traditional birth attendant [ ]
    4. health professional (physician, nurse or midwife) [ ]
    5. other (specify) _____ [ ]
    6. doesn't know [ ]

በኢትዮጵያ የካቶሊክ እርዳታ አገልግሎት
የሕፃናት ሕይወት አድን ፕሮጀክት
ፈጣን የዕውቀት፣ የልምድና የአገልግሎት ሽፋን ጥናት መጠይቅ

ማሳሰቢያ:- ሁሉም ጥያቄዎች ከሁለት ዓመት (ከ24 ወራት) በታች ያላቸውን እናቶች ይመለከታል።

የተባባሪ ድርጅት ስም _____

የስብስቡ /Cluster/ መለያ ቁጥር _____ የቤት ቁጥር _____

መጠይቁ የተሞላበት ዕለት:-	_____ ቀን	_____ ወር	_____ ዓ.ም.
መጠይቁ በድጋሚ እንዲሞላ የታቀደበት ዕለት:-	_____ ቀን	_____ ወር	_____ ዓ.ም.

የጠያቂው ስም:- _____
የተቆጣጣሪው ስም:- _____
የገበሬ ወይም የከነማ ቀበሌ ማህበር ስም:- _____

1. የእናት ስምና ዕድሜ:-

ስም _____ ዕድሜ (በዓመታት) _____

2. ከሁለት ዓመት በታች የሆነ ሕፃን ስምና ዕድሜ:-

ስም _____

የትውልድ ዕለት _____ ቀን _____ ወር _____ ዓ.ም. ዕድሜ (በወራት) _____

39

የእናት የትምህርት ደረጃና ሥራ

3. እርስዎ የደረሱበት ከፍተኛ የትምህርት ደረጃ

1. ማንበብ መጻፍ የማይችሉ [ ]
2. ማንበብ ብቻ የሚችሉ [ ]
3. ማንበብ መጻፍ የሚችሉ (መሠረተ ትምህርት) [ ]
4. 1-6 ክፍል [ ]
5. 7-8 ክፍል [ ]
6. 9-12 ክፍል [ ]
7. ከ12 ክፍል በላይ [ ]

4. ከቤት ውጭ ሥራ ይሠራሉ?

1. አዎን [ ]
2. የለም [ ]

5. ማንኛውንም የገቢ ምንጭ ማግኛ ሥራ ይሠራሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል፤ ሁሉም መልስ ይመዝገብ)

ሀ) ምንም የላቸውም [ ]
ለ) የእጅ ሥራ፣ ሽመና፣ ሥጋጃ ሥራ [ ]
ሐ) ከብት ማድለብ (በግ፣ ፍየል፣ የቀንድ ከብቶች) [ ]
መ) የግብርና ውጤቶችን መሸጥ [ ]
ሠ) ምግብና መጠጥ መሸጥ [ ]
ረ) የቤት ሠራተኛ በመሆን ማገልገል [ ]
ሸ) ሱቅ መጠበቅ/ጉሊት [ ]
ቀ) ሌላ (ይጠቀስ) [ ]

6. ከቤት በሚወጡበት ጊዜ (የሕፃን ስም ይጠቀስ)ን ማን ይጠብቅሉታል? (ከአንድ በላይ መልስ መስጠት ይቻላል። መልስ ይመዝገብ)

ሀ) ሕፃኑን ይዤ እወጣለሁ [ ]
ለ) ትላልቅ ልጆች/በዕድሜ ከፍ ያሉ ልጆች [ ]
ሐ) ዘመድ [ ]
መ) ጎረቤት/ጓደኞች [ ]
ሠ) የቤት ሠራተኛ [ ]
ረ) መዋዕለ ሕፃናት [ ]

40

ጡት ማጥባት/የህፃናት አመጋገብ

7. (የሕፃን ስም ይጠቀስ)ን አሁን ጡት ያጠባሉ?

   1. አዎን [ ] አዎን ካሉ ወደ ጥያቄ 9 ይሂዱ
   2. የለም [ ]

8. (የሕፃን ስም ይጠቀስ)ን ጡት አጥብተውት/አጥብተዋት ያውቃሉ/ታውቃለች

   1. አዎን [ ]
   2. የለም [ ] የለም ካሉ ወደ ጥያቄ 10 ይሂዱ

9. (የሕፃን ስም ይጠቀስ)ን ከወለዱ በሁዋላ ለመጀመሪያ ጊዜ ጡት ማጥባት መቼ ጀመሩ?

   1. ከወለድኩ በሁዋላ በመጀመሪያው ሰዓት ውስጥ [ ]
   2. ከወለድኩ በሁዋላ ከአንድ እስከ ስምንት ሰዓት [ ]
   3. ከወለድኩ ከስምንት ሰዓት በሁዋላ [ ]
   4. አላስታውስም [ ]

10. ሀ) ለ(የሕፃን ስም ይጠቀስ) ውሀ ወይም ሌላ ፈሳሽ (የአብሽ ውሀ፣ ሻይ) ይሰጣሉ?

   1. አዎን [ ]
   2. የለም [ ]
   3. አላውቅም [ ]

ለ) ለ(የሕፃን ስም ይጠቀስ) የላም፣ የፍየል ወይም የቆርቆሮ ወተት ይሰጣሉ?

   1. አዎን [ ]
   2. የለም [ ]
   3. አላውቅም [ ]

ሐ) ለ(የሕፃን ስም ይጠቀስ) ደረቅ ያልሆነ ምግብ እንደ አጥሚት ገንፎ ወይም ሰሞሊኖ ፋፋ ይሰጣሉ?

   1. አዎን [ ]
   2. የለም [ ]
   3. አላውቅም [ ]

41

እንጨብርቴካን፡ የሠዐሣሉ

መ) ለ(የሕፃን ስም ይጠቀስ) ፍራፍሬ ይሰጣሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ሠ) ለ(የሕፃን ስም ይጠቀስ) ካሮት፣ ማንጎ፣ ወይም ፓፓያ ይሰጣሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ረ) ለ(የሕፃን ስም ይጠቀስ) ጥቁር አረንጓዴ ቅጠል ያላቸው እንደ ጎመን፣ ቆስጣ የመሳሰሉ አትክልቶች ይሰጣሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ሸ) ለ(የሕፃን ስም ይጠቀስ) ሥጋ ወይም ዓሣ ይሰጣሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ቀ) ለ(የሕፃን ስም ይጠቀስ) ምስር፣ አተር፣ ሽምብራ፣ ባቄላ ወይም ለውዝ ይሰጣሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

በ) ለ(የሕፃን ስም ይጠቀስ) እንቁላል ወይም እርጎ ይሰጣሉ

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

42

ተ) ለ(የሕፃን ስም ይጠቀስ) በምትመገበው/በሚመገበው ምግብ ላይ ጥቁር አረንጓዴ ቅጠሎችን እንደ ጎመን ወይም ቆስጣ የመሳሰሉት ይጨመራሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ቸ) ለ(የሕፃን ስም ይጠቀስ) ምግብ ላይ ማር ወይም ስኳር ይጨምራሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

ኀ) ለ(ሕፃን ስም ይጠቀስ) ምግብ ላይ ቅቤ ወይም ዘይት ይጨምራሉ?

1. አዎን [ ]
2. የለም [ ]
3. አላውቅም [ ]

11. የጤና ባለሙያዎች በመጀመሪያ ሁለት ዓመታት ዕድሜ ውስጥ ጡት ማጥባት በጣም አስፈላጊ ነው ብለው ያምናሉ። እንዲት እናት በመጀመሪያዎቹ አራት ወራት ውስጥ ጡት ማጥባት እንዲቀጥል ምን ማድረግ አለባት? (ከአንድ በላይ መልስ ሊጠቀስ ይችላል። ሁሉም መልስ ይመዝገብ)

ሀ) አላውቅም [ ]
ለ) ሕፃን እንደተወለደ ጡት ማጥባት (እንገርን ጨምሮ) [ ]
ሐ) ጡትንና የጡት ጫፍን በንጽሕና መጠበቅ [ ]
መ) የጡት ወተት እንዲጨምር በተከታታይ ሕፃኑ እንዲጠባ ማድረግ [ ]
ሠ) ሕፃኑ በመጀመሪያ አራት ወራት ጡት ብቻ እንዲጠባ ማድረግ [ ]
ረ) ሕፃኑ ጡጦ እንዳይጠባ ማድረግ [ ]
ሸ) ጡት ማጥባት አቁሞ ከነበረ ጡት ማጥባት እንዲቀጥል ማድረግ [ ]
ቀ) ሌላ (ይጠቀስ) [ ]

12. እንዲት እናት ከጡት ወተት ሌላ ለሕፃኑ ተጨማሪ ምግብ መቼ መጀመር አለባት?

1. በአራትና በስድስት ወር መካከል [ ]
2. ከአራት ወር በፊት ተጨማሪ ምግብ መጀመር [ ]
3. በስድስት ወር ወይም ከስድስት ወር በላይ ተጨማሪ ምግብ መጀመር [ ]
4. አላውቅም [ ]

43

13. በጡት ወተት ላይ የመጀመሪያ ተጨማሪ ምግቦች ምን መሆን አለባቸው? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገብ)።

ሀ) አላውቅም [ ]
ለ) በምግብ ላይ ዘይትና ቅቤ መጨመር [ ]
ሐ) በቪታሚን A የበለፀጉ የምግብ አይነቶችን እንደ ጎመን የመሳሰሉትን መስጠት [ ]
መ) እንደ ጤፍ የመሳሰሉ በብረት የምግብ ንጥረ ነገር የበለፀጉ ምግብ መስጠት [ ]
ሠ) ሌላ (ይጠቀስ) [ ]

14. የትኛው የቫይታሚን ዓይነት ዳፍንትን/በቂ ብርሀን በሌለበት የማየት ችግር ለመከላከል ይረዳል?

1. ቪታሚን A [ ]
2. አያውቁም [ ]
3. ሌላ (ይጠቀስ) [ ]

15. ዳፍንትን ለመከላከል የትኞቹ የምግብ ዓይነት ቪሚታሚን A ይኖራቸዋል? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል ሁሉም መልስ ይመዝገብ)

ሀ) አላውቅም [ ]
ለ) ካሮት፣ እንደ ጎመን፣ ቆስጣ ያሉ አረንጓዴ ቅጠል ያላቸው የአትክልት ዓይነቶች [ ]
መ) እንደ ዱባ፣ ፓፓያ ያሉ ብጫ የሆኑ ፍራፍሬዎች [ ]
ሠ) ሥጋ/ጉሣ [ ]
ሰ) የጡት ወተት [ ]
ረ) የእንቁላል አስኳል [ ]
ሸ) ሌላ (ይጠቀስ) [ ]

የዕድገት ክትትል

16. (የሕፃን ሰም ይጠቀስ) የእድገት/ክብደት መከታተያ ካርድ አለው/አላት?

ሀ) አዎን [ ] ካርዱን ይመልከቱ
ለ) ካርዱ ጠፍቷል [ ] ወደ ጥያቄ 20 ይሂዱ
ሐ) የለም [ ] ወደ ጥያቄ 20 ይሂዱ

44

17. የሕፃኑን የእድገት መከታተያ ካርዱን በመመልከት የሚከተሉትን መረጃዎች ያስፍሩ

ሕፃኑ/ኗ ባለፉት ~~ሁለት~~ ፯ሩት ወራት ውስጥ ተመዝኗል/ተመዝናለች?

1. አዎን ..... [ ]
2. የለም ..... [ ]

18. በመጨረሻ ከተመዘገበው ክብደት አንጻር የሕፃኗ/ኑ የክብደት ሁኔታ (የአመጋገብ ሁኔታ) ምን ይመስላል?

1. ክብደቱ/ቷ ከመጠን በላይ ዝቅተኛ ነው (ከ60%ና ከ60% በታች) [ ]
2. ክብደቱ/ቷ በመካከለኛ ደረጃ ዝቅተኛ ነው (60-70%) [ ]
3. ክብደቱ/ቷ በመጠነኛ ደረጃ ዝቅተኛ ነው (71-80%) [ ]
4. ክብደቱ/ቷ የሚጠበቀውን ያህል ነው። ከ80% በላይ [ ]

19. ክብደቱ/ቷ ከሚጠበቀው በላይ ዝቅተኛ ከሆነ እናት የሚከተለውን ጥያቄ ይቅረብላቸው።

የመጨረሻ ክብደት ከተመዘገበ በሁዋላ የጤና ቀስቃሽ ይህንን ቤት ጎብኝቶ ነበር?

አዎን [ ]
የለም [ ]

የተቋማዊ ስብሰባ

20. (የሕፃን ስም ይጠቀስ) ባለፉት ሁለት ሳምንታት ተቀማጥ ይዞት/ይዟት ነበር።

1. አዎን [ ]
2. የለም [ ] ወደ ጥያቄ 27 ይሂዱ
3. አላውቅም [ ] ወደ ጥያቄ 27 ይሂዱ

45

21. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዘው/በያዛት ጊዜ ጡት ያጠቡት (አማራጮቹ ይነበቡ)።

1. ከወትሮው የበለጠ ነበር [ ]
2. እንደወትሮው ነበር [ ]
3. ከወትሮው ያነሰ ነበር [ ]
4. ጡት ማጥባት በፍጹም አቆምኩ [ ]
5. ሕፃኑ ጡት ጠብቶ አያውቅም [ ]

22. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዘው/በያዛት ጊዜ ከጡት ወተት ሌላ የሰጡት ፈሳሽ (አማራጭ መልሶች ይነበቡ)።

1. ከወትሮው የበለጠ ነው [ ]
2. እንደወትሮው ነው [ ]
3. ከወትሮው ያነሰ ነው [ ]
4. በፍጹም አቆምኩ [ ]
5. የጡት ወተት ብቻ ሰጠሁ [ ]

23. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዘው/በያዛት ጊዜ ደረቅ ወይም ደረቅ ያልሆኑ ምግቦችን መስጠት ቀጠሉ? (አማራጭ መልሶች ይነበቡ)

1. ከወትሮው የበለጠ [ ]
2. እንደወትሮው [ ]
3. ከወትሮው ያነሰ [ ]
4. በፍጹም አቆምኩ [ ]
5. የጡት ወተት ብቻ አጠባሁ [ ]

24. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዛት/በያዘው ጊዜ ምን ዓይነት ሕክምና ተጠቀሙ? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገቡ)

ሀ) ምንም [ ]
ለ) ኦ.አር.ኤስ [ ]
ሐ) ቤት የተዘጋጀ ፈሳሽ (የሱካርና ጨው ድብልቅ) [ ]
መ) የተቅማጥ መድሀኒት ፀረ በሽታ ጠንቅ መድኃኒት/አንቲባዮቲክስ [ ]
ሠ) ሌላ (ይጠቀስ) [ ]
ረ) ፕሮሚኔና: የሎዝ: ውሃ: የመጣሠሉት [ ]

46

25. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዘው/በያዛት ጊዜ ምክር ወይም የሕክምና አገልግሎት ፈልገው ነበር?

1. አዎን [ ]
2. የለም [ ] ወደ ጥያቄ 27 ይሂዱ

26. (የሕፃን ስም ይጠቀስ) ተቅማጥ በያዘው/በያዛት ጊዜ ምክር ወይም ሕክምና ከማን ጠየቁ? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገብ)

ሀ) ከሆስፒታል፣ ጤና ጣቢያ፣ ክሊኒክ፣ የግል ሐኪም [ ]
ለ) ከፋርማሲ [ ]
ሐ) ከመንደር ጤና ሠራተኛ [ ]
መ) ከባሕል መድሀኒት አዋቂ [ ]
ሠ) ዘመድና ወደጃ [ ]
ረ) ሌላ (ይጠቀስ) [ ]

27. (~~የሕፃኑ ስም ይጠቀስ~~ ህፃን) ተቅማጥ በያዘው/በያዛት ጊዜ ምክር ወይም ሕክምና እንዲፈልጉ የሚገፋፉዎት ምን ዓይነት የበሽታ ምልክት ሲያዩ ነው? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገብ)

ሀ) አላውቅም [ ]
ለ) ትውከት [ ]
ሐ) ትኩሳት [ ]
መ) እፍ ሲደርቅ፣ ዓይን ወደ ውስጥ ሲገባ፣ የሽንት መጠን ሲቀንስ፣ የሰውነተ ፈሳሽ ማነስ [ ]
ሠ) የተቅማጥ ጊዜ ሲራዘም (ቢያንስ 14 ቀን) [ ]
ረ) የደም ተቅማጥ [ ]
ሸ) የምግብ ፍላጎት መቀነስ [ ]
ቀ) ድካም ወይም መዛል [ ]
በ) ሌላ (ይጠቀስ) [ ]

47

28. (የሕፃኑ ስም ይጠቀስ) ተቅማጥ ሲያዘው/ሲያዛት ምን ዓይነት አስፈላጊ እርምጃዎች መወሰድ አለበት። (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገብ)

ሀ)	አላውቅም	[ ]
ለ)	በአስቸኳይ ፈሳሽ ነገሮችን መጀመር	[ ]
ሐ)	ከወትሮው የበለጠ ፈሳሽ ለሕፃኑ/ኗ መስጠት	[ ]
መ)	በትንሽ በትንሹ ግን ብዙ ጊዜ ምግብ ለሕፃኑ መስጠት	[ ]
ሠ)	በአግባቡ የተቀላቀለ በአፍ የሚወሰድ ፈሳሽ መስጠት	[ ]
ረ)	የሕፃኑ ክብደት እንዲጨምር ከተቅማጥ በኋላ ብዙ መመገብ	[ ]
ሸ)	ፈሳሽ ነገር መከልከል	[ ]
ቀ)	ምግብ መከልከል	[ ]
በ)	ሌላ (ይጠቀስ)	[ ]
ተ)	ወዲጠፍ፡ጥርሶች፡ መውጣት	[ ]

29. ሕፃን ከተቅማጥ በሽታ በሚያገግምበት ጊዜ፣ እናት ምን ዓይነት አስፈላጊ እርምጃዎችን መውሰድ አለባት? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል። ሁሉም መልስ ይመዝገብ)

ሀ)	አላውቅም	[ ]
ለ)	ለሕፃኑ በትንሹ በትንሹ ብዙ ጊዜ ምግም መስጠት	[ ]
ሐ)	ከወትሮው የበለጠ ምግብ መስጠት	[ ]
መ)	ኃይል የሚሰጥ የምግብ ዓይነት መስጠት	[ ]
ሠ)	ሌላ (ይጠቀስ)	[ ]

ክትባት

30. (የሕፃን ስም ይጠቀስ) ተከትቦ/ተከትባ ያውቃል/ታውቃለች?

1.	አዎን	[ ]
2.	የለም	[ ]
3.	አላውቅም	[ ]

31. (የሕፃን ስም ይጠቀስ) የኩፍኝ ክትባት ማግኘት የሚገባው/የሚገባት ዕድሜዋ ስንት ሲሆን ነው?

1.	9-12 ወር	[ ]
2.	አላውቅም	[ ]

48

32. እርጉዞች የመንጋጋ ቆልፍ በሽታ ክትባት የማያስፈልግበትን ዋነኛ ምክንያት ሊነግሩኝ ይችላሉ

1. እናትና ሕፃን የመንጋጋ ቆልፍ ክትባተ በሽታ እንዳይዛቸው ለመከላከል [ ]
2. እናትን ብቻ የመንጋጋ ቆልፍ በሽታ እንዳይዛት ለመከላከል [ ]
3. ሕፃን ብቻ የመንጋጋ ቆልፍ በሽታ እንዳይያዝ ለመከላከል [ ]
4. አላውቅም [ ]
5. ሌላ (ይጠቀስ) [ ]

33. ሕፃን የመንጋጋ ቆልፍ በሽታ እንዳይዘው ለመከላከል እርጉዝ ሴት ስንት የመንጋጋ ቆልፍ በሽታ መከላከያ መርፌ መወጋት ያስፈልጋታል?

1. አንድ [ ]
2. ሁለት [ ]
3. ከሁለት በላይ [ ]
4. ምንም [ ]
5. አላውቅም [ ]

34. (የሕፃን ስም ይጠቀስ) የክትባት ካርድ አለው/አላት?

1. አዎን [ ]
2. ጠፍቷል [ ] ወደ ጥያቄ 36 ይሂዱ
3. በፍጹም አልነበረውም/አልነበራትም [ ] ወደ ጥያቄ 36 ይሂዱ

49

35. የክትባት ካርዱን በማየት እያንዳንዱ ክትባት የተሰጡበትን ቀን በተሰጠው ክፍት ሥፍራ ይዝግቡ

		ቀን	ወር	ዓ.ም.
ቢ.ሲ.ጂ/BCC		_____	_____	_____
ፖሊዮ/Polio	1	_____	_____	_____
	2	_____	_____	_____
	3	_____	_____	_____
(ዲ.ፒ.ቲ) DPT	1	_____	_____	_____
	2	_____	_____	_____
	3	_____	_____	_____
ኩፍኝ/ሚዝልስ		_____	_____	_____

የእናቶች የጤና እንክብካቤ

36. የእናት እንክብካቤ የጤና ካርድ አለዎት?

1. አዎን [ ]
2. ጠፍቷል [ ] ወደ ጥያቄ 40 ይሂዱ
3. የለም [ ] ወደ ጥያቄ 40 ይሂዱ

37. የእናት የጤና ካርድ ተመልክተው የወሰዱትን የመንጋጋ ቆልፍ በሽታ ክትባት ይመዝገቡ።

1. አንድ [ ]
2. ሁለት ወይም ከዚያ በላይ [ ]
3. ምንም [ ]

50

38. ካርዱ የእርጉዞች እንክብካቤ ጉብኝትን ለመመዝገብ ቦታ አለው?

1. አዎን [ ]
2. የለም [ ] ወደ ጥያቄ 40 ይሂዱ

39. አዎን ካሉ፤ እናት የእርጉዞች እንክብካቤ አገልግሎት ጎብኝተው ያውቃሉ?

1. አንድ ጊዜ [ ]
2. ሁለትና ከሁለት በላይ [ ]
3. ምንም [ ]

40. እርጉዞች ለመጀመሪያ ጊዜ የጤና ባለሙያዎችን (ሐኪሞች፣ ነርሶች፣ አዋላጆች ማየት የሚገባቸው መቼ ነው? (በወራት እንዲገልጹ ያበረታቱ)።

1. በመጀመሪያዎቹ 3 የእርግዝና ወራቶች ውስጥ (1-3 ወር) [ ]
2. በግማሽ የእርግዝና ወቅት (4-6 ወር) [ ]
3. በመጨረሻዎቹ የእርግዝና ወራት (7-9 ወር) [ ]
4. የጤና ባለሙያ ማየት አያስፈልግም [ ]
5. አላወቁም [ ]

41. በእርግዝና ጊዜ የሚያጋጥመውን የደም ማነስ ችግር ለመከላከል እርጉዞች ምን የምግብ ዓይነቶች ያስፈልጋቸዋል? (ከአንድ በላይ መልስ ሊመዘገብ ይችላል ሁሉም መልስ ይመዝገብ)

ሀ) አላወቁም [ ]
ለ) ገንቢ ምግቦች በብረት ንጥረ ነገር የበለጸጉ (እንቁላል፣ ዓሣ ሥጋ) [ ]
ሐ) አረንጓዴ ቅጠላ ቅጠሎች በብረት ንጥረ ነገር የበለጸጉ [ ]
መ) ሌላ ይጠቀስ [ ]

51

42. በእርግዝና ጊዜ ሴቶች ምን ያህል ክብደት መጨመር አለባቸው?

1. ከ10 እስከ 12 ኪሎ [ ]
2. የሕፃኑን ክብደት ያህል [ ]
3. አያውቁም [ ]
4. ሌላ (ይጠቀስ) [ ]

43. (የሕፃን ስም ይጠቀስ)ን ባረገዙበት ወቅት ሆስፒታል፣ ጤና ጣቢያ ጤና ኬላ በመጎብኘት ለእርጉዞች የሚሰጠውን አገልግሎት አግኝተዋል?

1. አዎን [ ]
2. የለም [ ]

44. (የሕፃን ስም ይጠቀስ)ን ባረገዙበት ወቅት የተመገቡት ምግብ ምን ያህል ነበር? (አማራጭ መልሶች ይነበቡ)

1. ከወትሮው የበለጠ ነበር [ ]
2. እነደወትሮው ነበር [ ]
3. ከወትሮው ያነሰ ነበር [ ]
4. አላውቅም [ ]

45. (የሕፃን ስም ይጠቀስ)ን በወለዱበት ጊዜ እትብቱን ማን አስሮ ቆረጠው?

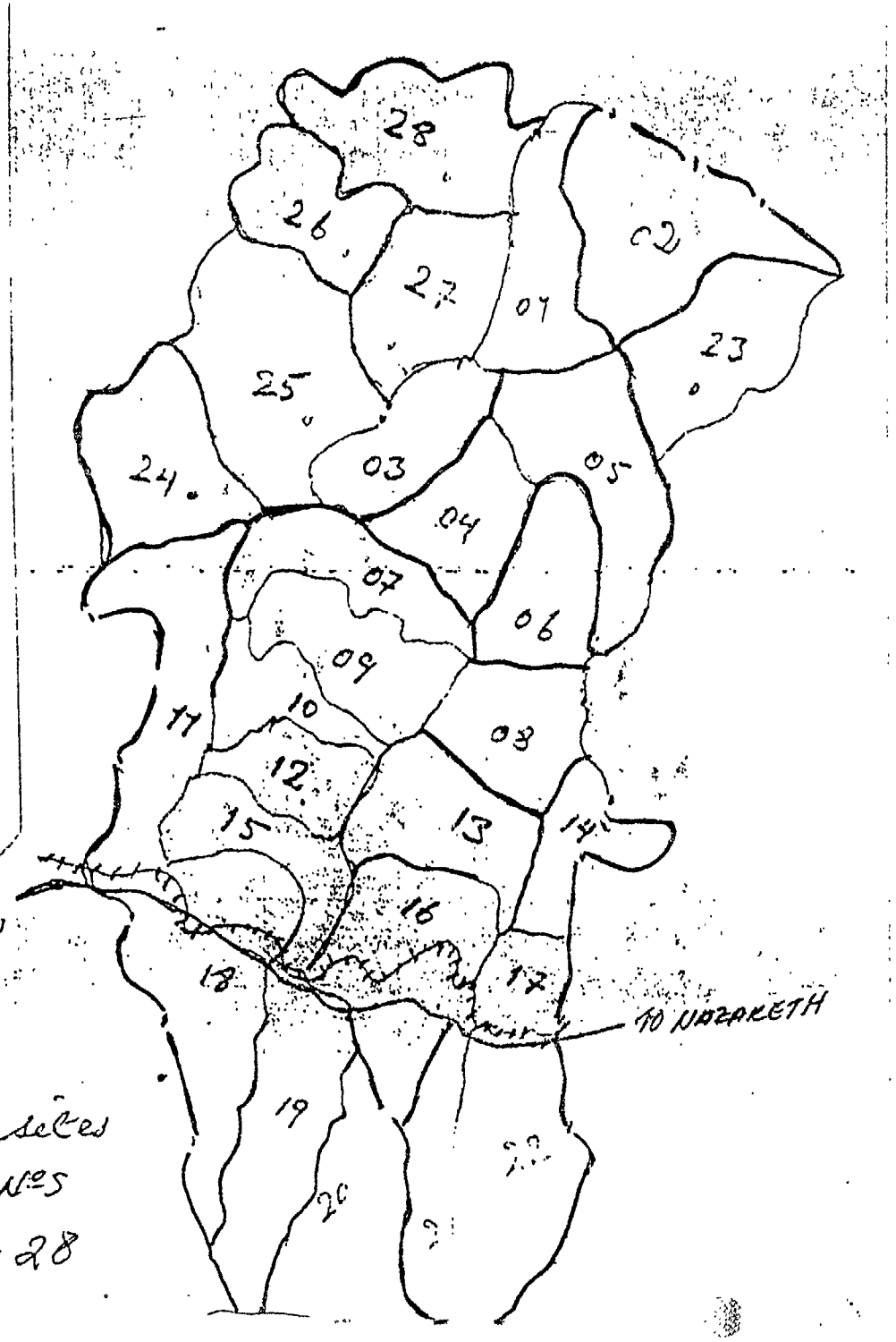
1. ራሳቸው [ ]
2. የቤተሰብ አባል [ ]
3. ያልሰነጠለች የልምድ አዋላጅ [ ]
4. የሰለጠነች የልምድ አዋላጅ [ ]
5. የጤና ሙያተኛ (ሐኪም፣ ነርስ፣ አዋላጅ) [ ]
6. ሌላ (ይጠቀስ) [ ]
7. አላውቅም [ ]

52

COUNTERPART: NACID
SURVEY SITE: NAZARETH (RURAL)

NO.	VILLAGE (PA)	POPULATION	CUMMULATIVE POPULATION
1	AROGE, ADAMA	437	437
2	BOLA	747	1,184
3	BOLA BUTA	1,053	2,237
4	CHEKONU	511	2,748
5	DILDIMA	864	3,612
6	GODE	829	4,441
7	GOLJE	681	5,122
8	GOLJE DILDIMA	1,108	6,230
9	GUDEDO	974	7,204
10	JOGO	893	8,097
11	KECHEMA KENCHERO	1,430	9,527
12	KECHEMA SOBOKO	1,220	10,747
13	KOBO LUTO	1,209	11,956
14	KOBO TEMSA	1,257	13,213
15	SHEKLA FABRICA	771	13,984
16	TEDE	1,050	15,034
17	BUBISA KUSAYE	1,945	16,979
18	KIDAME GEBEYA	1,220	18,199
19	KUSAYE AMANUEL	1,390	19,589
20	LEKU BALCHI	1,494	21,083
21	MUKIYE HARO	1,184	22,267
22	GEBREWAHD WORSECHA	1,046	23,313
23	MUKYE EGU	1,845	25,158
24	BIRMEJI	1,632	26,790
25	KARA FINCHEWA	1,470	28,260
26	TULU RAE	1,057	29,317
27	KARA WESSEWA	1,080	30,397
28	DEKEBORA WESSEWA	1,204	31,601

SAMPLING INTERVAL 1053 RANDOM NUMBER 0208



N.B. New sites are from Nos 23-28

KEY

1 - AROGE ADAMA
2 - BOLA
3 - BOLA BUTA
4 - CHEKONU
5 - DILDIMA
6 - GODE
7 - GOLJE
8 - GOLJE DILDIMA
9 - GUDEDO
10 - JOGO
11 - KECHEMA KENCHERO
12 - KECHEMA SOBOKO
13 - KOBO LUTO
14 - KOBO TEMSA
15 - SHEKLA FABRICA
16 - TEDE
17 - BUBISA KUSAYE
18 - KIDAME GEBEYA
19 - KUSAYE AMANUEL
20 - LEKU BALCHI
21 - MUKIYE HARO
22 - GEBREWAHD WORSECHA
23 - MUKYE EGU
24 - BIRMEJI
25 - KARA FINCHEWA
26 - TULU RAE
27 - KARA WESSEWA
28 - DEKEBORA WESSEWA

CATHOLIC RELIEF SERVICES/ETHIOPIA
SUPERVISOR/CORE TEAM TRAINING SCHEDULE
DEBREZEITH, RAS HOTEL, 13 - 15 MARCH, 1995

13 MARCH	FINALIZE DESIGN OF QUESTIONNAIRE (A.M.)	SUPERVISING AND INTERVIEWING (P.M.)	CONTINUE TO FINALIZE SURVEY PREPARATION
14 MARCH	REVIEW SURVEY METHODOLOGY (A.M.)	REVIEW TABULAITON PROCESS (P.M.)	CONTINUE TO FINALIZE SURVEY PREPARATION
15 MARCH	PREPARE TO TRAIN SUPERVISORS AND INTERVIEWERS	EVALUATE PHASE II	FINISH SURVEY PREPARATIONS

CATHOLIC RELIEF SERVICES/ETHIOPIA

TRAINING SCHEDULE FOR RAPID KPC SURVEY INTERVIEWERS AND SUPERVISORS

DEBREZEIT, RAS HOTEL, 16-20 MARCH, 1995

THURSDAY - 16 MARCH	FRIDAY - 17 MARCH	SATURDAY - 18 MARCH	MONDAY - 20 MARCH
A.M. - OPENING/INTRODUCTION - ROLE OF SUPERVISOR/ INTERVIEWER - RAPID KPC SURVEY METHODOLOGY - SUPERVISOR SITE ASSIGNMENTS	A.M. - OPENING/INTRODUCTION - ROLE OF SUPERVISOR/ INTERVIEWER - INTERVIEWING PRINCIPLES - REVIEW QUESTIONNAIRE	A.M. - INTERVIEWING PRACTICE/ FEEDBACK - OVERVIEW OF CLUSTER SELECTION HOUSEHOLD SELECTION PROCESS - PREPARATION FOR FIELD EXERCISE	A.M. - GROUP REVIEW OF FIELD TEST - FINAL MODIFICATIONS TO QUESTIONNAIRE - REVIEW OF TRAINING OBJECTIVES
P.M. - REVIEW QUESTIONNAIRE - INTERVIEWING PRINCIPELS - PRACTICE INTERVIEWS/ FEEDBACK	P.M. - INTERVIEWING DEMONSTR-ATION - PRACTICE INTERVIEWS/ FEEDBACK	P.M. - FIELD EXERCISE - CORE TEAM REVIEWS AND QUESTIONNAIRES	P.M. - TABULATION & ANALYSIS EXERCISE - FINAL TEAM ASSIGNMENTS - FINAL PREPARATION FOR SURVEY
EVENING	EVENING - PRACTICE INTERVIEWS/ FEEDBACK	EVENING - CORE TEAM/SUPERVISOR - TABULATION EXERCISE	EVENING - MOVEMENT TO INITIAL CLUSTER SITES