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BASICS **TRIP REPORT**

Eritrean Health Facility Assessment

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Eritrean Health Facility Assessment

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ACRONYMS

ARI	Acute lower respiratory tract infections
BASICS	Basic Support for Institutionalizing Child Survival project
DHS	Demographic and Health Survey
EPI	Expanded Program on Immunization
EPLF	Eritrean Peoples Liberation Front
MCH	Maternal/Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
ORS	Oral Rehydration Solution
TT	Tetanus vaccine
UNICEF	United Nations Childrens Emergency Fund
URTI	Upper Respiratory Tract Infection
USAID	United States Agency for International Development
WHO	World Health Organization

I. EXECUTIVE SUMMARY

A rapid health facility survey was conducted with the Ministry of Health (MOH) in Eritrea between June 14 and 30, 1995. The facility assessment was designed to collect integrated information on the quality of case management for the common causes of childhood morbidity and mortality in Eritrea. In addition, the survey was designed to collect information on the facility itself, such as the availability of drugs, supplies and materials, and clinic organization. The survey was conducted by a team of local health workers who were then responsible for the entry, analysis and interpretation of survey data.

The survey found that a number of critical aspects of case management and supervision are being conducted well by primary health care workers in Eritrea, and that the public health knowledge of both health workers and mothers is high in some areas. Deficiencies were found in some aspects of case management, including history taking, screening vaccination status, examination of children, and the education of mothers. In addition, there are gaps in the provision of training and supervision of health workers. Many facilities have adequate materials and supplies, with the most frequent problem identified being an irregular supply of drugs.

Survey data were summarized as nine key measures which can be used to monitor and evaluate progress over time. It is hoped that this survey has increased the capacity of the MOH to collect, interpret and use survey data to manage and plan public health programs. Survey data will be presented at a planning workshop with central and local representatives of the MOH. At this workshop, it is hoped that facility data will be used to plan the primary health care strategy in Eritrea, including the development of a primary health care training and supervision strategy, and a review of the drug distribution system.

II. BACKGROUND

Epidemiology and demographics

In Eritrea, the three primary causes of morbidity and mortality of children less than five years of age are acute lower respiratory tract infections (ARI), malaria, and diarrheal diseases (MOH routine surveillance data, Health Profile of Eritrea, 1993). Together, these three diseases comprise almost 50 percent of all visits to outpatient facilities by young children. The quality of routine surveillance data is uncertain, since the completeness of reporting is unknown and since standard case definitions are not used. In addition, the reported cases represent only those cases which reach the health system; it is likely that cases and deaths are under-reported. Mortality and fertility rates are not known with any certainty since a vital registration system is not operating routinely in the country and since reliable community-based studies have never been performed. A demographic and health survey (DHS) is planned for the end of 1995. Current figures used by the MOH describe the infant mortality rate as 135/1000 live births, the under five mortality rate as

161-203/1000, and the maternal mortality rate as 700/100,000 live births. The total fertility rate is estimated at 5.8 and the overall adult literacy rate 37 percent.

A national census has never been conducted in Eritrea and current population estimates are based on a national referendum conducted in 1993. In 1993, the MOH estimated the total population to be 3.2 million (MOH, Strategic Plan Document, 1994). The population in many areas is unstable since large numbers of refugees are returning from Sudan to Eritrea. The lack of good age and sex specific census data for each province makes the calculation of rates difficult and unreliable.

A national EPI coverage survey and EPI program review were conducted in May/June, 1995. The survey revealed that immunization coverage rates varied considerably between provinces; the urban and central highland provinces had the highest rates, and the lowland areas had the lowest. The proportion of children completely vaccinated by 12 months of age by card alone, varied from 62.9 percent in Asmara, to 2.4 percent in the province of Sahel. Tetanus vaccine (TT3) coverage for women aged 15 to 49 years of age ranged from 58.6 percent in Asmara to 3.8 percent in the province of Barka. The program review indicated that, although the vaccine supply for all routine antigens was adequate, the program required strengthening at all levels.

Recommendations from the review included:

- elaborating a clear EPI program strategy and national policies;
- increasing the number of personnel available to work in EPI;
- improving EPI training for all health workers;
- improving supervision of health workers; and
- improving EPI public health education. (Eritrea EPI Review Report (draft), MOH, June, 1995).

A national planning meeting to review these data and begin the process of program planning is scheduled for September 1995.

The MOH conducted a community-based nutrition survey in early 1995, but the results are not yet available. Data from health centers conducting routine growth monitoring in 1993 indicate that 40 percent of children less than five years of age were below the 80th percentile of weight for height. The prevalence of clinical goiter is believed to be as high as 55 percent in some areas which suggests that iodine deficiency is a problem (MOH, Strategic Plan Document, 1994).

The health care structure

The health care system in Eritrea is a three-tier system comprising a primary level (community health workers, traditional birth attendants, and health stations), a secondary level (health centers and provincial hospitals), and a tertiary level (referral and specialized hospitals). It is estimated that of the 2,500 villages in Eritrea, only 46 percent have access to health services (MOH, Strategic Planning Document, 1994). A number of health facilities were destroyed during the

prolonged war with Ethiopia, and the quality of remaining facilities is suspected to be low. It is estimated that there are 20 hospitals, 35 health centers, and 130 health stations in Eritrea operated by both the MOH and other governmental and non-governmental organizations (Health Information and Research Unit, MOH, January 1994). The current health structure was developed during the war with Ethiopia and is a fusion of a number of components:

- the EPLF military medical service;
- the EPLF civilian medical service established in areas under EPLF control;
- the Ethiopian medical service operating in areas under Ethiopian control;
- non-governmental and mission services; and
- private health services.

The current MOH structure, both centrally and peripherally, has been summarized elsewhere (Institutional Capabilities and Needs Assessment, Al Neill, USAID/BASICS). The system is partially decentralized, with provincial medical officers being responsible for some training and supervisory activities.

Hospitals are primarily staffed by doctors (six years of medical training) and registered nurses (three and a half years of training). Health centers and health stations may be staffed by a number of different health workers including registered nurses, midwives (one year of training), nurse midwives (nursing training plus one year), health assistants (one year of training), war surgeons (nurses with an additional six months of field surgical training), advanced dressers (health assistants with an additional two years of experience), and barefoot doctors (community practitioners with three to six months of field training). Staffing patterns vary and the MOH suspects that the staff available are inadequate in a number of areas.

Peripheral health workers are trained in the management of common childhood diseases, vaccination techniques, and the use of a health register, but they are not trained using standard case management protocols or given standard practice guidelines or standard case definitions for reportable diseases. There are no current national policies or practice guidelines for the management of diarrheal diseases, pneumonia, malaria, or malnutrition. It is not known how health workers approach the assessment and classification of sick children in areas where laboratory facilities are not available. Discussions with nurses trained by the MOH who have worked in health centers indicate that ORS is the primary recommended treatment for diarrhea. Lafa, a common home-liquid composed of boiled water, flour, sugar and salt, is recommended in areas where ORS is not available. Bloody diarrhea is usually treated with metronidazole. The primary drug for the treatment of pneumonia is penicillin. All cases of pneumonia are hospitalized. The primary treatment for suspected malaria is chloroquine. In peripheral areas registered nurses and health assistants are able to prescribe and administer basic medications.

Primary Health Care strategy

The MOH in Eritrea has identified primary health care as a key component of its strategic plan for improving the health status of the population (MOH, Strategic Planning Document, 1994). Five programs have been established for implementing primary health care activities:

1. universal child immunization;
2. diarrhea/acute lower respiratory tract infections/malaria control;
3. safe motherhood and perinatal health promotion;
4. maternal and child nutrition; and
5. community-based services.

It is hoped that all these programs will be implemented or supported by health facilities. Health facilities will ultimately provide a package of services including immunization, medical, antenatal, and growth monitoring clinics.

A number of key strategies have been identified as important for implementing primary health services, including the development of a health information system, a comprehensive pre-service and in-service training program, a public health education strategy, and a financing plan. A facility assessment was seen as a critical first step in the development of improved primary health care services since there is currently no information available on the case management performance of health workers, their training needs, or the barriers to their effective functioning.

III. HEALTH FACILITY ASSESSMENT

A. Objectives

The objectives of the health facility assessment were as follows:

1. To determine:
 - a) Current knowledge and practices of health care workers at outpatient clinics regarding the assessment and management of sick children and women of childbearing age.
 - b) The barriers to effective case management practices.
 - c) The adequacy of training and supervision of health workers.
2. To use information obtained on case management practices, training, supervision, and barriers to public health practice to:

- a) Prioritize and plan improvements in outpatient health facilities at all levels, including staffing, clinic organization, equipment requirements, drug and material supplies, and communication.
 - b) Improve and develop pre-service and in-service training for health care workers in the outpatient clinic setting.
 - c) Improve and develop a strategy for supervising and monitoring health worker performance.
3. To train provincial health care workers in survey techniques, collection and analysis of survey data, and the use of data to improve the quality of case management in outpatient health facilities.

B. Methodology

Sampling

The sample for this survey was a single stage, self-weighting, stratified/cluster probability sample, representative of the entire country. Eritrea is divided into 10 provinces or regions. For the purposes of the survey, the country was divided into four areas which are representative of the geographic, ethnic and demographic characteristics of the country. The four selected areas were as follows:

- Area 1:** Gash Setit (representative of the western lowland provinces with a dry, hot climate, border areas, several tribal groups, and remote and isolated populations);
- Area 2:** Asmara (representative of an urban setting);
- Area 3:** Hamasien, Seraye, AkeleGuzai (representative of the central highland provinces with higher population density, closer to population centers); and
- Area 4:** Denkalia (representative of the eastern lowlands and the coastal areas).

Within each of these sampling areas, the sampling frame consisted of all hospitals, health centers, and health stations. A complete list of facilities was obtained and verified from the Health Information and Research Unit of the MOH. Health facilities were stratified by type and randomly selected according to their proportions, with the use of random number tables. Thus, one hospital, one health center, and three health stations were chosen per area. It was possible to select only three health facilities in the Denkalia area due to logistical constraints; many facilities are remote and very difficult to reach by car. The final sample by sampling region, listed in

Appendix A, consisted of three hospitals, five health centers, and 10 health stations. Given these small numbers, statistical comparisons of facilities by area are not meaningful.

The sample consisted of all infants and children under five years of age presenting to a health facility during the observation period whose mothers described them as having **fever/malaria, cough/difficulty breathing/pneumonia, or diarrhea**. The total number of infants and children therefore represent clusters brought to the sampled health facilities. The larger number of children observed permits greater statistical precision than when health facilities are used as the unit of measurement.

Survey instruments

The survey instruments were designed to obtain information on key aspects of the knowledge and practices of health care workers and of mothers leaving the health facility. In addition, information was gathered on the health facility, including the availability of materials and supplies. The survey was designed to assess important aspects of the case management of sick children but did not require that "standard case management" training has been conducted in the past.

Four survey instruments were used at each outpatient health facility:

1. **observation of how a health worker manages the sick child;**
2. **interview of health personnel regarding knowledge and practices of case management of sick children;**
3. **exit interview with the caretaker of the child as they leave the health facility; and**
4. **assessment of facilities and supplies.**

In Asmara and the central highland provinces, the survey was administered in Tigrigna (the national language). In the lowland provinces, where Tigrigna is often not spoken, the exit interview component of the survey was administered in the regional language using local interpreters. All questionnaires were translated into Tigrigna and then back-translated to verify the accuracy of the translation. Questionnaires were field-tested at health stations in the province of Hamasien. Final questionnaires were printed in both English and Tigrigna. Copies of the final questionnaires are included in Appendix D.

Field work

Field work was conducted by four teams each composed of a supervisor and two surveyors. At each health facility, the supervisor was responsible for introducing the team and explaining the purpose of the visit. During the clinic visit, the supervisor identified children meeting the case definition for entry into the survey and gave an identification card to the mothers of these children

to ensure that they were followed in the clinic. In addition, the supervisor conducted the facility equipment and supply review section of the survey. One surveyor was stationed in the consulting room and conducted the health worker observation component of the survey; at the end of the clinic visit, this surveyor also conducted the health worker interview. The second surveyor conducted exit interviews with caretakers as they left the clinic with their child. The supervisor monitored the performance of the surveyors regularly to ensure that questionnaires were correctly completed; errors or incomplete questionnaires were corrected in the health facility. At the end of the day, the supervisor reviewed all questionnaires for completeness and accuracy. Survey teams are listed in Appendix B.

Training of survey teams was conducted between June 14 and 17, 1995. Training included a review of survey methodology and objectives, conduct of the field activities, and careful review of the survey instruments. Training involved group activities, role playing, and one morning of practice sessions at local outpatient health clinics. Following the field visits, some survey questions were further modified. Field work was conducted between June 18 and 25, 1995. A different health facility was visited on each of the five days available for the survey. At each health facility, survey teams attended the entire clinic session which was usually conducted between 8:00 a.m. and 12:00 midday. At health facilities in Asmara which routinely conduct afternoon sessions, the afternoon clinic was also attended. Between June 19 and 24, 1995, four data entry personnel were trained in the use of EPIINFO software.

Data analysis

Questionnaires were returned to Asmara and questionnaire data was coded and then entered into EPIINFO (version 6.0) software by data entry personnel supervised by consultant staff. Data analysis was conducted between June 26 and 29, 1995, by survey teams under the guidance of consultant epidemiologists. Descriptive data analysis and key indicators were summarized in tables and graphs and discussed with survey teams. The use of survey information to improve the quality of all health services was discussed, with an emphasis on how each participant will use the information in his or her own areas. Findings were presented by the survey team to a larger group of representatives from divisions of the MOH and other organizations on June 30, 1995.

C. Results

General descriptive information

A total of 18 health facilities were visited and observations conducted on a total of 190 children. The distribution of cases by type of health facility and by area is summarized in Table 1. All health facilities visited were public facilities. The distribution of ages of children observed ranged from two to 58 months, with a mean of 19 months and a median of 15 months.

Table 1: No. of cases observed by type of facility and area, Eritrea Facility Assessment, 1995

FACILITY	AREA				TOTAL
	Asmara	Highlands	Gash-Setit	Denkalia	
Hospital	19	10	19	-	48
Health Center	21	10	6	11	48
Health Station	27	21	40	6	94
TOTAL	67	41	65	17	190

The hours of operation of health facilities visited ranged between four and eight hours, with a mean of seven hours. A total of 8/18 (44 percent) of facilities operated outreach posts. The range for the number of outreach posts operated was between zero and 10.

Of all health workers responsible for seeing sick children at the facilities visited, 12/18 (67 percent) were registered nurses, 5/18 were health assistants (28 percent) and 1/18 was a doctor (six percent). Of all health workers, 11/18 (61 percent) had been working for five years or more, and 2/18 (11 percent) had been working for less than six months.

Table 2: Type of health workers seeing sick children in outpatient clinics by facility, Eritrea Health facility assessment, 1995

FACILITY	TYPE OF HEALTH WORKER SEEING SICK CHILDREN IN OUTPATIENT CLINICS			
	Doctor	Registered nurse	Health Assistant	TOTAL
Hospital	1	2	0	3
Health Center	0	4	1	5
Health Station	0	6	4	10
TOTAL	1	12	5	18

Comments

Registered nurses and health assistants were most frequently responsible for seeing sick children in the outpatient setting. This has implications for training; both of these groups should be able to

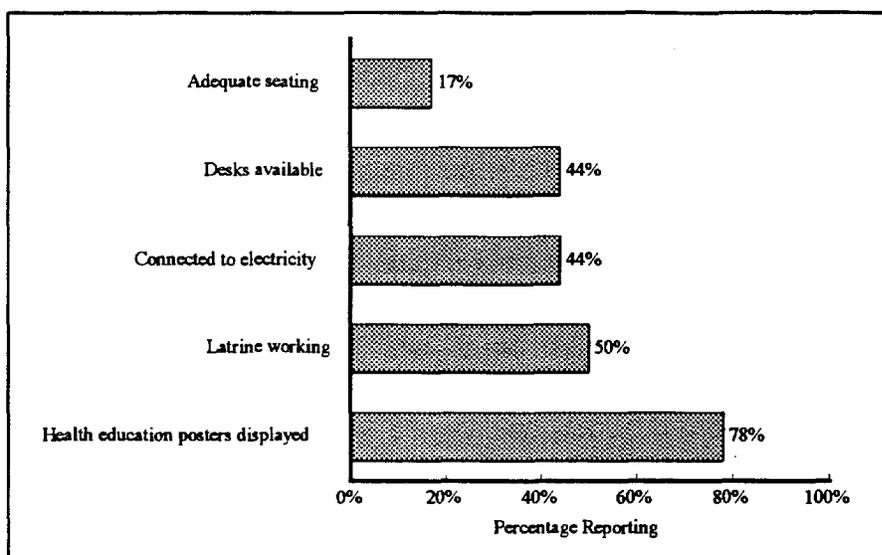
effectively assess, classify and treat the common causes of infant and childhood mortality and morbidity.

Facility equipment, supplies and recordkeeping

Patient and health worker accommodation and the availability of basic equipment are summarized in figures 1 and 2. Summaries of this information by health facility are presented in Tables 3 and 4 (see Appendix C). One half or less of all facilities had adequate seating for patients, desks available for health workers, were connected to electricity, and had a working latrine available for patients.

Figure 1: Patient and Health Worker Accommodation

Eritrean Health Facility Assessment, July 1995



A total of 17/18 (94 percent) health facilities had functioning refrigerators. Of these, 11/17 (65 percent) were powered by solar energy, 5/17(29 percent) by electricity, and 1/17 (six percent) by kerosene. A total of 14/17 (82 percent) was described as in good or fair condition. The condition of cold-chain equipment is summarized in figure 3. Only those facilities with an immunization program are included. A summary of cold chain equipment by facility type is presented in Table 5 (see Appendix C).

Figure 2: Availability of Equipment
Eritrean Health Facility Assessment, July 1995

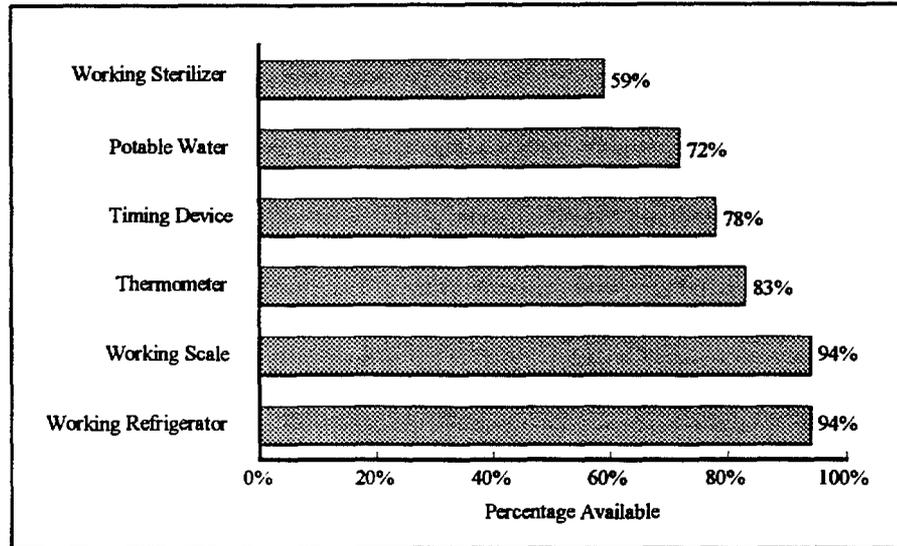
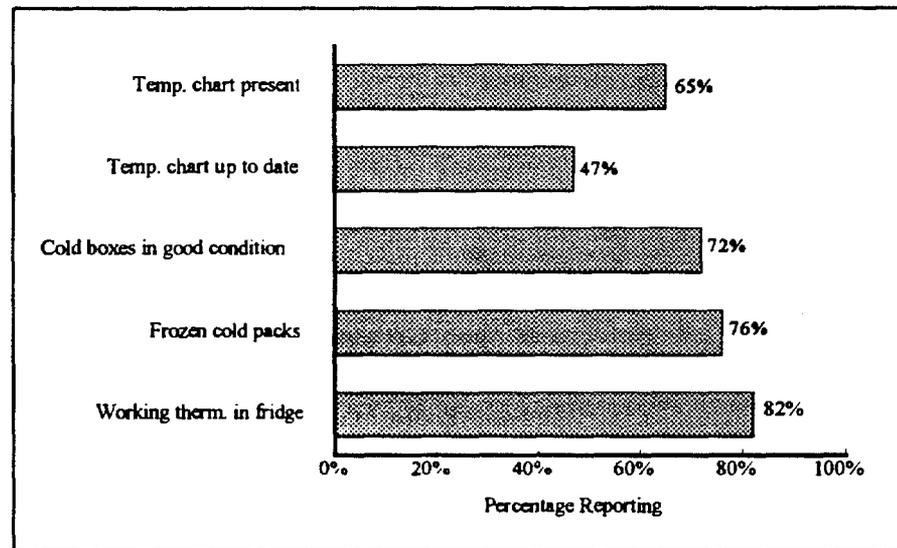


Figure 3: Condition of Cold-chain Equipment
Eritrean Health Facility Assessment, July 1995



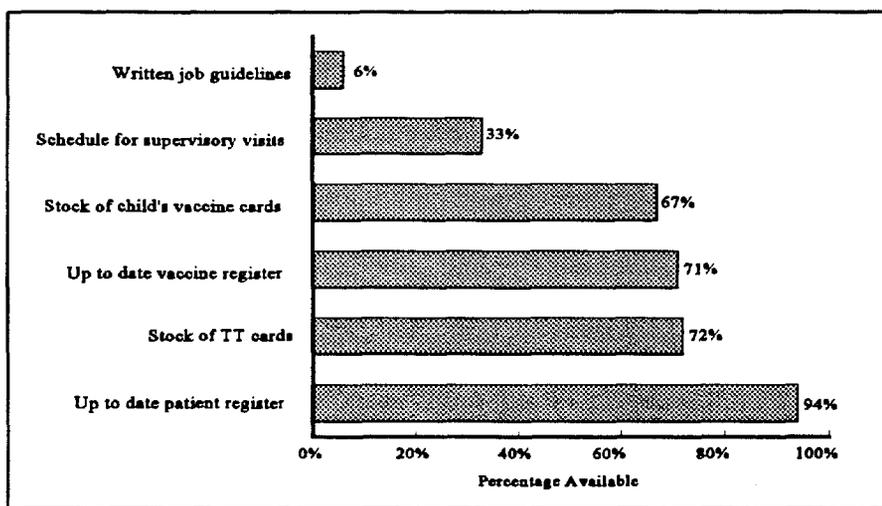
The proportion of facilities with no stock of medications, disposable needles or syringes on the day of the survey is summarized in Table 6 (see Appendix C). Overall, 4/18 (22 percent) of facilities had expired medications in stock on the day of the survey. Expired drugs noted in four facilities were OCP, metronidazole, penicillin injection, chloroquine injection, and ferrous sulphate.

Only 1/14 (seven percent) of health facilities which were running vaccination programs had no vaccine stock on the day of the survey. Overall, 2/14 (14 percent) of health facilities had expired vaccines in stock on the day of the survey. The types of expired vaccine were BCG and DPT.

Overall, 13/18 (72 percent) of facilities reported at least one drug stock-out in the month preceding the survey. In addition, 8/18 (44 percent) reported at least one stock-out in the previous month of necessary cards or forms and 2/18 (11 percent) at least one stock-out of needles or syringes. Supplies were most frequently picked up from a central store by health

Figure 4: Availability of Documentation and Records

Eritrean Health Facility Assessment, July 1995



workers (12/18 (67 percent)). According to health workers, the most common causes of delayed supplies were inadequate transport or fuel supply (12/18 (67 percent)).

The proportion of facilities conducting basic documentation and record-keeping is summarized in figure 4. This information is presented by type of health facility in Table 7 (Appendix C).

Comments

One half or less of the facilities visited had a working latrine, adequate seating for patients, desks available for health workers, and were connected to electricity; all of these will potentially impact on the quality of health services provided at health facilities. Most facilities had essential equipment available. Although most facilities delivering immunization services had a temperature chart attached to the refrigerator, only 47 percent were completing the chart regularly and using it to monitor conditions for vaccine storage. Health worker training and supervision should reinforce the regular use of a temperature chart and an understanding of its importance. Between six percent and 28 percent of health facilities visited did not have one or more essential supplies on the day of the survey which could impact on the quality of case management delivered. Seventy-two percent of facilities had experienced at least one stock-out in the previous month. There are a number of points at which the delivery of drug supplies to facilities could be compromised, including the ordering and delivery of drugs to peripheral sites, the maintenance and use of stock inventories, and at the level of the central store. At most health facilities, supplies were picked up from a central store by health workers who often did not have the means to do so. An assessment of the mechanisms for delivering drugs and supplies to peripheral sites should be considered. Many facilities did not have written job guidelines for health workers or a schedule of supervisory visits. The introduction of both should be considered as part of a strategy to improve routine supervision and quality of care.

Observation of sick children

Of the 190 children observed, a total of 120 (63 percent) were described as having fever, 102 (54 percent) ARI and 127 (67 percent) diarrhea. A total of 99 (52 percent) had two symptoms and 30 (16 percent) had all three. This pattern did not differ between areas or by type of health facility.

The consultation time with sick children ranged from two minutes to 30 minutes, with a median of time of five minutes. The histories taken by health workers for children with fever, ARI and diarrhea are summarized in Table 8. All core history questions (eating, drinking, breastfeeding, nature of illness, duration of illness, and history of illness) were asked of 12/120 (10 percent) of infants and children with fever, 7/102 (seven percent) of infants and children with respiratory illness, and 13/127 (10 percent) of infants and children with diarrhea. Overall, 15/190 (eight percent) of infants and children were asked all core history questions. At least one disease-specific history question was asked to 91/127 (72 percent) of infants and children with diarrhea (history of vomiting, history of diarrhea, history of blood in the stool), 69/102 (68 percent) of infants and children with respiratory illness (history of coughing, difficulty breathing), and 82/120 (68 percent) of infants and children with fever (history of fever, history of convulsions). A total of 39/127 (31 percent) of cases of diarrhea were asked about blood in the stool.

Table 8: History questions asked to the mothers of sick infants and children by presenting complaint, Eritrean Health Facility Assessment, 1995

HISTORY QUESTIONS	PRESENTING COMPLAINT			
	FEVER N=120	ARI N=102	DIARRHEA N=127	TOTAL
Eating/drinking	53% (63/120)	42% (43/102)	56% (71/127)	50% (96/190)
Breastfeeding	41% (49/120)	30% (31/102)	46% (58/127)	40% (75/190)
Nature of illness	85% (102/120)	79% (81/102)	84% (106/127)	84% (159/190)
Duration of illness	87% (104/120)	89% (91/102)	85% (108/127)	87% (166/190)
Hx. of treatment	26% (31/120)	22% (22/102)	19% (24/127)	20% (38/190)
All core questions	10% (12/120)	7% (7/102)	10% (13/127)	8% (15/190)
Convulsions	3% (3/120)			3% (3/120)
Hx. of fever	67% (80/120)			67% (80/120)
Hx. of coughing		68% (69/102)		68% (69/102)
Difficulty breathing		20% (20/102)		20% (20/102)
Hx. of vomiting			50% (64/127)	50% (64/127)
Hx. of diarrhea			53% (67/127)	53% (67/127)
Blood in stool			31% (39/127)	31% (39/127)

The proportion of mothers of sick infants and children who were asked for the child's vaccination card at the time of the consultation was 61/190 (32 percent). The proportion of mothers who had the vaccination card when asked was 25/61 (41 percent). There were no differences by type of health facility or area. Of those mothers with no vaccination card for their infant or child, 2/35 (six percent) were asked to bring their card next time.

The proportion of mothers who were asked for their own TT vaccination card at the time of the consultation for their infant or child was 7/190 (four percent). The proportion of mothers who had their TT card at the time of the visit was 0/7 (zero percent). Of those who did not have a card, 98/186 (53 percent) had left it at home, 6/186 (three percent) had lost it, and 24/186 (13

percent) had never received a card. Of the seven mothers who asked for their own TT card, 4/7 (57 percent) were asked to estimate the number of TT doses that they had received. The majority of mothers 184/190 (97 percent) were not referred to a TT vaccination session.

The proportion of infants and children examined by examination area is summarized in Table 9. A total of 7/190 (four percent) of infants or children had all key areas examined.

Table 9: Number of infants and children examined by examination area, Eritrean Health Facility Assessment, 1995

EXAMINATION AREA	NUMBER OF CHILDREN EXAMINED
Ears	15 percent (28/190)
Throat	34 percent (64/190)
Chest: count respiratory rate	3 percent (5/190)
Chest: stethoscope	55 percent (105/190)
Abdomen	46 percent (87/190)
Skin turgor	27 percent (51/190)
ALL AREAS EXAMINED	4 percent (7/190)

Differences were noted between the presenting complaints of mothers and the final diagnosis made by health workers. Of 127 infants and children described as having diarrhea on presentation, 85 were diagnosed as having diarrhea/gastroenteritis or dysentery, (72/85 (85 percent) were diagnosed with simple diarrhea, and 13/85 (25 percent) with dysentery). Of 102 infants and children described as having ARI, 79 were diagnosed with pneumonia or URTI (15/79 (19 percent) were diagnosed with pneumonia and 64/79 (81 percent) with URTI). Of 120 children described as having fever, 36 were diagnosed with malaria or fever of other cause (12/36 (33 percent) were diagnosed with malaria and 24/36 (67 percent) with fever of other cause).

The number of children treated appropriately according to the diagnosis made by the health worker was 138/190 (73 percent) overall. Of infants and children diagnosed with malaria, 11/12 (92 percent) were treated with chloroquine, the current first-line drug for malaria in Eritrea. Of those diagnosed with pneumonia, 14/15 (93 percent) were treated with an antibiotic. Of those with diarrhea, 56/72 (78 percent) were treated appropriately; 22 percent of cases of simple diarrhea were given antibiotics inappropriately. Of those infants and children described as having dysentery, 4/13 (31 percent) received antibiotics.

Health education messages given to mothers at the time of the interview are summarized in Table 10. A total of 9/122 (seven percent) were given all core messages (complete treatment, continue

breastfeeding or feeding, return if the child becomes worse). For children with pneumonia, 5/15 (33 percent) of mothers were instructed in how to administer medications at home. For all cases of fever, 7/36 (19 percent) of mothers were instructed to give an antipyretic or tepid bath at home. For cases of diarrhea, 3/85 (four percent) of mothers were instructed to give more fluids than normal, to give the fluids after each diarrhea episode, and to continue feeding or breastfeeding.

Table 10: Health education messages given to mothers by health workers by diagnosis, Eritrean health facility assessment, 1995.

MESSAGE GIVEN	HEALTH WORKER DIAGNOSIS			
	FEVER (N=36)	ARI (N=15)	DIARRHEA (N=85)	TOTAL (N=122)
Complete treatment	28% (10/36)	42% (7/15)	46% (39/85)	42% (51/122)
Continue feeding or breastfeeding	22% (8/36)	47% (7/15)	55% (47/85)	43% (53/122)
Return if the child becomes worse	11% (4/36)	27% (4/15)	9% (8/85)	12% (15/122)
All key messages	3% (1/36)	20% (3/15)	7% (6/85)	7% (9/122)
How to administer medications	25% (9/36)	33% (5/15)	46% (39/85)	39% (48/122)
Give more fluids than usual	11% (4/36)	20% (3/15)	40% (34/85)	30% (37/122)
Give fluids after diarrhea or vomit	11% (13/120)	0% (0/15)	5% (4/85)	13% (17/122)
Give antipyretic	17% (6/36)	33% (5/15)	15% (13/85)	18% (22/122)
Give tepid bath	3% (1/36)	0% (0/15)	1% (1/85)	2% (2/122)

Of children for whom ORS was prescribed, 37/83 (45 percent) of mothers were told how to prepare ORS and 1/83 (one percent) were shown how to prepare it.

A total of 58/190 (31 percent) of mothers were asked questions by the health worker to verify that she had understood how to manage her child at home and 2/190 (one percent) of mothers

were asked if they had any additional questions. A total of 10/190 (five percent) of mothers were either given or sent to a health education class.

Comments

The average consultation time for all outpatient visits was five minutes. All training designed to improve the case management practices of health workers should take this into consideration; it is unlikely that health workers will consistently practice strategies which require more than five minutes to complete. Only eight percent of all health workers asked all history questions which were considered "core," and are critical for the assessment and management of infant and childhood diseases. Performance was better for questions which were specific for the presenting complaint, although only a relatively small proportion of cases of diarrhea were asked about a history of blood in the stool, cases of fever asked about a history of convulsions, or cases of ARI asked about a history of difficult breathing. Improved training could reinforce the importance of each of these areas when assessing all sick children.

A minority of mothers were asked for their child's vaccination card at the time of the sick child visit. Similarly, only a small number of mothers were asked for their own TT card at the time of the sick child visit. Vaccinating a child and their mother, or referring them for vaccination at the time of the sick visit is a critical strategy for reducing missed opportunities to vaccinate. Health worker training could stress the importance of this activity; asking for and checking the vaccination card is simple, does not require much time to complete, and does not require additional resources. Facilities that do not vaccinate daily should at least ensure that the mother understands that she should return with her child on the day that vaccinations are given.

Very few children had all core areas examined. A full assessment is considered to be important since children often have multiple problems at the same time. When the chest was examined, it was usually examined with a stethoscope; counting respiratory rate was rarely practiced, although it is the most sensitive diagnostic measure of the severity of lower respiratory tract infections. The importance of a complete assessment should be emphasized during health worker training and supervision. Counting respiratory rate should be reinforced as a technique for assessing lower respiratory tract infections.

A high proportion of health workers treated children appropriately according to their own diagnosis; the assessment and classification of sick children was not validated, so this measure does not necessarily reflect the quality of case management. Appropriate treatment for common diseases should be reinforced as part of pre- and in- service training and supervision. Treatment practices were not ideal in some cases; 70 percent of infants and children diagnosed with dysentery did not receive an antibiotic, and 22 percent of cases of simple diarrhea were given antibiotics. This information could be used to strengthen training programs.

A low proportion of health workers gave education messages to mothers regarding the management of their children at home. Only six percent of health workers gave all "core"

messages, with a slightly higher proportion giving messages for specific diseases. Less than half of mothers were told how to prepare ORS if they were prescribed it. Very few mothers were sent to a health education session. This component of case management was the least well conducted by health workers, and could also be addressed through strengthened training and supervision. Improving the messages given to mothers does not require any additional resources and should not require a lot of time if health workers are familiar with the key messages.

Interview with the mothers of sick infants and children

The time taken by mothers to reach the health facility ranged from less than 15 minutes to four hours or more, with a median time of 15 to 30 minutes. The problems faced by mothers coming to health facilities are summarized in Table 11 for highland and lowland areas. A total of 50/186 (27 percent) of women experienced a problem coming to the health facility on the day of the survey; the most common problem was finding someone to look after their children, with 25/50 (50 percent) of mothers reporting this problem.

Table 11: Problems faced by caretakers coming to health facilities by urban and rural areas, Eritrean health facility assessment, 1995

PROBLEM	HIGHLAND	LOWLAND	TOTAL
Takes too long	7% (3/42)	75% (6/8)	18% (9/50)
Had to find someone to look after children	55% (23/42)	25% (2/8)	50% (25/50)
Had to miss work	24% (10/42)	0% (0/8)	20% (10/50)
No money for transport	10% (4/42)	0% (0/8)	8% (4/50)
Inconvenient hours	5% (2/42)	0% (0/8)	4% (2/50)

A total of 32/186 (17 percent) of women had taken their infant or child somewhere else for the same illness before coming to the health facility. The most frequent sites were hospitals (14/32 (44 percent)) and health centers (12/32 (38 percent)). The number of days between the onset of the illness and the clinic visit ranged from zero to 180 days, with a median of three days.

Overall, 31/107 (29 percent) of mothers who said that their child had diarrhea had done something to treat their infant or child at home. The most frequent home treatment was ORS (23/31 (74 percent)) followed by lafa (8/31 (26 percent)). A total of 101/107 (94 percent) of mothers of children with diarrhea had heard of ORS for the treatment of diarrhea and 38/100 (38 percent) knew correctly why ORS is given to children with diarrhea, although 55/100 (55 percent) believed that it would stop the diarrhea. The proportion of mothers who had ever been shown

how to prepare ORS was 96/102 (94 percent); the proportion with correct knowledge of how to prepare ORS was 87/101 (86 percent).

A total of 38/143 (27 percent) of mothers who said that their infant or child had fever had done something to treat their child at home. The most frequent home treatment for fever was tepid bath (15/38 (39 percent)) followed by the use of aspirin 13/38 (34 percent). A total of 33/142 (23 percent) of mothers of infants or children with fever were not told by the health worker what was wrong with the child.

A total of 24/108 (22 percent) of mothers who said that their infant or child had ARI had done something to treat their child at home. The most frequent home treatments were the use of herbs (10/24 (42 percent)) and menthol (6/24 (25 percent)). A total of 32/108 (30 percent) of mothers of children with ARI were not told by the health workers what was wrong with their child.

The proportion of mothers with correct knowledge of how to administer the oral medication given to them by the health worker is summarized in Table 12. Mothers most frequently did not know the number of days for which they should take medication. Mothers most frequently made errors in describing the administration of paracetamol syrup and ORS.

Table 12: Number of mothers with correct knowledge of how to administer oral medications by medication, Eritrea health facility assessment, 1995.

MEDICATION	CORRECT KNOWLEDGE OF DOSAGE SCHEDULE			
	Amount of each dose	Number of times/day	Number of days	All correct
Chloroquine tab	100% (3/3)	100% (3/3)	100% (3/3)	100% (3/3)
Chloroquine syrup	100% (10/10)	90% (9/10)	100% (10/10)	90% (9/10)
Antibiotic tab	100% (12/12)	100% (12/12)	100% (12/12)	100% (12/12)
Antibiotic syrup	100% (49/49)	100% (49/49)	78% (38/49)	78% (38/49)
Paracetamol tab	100% (33/33)	100% (33/33)	79% (26/33)	79% (26/33)
Paracetamol syrup	100% (12/12)	100% (12/12)	67% (8/12)	67% (8/12)
ORS	92% (55/60)	80% (48/60)	75% (45/60)	75% (45/60)

The number of mothers who were not told or did not know how to manage their child at home was 98/186 (53 percent).

Overall, 97/186 (53 percent) of mothers did not know or were not told when to bring their child back to the health facility. The number of mothers who knew at least two signs of severe or worsening illness in their child at home was 163/186 (88 percent). The most frequently reported signs of severe or worsening illness at home were fever not going away (138/186 (74 percent)), diarrhea continuing (84/186 (45 percent)), child not eating (69/186 (37 percent)), and if the child is vomiting (70/186 (38 percent)).

Comments

Only one-third of mothers coming to health facilities had experienced a problem getting to the health facility. The majority of those who had problems reported that they had difficulty finding someone to look after their children. In lowland areas, the majority who reported a problem said that the health facility was too far away from where they lived and that it took too long to get there. In highland areas, a quarter of the women had a problem getting to the health facility because they had to miss work. It is important that health workers and health planners are aware of these factors when planning health education strategies aimed at encouraging mothers to bring their children to health facilities when they notice danger signs, rather than delaying attendance. Most mothers brought their children directly to the health facility when they became ill and within three days of the onset of the illness; this suggests that mothers are aware of the importance of relatively timely visits to health facilities. Of those who did not come directly to the facility, very few attended traditional healers. Approximately a third of the mothers had done something to treat their child at home, with ORS being the most frequent home treatment. Knowledge of how to prepare ORS was very high amongst those who had ever been shown how to prepare ORS. It is worth noting that over half of the mothers believed, incorrectly, that ORS would stop their child's diarrhea. It may be possible to address this misconception by improving health worker training. A high proportion of the mothers who believed that their child had fever or ARI had not been told by the health worker what was wrong with their child. In addition, more than half of the mothers were not told or did not know how to manage their child at home. Improving health worker communication skills will be an important component of improved training and supervision. It is encouraging to note that over 80 percent of mothers knew at least two signs of severe or worsening illness in their child. The high level of knowledge of danger signs, coupled with the relatively high proportion of mothers who come directly to health facilities after the onset of the illness, suggests that the majority of mothers who reach facilities are attending in a timely fashion.

Interview with the health care worker

The number of supervisory visits received by health workers in the six months before the survey ranged from zero to six with a mean of two. The number of supervisory visits did not vary by type of health facility or area. Overall, 15/18 (83 percent) of health workers had a supervisor. Of these supervisors, 5/15 (33 percent) worked at the same facility as the health worker and 10/15 (67 percent) visited. Of those facilities with external supervisors, 9/10 (90 percent) had received supervisory visits over the six months preceding the survey. Of those health workers who had

been supervised, 6/15 (40 percent) had received feedback from the supervisory visit. Of those health workers receiving supervision, 2/15 (13 percent) said that their supervisor did something to keep their skills up-to-date.

A total of 15/18 (83 percent) of health workers reported using the information that they collected for routine reports. The most frequently reported use of routine report data was for assessing targets 12/18 (67 percent), followed by ordering stock 3/18 (17 percent). The proportion of health workers reporting that they had received feedback from routine reports was 4/18 (22 percent). The most common problems reported by health workers when doing their job are summarized in Table 13. The most frequently reported problem was a lack of supplies or stock.

Table 13: Most common problems faced by health workers by health facility, Eritrean health facility assessment, 1995

PROBLEM	HEALTH FACILITY			TOTAL
	Hospital (N=3)	Health center (N=5)	Health station (N=10)	N=18
Lack of training	33% (1/3)	0% (0/5)	10% (1/10)	11% (2/18)
Mothers don't come to clinic	33% (1/3)	20% (1/5)	10% (1/10)	17% (3/18)
Staff shortages	67% (2/3)	40% (2/5)	50% (5/10)	50% (9/18)
Lack of supplies or stock	67% (2/3)	80% (4/5)	60% (6/10)	67% (12/18)
Lack of supervision	33% (1/3)	20% (1/5)	0% (0/10)	11% (2/18)
Lack of feedback on performance	0% (0/3)	0% (0/5)	0% (0/10)	0% (0/10)
Lack of transport	33% (1/3)	40% (2/5)	60% (6/10)	50% (9/18)

The proportion of health workers responsible for seeing sick children who had received training in the previous six months was 6/18 (33 percent). The number of training sessions that had been received ranged from zero to three. The types of training that had been received were EPI (5/6 (83 percent)), nutrition (5/6 (83 percent)), and MCH (2/6 (33 percent)).

The proportion of health workers with correct knowledge of the infant/child vaccination schedule was 12/18 (67 percent), while 17/18 (94 percent) health workers correctly identified women of childbearing age as the target group for TT vaccination, with 10/18 (56 percent) identifying

pregnant women as a target group, and 9/18 (50 percent) of women coming to the clinic with their children as a target group.

The number of clinic vaccination days ranged from zero to six with a mean of two days. The number of antenatal clinic days ranged from one to six with a mean of three. Fourteen facilities conducted vaccinations and sixteen facilities conducted antenatal clinics. The number of vaccinating facilities with five or more vaccination days per week was 5/14 (36 percent). The number of clinics with antenatal clinics conducting clinics on five or more days per week was 7/16 (44 percent).

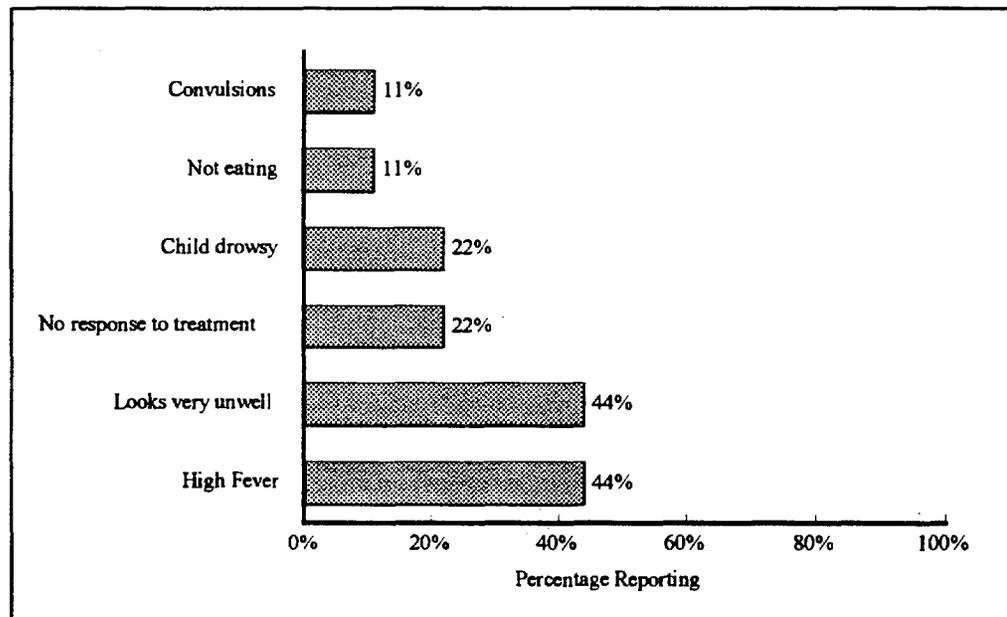
Overall, 13/18 (72 percent) had wanted to refer a child to hospital in the past, but had been unable to do so; the most frequently given reasons were that there was no transport available (8/13 (62 percent)) and that the mother refused to go (8/13 (62 percent)). A total of 13/18 (72 percent) of health workers knew at least two signs for referring a child to the hospital (see Figure 6).

Comments

Most health workers had a supervisor who visited regularly or who worked in the same facility. A lower proportion received feedback from their supervisors or said that their supervisors did anything to keep their skills up to date. It is encouraging that so many health workers have a supervisor, although supervision may not be conducted systematically. Establishing regular supervisory practices is difficult in many countries and getting supervisors to the facilities is often

Figure 6: Health Worker's Knowledge of Signs to Refer a Sick Child to Hospital

Eritrean Health Facility Survey, July 1995



the most difficult step; in Eritrea this had already been accomplished in the majority of health facilities visited. A systematic approach to supervisory activities is required including the use of standard supervisory checklists, a schedule of supervisory visits, and strategies for providing feedback and education to health workers.

Most health workers reported that they submitted routine reports and used the data from routine reports in some way. It has already been noted that disease and vaccination registers are also generally complete. Timely completion of reports is encouraging and suggests that there is a basis for a functional health information system. Most health workers had not received any feedback from routine reports. The interpretation, reporting and dissemination of routine information will need to be addressed as the health information system is further developed.

The most frequently reported problems by health workers were a lack of drugs and supplies, lack of transport, and staff shortages. Transportation shortages may be associated with the lack of drugs and supplies since health workers often have to pick up supplies themselves.

Only one-third of health workers had received training in the six months prior to the survey. Regular training and supervision are important for introducing and maintaining new skills. A clear in-service training strategy is required. The quality of the training will be affected by other peripheral constraints to practice such as the consultation time available. As previously mentioned, this survey identified a number of areas where training in simple skills could improve the quality of case management for sick children. Health worker knowledge of the vaccination schedules of mothers and children was found to be relatively high. Health workers were least familiar with the concept that a woman coming to the clinic with her child is a possible target for TT vaccination. Improving health worker knowledge of target groups for vaccinations is an important step towards reducing missed opportunities to vaccinate. A high proportion of health workers knew at least two signs of severity that would prompt them to refer a sick infant or child to the hospital. Over 70 percent of health workers had been unable, however, to refer a sick infant or child to the hospital in the past due to long distances and the lack of adequate transportation. Improving the availability of an adequate referral base will need to be addressed as the primary health care system is further developed.

Only about 40 percent of all facilities gave vaccinations or conducted antenatal clinics at least five days each week. Providing these services each day is considered desirable to reduce missed opportunities to vaccinate or provide antenatal care. There are a number of reasons why these services may not be conducted every day including staff shortages, lack of clinic space, and misconceptions about the time or logistics involved. In some clinics, it may be possible to re-organize service delivery using existing resources and this should be investigated where possible.

Key measures

Results from the facility assessment have been summarized as key measures. Key measures can be used to monitor and evaluate progress over time and are designed to measure information on key programmatic areas.

1. **Proportion of facilities with at least one health worker trained in the last six months = 6/18 (33 percent)**
2. **Proportion of facilities that have received at least one supervisory visit in the last six months = 14/18 (78 percent)**
3. **Proportion of facilities with up-to-date immunization and patient registers:**
Immunization registers = 10/14 (71 percent)
Disease registers = 17/18 (94 percent)
4. **Proportion of facilities that have not experienced at least one stock-out in the previous month = 5/18 (28 percent)**
5. **Proportion of children treated appropriately according to the diagnosis made by the health worker = 138/190 (73 percent)**
6. **Proportion of mothers with correct knowledge of at least one key message for the management of their child in the home = 88/186 (47 percent)**
7. **Proportion of mothers who know at least two signs of when to seek care for their child = 163/186 (88 percent)**
8. **Proportion of mothers of children with diarrhea whose mothers have correct knowledge of how to prepare ORS at home = 87/107 (87 percent)**
9. **Proportion of health workers with correct knowledge of at least two signs of when to refer a child to hospital = 13/18 (72 percent)**

IV. DISCUSSION AND RECOMMENDATIONS

- **Proportion of facilities with at least one health worker trained in the last six months**

Of all health facilities visited, 6/18 (33 percent) had at least one health worker trained in the six months prior to the survey. In-service training is important for both introducing and sustaining new skills. Health worker knowledge of the EPI calendar for infants and

children and the TT vaccination schedule was high. Health workers did not systematically ask all key history questions, check the vaccination card of the child or the mother, examine all key areas, or provide the mother with health education messages regarding the management of the infant or child at home. Practice in all of these areas could be improved with simple training without the expenditure of additional resources. When designing a training strategy, all the other factors which influence the sustainability of these practices should be considered, such as the average consultation time, the availability of drugs and supplies, the frequency of vaccination clinics, the clinic staffing, and barriers to the referral of very sick children. Some of these factors may need to be addressed for training to be effective. Others may be overcome by improving awareness of them as potential barriers and developing strategies for their management as a component of training. A mechanism for providing on-going supervision should be considered in tandem with training activities.

Recommendations

1. Conduct a planning workshop with MOH representatives, from both central and peripheral areas, to develop a national in-service training strategy that includes the identification of individuals responsible for scheduling and conducting training at each level of the health delivery system, the development of training materials, and a budget for all activities. Survey data could be used to develop materials.
 2. Consider using survey data to assist with the planning of pre-service medical education programs, in particular those components which focus on case management practices and the barriers to effective case management practices.
- **Proportion on facilities that have received at least one supervisory visit in the last six months**

Of all health facilities visited 14/18 (78 percent) had received at least one supervisory visit in the previous six months. It is encouraging that supervisory visits are being made. Many health workers did not receive any feedback from their supervisors, however, nor did supervisors do anything to keep the skills of health workers up to date. Supervision can be strengthened by training supervisors to evaluate facilities systematically using a supervisory checklist and training them to provide feedback and educate health workers at the time of the supervisory visit. Supervisors should be educated in identification of possible barriers to effective case management and strategies for overcoming these barriers. Regular supervision is critical to maintaining skills at the clinic level.

Recommendations

1. Conduct a planning workshop with MOH representatives, from both central and peripheral areas, to develop a national strategy for supervising integrated facility

services. This should include the identification of individuals responsible for conducting supervision, the development of a strategy for training supervisors, and the development of supervisory training materials. Survey data could be used to develop these materials.

- **Proportion of facilities with up-to-date immunization and patient registers**

Of all health facilities visited, 10/14 (71 percent) had up-to-date immunization registers and 17/18 (94 percent) had up-to-date patient registers. All facilities reported submitting routine reports monthly. The high completion rates are encouraging and will form the basis of a functional health information system. Very few health workers reported receiving feedback from routine reports. Developing the health information system to allow the timely collection and analysis of routine information is a priority. The organization, distribution, interpretation, and use of this information by peripheral health workers will need to be addressed. Use of routine information at the clinic level should ultimately be a component of routine training.

Recommendations

1. Conduct a review of the existing health information system including the use of standard forms and case definitions, the information flow, and the storage and analysis of data and feedback. Use this information to develop a strategy for strengthening the health information system.
2. Reinforce the importance of collecting routine data and submitting routine reports as a component of health worker in-service and pre-service training.

- **Proportion of facilities that have not experienced at least one stock-out in the previous month**

Of all facilities visited, only 5/18 (28 percent) had not experienced a stock-out in the month before the survey. In addition, on the day of the survey, between six percent and 28 percent of the facilities had no drug stock available and 22 percent of facilities visited had expired drugs in stock. Drug availability in public facilities is important for ensuring that health workers can provide quality case management. At the majority of facilities, health workers are responsible for collecting drug supplies themselves and lack of adequate transportation may prevent the collection of supplies in a timely fashion. Developing skills for stock inventory management at health clinics should be a component of routine pre- and in-service training. The national system for ordering, storing and distributing drugs to peripheral sites may break down at a number of levels and should be evaluated routinely to identify areas that may not be functioning effectively.

Recommendations

Consider conducting a review of the existing drug management and distribution system as well as the drug management practices of health workers to identify areas which are not functioning effectively. Develop strategies for resolving problems. The drug management components of pre- and in- service training for health workers should then be reviewed.

- **Proportion of children treated appropriately according to the diagnosis made by the health worker**

Of all sick infants and children reviewed, **138/190 (73 percent)** were treated appropriately according to the diagnosis made by the health worker. The principal case management problems noted were inappropriate use of antibiotics for the treatment of simple diarrhea (22 percent) and a failure to use antibiotics for the treatment of dysentery (69 percent). It is encouraging that for most cases of ARI, malaria and simple diarrhea, treatment was consistent with national treatment guidelines. It is important to note that this survey did not attempt to validate the clinical diagnosis made by the health worker. The team was therefore unable to measure whether the diagnosis and treatment by health workers were appropriate for each child. As standard case management training is conducted, it will be worth evaluating of the validity of health worker diagnoses as a component of health facility assessments. Information on treatment practices based on the health worker diagnosis can, however, be used to guide pre- and in- service case management training.

There is evidence that health workers may not be regularly using an integrated or combined approach for the assessment of sick children. The majority of health workers did not ask all core history questions to mothers, did not check the vaccination cards of sick children and their mothers, did not examine all key areas for every child, and did not provide health education for mothers regarding the management of her child at home. Improved training and supervision of health workers should reinforce the importance of these aspects of the assessment of sick children.

Recommendations

Conduct a planning workshop with MOH representatives, from both central and peripheral areas, to develop a national in-service training strategy which includes the identification of individuals responsible for scheduling and conducting training at each level of the health delivery system. During this workshop, strategies for strengthening pre- and in-service case management training should be discussed as well as how survey information can be integrated into training curricula. In addition, planning for improved supervisory training should use information on case management practices to design the supervisory checklists.

- **Proportion of mothers with correct knowledge of at least one key message for the management of their child in the home**

A total of **88/186** (47 percent) of the mothers of sick children knew at least one key message for the management of their child in the home. More than half of all mothers therefore, could not say what they would do to manage their child at home. The proportion of mothers who had been given messages by health workers ranged from two percent to 43 percent. Improving the management of sick children in the home is a critical step in reducing infant and childhood mortality and morbidity. There are two broad reasons why mothers may not be receiving messages regarding the management of their children in the home. First, health workers may be giving messages, but not transmitting the messages effectively in a form that can be understood by mothers; health workers are often not trained in techniques for presenting messages in a simple fashion that is clear and understandable to mothers. Second, health workers may not be giving health education messages at all because of time pressures in the clinic, lack of materials, lack of knowledge, or lack of regular supervision. The communication of key health education messages should be a routine component of all case management. Strategies for improving the training and supervision of health workers in this area should be investigated.

Recommendations

Conduct a review of the health education and communication components of health worker pre- and in-service training courses. Strengthen and develop training and supervision strategies to improve health education and communication; integrate these strategies into existing training and supervision.

- **Proportion of mothers who knew at least two signs of when to seek care for their child**

A total of **163/186** (88 percent) mothers knew at least two signs of when to seek care for their child if they became unwell at home. The high level of maternal knowledge regarding signs of severity is encouraging. It is likely that mothers are receiving this information from a variety of channels. Mothers who recognize when their child is severely ill are more likely to seek care for their child in a timely fashion.

Recommendations

Ensure that health education and communication components of health worker pre- and in-service training reinforce and improve care-takers knowledge and behaviors.

- **Proportion of mothers of children with diarrhea whose mothers have correct knowledge of how to prepare ORS at home**

A total of 87/107 (87 percent) mothers of children with diarrhea had correct knowledge of how to prepare ORS at home. This number suggests that this group has received ORS information in the past. Over 70 percent of mothers who had treated their children at home prior to coming to the health facility reported giving ORS, which also suggests that a high proportion of this group use ORS at home. It was noted that health workers did not provide education on ORS preparation for the majority of these mothers at the time of the interview. It is likely that mothers are obtaining information from a variety of different sources. More than half of the mothers of children with diarrhea said that they believed that ORS would stop their child's diarrhea, a misconception that can sometimes lead to poor compliance. It remains unclear whether knowledge of how to prepare ORS is reflected in behavior at the household level. It should be remembered that the survey measures the knowledge of only a small subgroup of mothers who attend health facilities. It is likely that a relatively high proportion of mothers never reach health facilities in Eritrea and that this group has less knowledge and a lower rate of ORS use. Community-based information on ORS use at the household level will be provided by the DHS survey, currently being planned.

Recommendations

Ensure that health education and communication components of health worker pre- and in-service training reinforce and improve ORS preparation and use at the household level.

- **Proportion of health workers with correct knowledge of at least two signs of when to refer a child to the hospital**

Of all health workers, 13/18 (72 percent) knew at least two signs of when to refer a child to the hospital. In addition, over 70 percent of them had experienced difficulties referring a child to the hospital when necessary in the past. The referral of severely ill children to the hospital is a critical component of a primary health care strategy designed to reduce infant and child mortality. The barriers to effective referral need to be assessed, and health workers given skills to assist them to overcome these barriers. Possible barriers may include a lack of awareness of danger signs by health workers, distance to hospitals and difficulties finding adequate transportation, and a reluctance to transport infants and children who are very unwell.

Recommendations

Conduct a planning workshop with MOH representatives, from both the central and peripheral areas, to develop a national in-service training strategy which includes the identification of individuals responsible for scheduling and conducting training at each level of the health delivery system. During this workshop, barriers to effective referral of

sick infants and children should be discussed as well as strategies for overcoming these barriers.

APPENDICES

APPENDIX A

APPENDIX A:
Final sample of health facilities: Eritrea health facility assessment

Area 1 (Gash setit)

Hospital: Tseseney
Health Center: Tokombia
Health stations: Goligi
Haykota
Shambuko

Area 2 (Asmara)

Hospital: Hazhaz
Health center: Akria
Health stations: Akria
Zobasaba
Edagaarbi

Area 3 (Hamassien, Seraye, AkeleGuzai)

Hospital: Senafe
Health center: Seregeka
Health stations: Adi Guroto
Kutmowilie
Embaderho

Area 4 (Denkalia)

Health centers: Ghelalo
Tio
Health station: Bada

APPENDIX B

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APPENDIX B:
Survey Teams: Eritrea Health Facility Assessment

Area 1 (Gash-Setit)

Supervisor: Afeworki Berhe
Surveyors: Haile Ayele
Amanuel Afewerki

Area 2 (Asmara)

Supervisor: John Murray
Surveyors: Hiwet Yohannes
Tsfamichael Tesfamariam

Area 3 (Hamasien, Seraye, Akele-Guzai)

Supervisor: Tsfamichael Asfaha
Surveyors: Mahdere Teklom
Futsum Kifle

Area 4 (Denkalia)

Supervisor: Teklai Estifanos
Surveyors: Bereket Goitom
Tsfagabir Ghebrai

APPENDIX C

APPENDIX C:

Table 3: Patient and health worker accommodation by type of health facility, Eritrean Health Facility Assessment, 1995

	TYPE OF FACILITY			
	Hospital	Health Center	Health Station	TOTAL
Adequate seating	0 (0/3)	40% (2/5)	10% (1/10)	17% (3/18)
Desks available	33% (1/3)	60% (3/5)	40% (4/10)	44% (8/18)
Latrine working	67% (2/3)	60% (3/5)	40% (4/10)	50% (9/18)
Health education posters displayed	100% (3/3)	60% (3/5)	80% (8/10)	78% (14/18)
Connected to electricity	100% (3/3)	40% (2/5)	30% (3/10)	44% (8/18)

Table 4: Availability of equipment by type of health facility, Eritrean Health Facility Assessment, 1995

	TYPE OF FACILITY			
	Hospital	Health Center	Health Station	TOTAL
Thermometer	100% (3/3)	80% (4/5)	80% (8/10)	83% (15/18)
Potable Water	100% (3/3)	60% (3/5)	70% (7/10)	72% (13/18)
Working Scale	100% (3/3)	100% (5/5)	90% (9/10)	94% (17/18)
Timing Device	67% (2/3)	60% (3/5)	90% (9/10)	78% (14/18)
Working Sterilizer	100% (3/3)	60% (3/5)	50% (5/10)	59% (11/18)
Working Refrigerator	100% (3/3)	100% (5/5)	90% (9/10)	94% (17/18)

Table 5: Condition of cold-chain equipment by type of facility, Eritrean Health Facility Assessment, 1995

	TYPE OF HEALTH FACILITY			
	Hospital	Health Center	Health Station	TOTAL
Working thermometer in fridge	100% (3/3)	67% (2/3)	100% (8/8)	93% (13/14)
Temperature chart present	100% (3/3)	67% (2/3)	75% (6/8)	79% (11/14)
Temperature chart up to date	67% (2/3)	33% (1/3)	63% (5/8)	57% (8/14)
Frozen Cold packs	100% (3/3)	67% (2/3)	63% (5/8)	71% (10/14)
Cold boxes in good condition	67% (2/3)	60% (3/5)	80% (8/10)	72% (13/18)

Table 6: Proportion of health facilities with no stock available on the day of the survey, Eritrean Health Facility Assessment, 1995

	TYPE OF HEALTH FACILITY			
	Hospital	Health Center	Health Station	TOTAL
Chloroquine tabs	0 (0/3)	0 (0/5)	40% (4/10)	22% (4/18)
Cotrimoxazole tabs	0 (0/3)	20% (1/5)	0 (0/10)	6% (1/18)
ORS	0 (0/3)	20% (1/5)	10% (1/10)	11% (2/18)
Vitamin A	0 (0/3)	20% (1/5)	20% (2/10)	17% (3/18)
Metronidazole tabs	33% (1/3)	20% (1/5)	30% (3/10)	28% (5/18)
Disposable needles	33% (1/3)	0 (0/5)	30% (3/10)	22% (4/18)
Syringes	0 (0/3)	0 (0/3)	10% (1/10)	6% (1/18)

Table 7: Availability of documentation and records by health facility, Eritrean Health Facility Assessment, 1995

	TYPE OF FACILITY			
	Hospital	Health Center	Health Station	TOTAL
Written job guidelines	0 (0/3)	20% (1/5)	0 (0/10)	6% (1/18)
Schedule for supervisory visits	33% (1/3)	20% (1/5)	40% (4/10)	33% (6/18)
Up to date Patient register	100% (3/3)	80% (4/5)	100% (10/10)	94% (17/18)
Up to date vaccine register	100% (3/3)	50% (2/4)	71% (5/7)	71% (10/14)
Stock of child's vaccine cards	67% (2/3)	60% (3/5)	70% (7/10)	67% (12/18)
Stock of TT cards	67% (2/3)	60% (3/5)	80% (8/10)	72% (13/18)

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APPENDIX D

STATE OF ERITREA HEALTH FACILITY ASSESSMENT:
ሃገረ ኤርትራ ናይ ጥዕና አገልግሎት መገምገሚ
MINISTRY OF HEALTH, ERITREA: USAID /BASICS
ሚኒስትሪ ጥዕና ኤርትራ ዩኤስ ኤይድ /ቤዚክስ

HEALTH CARE WORKER INTERVIEW
ናይ ጥዕና በዓል ሞያ መጠየቂ

Province _____ አውራጃ _____	Date ____/____/____ ዕለት _____
Facility Name _____ ሰም ወሃብ አገልግሎት ጥዕና _____	Facility type _____ ዓይነት አገልግሎት _____
Interviewer No. _____ ናይ ሓታቲ ቁጽሪ _____	

Introduce yourself to the health care worker. Tell him/her that you would like to ask him/her some general questions about the clinic followed by some questions about his/her job.
 መንነትካ ነቲ ናይ ጥዕና በዓል ሞያ አፋልጥ። ድሕሪኡ ብዛዕባ እቲ ክሊኒክ ብዛዕባ ስርተ/ስርተን ሓፈሻዊ ሕቶታት ከምተቅርብ ግለጽሉ/ላ።

1. What are the hours of operation at this clinic?
 ናይዚ ክሊኒክ ናይ ስራሕ ሰዓታት፤
 opening _____ closing _____ Total number of hours _____
 መጀመሪ መዕጸዊ ድምር ናይ ስራሕ ሰዓታት
2. How many outreach posts does this clinic operate?
 እዚ ክሊኒክ ብጀካ አብዚ ዝህቦ አገልግሎት አብ ካልእ ክንደይ ቦታታት አገልግሎት ይህብ፤
3. How many days per month does each outreach post operate?
 እዚ አብ ካልእ ቦታ ትህብዎ አገልግሎት አብ ወርሒ ክንደይ መዓልቲ እዩ፤
4. Is this facility connected to electricity?..... Y N
 እዚ ክሊኒክ ናይ ኤሌትሪክ መስመር አለዎዩ፤ λወ አይፋል
5. If yes, how many hours per day
 እቲ መልሲ እወ እንተኮይኑ አብ መዓልቲ ክንደይ ሰዓት፤
6. Is there a functioning stand-by generator? Y N
 መሓለውታ ዝሰርሕ ጀኔሬተር አለዎዩ፤ λወ አይፋል
7. How often have you had a rupture of stock in the last 1 months?
 አብዚ ዝሓለፈ 1 አዋርሕ ክንደይ ጊዜ ናይ አፋውስ ወይ መሳለጢያ ሕጽሪት አጋጢምኩም፤

Item ዓይነት ፈውሲ ወይ መሳለጢያ	Number of stock-outs / 1 mo. ሕጽሪት አብ ውሺጢ 1 አዋርሕ
Vaccines ክትባት ፈውሲ	
Syringes/ needles ሲሪንጋ/ መርፍእ	
ORS አእርኢስ	
Drugs አፋውስ	
Cards/forms ካርድ/ፎርም	

49
40

8. How are supplies received? _____ Delivered to facility
 መሰረጠያ ታት ብኸመይ ይበጽሑትም! _____ አብዚ ይመጻልና
 _____ Picked up from a central store
 ካብ ግለሰባይ መኸዘን ነምጽኦም

9. What is the most common cause of a delay in delivery of supplies?
 እቲ መብዛሕቲኡ ጊዜ ዘጋጥም ምድንጓይ ናይ መሰረጠያ እንታይ እዩ።

_____ Inadequate transport/fue ዘይምቐእ ትራንስፖርት/ ነዳዲ	_____ Difficulty ordering ጸገም ኣብ ምእዛዝ
_____ Insufficient staff ሕጽረት ሰራሕተኛ	_____ Other:(specify) _____ ካልእ(ግለጽ)

10. What is your job title?
 ናይ ሰራሕባ መጻውዒ እንታይ እዩ!

_____ Doctor ዶክተር	_____ Registered nurse ብቕዕቲ ነርስ
_____ Health assistant ናይ ጥዕና ተሓጋጋዚ	_____ War surgeon ናይ ኩናት ሓኪም
_____ Dresser ተሓጋጋዚ ነርስ	_____ Midwife አዋላዲት
_____ Bare-foot doctor አጋር ሓኪም	_____ Other (specify) _____ ካልእ(ግለጽ)

11. What education have you had?
 እንታይ ትምህርቲ ኣለካ

_____ No formal education አይተማሃርኩን	_____ Primary school ቀዳማይ ደረጃ ቤ/ት
_____ Secondary school ካልኣይደረጃቤ/ት	_____ University ዮኒቨርሲቲ
_____ Diploma ዲፕሎማ	_____ Other:(specify) _____ ካልእ(ግለጽ)

12. Do speak English? _____ Y _____ N
 ኢንግሊዝ ትዛረብ ዲኻ _____ እወ _____ አይፋል

Do you read English _____ Y _____ N
 ኢንግሊዝ ተንብብ ዲኻ _____ እወ _____ አይፋል

13. How long have you had this job?
 ኣብዚ ሰራሕ ክንደይ ጌርካ/ ኪ!

_____ <6 months ትሕቲ6 ወርሒ	_____ 6-11 months ካብ 6-11 ወርሒ
_____ 2-23 years ካብ12-23ዓመታት	_____ 2-4 years ካብ 2-4 ዓመታ
_____ 5 or more years ሓመታት ወይ ልዕሊኡ	

14. Do you have written guidelines for your work?..... _____ Y _____ N
 ብዛዕባ ሰራሕባ ናይ ጽሑፍ መምርሒታት ኣለካደ! _____ እወ _____ አይፋል

If YES , can we see them? _____ Available _____ Unavailable
 እቲ መልሲ እወ እንተኮይኑ ክንርእዮም ደ! ንክእል _____ አሎ _____ የለን

15. Do you have a schedule for supervisory visits?..... _____ Y _____ N
 ትክታተልሉ ትርእየሉ ሰሌዳ ኣሎካደ! _____ እወ _____ አይፋል

59
41

16. who usually supervises you?
ንዓኻ ወትሩ ዝቆጻጸረካ መንዩ!

- | | |
|--|--|
| <input type="checkbox"/> Doctor
ዶክተር | <input type="checkbox"/> Registered nurse
ብቕዕቲ ነርስ |
| <input type="checkbox"/> Advanced Dresser
ምኩር ተሓጋጋዚ ነርስ | <input type="checkbox"/> Midwife
አዋላዲ/ት |
| <input type="checkbox"/> Health Assistant
ተሓጋጋዚ ሓኪም | <input type="checkbox"/> Community health supervisor
ናይ ክባቢ ጥዕና ተኻታታሊ |
| <input type="checkbox"/> NO supervisor
ዝቆጻጸረኒ የለን | |

If NO SUPERVISOR. Skip to question 21
ተቆጻጸሪ እንተዘየሎ ናብ ሕቶ ቁጽ 21 ኪድ

17. How many times have you had a visit from a supervisor:
ክንደይ ጊዜ ተቆጻጸሪ/ ተከታታሊ/ መጽዩካ!

Supervisor works here and sees worker daily _____
ተቆጻጸሪ እብኡ ዝሰርሕን ንሰራሕተኛ መዓልታዊ ዝርእዮም እንተኮይኑ-ናብ

In the last six months _____ (number of times)
እብ ዝሓለፉ 6 አዋርሕ (ክንደይ ጊዜ)

In the last 12 months _____ (number of times)
እብ ዝሓለፉ 12 አዋርሕ (ክንደይ ጊዜ)

18. What did your supervisor do last time they supervised you? (Tick all that apply)
እብታ ዝመጸሉ ናይ ምቁጽጻር ምብጽሖ እንታይ ገይሩ! (ነቲ ዝተዋሀበ መልስ ምልክት ግበር)

- Observed immunization technique
አከታትባ ተዓዚቡ
- Observed management of sick children
አታ-አላልያ ሕሙማት ህጻናት ተዓዚቡ
- Reviewed reports prepared by health worker
ብጥዕና በዓል ሞያ ዝተጻሕፈ ሪፖርት ርእዮ
- Updated health worker on current information
ንጥዕና በዓል ሞያ ሓድሽ ፍልጠት አግካባሊቶ
- Discussed problems with supplies and equipment
ብዛዕባ ጸገም መሳርሕታትን መሳሰተያን ተመያይቡ
- Other (specify) _____
ካልእ (ግለጽ)

19. Did you receive feedback from that supervisory session?..... Y N
ብዛዕባ እቲ ትዕዝብቲ ሪፖርት በጺሖካዶ! እወ አይፋል

- IF YES, in what form _____
እቲ መልስ እወ እንተኮይኑ በየናይ አገባብ
- Written report
ናይ ጽሑፍ ሪፖርት
 - Oral report
ናይ ቃል ሪፖርት
 - Other (specify) _____
ካልእ (ግለጽ)

20. What does your supervisor do to keep your technical skills up to date?(Tick all that apply)
ተቆጻጸሪካ (ናይ ቀረባ ሓላፊካ) ክእለትካ ንክምዕብል እንታይ ይገብር (ነቲ ዝተዋሀበ መልስ ምልክት ግበር)

- Workshops
እናርእኻምሃር
- Performance feedback
ናይ ስርሓይ ውጽኢት ይነገረኒ
- Training sessions
ናይ ሞያ ስልጠና
- Other (specify) _____
ካልእ (ግለጽ)

21. Do you have to submit any reports such as the number of patients seen, or the number of doses of vaccine administered?..... Y N
 ናይ ዝተራእዩ ሕሙማት ብዝሒ ወይ ዝተሞሀበ ክትባት ሪፖርት ትገብር ዶ ላወ ኣይፋል

If NO, go to question 24

IF YES, ask the TYPE of report, HOW OFTEN and if the reports are UP TO DATE?
 እቲ መልሲ እወ እንተድኣኩይት ዓይነት ዘቅርቦ ሪፖርት፣ እብ ክንደይ ጊዜ ንመን ሪፖርት ከም ዘቅርብ ሕተቶ። ሪፖርት እብ እዋትዶ ይቀርብ!

Type of report ዓይነት ሪፖርት	How often / year እብ ክንደይ ጊዜ	Up to date? እብ እዋትዶ ቀሪቡ፣
_____	_____	Y N እወ ኣይፋል
_____	_____	Y N እወ ኣይፋል
_____	_____	Y N እወ ኣይፋል

22. How do you use the information collected in these reports to help you with your job?
 እብዚ ሪፖርት ዝተኣከበ ሓበሬታ ንስራሕካ ብከመይ ትጥቀሙ፡

- | | |
|---|-------------------------------------|
| _____ Ordering stock
ቁርብ ንምእዛዝ | _____ Assessing targets
ዕገማ ንምጻር |
| _____ Doesn't use info.
ሓበሬታ ኣይጥቀሙሉንዮ | _____ Doesn't know
ኣይፈለጥኩን |
| _____ Other: (specify) _____
ካልእ (ግለጽ) | |

23. What type of feedback do you get from these reports?
 ንዝሃብካዩ ሪፖርት እንታይ ዓይነት ሓበሬታ ይመጸካ፤

- | | |
|-------------------------------------|--|
| _____ None
የለን (ኣይመጸንን) | _____ Oral discussion
ብቃል ምምይያጥ |
| _____ Written report
ናይ ጽሑፍ ሪፖርት | _____ Other (specify) _____
ካልእ (ግለጽ) |

24. What are the most difficult problems that you face in doing your job?(Tick all that apply)
 እብ ስራሕካ ዘጋጥሙካ ዓበይቲ ጸገማት እንታይ እዮም! (ነቲ ዝተሞሀበ መልሲ ምልክት ግበር)

- _____ Lack of training
ሰልጠና ዘይምርካብ
- _____ Mothers don't bring children to clinic
እዴታት ንቆልዑ ናብ ክሊኒክ ዘይምምጽእን
- _____ Staff shortages
ሕጽረት ሰራሕተኛ
- _____ Lack of supplies and /or stock
ሕጽረት ተቆጻጸሪ /ወይ ኣፋውስ
- _____ Lack of supervision
ሕጽረት ተከታታላይ/ተግዛቢ
- _____ Lack of feedback on performance
ናይ ስርሓይ ውጽኢት ዘይምግላጽ
- _____ Inadequate transport
ዘይብቁዕ መገግዚያ
- _____ Other: (specify) _____
ካልእ(ግለጽ)

25. Have you discussed these problems with your supervisor?..... Y N
 ነዚ ጸገም ምስ ተቆጻጻሪኻ ተዘራረብኩሉዶ! ላወ ኣይፋል

26. How many training sessions have you received in the last 6 months? _____

አብ ዝተሰፈ 6 እዋርሕ ክንደይ ናይ ሞያ ስልጠና ረኺብኻ!

How many training sessions have you received in the last 12 months? _____

አብ ዝተሰፈ 12 እዋርሕ ክንደይ ናይ ሞያ ስልጠና ረኺብኻ!

Apart from yourself, how many health workers working in this facility have received training in the last: ብጀካካ እብዚ ክሊኒክ ዝሰርሑ ናይ ጥዕና በዓል ሞያ ክንደይ ዝኾኑ ስልጠና ወሲዶም እብ ዝተሰፈ

6 months? _____

6 እዋርሕ ?

12 months? _____

12 እዋርሕ ?

27. If training was received, what was it in _____
ናይ ሞያ ስልጠና እንተረኺብኻ እብ ምንታይ ዘተኸረ ነይኖ

Did your last training involve clinical practice?.....

እቲ መወዳእታ ዝገበርካዮ ስልጠና

Y N
እወ እይፋል

28. In this clinic, at what ages do you give:(age in MONTHS)
እብዚ ክሊኒክ እብ ክንደይ ዕድመ ነዞም ዝሰዕቡ ትክትቡ!

	First ቀዳማይ	Second ካልኣይ	Third ሳልሳይ	Fourth ራብዓይ
DPT ዲፐቲ ደረ ሕማም ጉርር				
Polio ፓልዮ ደረ ለምሲ				
BCG ቢካጂ ደረ ሰዓል				
Measles ሚዝልስ (ደረ ንፍቶ)				

29. To whom do you give tetanus toxoid?(Tick all that apply)

ናይ ቲታኒስ ቶክሳይድ ክትባት ንመን ትህብ! (ነቲ ዝተዋህበ መልሲ ምልክት ግበር)

_____ Women of childbearing age (15-49) who come for care themselves

አብ ክሊ ምውላድ ዕድመ ዝርከብ (15-49) ባዕላን ክኸተባ ንዝመጹ

_____ Women of childbearing age Who bring their children for immunizations or treatment

አብ ክሊ ምውላድ ዕድመ ዝርከባ

_____ Don't know

እይፈለግኩን

30. What days are the following immunizations given?

እዞም ዝሰዕቡ ክታብት እበዮናይ መዓልቲ ይወሃቡ

(circle days for each vaccine)

(ንንፍስ ወከፍ ናይ ክትባት መዓልቲ እክብብ)

Number of immunization days/week

ብዝሒ እብ ሓደሰሙን ክታብት ዝወሃቡ መዓልታት

	M	T	W	T	F	Sa	
Measles ሚዝልስ ደረ ንፍቶ	ሰኑይ	ሰሉስ	ፍታዕ	ሓሙስ	ዓርቢ	ቀዳም	_____
BCG ቢካጂ	ሰኑይ	ሰሉስ	ፍታዕ	ሓሙስ	ዓርቢ	ቀዳም	_____
DPT ዲፐቲ	ሰኑይ	ሰሉስ	ፍታዕ	ሓሙስ	ዓርቢ	ቀዳም	_____
Polio ፓልዮ	ሰኑይ	ሰሉስ	ፍታዕ	ሓሙስ	ዓርቢ	ቀዳም	_____
TT ቲቲ	ሰኑይ	ሰሉስ	ፍታዕ	ሓሙስ	ዓርቢ	ቀዳም	_____

31. Do you have an antenatal clinic?..... Y N
 ናይ ጥኑሳት መክታተሊ ክሊኒክ ኣለኩም 'ይ. ላወ ኣይፋል
 IF YES , on what days is the clinic held (circle days)
 መልሲ ላወ እንተኮይኑ ኣበዮናት መዓልታት ይሰርሱ! (መልሲ ኣክብብ)

Number of clinic days/week
 ብዝሒ ኣብ ሓደ ሰሙን ቅድመ
 ሕርሲ ሕክምና ዝዋሃበሉ መዓልታት

M T W T F Sa
 ሰኑይ ሰሉስ ርቡዕ ሐሙስ ዓርቢ ቀዳም

IF NO , why are clinics not held? (Tick all that apply)
 መልሲ ኣይፋል እንተኮይኑ, ንምንታይ ኣገልግሎት ዘይትህቡ! (ዝተዋሀበ መልሲ ምልክት ግበር)

- No training
ልምዲ የብልናን
- No staff
ሰራሕተኛ የልን
- No space available
በታ የብልና
- No supplies
መሳሰሊያታት የብልናን
- People do not want this service
ሰብ ነቲ ኣገልግሎት ኣይደልዮን
- Don't Know
ኣይፈለጥናን

32. Please tell me all the things you would do for a child with fever in this clinic (tick all responses mentioned)
 ኣብዚ ክሊኒክ ርስኒ ንዝሓመመ ቆልዓ እንታይ ከምትገብርሉ ኩሉ ደ ትሕብሩኒ (መልሲ ምልክት ግበረሉ)

- Determine temperature
መቐን ይልከዕ
- Give paracetamol
ፓራሲታሞል ይህብ
- Give tepid bath in clinic
ኣብ ክሊኒክ ብልቡጥ ግይ ይሓጽቦ
- Give chloroquine injection
ክሎርኪን መርፍእ ይወግእ
- Give chloroquine syrup or tablets
ክሎርኪን ከኒና ወይ ሸርፖ ይህብ
- Admit to hospital or health center
ኣብ ጥዕና ግእክል ለቦስፒታል/ ደቂሱ
- Give antibiotic syrup or tablets
ኣረ ረኽሲ ከኒና ወይ ሸርፖ ይህብ
- Instruct mother to give tepid bath at home
ናይ ብልቡጥ ግይ ከትሓጽቦ ይእኸዛ
- Tell mother to bring the child back if worse
ናይ ቆልዓ እንተገዲድዎ መሊሳ ከተምጽኡ ይሕብሩ
- Assess immunization status
ናይ ክታብት ታሪኩ ይጻረ ይርእ/
- Immunize the child if needed
ኣድላይ እንተኮይኑ ንቆልዓ ይኸተቦ
- Refer to another facility if very ill
ብዝርቀዕ እንተሓጺመ ናብ ካልእ ሕክምና ይጽሕፈሉ
- Give antibiotic injection
ኣረ ረኽሲ መርፍእ ይወግእ ከሕክም ይገባር
- Other (specify)
ካልእ (ግለጽ)

33. Please tell me the things you would do to treat a child with diarrhea in this clinic. (tick all responses mentioned)
 ብርቁዕ ዘይኮነ ውጽኣት ንዝሓመመ ቆልዓ ኣብዚ ክሊኒክ ትገብሩሉ እንታይ እዩ (መልሲ ምልክት ግበረሉ)

- Weigh the child on admission
ናብ ክሊኒክ ምስመጻ ምምዛን
- Give ORS
ኦሶር ኦሶ ምሃብ
- Give Lafa
ሰብቆ ኣቅጢንካ ምሃብ
- Instruct the mother to give ORS at home
ኣደ ኣብ ገዛ ኦሶርኦሶ ንክትህቡ ምንጋር
- Instruct the mother to give lafa at home
ኣደ ኣብ ገዛ ሰብቆ ኣቅጢና ክትህቡ ምንጋር
- Instruct the mother to continue feeding the child
ኣደ መግቢ ምሃብ ከይተደርጽ ምንጋር
- Instruct the mother to bring the child back if worse
ቆልዓ እንተገዲድዎ መሊሳ ከተምጽኡ ምሕብር
- Weigh the child at discharge
ቆልዓ ካብ ክሊንክ ከወጽእ ከሎ ምምዛን
- Assess immunization status
ናይ ክታብት ታሪኩ ምርኣይ
- Give an anti-diarrheal medicine
መከላኸሊ ውጽኣት ምሃብ
- Immunize the child if needed
ኣድላይ እንተኮይኑ ንቆልዓ ምክትብ
- Instruct the mother to give more fluids
ኣደ ብዙሕ ፈሳሲ ንክትህቡ ምንጋር
- Admit to hospital or health center
ንሆስፒታል ወይ ክሊኒክ ደቂሱ ከሕክም ምግባር
- Other (specify)
ካልእ (ግለጽ)

54
4/5

34 . Please tell me all the things you would do to treat a child with pneumonia in this clinic? (tick all responses mentioned)

ነድሪ ሳንቡለ ሓሚሙ ንዝመጸ ቆልዓ ኣብዚ ክሊኒክ ትገብሩሉ እንታይ እዩ (መልሲ ምልክት ግበሩሉ)

- Give the child an IM antibiotic
ጸረ ረኽሲ መርፍእ ምውጋእ
- Give the child an oral antibiotic
ብሉፍ ዝውሰድ ጸረረኽሲ ምሃብ
- Admit to hospital or health center
ደቂሱ ንክሕከም ሆስፒታል /ኪሊኒክ/ ምእታው
- Treat the child at home and see every day
ኣብ ገዛ እንዳተመላለሰካ ምሕካም
- Instruct the mother to bring the child back if worse
ቆልዓ እንተገዲድዎ እደ ሒዛቶ ክትምለሱ ምሕባር
- Instruct the mother to give more fluids
ኣደ ብዙሕ ፈሳሲ ንክትህቦ ምሕባር
- Instruct the mother to continue feeding the child
ኣደ መግቢ ምሃብ ክይተቋርጽ ምንጋር
- Assess immunization status
ኩነታት ክታበት ምርእይ
- Immunize the child if needed
ኣድላይ እንተክይኑ ንቆልዓ ምኽታብ
- Refer to another facility if very ill
ብብርቱዕ እንተድኣ ሓሚሙ ናብ ካልእ ሕክምና ምጽሓፍ /ምእዛዝ/
- Other (specify) _____
ካልእ (ግለጽ)

35. Please tell me the signs that would make you refer a child to a hospital? (tick all that apply)

ንቆልዓ ንካልእ ሆስፒታል ክትጽሕፈሉ ዝግድደካ ምልክታትዶ ትገልጸለይ! (መልሲ ምልክት ግበር)

- Child is drowsy/ abnormally sleepy/ unconscious
ትኽሰ ምባል ካብንቡር ዝሓለፈ ድቃህ/ ሃለዋት ምጥፋእ
- Child has had convulsions
ምንፍጥፋጥ እንተርእዩ
- Child is not eating or drinking
ምብላዕ ወይ ምስታይ ምስዝእቢ
- Child has not responded to usual treatment
ብልሙድ ኣሰራርሓ ሕክምና እንተዘይሓውዩ
- Child looks very unwell
ብብርቱዕ ዝሓመመ መሲሉ ክርእ ከሎ
- Child has a very high fever
ብርቱዕ ረስኒ ምስዝህልዎ
- Other: (specify) _____
ካልእ (ግለጽ)

36. Have you ever wanted to refer a child to hospital but been unable to do so?.....Y N

ንቆልዓ ንሆስፒታል ክትጽሕፈሉ ደሊኻ ግን ዘይከላልካሉ ጊዜ ኣሎዶ!

እወ ኣይፋል

If YES, why could you not refer the child?(Tick all that apply)

መልሲ እወ እንተክይኑ ምክንያት እንታይ ነይሩ! መልሲ ምልክት ግበር)

- Hospital too far
ሆስፒታል ርሒቁ
- No transport available
መጎግዝያ ኣይተረኽበን
- No fuel available
ነዳዲ ኣይተረኽበን
- Mother / parents refused to go
እደ/ቤተሰብ ምኻድ ኣብዩም
- Parents didn't have enough money
ቤተ ሰብ እኹል ገንዘብ ኣይነበርምን
- Other: (specify) _____
ካልእ (ግለጽ)

37. If a ten month old child comes to the clinic who is hot to the touch, has diarrhea, and has received no immunizations, what would you do? (tick all responses mentioned)
 ብርቱዕ ረሰኒ ዘለዎ ፣ ውጽኣት ዝሓዘን ተኸቲቡ ዘይፈልጥን ናይ 10 ኣዋርሕ ህጻን ናብ ክሊኒክ እንተመጸካ እንታይ ትገብር! (መልሲ ምልክት ግበር)

- | | |
|--|---|
| <input type="checkbox"/> Give BC G
ቢሲጂ(ጸረ ሰዓል) ይኸትቦ | <input type="checkbox"/> Give DPT-1
ዲፐቲ(ጸረ ሕግም ጎርርን ትክትኸታን ቴታነሰን-1ይኸትቦ |
| <input type="checkbox"/> Give polio-1
ፓልዩ 1 ይኸትቦ | <input type="checkbox"/> Give measles
ናይ ንፍዮ ይኸትቦ |
| <input type="checkbox"/> Assess and treat the fever
ነቲ ረሰኒ ምኽንያቱ ኣጻርዮ ፈውሲ ይእዝዝ | |
| <input type="checkbox"/> Assess and treat the diarrhea
ነቲ ውጽኣት ምኽንያቱ ኣጻርዮ ፍውሲ ይእዝዝ | |
| <input type="checkbox"/> Tell the mother to return for immunizations when the child is well
ነደ ቆልዓ ምሰሓሾ ንክታበት ንክተምጽኦ ይሕብራ | |
| <input type="checkbox"/> Other: (specify) _____
ካልእ (ግለጽ) | |

END OF THE HEALTH WORKER INTERVIEW

መወዳእታ ቃል ሕቶ(መጠይቕ) ምስ ሰራሕተኛ ጥዕና

Thank the health worker for his/her cooperation and answer any questions that he/she may have about the correct recommendations for immunizations or management of sick children.
 ነቲ ናይ ጥዕና ሰራሕተኛ ንሕቶታትካ ብምምላሶ ስለዝተሓበበረካ ኣመስጊንካ ብዛዕባ ቅኑዕ ኣክታትባን ኣተሓላልዩ ሕሙግት ህጻናትን ንዘለዎ ሕቶ መልሲ ሃብ።

STATE OF ERITREA HEALTH FACILITY ASSESSMENT:
ሃገረ ኤርትራ ናይ ጥዕና ኣገልግሎት መገምገሚ
MINISTRY OF HEALTH, ERITREA: USAID/BASICS
ሚኒስትሪ ጥዕና ኤርትራ ዩኤስኤይድ ቤዚክስ

Equipment and supply checklist
መሳርሕን መሳለጥያን መገምገሚ

Province _____ አውራጃ _____	Date ____/____/____ ዕለት _____
Facility Name _____ ሰም ወሃብ ኣገልግሎት _____	Facility type _____ ዓይነት ወሃብ ኣገልግሎት _____
Interviewer No. _____ ናይ ሓታቲ ቁጽሪ _____	

Facility type:

ወሃብ ኣገልግሎት

- Public Private
 ናይ ሕዝቢ ናይ ብሕቲ
 Mission NGO
 ሚሰዮን ዘይ መንግስታዊ ትካል
 Other (specify) _____
 ካልእ(ግለጽ) _____

Patient and worker accommodation
ናይ ተሓካምን ሰራሕተኛን መገልገሊ

- | | | | |
|----------------|---|----|------|
| 1. | Is there adequate seating for patients?.....
ንተሓካምቲ እኹል ኮፍ መበሊ ኣሎዶ | Y | N |
| | | እወ | አይፋል |
| 2. | Is there a desk for workers?
ንሰራሕተኛ ጣውላ ኣሎዶ | Y | N |
| | | እወ | አይፋል |
| 3. | Is there a toilet or latrine?.....
ዓይን ምድሪ ኣለዎዶ | Y | N |
| | | እወ | አይፋል |
| If YES: | Is it locked?.....
ዕጽው ድዩ | Y | N |
| | | እወ | አይፋል |
| | Is it accessible?.....
ብቐሊሉ ይርከብ ድዩ | Y | N |
| | | እወ | አይፋል |
| | Is it clean?.....
ጽፍይ ድዩ | Y | N |
| | | እወ | አይፋል |
| | Is it working?.....
ይሰርሕ ድዩ | Y | N |
| | | እወ | አይፋል |
| 4. | Do workers greet patients as they come in?.....
ሰራሕተኛታት ንተሓካምቲ ሰላምዶ ይብልዎም | Y | N |
| | | እወ | አይፋል |
| 5. | Are health information posters displayed?.....
ናይ ጥዕና መምሃሪ ስእልታት (ፖስተራት) ተጠቂዑዶ | Y | N |
| | | እወ | አይፋል |
| | IF YES, are they written in the local language?
መልሲ እወ እንተኮይኑ በቲ ከባቢ ቋንቋ ዶ ተጻሒርዎ | Y | N |
| | | እወ | አይፋል |

Equipment and supplies
መሳርሕን መሳለጥያን

Are the following equipment and supplies present in the clinic
 እዞም ዝሰሰቡ መሳርሕን መሳለጥያን ኣብቲ ክሊኒክ ይርከቡዶ

- | | | | |
|----|-------------------------------------|----|------|
| 6. | Thermometer
ቴርሞሚትር (ናይ ሙቐት መለክዒ) | Y | N |
| | | እወ | አይፋል |
| 7. | Potable water
ዝስተ ጽፍይ ግይ | Y | N |
| | | እወ | አይፋል |

57
48

				Amount
				ብዝሒ
8.	Needles			
	<u>መራፍላ</u>			
	Disposable	Y	N	—
	ተጠቂምካ እትድርብዮም	እወ	አይፋል	
	Reusable	Y	N	—
	አምኪንካ ትጥቀመሎም	እወ	አይፋል	
9.	Syringes	Y	N	—
	ስሪንጋ	እወ	አይፋል	
10.	Weighing scale	Y	N	
	ሚዛን	እወ	አይፋል	
	In working order?	Y	N	
	ይሰርሕዶ	እወ	አይፋል	
11.	Watch with a second hand or other timing device	Y	N	
	ናይ ጊዜ መቆጻጸሪ ሰዓት አለኩምዶ	እወ	አይፋል	
12.	Steam Sterilizer	Y	N	
	ስቲም ስትሪላይዘር	እወ	አይፋል	
	In working order?	Y	N	
	ይሰርሕዶ	እወ	አይፋል	
13.	Cooker or stove	Y	N	
	መጠጠቂ ወይ ፈርኔሎ	እወ	አይፋል	
	In working order	Y	N	
	ይሰርሕዶ	እወ	አይፋል	
14.	Refrigerator	Y	N	
	መዝሓሊ ፍሪጅ	እወ	አይፋል	

If NO, go to question 16

መልሱ አይፋል እንተኮይኑ ናብ ሕቶ ቁጽሪ 16 ኪድ

Type: _____ Electric _____ Kerosine _____ Condition: _____ Good
 ዓይነት _____ ኤሌትርክ _____ ጎንባ _____ ኩነታቱ _____ ጽቡቅ
 _____ Gas _____ Solar _____ Fair
 _____ ጋዝ _____ ብጻሓይ ብርሃን _____ ግእዝላይ
 _____ Poor
 _____ ድኹም

	Thermometer inside?.....	Y	N	Temp: _____
	ቲርሞሚትር አለዎዶ	እወ	አይፋል	መጠን መቐን
	Temperature chart?.....	Y	N	
	ናይ መቐን መጠን መርእይ ቻርት አለዎዶ	እወ	አይፋል	
	Freeze-watch indicator.....	Y	N	
	ናይ ዛሕሊ መመልከቲ አለዎዶ	እወ	አይፋል	
	No. of days since the beginning of month:			
	ብዝሒ መዓልታት ካብ መጀመርያ ወርሒ ጀሚሩ			
	Temperature recorded _____			
	ዝተመዘገበ መቐን _____			
	Temperature above 8C _____			
	ልዕሊ 8 ሴንቲ ግራድ _____			
	Temperature below 0C _____			
	ትሕቲ 0 ሴንቲ ግራድ _____			
15.	Frozen cold packs?.....	Y	N	
	መሰርሒ በረድ	እወ	አይፋል	
16.	Cold boxes.....	Y	N	
	ናይ በረድ ሳንዱቅ	እወ	አይፋል	
	Condition: _____ Good			
	ኩነታት _____ ጽቡቅ			
	_____ Fair			
	_____ ግእዝላይ			
	_____ Poor			
	_____ ድኹም			

Are the following medicines in stock?
እዞም ዝሰዕቡ ኣፋውስ እኹል ኣለውዶ

			Quantity
			<u>ብዝሒ</u>
17.	Chloroquine tablets ክሎርኪን ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
18.	Chloroquine syrup ክሎርኪን ሽርፖ	Y	N ___ ml
		እወ	አይፋል ቁ ሚሊ
19.	Chloroquine injectable ክሎርኪን መርፍእ	Y	N ___ amp
		እወ	አይፋል ቁ ብልቃፕ
20.	Cotrimoxazole tablets ኮትሪሞክሳዞል ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
21.	Cotrimoxazole syrup ኮትሪሞክሳዞል ሽርፖ	Y	N ___ bottles
		እወ	አይፋል ቁ ጠርመዝ
22.	Penicilin tablets ፔኒሲሊን ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
23.	Penicilin injectable ፔኒሲሊን መርፍእ	Y	N ___ vials
		እወ	አይፋል ቁ ቫያል
24.	Ampicilin tablets አምፒሲሊን ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
25.	Ampicilin syrup አምፒሲሊን ሽርፖ	Y	N ___ bottles
		እወ	አይፋል ቁ ጠርመዝ
26.	ORS አኦርሌስ	Y	N ___ sachets
		እወ	አይፋል ቁ ዓኪት
27.	Metronidazole tablets ሜትሮኒዳዞል ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
28.	Vitamin A capsules ቪታሚን ከኒና	Y	N ___ caps
		እወ	አይፋል ቁ ከኒና
29.	Tetracycline eye ointment ቴትራሳይክሊን ናይ ዓይኒ ቅብኣት	Y	N ___ tubes
		እወ	አይፋል ቁ ዝጽፋፕ መትሓዚ
30.	Iron tablets አይሮን ከኒና	Y	N ___ tabs
		እወ	አይፋል ቁ ከኒና
31.	Iron syrup አይሮን ሽርፖ	Y	N ___ ml
		እወ	አይፋል ቁ ሚሊ
32.	Oral contraceptives ብኣፍ ዝውሰድ መከላከሊ ጥንሲ	Y	N ___ cycles
		እወ	አይፋል ቁ ዑደት
33.	Condoms ኮንዶም	Y	N ___ units
		እወ	አይፋል ቁ ብቁጽሪ
34.	Are expired drugs in the clinic ጊዚ እም ዘሕለፉ ኣፋውስ ኣብ ክሊኒክ ይርከቡዶ IF YES, which ones _____ መልሲ እወ እንተኮይኑ ኣየናይት ኣፋውስ	Y	N
		እወ	አይፋል

Are the following vaccines in stock?
እዞም ዝሰዕቡ ክታቦት እኹል ይርከቡዶ

35.	OPV አፒቪ (ጸረ ለምሲ)	Y	N ___ Doses
		እወ	አይፋል ቁ ዶዝ
36.	DPT ዲፒቴ(ጸረ ሕማም ጉርርን ትከትሽታን ቴታነስን)	Y	N ___ Doses
		እወ	አይፋል ቁ ዶዝ
37.	BCG ቢሲጂ(ጸረ ሰዓል)	Y	N ___ Doses
		እወ	አይፋል ቁ ዶዝ
38.	Measles ሚዝልስ (ጸረ ንፍዮ)	Y	N ___ Doses
		እወ	አይፋል ቁ ዶዝ
39.	Tetanus toxoid(TT) ቴታነስ ቶክሶይድ(ጸረ ቴታነስ)	Y	N ___ Doses
		እወ	አይፋል ቁ ዶዝ

- | | | | |
|---|---|--------------|----------------|
| 40. | Are expired vaccines in the fridge or cold box?
ጊዜያዎ ዘሕለፉ ክታቦት ኣብ ፍሪጅ ተታሒዖምዮ
IF YES, which ones _____
መልሲ እወ እንተኮይኑ ኣየኖት | Y
እወ | N
አይፋል |
| 41. | Are frozen vials of DPT or TT in fridge or cold box?
ዝዘሓሉ መራፍእ ዲፒቲን ቲቲን ኣብ ፍሪጅ ተታሒዖምዮ | Y
እወ | N
አይፋል |
| Documentation and record keeping | | | |
| ሰነድን ኣመዘጋግባን | | | |
| Are the following items present in the clinic?
<u>እዞም ዝሰዕቡ ኣብቲ ክለኒክ ኣሰውዶ</u> | | | |
| 42. | Immunization register
ናይ ክታቦት መመዝገቢ
If YES, is it up to date?
መልሲ እወ እንተኮይ | Y
እወ
Y | N
አይፋል
N |
| 43. | A stock of vaccination cards
ናይ ክታቦት ካርድ | Y
እወ | N
አይፋል |
| 44. | A stock of TT cards
ናይ ቲቲ ካርድ | Y
እወ | N
አይፋል |
| 45. | Notifiable disease report forms
ክትትል ዘድልዮም ሕግም ሪፖርት መግቢ ፎርም | Y
እወ | N
አይፋል |
| 46. | Is a patient register kept
መመዝገቢ ሕመማት ኣሉዶ
If YES, is it up to date
ብግዚኡ ዝተመሓየሸ ድዩ | Y
እወ
Y | N
አይፋል
N |
| 47. | No. of patients seen in last month _____
ቁጽሪ ተሓክምቲ ኣብ ዝሓለፈ ወርሒ | | |
| 48. | Average No. of patients seen per day _____
ገምጋም ቁጽሪ መጻልታዊ ተሓክምቲ | | |
| 49. | Are immunization tally sheets kept
ናይ ክታቦት ድምራት ኣሉዶ | Y
እወ | N
አይፋል |

END OF EQUIPMENT AND SUPPLY CHECKLIST
መወዳእታ መገምገሚ መሳርሕን መሳለጥያን

State of Eritrea Health Facility Assessment:
ሃገረ ኤርትራ ናይ ጥዕና አገልግሎት መገምገሚ
Ministry of Health, Eritrea: USAID/BASICS
ሚኒስትሪ ጥዕና ኤርትራ ዩኤስኤይድ/ቤዚክስ

Observation Checklist- Sick Children
መገምገሚ መርመራ ንተሓክምቲ ህጻናት

Province _____ አውራጃ _____	Childs age (months) _____ ዕድመ ቆልዓ (ብአዎርሕ) _____	Date ___/___/___ ዕለት _____
Facility name _____ ስም ወሃብ አገልግሎት ጥዕና	Interviewer no. _____ ናይ ሐታቲ ቁጽሪ	Facility type _____ ዓይነት ወሃብ አገልግሎት ጥዕና
		ID No. _____ ቁጽሪ መንነት

--BEGIN TIMING THE INTERVIEW NOW.. TIME : _____

1. What reason does the mother give for bringing the child to the health centre?(Tick all that apply)
 አደ ህጻን ንቆልዓ ናብ ግእክል ጥዕና መምጽኢ እንታይ ምክንያት ትህብ? (ነቲ ዝተዋሀበ መልሲ ምልክት ግበረሉ)

- | | |
|---|---|
| <input type="checkbox"/> Fever/Malaria
ረስኒ/ዓሶ | <input type="checkbox"/> Difficulty breathing cough/pneumonia
ናይ ምስትንፋስ ጸገም/ነድሪ ሳንቡእ |
| <input type="checkbox"/> Diarrhea/ Vomiting
ውጽኢት/ ተምላስ | <input type="checkbox"/> Other: (specify) _____
ካልእ (ግለጽ) _____ |

Screening
መጻሪይ ሕቶታት

Does the health worker determine the child's:
 እቲ ናይ ጥዕና ሰራሕተኛ ብዛዕባ ህጻን ነዞም ዝሰዕቡ መልሲ ረኪቡሎም?

- | | | |
|--|---------|-----------|
| 2. Date of birth
ዕለተ ልደት | Y
እወ | N
አይፋል |
| 3. Age by asking mother
ዕድመ ህጻን ነደ ብምሕታት | Y
እወ | N
አይፋል |
| 4. Weight
ሚዛን | Y
እወ | N
አይፋል |
| 5. Temperature: By thermometer.
ረስኒ: ብቲርሞ ሜትር | Y
እወ | N
አይፋል |
| By Touch
ብምድህላስ | Y
እወ | N
አይፋል |
| 6. Respiratory rate.
ቅልጣፈ ምስትንፋስ | Y
እወ | N
አይፋል |

Does the health worker ask questions about:
 እቲ ናይ ጥዕና በዓል ሞያ ነዞም ዝሰዕቡ ሕቶታት ሓቲቲዶ?

- | | | |
|---|---------|-----------|
| 7. Eating or drinking
ዝብላዕ ወይ ዝስተ | Y
እወ | N
አይፋል |
| 8. Breastfeeding
ምጥባው | Y
እወ | N
አይፋል |
| 9. Convulsions
ምንፍጥፋጥ | Y
እወ | N
አይፋል |
| 10. Change in consciousness/sleepy
ምቅይያር ሃለዎት/ስምዒት ድታስ | Y
እወ | N
አይፋል |

11.	Nature of illness ባህርይ ሕግም	Y እው	N አይቶል
12.	Duration of illness እቲ ሕግም ክንደይ ጊዜ ከምዝገበረ	Y እው	N አይቶል
13.	History of fever ቅድሚ ሕጂ ርስኒ ይሓምም እንተኔይሩ	Y እው	N አይቶል
14.	History of vomiting ቅድሚ ሕጂ የምልሶ እንተኔይሩ	Y እው	N አይቶል
15.	History of diarrhea ቅድሚ ሕጂ የውጽእ እንተኔይሩ	Y እው	N አይቶል
16.	Number of stools past 24 hours እብ ዝሓለፈ 24 ሰዓት ክንደይ ጊዜ ቀልቀል ከምዝወጸ	Y እው	N አይቶል
17.	Blood in the stool እብ ቀልቀል ደም ተራእዩ እንተኮይት	Y እው	N አይቶል
18.	Coughing ብዛዕባ ሰዓል	Y እው	N አይቶል
19.	Difficulty breathing ናይ ምስትንፋስ ጸገም	Y እው	N አይቶል
20.	History of home treatment with: እብ ዝዛ ብዛዕባ ዝተገበረ ምፍጥስ Herbs/traditional medicine ብቆጽላ መጽሊ/ባህላዊ ፈውሲ Western Medicine ዘመናዊ ፈውሲ	Y እው Y እው	N አይቶል N አይቶል

Does the health worker ask for:
እቲ ናይ ጥዕና በዓል ሞያ ነዘን ዝሰዕባ ሓቲቲዶ

21.	The child's immunization card ናይ ህጻን ክትበት ካርድ	Y እው	N አይቶል
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IF NO, go to question 22

እቲ መልሲ አይቶል እንተኮይት ናብ ሕቶ 22 ኪድ

IF YES, does the child have card

እቲ መልሲ እው እንተኮይት እቲ ህጻን ካርድ ኣለዎዶ?	Y እው	N አይቶል
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If the child has card: Is the child referred for immunization.
እቲ ህጻን ካርድ እንተሊዎ: እቲ ህጻን ክትበት ተአዚዙሉ?

___ Today ንሎሚ መዓልቲ	___ Another day. ንካልእ መዓልቲ	___ Not referred ክታበት ኣይተአዘዘሉን
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If child has NO immunization card, does health worker:

ህጻን ካርድ እንተዘይብሉ ናይ ጥዕና በዓል ሞያ

Criticize the mother ነደ ህጻን ነቛፊዎዶ?	Y እው	N አይቶል
Ask mother to return with card ነደ ህጻን ካርድ ንክትምጽእ መሊሰዎ	Y እው	N አይቶል
Refuse to vaccinate child ንህጻን ምክታብ እብዩ	Y እው	N አይቶል
Vaccinate child and give another card. ንህጻን ክቲቡ ካልእ ካርድ ሂብዎ	Y እው	N አይቶል
Vaccinate child and not give new card ንህጻን ክቲቡ ሓድሽ ካርድ ኣይሃበን	Y እው	N አይቶል
Vaccinate and tell mother to bring card next time. ንህጻን ክቲቡ ነደ ህጻን ካርድ ካልእ መዓልቲ ክተምጽእ ነጊርዎ	Y እው	N አይቶል
next time ካልእ ጊዜ	Y እው	N አይቶል

If the child is not vaccinated what reason does the health worker give:

ህጻን እንተዘይተኸተቡ ናይ ጥዕና በዓል ሞያ እንታይ ምክንያት ይህብ

Child is ill
ህጻን ሓሚሙ ነይሩ

Vaccine is given another day
ክትባት ካልእ መዓልቲ ክወሃብ እዩ

No Vaccine
ፈውሲ የለን

Child is up to date
ህጻን ዘድልዩ ክታበት ወሲጹ እዩ

No reason given
ምክንያት አይሃበን

Other (specify) _____
ካልእ (ግለጽ)

Does the health worker ask for:

እቲ ናይ ጥዕና በዓል ሞያ ነዞም ዝሰዕቡ ሓቲቲዶ?

22. The mother's vaccination card
ናይ እደ ክትባት ካርድ።

	Y እወ	N አይፋል
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If NO, go to question 23
እቲ መልሲ አይፋል እንተኮይኑ ናብ ሕቶ 23 ኪድ

If YES, does mother have card
እቲ መልሲ እወ እንተኮይኑ እደ ካርድ አለዎዶ?

	Y እወ	N አይፋል
--	---------	-----------

If she does NOT have card does the health worker:
ካርድ ዘይብላ እንተኮይና።

Ask mother number of doses of TT received?
ክንደይ ጊዜ ናይ ጸረ ቲታናስ ክታበት ክምዝወሰደት ሃቲቲዶ።

	Y እወ	N አይፋል
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Does the health worker:

ናይ ጥዕና በዓል ሞያ።

23. Refer mother for immunization
ነደ ህጻን ክታበት ንኡሚ እዚዙላዶ!

<input type="checkbox"/> Today ንኡሚ	<input type="checkbox"/> Another day ንካልእ መዓልቲ	<input type="checkbox"/> Not referred ክታበት አይተእዘዘሉን
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24. Does the mother have another child with her
in addition to the one coming for care?
እደ ብጀካ እቲ ንሕክምና ዝመጸ ካልእ ቆልዓ ምስላ ተግሊእዶ?

	Y እወ	N አይፋል
--	---------	-----------

If NO, go to question 25
እቲ መልሲ አይፋል እንተኮይኑ ናብ ሕቶ 25 ኪድ።

IF YES, does the health worker:
መልሲ እወ እንተኮይኑ ናይ ጥዕና በዓል ሞያ።

Ask for the immunization card of any other child
accompanying the mother and child?....
ናይቶም ዝተግልአቶም ቆልዑ ክታበት ካርድ ሃቲቲዶ

	Y እወ	N አይፋል
--	---------	-----------

Refer the accompanying child
for immunization?
ነቲ ቆልዓክ ክታበት ዶ እዚዙሉ።

	Y እወ	N አይፋል
--	---------	-----------

Examination

መርመራ

Does the health worker examine the child's:
 ናይ ጥዕና በዓል ሞያ ናይቲ ህጻን ነዞም ዝሰዕቡ መርጫሩ!

25.	Ears እዝኒ	Y እወ	N አይፋል
26.	Throat ጎረር	Y እወ	N አይፋል
27.	Chest አፍልቢ	Y እወ	N አይፋል
	Count respiratory rate ቅልጣፈ ምስትንፋስ ለኪዑጾ	Y እወ	N አይፋል
	Stethoscope ናይ ልቢ ምድግጽ	Y እወ	N አይፋል
28.	Abdomen by palpation ከብዲ ምድህሳስ	Y እወ	N አይፋል
29.	Skin turgor ተመጣጥነት ቆርበት	Y እወ	N አይፋል

Diagnosis and treatment

መርመራን ሕክምናን

Does the health worker diagnose the child as having:
 ናይ ጥዕና በዓል ሞያ ድሕሪ መርመራ ናይቲ ህጻን ሕግም።

30.	Diarrhea/gastroenteritis ውጽኢት/ረክሲ መዓናጡ ከይኑ ረቪብዎ	Y እወ	N አይፋል
31.	Dehydration ጽምአተ ስብነት /ዋሕዲ ፈሳሲ/ If YES, is it መልሲ እወ እንትኮይኑ	Y እወ	N አይፋል
	___ Mild ቀሊል	___ Moderate ግእክላይ	
	___ Severe ብርቱዕ	___ Not Stated አይተጠቐሰን	
32.	Dysentery/bloody diarrhea ደም ተሓወሶ ውጽኢት	Y እወ	N አይፋል
33.	Cold/allergy ጉንፋዕ /ቆጠፄ	Y እወ	N አይፋል
34.	Pneumonia ነድሪ ሳንቡእ	Y እወ	N አይፋል
35.	Malaria ዓሶ	Y እወ	N አይፋል
36.	Fever, Other cause ረሳኒ ካልእ መበገሲኡ	Y እወ	N አይፋል
37.	Measles ንፍዮ	Y እወ	N አይፋል
38.	Skin condition ኩነታት ቆርበት	Y እወ	N አይፋል
39.	Other ካልእ	Y እወ	N አይፋል
40.	Does not make a diagnosis ውጺኢት አይሃበን	Y እወ	N አይፋል

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What does the health worker administer or prescribe for the child (Tick all that apply)
 ናይ ጥዕና በዓል ምዃን ነቲ ህጻን እንታይ ገይሩሉ ወይ ኣዚዙሉ ? (ነቲ ዝተገባዘ መልሲ ምልክት ግበረሉ)

	<u>Administer ዝተገባዘ</u>	<u>Prescribe እተሓዘ</u>
41. Chloroquine injection መርፍእ ክሎርኪን	___	___
42. Chloroquine tablets/syrup ክሎርኪን ክኒና/ሽርፖ	___	___
43. Paracetamol ፓራሲታሞል	___	___
44. Aspirin ኣስፕሪን	___	___
45. Tepid bath ብልቡጥ ማይ ምሕጻብ	___	___
46. Antibiotic injection ጸረ ረክሲ መርፍእ	___	___
47. Antibiotic tablets/syrup ጸረ ረክሲ ክኒና /ሽርፖ	___	___
48. Cough medicine ናይ ሰዓል ፈውሲ	___	___
49. Vitamin A or vitamins ቪታሚን ኤ ወይ ቪታሚናት	___	___
50. ORS ኣኣርኤስ	___	___
51. Soup ሰብቆ ኣቅጢንካ	___	___
52. Antimotility/antidiarrheal መከላከሊ ውጽኣት	___	___
53. Metronidazole tablet or syrup ሚትሮኒዳዘል ክኒና ወይ ሽርፖ	___	___
54. Weaning food ምግብ ምቕያር	___	___
55. Tablet or syrup, unknown type ክኒና ወይ ሽርፖ: ዘይፋሉጥ ዓይነቱ	___	___
56. Injection, unknown type መርፍእ: ዘይፋሉጥ ዓይነቱ	___	___
57. None ካልእ የለን	___	___

Does the health worker explain:
 ናይ ጥዕና በዓል ምዃን ነዚ ዝሰዕብ ገለጹዶ

58. How to administer medications. እፋውስ ከመይ ከምዝውሃብ	Y እወ	N አይፋል
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59.	The need to: እድላይነት		
-	Complete treatment ግብአት ምውናን ሕክምና	Y አዎ	N አይደሉም
-	Give more fluids than usual ከብቃት ቅድም ዝወሰዱ ዝበዝሐ ፈሳሲ ምሃብ	Y አዎ	N አይደሉም
-	Give fluids after each diarrhea episode ደድሕሪ ነፍስ ወከፍ ውጽኦት ፈሳሲ ምሃብ	Y አዎ	N አይደሉም
-	Give fluids after each vomit ደድሕሪ ነፍስ ወከፍ ተምላሽ ፈሳሲ ምሃብ	Y አዎ	N አይደሉም
-	Continue breastfeeding the child ምጥባው ምትጻል	Y አዎ	N አይደሉም
-	Continue feeding the child ምትጻል ምምጋብ	Y አዎ	N አይደሉም
-	Give paracetamol or aspirin ፓራሲታሞል ወይ አስፕሪን	Y አዎ	N አይደሉም
-	Give a tepid bath ብልብጥ ማይ ምሕጻብ	Y አዎ	N አይደሉም
-	Return for next antibiotic dose ምምላሽ ንዝቅጽል ጸረ ርክሲ ፈውሲ	Y አዎ	N አይደሉም
-	Return if the child gets worse ምምላሽ ቆልዓ እንተገዲድዎ	Y አዎ	N አይደሉም

Is at least one of these messages checked? ብጡሕጹ ሓንቲ ክብዘን እብ ላዕሊ ተጠቂሰን ዘለዎ ምልክት ዘለዎ አላገደ።	Y አዎ	N አይደሉም
---	---------	------------

If ORS is given or prescribed, does the health worker:
እኣርኤስ ተዋሂቡ ወይ ተአዚዙ እንተኮይኑ ናይ ጥዕና ዘዓል ሞያ

60.	<u>Explain</u> how to prepare ORS እኣርኤስ ከመይ ከምዝዳሎ ምግባጽ	Y አዎ	N አይደሉም
61.	<u>Demonstrate</u> how to prepare ORS እኣርኤስ ከመይ ከምዝዳሎ ብተግባር ምርእይ	Y አዎ	N አይደሉም
62.	Ask the mother to demonstrate how to prepare ORS ነደ ህጻን እኣርኤስ ከመይ ከምተዳልጡ ክተርእዮ ምሕታት	Y አዎ	N አይደሉም

Does the health worker:
ናይ ጥዕና ዘዓል ሞያ

63.	Ask the mother questions to see if she has understood እደ ተረዲእዎ እንትኮይኑ ንምግባር ሕታት ኣትሪቡላደ?	Y አዎ	N አይደሉም
64.	Ask the mother if she has any questions እደ ሕታት እንተለዩዎ ክትሓትት ዓዲምዎደ?	Y አዎ	N አይደሉም
65.	Criticize mother or show disapproval እደ ነቕፍዎ ወይ ከምዘይተሓጎሰላ ኣርኢዮዎ	Y አዎ	N አይደሉም
66.	Send the mother to education class ነደ ናብ ትምህርቲ ጥዕና ሰዲዱዎ	Y አዎ	N አይደሉም

CHECK THE TIME OF THE INTERVIEW AS THE MOTHER LEAVES:
እደ እናኸደት ሰዓት ክንደይ ከምዘላ ረእ።

TIME: _____
ሰዓት

DURATION OF INTERVIEW: _____ Minutes.
እዚ ንኸምላእ ክንደይ ደኻቹ ወሲዶ።

END OF HEALTH WORKER OBSERVATION.
መጠናኦት ናይ ጥዕና ዘዓል ሞያ መግዘቢ።

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STATE OF ERITREA HEALTH FACILITY ASSESSMENT:
ሃገረ ኤርትራ ናይ ጥዕና አገልግሎት መገምገሚ
MINISTRY OF HEALTH, ERITREA: USAID/BASICS
ሚኒስትሪ ጥዕና, ኤርትራ: ዩኤስኤይድ/ቤዚክስ

EXIT INTERVIEW - SICK CHILD
መጠየቂ ንተሓካሚ ህጻን

Province _____ አውራጃ _____	Childs Age (months) _____ ዕድመ ቆልዓ (በዋርሕ) _____	Date ____ / ____ / ____ ዕለት _____
Facility Name _____ ስም ወሃብ አገልግሎት ጥዕና _____	Interviewer No. _____ ቁጽሪ አቅራቢ መጠየቂ _____	Facility Type _____ ዓይነት ወሃብ አገልግሎት _____
		ID No. _____ ቁጽሪ መንነት _____

Greet the woman and tell her you would like to ask some questions about her visit to the health center today.
 ድሕሪ ሰላምታ ምልውዋጥ ነጻ ህጻን ብዛዕባ ምኽንያት መምጽኢኡ ኣብ ማእከል ጥዕና ሕተታት ከምእተቅርቡላ ሓብራ።

1. Where do you live ? _____ City _____ Town _____
 አበይ ትነብሪሪ : _____ ከተማ _____ ንእሽተይ ከተማ _____
 _____ Suburb _____ Village _____
 _____ ከባቢ ከተማ _____ ዓዲ _____
 _____ Camp _____
 _____ ካምፕ _____

2. What form of transportation did you use to come here today ?
 ሎሚ ናብዚ ከትመጺ እንታይ መጓጓዣ ተጠቂምኪ/ከን?
 Walked _____ Camel _____ Donkey _____ Taxi _____
 ብእግሪ _____ ብገመል _____ ብእድጊ _____ ብታክሲ _____
 Bus _____ Private car _____ Other (specify) _____
 ብእውተቡሰ _____ ብግሊ መኪና _____ ካልእ ግለጽ _____

3. How long did it take you to get here today ? minutes _____
 ሎሚ ኣብዚ ንክትበጽሑ/ሓ ክንደይ ወሲዱልኪ/ከን? ሰዓታት ወይ ደቓይቓ ንሓዲኡ ኣኸበብ _____

4. Did you have any problems coming here today ? Y N
 ሎሚ ኣብዚ ንምምጻእ ጸገምዶ ኣጋጠሙኪ/ከን? እወ እይፋል

If YES, what was the primary problem?
 እቲ መልሲ እወ እንተድኣ ኮይኑ እቲ ጸገም እንታይ ነይሩ ?

- ___ Takes too long to get here
 ኣብዚ ንኸትመጽእ ብዙሕ ጊዜ ይወስደልካ
- ___ Had to find some one to look after the children.
 ኣብ ዝ ንዝተረፉ ደቀይ ዝናብዮልይ ሰብ ምርካብ
- ___ Had to miss work.
 ካብ ስርሓይ ኣብኩሪ
- ___ No money for transport.
 ንመጓጓዣ ገንዘብ ስእኔ
- ___ Hours are inconvenient.
 ሰዓታት ምጥጥም ስእኔ
- ___ Others specify _____
 ካልእ ግለጽ _____

5. Did you take your child anywhere before coming to the health facility? Y N
 ቅድሚ ንክሊኒክ ምምጻእኪ ንህጻን ኣብ ካልእ ወሲድኪዮዶ: እወ እይፋል

If YES, where did you take them: (tick all that apply)
 መልሱ ለው እንተኾይት አበይ ወሲድካዎም:

- | | |
|---|---|
| <input type="checkbox"/> Another health center
ናብ ካልእ ግእክል ጥዕና | <input type="checkbox"/> Hospital
ሆስፒታል |
| <input type="checkbox"/> Traditional healer
ናብ ባህላዊ ሓኪም | <input type="checkbox"/> Pharmacy /drug-seller
ፋርማሲ መሸጢ አፋውስ |
| <input type="checkbox"/> Community health worker
ናብ ካልእ ግእክል ጥዕና | <input type="checkbox"/> Other: (specify) _____ |

6. How long was it before your child got sick and your visit to the health center today?
 እቲ ቆልዓ ናብ ክሊኒክ ቅድሚ ምምጻእ ንክንደይ መዓልቲ / ጊዜ/ ሓጂሙ:

- | | | |
|---|---|--|
| <input type="checkbox"/> Same day
ቅሩብ መዓልቲ | <input type="checkbox"/> Number of days
ቁጽሪ መዓልቲ | <input type="checkbox"/> Don't know
አይፈልጡኩን |
|---|---|--|

7. DOES THE CHILD HAVE DIARRHEA?
 ቆልዓ ውጽኣት አለዎደ: Y N
እወ አይፋል

If NO, go to question 13

If YES
 እወ እንተኾይት

8. Did you do anything to treat the diarrhea at home?
 ንውጽኣት ንምፍቀስ አብ ገዛ ዝገበርኩዎ ነገር አሎደ
 If YES, what did you do? (Tick all that apply)

- መልሱ ለው እንተኾይት እንታይ ጊርኪ: ነቲ ዝተቀረበ መልሱ ምልክት ግበራሉ
- Gave ORS
አኣርኤስ አስትዮ
 - Gave Lafa
ስብቆ አቕጢነ አስተዮ
 - Herbs/ traditional medicine
ቆጽለመጽሊ /ባህላዊ መድሃኒት ሂቡ
 - Other treatment (specify) _____
ካልእ ሕክምና (ግለጽ)

9. Have you ever heard of ORS for diarrhea ?.....
 አኣርኤስ ውጽኣት ንዝሓመሙ ክወሃብ ከምዝግበእ ትፈልጢደ:..... Y N
እወ አይፋል

If NO, go to question 13
 እቲ መልሱ አይፋል እንተድኣ ኮይት ናብ ሕተ 13 ኪድ

If YES, why do people give ORS to children with diarrhea ?
 እቲ መልሱ ለው እንተድኣ ኮይት ንምንታይ እዮም ሰባት አኣርኤስ ውጽኣት ንዝሓመሙ ህጻናት ዝህቡ:

- To prevent dehydration
ብውጽኣት ካብ እካሳት ንዝጎደሉ ፈሳሲ ንምትካእ
- To stop diarrhea
ውጽኣት ደው ንምባል
- Other: (specify)
ካልእ ግለጽ
- Doesn't know
አይፈልጡን

10. Have you ever been shown how to prepare ORS ?..... Y N
 አካርኤስ ከመደ ከምዝጻሎ ዘርአየኪ ዕብላ አሎ'ዶ? እው አይፋል

11. How much water is used to prepare ORS ?
 አካርኤስ ንምድላው ክንድምንታይ ግይ ትተቀም?
 — Correct (3 beer bottles or 1litre)
 ቅነዕ (3 ናይ ፕርሙዝ ቢራ ወይ 1 ሊትር)
 — Incorrect
 ዘይቅነዕ
 — Doesn't know
 አይፈልጦን

12. How much ORS do you put into the water ?
 ክንድምንታይ አካርኤስ አብቲ ግይ ይላቲ:
 — Correct (1 sachet)
 ቅነዕ ሓደ ክሪጺት
 — Incorrect
 ዘይቅነዕ
 — Doesn't know
 አይፈልጦን

13. Does the child have FEVER or MALARIA Y N
 እቲ ህጻን ረሰኒ ወይ ዓሶ አለዎ እው እው አይፋል

IF NO, go to question 16

መልሲ አይፋል እንተኮይኑ ናብ ሕጉ ቁጽ 16 ኪድ

IF YES:

እው እቲ መልሲ እንተኮይኑ

14. Did you do anything to treat the fever at home ? Y N
 ነዚ ረሰኒ ወይ ዓሶ አብ ገዛ ንምፍጥስ ፈቲኑክ'ዶ:..... እው እው አይፋል

IF YES, what did you do? (Tick all that apply)

እቲ መልሲ እው እንተደላ ኮይኑ እንታይ ጌርኪ:(ነቲ ዝተጠቀመ መልሲ ምልክት ግበረሉ)

- Gave paracetamol ፓራሲታሞል ሂቡዮ
- Gave aspirin አስፕሪን ሂቡዮ
- Gave tepid bath ለበጥ ብዝበለ ግይ ሓጺቡዮ
- Remove the child's clothing ክጻውንቲ አውጺኡሉ
- Other (specify) _____ ካልእ (ግለጽ)
- Gave chloroquine/other antimalarial ክሎሮኪን ወይ ካልእ ናይ ዓሶ ፈውሲ ሂቡዮ
- Gave antibiotics ጸረ ረክሲ ፈውሲ ሂቡዮ
- Gave herbs/traditional medicine ቆጽሎመጽሲ ወይ ባህላዊ አፋውስ

15. What did the health worker say was wrong with the child? (Tick all that apply)
 እቲ ናይ ጥዕና በዓል ሞያ ናይቲ ህጻን ሕግም እንታይ እዩ ኢሉ ሓቢሩኪ:(እቲ ዝሃበትካ መልሲ አኸብብ)

- Malaria ዓሶ (ረሰኒ)
- Pneumonia ነድሪ ሳንቡሊ
- Measles ንፍጥ
- Nothing/doesn't know ወለሓንቲ/ አይፈልጥን እዩ
- Other. (specify) ካልእ(ግለጽ)

16. Does the child have
 እቲ ህጻን እዞም ዝሰዕቡ
COUGH or DIFFICULTY BREATHING or PNEUMONIA? .. Y N
 ሰዓል ናይ ምስትንፋስ ጸገም ወይ ነድሪ ሳንቡእ ኣለዎዶ: ሕው አይፋል

If NO, go to question 19

መልሲ አይፋል እንተኮይኑ ናብ ሕቶ ቁጽሪ 19 ኪድ

If YES

እው እንተደላ ኮይኑ

17. Did you do anything to treat the child at home?..... Y N
 ነዚ ሕግም ኣብ ገዛ ንምፍጥስ ፈቲንክ'ዶ?..... ሕው አይፋል
IF YES, what did you do? (Tick all that apply)
 እቲ መልሲ እው እንተደላ ኮይኑ እንታይ ጌርክሉ: (ንዝተጥበበ መልሲ ምልክት ግበረሉ)

- Gave paracetamol
ፓራሲታሞል ሂበዮ
- Gave aspirin
አስፕሪን ሂበዮ
- Gave cough medicine
ናይ ሰዓል ፈውሲ ሂበ
- Applied mentholatum
ሚንተላተም ደሪዘዮ
- Other: (specify)
ካልእ (ግለጽ)
- Gave antibiotics
ጸረ ረቭሲ ሂበዮ
- Gave herbs/ traditional medicine
ቆጽለመጽለ/ ባህላዊ ኣፋውስ ሂበዮ

18. What did the health worker say was wrong with the child? (Tick all that apply)
 እቲ ናይ ጥዕና በዓል ሞያ ሕግም ናይቲ ህጻን እንታይ እዩ ኢሉ ኣቢሩኪ: (ነቲ ዝተጥበበ መልሲ ምልክት ግበረሉ)

- Cold or allergy
ጉንፋዕ ወይ ቁጥዕ ኣካላት
- Pneumonia
ነድሪ ጉርጉግ
- Bronchitis
ነድሪ ሳንቡእ
- Measles
ንፍዮ
- Other: (specify) _____
ካልእ(ግለጽ)

19. Did the health worker give you any medicines at the clinic today? Y N
 እቲ ናይ ጥዕና በዓል ሞያ ኣፋውስ ሂቡኪ ዶ: ሕው አይፋል

If NO, go to question 20

መልሲ አይፋል እንተኮይኑ ናብ ሕቶ ቁጽሪ 20 ኪድ

If YES, complete the table below:

መልሲ እው እንተኮይኑ ኣብ ታሕቲ ዘሎ ሰንጠረዥ ምላእ

For any **ORAL** medicines that the mother mentions, fill in the information in the table below by asking:
 ንዝኾነ ብላፍ ዝውሰድ ፈውሲ ኣደ ዝሓበረቶ ኣብ ታሕቲ ተዘርዘሩ ሕቶታት እንዳትረብካ ነቲ ሰንጠረዥ ምልክ

HOW MUCH medicine will you give the child EACH TIME?
 ነቲ ህጻን ኣብ ሓደ እዋን ክንድምንታይ ፈውሲ ክትህቡዮ ኢኺ:

HOW MANY TIMES will you give it to the child EACH DAY?
 ነቲ ህጻን ኣብ መዓልቲ ክንደይ ጊዜ ክትህቡዮ ኢኺ:

HOW MANY DAYS will you give the medicine to the child?
 ነቲ ህጻን ንክንደይ መዓልቲ ፈውሲ ክትህብሉ ኢኹ።

Medicine ዓይነት ፈውሲ	How much each time? ክንደይ ኣብ ሓደ እዋን?	How many times/day? ክንደይ ጊዜ ኣብ መዓልቲ?	How many days? ክንደይ መዓልቲ?
Chloroquine tabs ክሎሮኪን ኪንና			
Chloroquine syrup ክሎሮኪን ሽርፖ			
Antibiotic tabs ጸረ ረኽቢ ኪንና			
Paracetamol tabs ፓራሲታሞል ኪንና			
Paracetamol syrup ፓራሲታሞል ሽርፖ			
Aspirin tabs ኣስፕሪን ኪንና			
Aspirin syrup ኣስፕሪን ሽርፖ			
ORS አኣርኤስ			
Antidiarrheal መከላኸሊ ውጽኣት			
Cough mixture ውሁድ ናይ ሰዓል ሽርፖ			
Vitamin ቪታሚን			
Other (specify) _____ ካልእ (ግለጽ)			

20. What did the health worker tell you to do for the child when you return home? (Tick all that apply)
 እቲ ናይ ጥዕና ብዓል ሞያ ኣብ ገዛ ምስተመለሰኪ ነቲ ህጻን እንታይ ግበርሉ ኢሉኪ። (ነቲ ትህበኩ መልሲ ምልክት ግበረሉ)

- Wasn't told anything/doesn't know
ዝተነግረኒ ነገር የልቦን/ኣይፈለግኩን
- Give ORS Give Iafa Give more fluids Give fluids after each stool
አኣርኤስ ሃብ ሰብቆ ኣቅጢንኪ ሃብ ብዙሕ ፈሳሲ ኣስትይዩ ድሕሪ ቀልቀል ፈሳሲ ኣስትይዩ
- Give fluids after child vomits Continue feeding or breast feeding the child
ድሕሪ ተምላስ ፈሳሲ ኣስትይዩ ምግቢ ወይ ጡብ ኣይተጃርጽሉ
- Give tepid bath Give antimalarial Give paracetmo/asprin
ብልቡጥ ግይ ሕጸብዩ መከላኸሊ ዓሶ ሃብዩ ፓራሲታሞል/ኣስፕሪን ሃብዩ
- Complete course of medications
መሉእ ስርዓት ሕክምና
- Bring the child back if he/she doesn't get better
እንድሕር ዘይሓቐ መለሰኪ ኣምጽእዩ
- Other (specify) _____
ካልእ (ግለጽ)

21. Did your child receive an immunization today?.....
 እዚ ህጻን ሎሚ ክታብት ተኸቲቡዩ።.....
 Y N
 እወ ኣይፋል

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22. How did you learn when and where to come for immunization ? (Tick all that apply)
 መዓሰን እባይን ንክታቡት ከምትመጹ ብምንታይ ሓበሬታ ረኺብኪ፡ ነቲ ዝተዋህበ መልሲ ምልክት ግበረሉ

- | | |
|---|---|
| <input type="checkbox"/> Doctor/nurse/midwife
ሓኪም/ ተሓጋጋዚ ሓኪም/አዋላዲት | <input type="checkbox"/> Community health worker
ናይ ክባቢ ጥዕና ብዓል ሞያ |
| <input type="checkbox"/> Community volunteer
ብተባግሶ ዝሰርሕ | <input type="checkbox"/> Radio
ራድዮ |
| <input type="checkbox"/> Poster
ስእላዊ መምሃሪ (ፖስተር) | <input type="checkbox"/> Television
ቴሌቪዥን |
| <input type="checkbox"/> Neighbor or friend
ኅረቤት ወይ መሓዛ | <input type="checkbox"/> Health education class
ናይ ጥዕና ትምህርቲ |
| <input type="checkbox"/> Other :(specify _____
ካልእ (ግለጽ) | |

23. Where do you normally take your child for immunizations? (Tick all that apply)
 ቅድሚ ሕጅ ነዚ ህጻን እባይ ተክትብዮ ኔርኪ፡ (ነቲ ዝተዋህበ መልሲ ምልክት ግበረሉ)

- | | |
|---|--|
| <input type="checkbox"/> this clinic
እብዚ ክሊኒክ | <input type="checkbox"/> another clinic
ካልእ ክሊኒክ (ስም ክሊኒክ) |
| <input type="checkbox"/> mobile clinic
ተንቀሳቃሲ ክሊኒክ | <input type="checkbox"/> Never immunized before
ተክቲቡ አይፈልጥን |

24. Has the health worker ever told you which diseases would be prevented by the immunizations you or your child have received? (Tick all that apply)
 ናይ ጥዕና ብዓል ሞያ እስኺ ወይ ህጻን ብዝተገብርዎ ክታቡት ላዩኛት ሕግግት ክትከላኸል ከምትክእል ሓቢሩክ'ዶ ይፈልጥ፡ ነቲ ዝተዋህበ መልሲ ምልክት ግበረሉ

- | | |
|---|--|
| <input type="checkbox"/> Wasn't told
አይተነገርኩን | <input type="checkbox"/> Measles
ንፍዮ |
| <input type="checkbox"/> Diphtheria
ነድሪ ጉርጉማ | <input type="checkbox"/> Tuberculosis
ዓባይ ሰዓል |
| <input type="checkbox"/> Tetanus
ዓጻው መንጋጋ | <input type="checkbox"/> Polio
ሕግም ለምሲ |
| <input type="checkbox"/> Whooping cough
ትኸትኸታ | <input type="checkbox"/> doesn't know
አይዝክርን |
| <input type="checkbox"/> Other (specify)
ካልእ (ግለጽ) _____ | |

25. Did the health worker tell you what might happen as a side effect after the immunization?
 Y N

እቲ ናይ ጥዕና ብዓል ሞያ ድሕሪ ክታቡት ዘይተደልየ ሳዕቢናት ከጋጥም ከምዝኸእል ሓቢሩክ'ዶ፡
 እወ አይፋል

If YES, what were you told? (Tick all that apply)
 እቲ መልሲ እወ እንተድኣ ኮይት እንታይ ተነጊሩኪ፡ (ነቲ ዝተዋህበ መልሲ ምልክት ግበረሉ)

- | | |
|--|--|
| <input type="checkbox"/> Fever
ረስኒ | <input type="checkbox"/> Pain at injection site
ቃንዛ አብታ መርፍእ ዝተወገላላ |
| <input type="checkbox"/> Irritability
ቀጠውጠው | <input type="checkbox"/> Swelling
ምሕባጥ |
| | <input type="checkbox"/> Other (specify) _____
ካልእ (ግለጽ) |

26. Have you or your child ever come to this clinic to be vaccinated and been returned away for any reason?..... Y N

እስኺ ወይ ህጻን ንክታቡት ናብዚ ክሊኒክ መጹኹም ብዝኸነ ምኽንያት ክታቡት ከይረኽብኩም ተመሊሰኩም ዶ ትፈልጡ፡..... እወ አይፋል

If YES, what was the reason? (Tick all that apply)

እቲ መልሲ እው እንተደኣ ኮይኑ እቲ ምኽንያት እንታይ ነይሩ፡ (ነቲ ዝተዋሀበ መልሲ ምልክት ግበረሉ)

- Immunization session cancelled
ክታብት ተቐሪጹ ነይሩ
- Immunization session stopped before the mother arrived
ቅድሚኡ ክሊኒክ ምብጽሖይ ከቲቦም ወዲእም
- Child was ill
ቆልዓ ሓሚመ
- Clinic had run out of vaccine or supplies
ግእዘል ጥዕና ኣፋውስ ወዲኡ
- Not enough staff to give vaccinations
ዋሕዲ ዝኸትቡ ሰራሕተኛታት
- Other (specify) _____
ካልእ (ግለጽ)

27. How many vaccination visits does a child need in the first year of life to complete the series of vaccinations? _____
እብ ቀዳማይ ዓመት ዝወሃብ ክታብት ህጻን ንኸውድእ ክንደይ ጊዜ ናብ ክሊኒክ ክተምጽእዮይ ግባእ፡

28. When did the health worker tell you to bring the child back? (Tick all that apply)
እቲ ናይ ጥዕና ብዓል ሞያ ነቲ ህጻን መዓስ መሊሰኪ ክተምጽእዮ ኣቢሩኪ፡

- Wasn't told/ doesn't know
ኣይነገረንን/ ኣይፈለግኩን
- No need to return
ምምላስ ኣየድልዮንዩ
- Return for next immunization
ነቲ ዝቅጽል ክታብት ከምጽኦ
- Knows when to come back
መዓስ ከምዘምጽኦ እፈልጥዩ
- Doesn't know when to come back
መዓስ ከምዘምጽኦ ኣይፈለግኩን
- Return if child becomes worse at home
እቲ ህጻን ኣብ ገዛ እንተገዲድዎ ከምጽኦ

29. How will you know if the child becomes worse at home? (Tick all that apply)
እቲ ህጻን ሕግም ከምዝገደደ ብምንታይ ትፈልጢ፡ (ነቲ ዝተዋሀበ መልሲ ምልክት ግበረሉ)

- Fever doesn't go away
ረሰኒ እንተዘየቐረጹ
- Vomiting begins or continues
ተምላስ እንትጀሚርዎ ወይ እንተዘየቐረጹ
- Child unable to eat
መግቢ እንተኣብዩዎ
- Child unable to drink
ክሰቲ እንተዘይክሊሉ
- Diarrhea continues
ውጽኣት እንተዘየቐረጹ
- Child has convulsion
ነውጺ ምስዝገብረሉ ምስዘንፈጥፍጦ
- Child has chest indrawing
ምስትንፋሱ ሕጽረት
- Child has difficulty breathing
ምስትንፋሱ ምስዘጸገጥ
- Other (specify) _____
ካልእ (ግለጽ)

30. Do you have your child's vaccination card?
 ናይቲ ህጻን ክታበት ካርድ ተግባራዊ ኣለኹ?
 If the mother has the card, record the dates of ALL VACCINES GIVEN, birth today and in the past, and the child's.
 እታ እደ እቲ ካርድ ተግባራዊ እንተኾይና ካብ እተወልደሉ ዕለት ጀሚሩ ክታበት ዝተከትበሉ መፃልታት ዝተወልደሉ ዕለትን ዕድሜኡን መዝገብ

Birthdate: ___/___/___ OR Age: ___ Months
 ዕለተ ልደት ___/___/___ ወይ ዕድሜ ___ አዋርሕ

IMMUNIZATION ፃይነት ክታበት	Received	Y	N
Polio-0 (birth) ፖልዮ-0 (እብ ልደት)(ጸረ ሕግም ለምሲ)	Received	Y	N
DPT-1 ዲፒቲ 1(ጸረ ሕግም ጉርርን ትክትኸታን ቴታነስን)	Received	Y	N
Polio_1 ፖልዮ 1(ጸረ ሕግም ለምሲ)	Received	Y	N
DPT-2 ዲፒቲ 2(ጸረ ሕግም ጉርርን ትክትኸታን ቴታነስን)	Received	Y	N
Polio-2 ፖልዮ 2(ጸረ ሕግም ለምሲ)	Received	Y	N
DPT-3 ዲፒቲ 3(ጸረ ሕግም ጉርርን ትክትኸታን ቴታነስን)	Received	Y	N
Polio-3 ፖልዮ-3(ጸረ ሕግም ለምሲ)	Received	Y	N
Measles ሚዝልስ(ጸረ ንፍቶ)	Received	Y	N

31. Do you have your own vaccination card?
 ንዓኺክ ናይ ክታበት ካርድ ኣሎኻ?
 ___yes ___No ___Lost ___Never received ___Left at home
 እወ አይፋል አጥፊአቶ አይተዋህበኒን አብ ዝገገገኒ

IF YES, copy the mothers tetanus toxoid vaccinations in the table below. If the mother's TT doses are recorded on the child's vaccination card, copy them here also.
 እቲ መልሲ እወ እንተድኣ ኮይኑ እደ ዝወሰደቶ ናይ ቴታነስ ክታበት ኣብ ታሕቲ ኣብ ዘሎ ሰንጠረዥ ንኹ ቅድሓቶ ናይ እደ ቴታነስ ክታበት ኣብ ናይ ህጻን ካርድ ምዝገብ እንተኮይኑ ኣብዚ ሰንጠረዥ ንኹ ቅድሓቶ

IMMUNIZATION ፃይነት ክታበት	Received	Y	N
TT-1 ጸረ ቴታነስ-1	Received	Y	N
TT-2 ጸረ ቴታነስ-2	Received	Y	N
TT-3 ጸረ ቴታነስ-3	Received	Y	N
TT-4 ጸረ ቴታነስ-4	Received	Y	N
TT-5 ጸረ ቴታነስ-5	Received	Y	N

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65

32. Did you receive a tetanus vaccination:
 ናይ ጸረ ታቲነስ ክትባት ተክቲብክዶ
- Today
 - ሎሚ ተክቲብ
 - Referred for vaccination another day
 - ካልእ መዓልቲ ተቆጸሪ
 - Was not given or referred for tetanus vaccination
 - እይተክተብኩን ንካልእ መዓልቲውን እይተቆጸርኩን

END OF INTERVIEW
 መወዳእታ መጠየቂ ቃለ ሕቶ

Thank the woman for answering your questions and ask her if she has any questions.
 ነደ ህጻን ሕቶኻ ብምምላስ ስለዝተሓባበረትካእምስኪንካ ንሳ ክትሓተካ እትደልዮሕቶታትእንተልዩሕተታ።
 Be sure that she knows how to prepare ORS for a child with diarrhea, when to return for vaccination and how to take prescribed medications.
 ውጽኣት ንዝሓዞ ህጻን ኦኒር ኤስ ከመይ ከምተቆጸው ንክታበት መዓስ ከምትምለስን ዝተጥበበ መድሃኒት ከመይ ከምዝወሃብ ምፍላጣ እረጋግጽ።

STATE OF ERITREA HEALTH FACILITY ASSESSMENT:
ሃገረ ኤርትራ ናይ ጥዕና አገልግሎት መገምገሚያ
MINISTRY OF HEALTH, ERITREA: USAID /BASICS
ሚኒስትሪ ጥዕና ኤርትራ ዩኤስ ኤይድ /ቤዚክስ

HEALTH CARE WORKER INTERVIEW
ናይ ጥዕና በዓል ሞያ መጠየቂያ

Province _____ አውራጃ _____	Date ___/___/_____ ዕለት _____
Facility Name _____ ሰም ወሃብ አገልግሎት ጥዕና _____	Facility type _____ ዓይነት አገልግሎት _____
Interviewer No. _____ ናይ ሓታቲ ቁጽሪ _____	

Introduce yourself to the health care worker. Tell him/her that you would like to ask him/her some general questions about the clinic followed by some questions about his/her job.
 መንነትካ ነቲ ናይ ጥዕና በዓል ሞያ አፋልጥ። ድሕሪኡ ብዛዕባ እቲ ክሊኒክ ብዛዕባ ሰርሑ/ሰርሓን ሓፈሻዊ ሕቶታት ከምተቐርብ ግለጸሉ/ላ።

1. What are the hours of operation at this clinic?
 ናይዚ ክሊኒክ ናይ ሰራሕ ሰዓታት!
 opening _____ closing _____ Total number of hours _____
 መጀመሪያ መዕጸዊ ድምር ናይ ሰራሕ ሰዓታት
2. How many outreach posts does this clinic operate?
 እዚ ክሊኒክ ብጀካ ኣብዚ ዝህቦ አገልግሎት ኣብ ካልእ ክንደይ ቦታታት አገልግሎት ይህብ!
3. How many days per month does each outreach post operate?
 እዚ ኣብ ካልእ ቦታ ትህብዎ አገልግሎት ኣብ ወርሒ ክንደይ መዓልቲ እዩ!
4. Is this facility connected to electricity?..... Y N
 እዚ ክሊኒክ ናይ ኤሌትሪክ መስመር አለዎዩ! λወ አይፋል
5. If yes, how many hours per day ... _____
 እቲ መልሲ እወ እንተኮይኑ ኣብ መዓልቲ ክንደይ ሰዓት!
6. Is there a functioning stand-by generator?..... Y N
 መሓለውታ ዝሰርሕ ጀኔሬተር አለዎዩ! λወ አይፋል
7. How often have you had a rupture of stock in the last 1 months?
 ኣብዚ ዝሓለፈ 1 አዋርሕ ክንደይ ጊዜ ናይ አፋውስ ወይ መሳሊጢያ ሕጽረት አጋጢምኩም!

Item ዓይነት ፈውሲ ወይ መሳሊጢያ	Number of stock-outs / 1 mo. ሕጽረት ኣብ ወ-ጂ.ጢ 1 አዋርሕ
Vaccines ክትባት ፈውሲ	
Syringes/ needles ሲሪንጊ/ መርፍእ	
ORS አካርኢስ	
Drugs አፋውስ	
Cards/forms ካርድ/ፎርም	

28
69-

8. How are supplies received? _____ Delivered to facility
 መሰረዳታት ብኸመይ ይበጽሱኩም! አብዚ ይመጻልና
 _____ Picked up from a central store
 ካብ ግእክላይ መኸዘን ነምጽእም

9. What is the most common cause of a delay in delivery of supplies?
 እቲ መብዛሕቲኡ ጊዜ ዘጋጥም ምድንጓይ ናይ መሰረዳታ እንታይ እዩ።

_____ Inadequate transport/fue ዘይምቹእ ትራንስፖርት/ ነጻዲ	_____ Difficulty ordering ጸገም ኣብ ምእዛዝ
_____ Insufficient staff ሕጽረት ሰራሕተኛ	_____ Other:(specify) _____ ካልእ(ግለጽ)

10. What is your job title?
 ናይ ሰራሕካ መጻውዒ እንታይ እዩ!

_____ Doctor ዶክተር	_____ Registered nurse ብቅዕቲ ነርስ
_____ Health assistant ናይ ጥዕና ተሓጋጊ	_____ War surgeon ናይ ኩናት ሐኪም
_____ Dresser ተሓጋጊ ነርስ	_____ Midwife አዋላዲት
_____ Bare-foot doctor አጋር ሐኪም	_____ Other (specify) _____ ካልእ(ግለጽ)

11. What education have you had?
 እንታይ ትምህርቲ ኣለካ

_____ No formal education አይተማርኩን	_____ Primary school ቀዳማይ ደረጃ ቤ/ት
_____ Secondary school ካልኣይ ደረጃ ቤ/ት	_____ University ዮኒቨርሲቲ
_____ Diploma ዲፕሎማ	_____ Other:(specify) _____ ካልእ(ግለጽ)

12. Do speak English? _____ Y _____ N
 ኢንግሊዝ ትዛረብ ዲኻ _____ እወ _____ አይፋል

Do you read English _____ Y _____ N
 ኢንግሊዝ ተንብብ ዲኻ _____ እወ _____ አይፋል

13. How long have you had this job?
 አብዚ ሰራሕ ክንደይ ጌርኪ/ ኪ!

_____ <6 months ትሕቲ6 ወርሒ	_____ 6-11 months ካብ 6-11 ወርሒ
_____ 2-23 years ካብ 12-23 ዓመታት	_____ 2-4 years ካብ 2-4 ዓመታ
_____ 5 or more years ሓመብተ ዓመት ወይ ልዕሊኡ	

14. Do you have written guidelines for your work?..... _____ Y _____ N
 ብዛዕባ ሰራሕካ ናይ ጽሑፍ መምርሒታት ኣለካዩ! _____ እወ _____ አይፋል

If YES , can we see them? _____ Available _____ Unavailable
 እቲ መልሲ እወ እንተኮይኑ ክንርእዮም ዲ! ንክእል _____ አሎ _____ የለን

15. Do you have a schedule for supervisory visits?..... _____ Y _____ N
 ትክታተለሉ ትርእየሉ ሰሌዳ ኣሎካዩ! _____ እወ _____ አይፋል

Handwritten signature and number 68

16. who usually supervises you?
ንግኝ ወትሩ ዝቆጻጸሪካ መንዶ!

- | | |
|--|--|
| <input type="checkbox"/> Doctor
ዶክተር | <input type="checkbox"/> Registered nurse
ብቕዕቲ ነርስ |
| <input type="checkbox"/> Advanced Dresser
ምኩር ተሓጋጋዚ ነርስ | <input type="checkbox"/> Midwife
አዋላዲ/ት |
| <input type="checkbox"/> Health Assistant
ተሓጋጋዚ ሓኪም | <input type="checkbox"/> Community health supervisor
ናይ ከባቢ ጥዕና ተኻታታሊ |
| <input type="checkbox"/> NO supervisor
ዝቆጻጸሪኒ የለን | |

If NO SUPERVISOR. Skip to question 21
ተቆጻጸሪ እንተዘየሎ ናብ ሕታ ቁጽሪ 21 ኪድ

17. How many times have you had a visit from a supervisor?
ክንደይ ጊዜ ተቆጻጸሪ/ ተከታታሊ/ መጽደካ!

- Supervisor works here and sees worker daily _____
ተቆጻጸሪ እብሎ ዝሰርሕን ንስራሕተኛ መጻልታዊ ዝርእዮም እንተኮይኑ-ናብ
- In the last six months _____ (number of times)
እብ ዝሓለፉ 6 አዋርሕ (ክንደይ ጊዜ)
- In the last 12 months _____ (number of times)
እብ ዝሓለፉ 12 አዋርሕ (ክንደይ ጊዜ)

18. What did your supervisor do last time they supervised you? (Tick all that apply)
አብታ ዝመጸሉ ናይ ምቁጽጻር ምብጽሖ እንታይ ገደሩ! (ነቲ ዝተሞህበ መልሲ ምልክት ግበር)

- Observed immunization technique
እከታትባ ተግዚቡ
- Observed management of sick children
እታአላልዎ ሕሙማት ህጻናት ተግዚቡ
- Reviewed reports prepared by health worker
ብጥዕና በዓል ሞያ ዝተጻሕፈ ሪፖርት ርእዮ
- Updated health worker on current information
ንጥዕና በዓል ሞያ ሓድሽ ፍልጠት አማሓላፊ
- Discussed problems with supplies and equipment
ብዛዕባ ጸገም መሳርሕታትን መሳለጥያን ተመያይጡ
- Other (specify) _____
ካልእ (ግለጽ)

19. Did you receive feedback from that supervisory session?..... Y N
ብዛዕባ እቲ ትዕዝብቲ ሪፖርት በጺሖካዲ! እወ እይፋል

- IF YES , in what form _____
እቲ መልሲ እወ እንተኮይኑ በየናይ እገባብ
- Written report
ናይ ጽሑፍ ሪፖርት
- Oral report
ናይ ቃል ሪፖርት
- Other (specify) _____
ካልእ (ግለጽ)

20. What does your supervisor do to keep your technical skills up to date?(Tick all that apply)
ተቆጻጸሪካ (ናይ ቀረባ ሓላፊካ) ክእለትካ ንክምዕብል እንታይ ይገብር (ነቲ ዝተሞህበ መልሲ ምልክት ግበር)

- Workshops
እናርእኻምምሃር
- Performance feedback
ናይ ስርሓይ ውጽኢት ይነገረኒ
- Training sessions
ናይ ሞያ ስልጠና
- Other (specify) _____
ካልእ (ግለጽ)

78
69

21. Do you have to submit any reports such as the number of patients seen, or the number of doses of vaccine administered?.....
 ናይ ዝተራእዩ ሕሙማት ብዝሒ ወይ ዝተዋሀበ ክትባት ሪፖርት ትገብር ኢ

Y N
 እወ ኣይፋል

If NO, go to question 24

IF YES, ask the TYPE of report, HOW OFTEN and if the reports are UP TO DATE?
 እቲ መልሲ እወ እንተድኣኩይት ዓይነት ዘቅርቦ ሪፖርት! ኣብ ክንደይ ጊዜ ንመን ሪፖርት ኮም ዘቅርብ ሕተቶ። ሪፖርት እብ እዋኑዶ ይቀርብ!

Type of report ዓይነት ሪፖርት	How often / year ኣብ ክንደይ ጊዜ	Up to date? እብ እዋኑዶ ቀሪቡ!
_____	_____	Y N እወ ኣይፋል
_____	_____	Y N እወ ኣይፋል
_____	_____	Y N እወ ኣይፋል

22. How do you use the information collected in these reports to help you with your job?
 ኣብዚ ሪፖርት ዝተኣከበ ሓበሬታ ንሰራሕካ ብከመይ ትጥቀመሉ!

- | | |
|---|-------------------------------------|
| _____ Ordering stock
ቁርብ ንምእዛዝ | _____ Assessing targets
ዕገማ ንምጻር |
| _____ Doesn't use info.
ሓበሬታ ኣይጥቀመሉንዮ | _____ Doesn't know
ኣይፈለግኩን |
| _____ Other: (specify) _____
ካልእ (ግለጽ) | |

23. What type of feedback do you get from these reports?
 ንዝሃብኩሮ ሪፖርት እንታይ ዓይነት ሓበሬታ ይመጽካ!

- | | |
|-------------------------------------|---|
| _____ None
የለን (ኣይመጻንን) | _____ Oral discussion
ብቃል ምምይያጥ |
| _____ Written report
ናይ ጽሑፍ ሪፖርት | _____ Other (specify) _____
ካልእ (ግለጽ) |

24. What are the most difficult problems that you face in doing your job?(Tick all that apply)
 ኣብ ሰራሕካ ዘጋጥሙካ ዓበይቲ ጸገማት እንታይ እዮም! (ነቲ ዝተዋሀበ መልሲ ምልክት ግበር)

- _____ Lack of training
ሰልጠና ዘይምርካብ
- _____ Mothers don't bring children to clinic
ኣዲታት ንቆልዑ ናብ ክሊኒክ ዘይምምጽእን
- _____ Staff shortages
ሕጽራት ሰራሕተኛ
- _____ Lack of supplies and /or stock
ሕጽራት ተቆጻጻሪ /ወይ ኣፋውስ
- _____ Lack of supervision
ሕጽራት ተከታታላይ/ተዓዛቢ
- _____ Lack of feedback on performance
ናይ ሰርሐይ ውጽኢት ዘይምግላጽ
- _____ Inadequate transport
ዘይብቁዕ መጉዓዝያ
- _____ Other: (specify) _____
ካልእ(ግለጽ)

25. Have you discussed these problems with your supervisor?.....
 ነዚ ጸገም ምስ ተቆጻጻሪኻ ተዘራረብካሉዶ!

Y N
 እወ ኣይፋል

26. How many training sessions have you received in the last 6 months? _____
 አብ ዝሓለፈ 6 ኣዋርሕ ክንደይ ናይ ሞያ ስልጠና ረኺብኻ?
 How many training sessions have you received in the last 12 months? _____
 አብ ዝሓለፈ 12 ኣዋርሕ ክንደይ ናይ ሞያ ስልጠና ረኺብኻ?

Apart from yourself, how many health workers working in this facility have received training in the last:
 ብጀካካ ኣብዚ ክሊኒክ ዝሰርሑ ናይ ጥዕና በዓል ሞያ ክንደይ ዝኾኑ ስልጠና ወሲዶም ኣብ ዝሓለፈ
 6 months? _____
 6 ኣዋርሕ ?
 12 months? _____
 12 ኣዋርሕ ?

27. If training was received, what was it in _____
 ናይ ሞያ ስልጠና እንተረኺብካ ኣብ ምንታይ ዘተኸረ ነይኖ

Did your last training involve clinical practice?..... Y N
 እቲ መወዳእታ ዝገበርካዮ ስልጠና እወ ኣይኣል

28. In this clinic, at what ages do you give:(age in MONTHS)
 ኣብዚ ክሊኒክ ኣብ ክንደይ ዕድመ ነዞም ዝሰዕቡ ትከትቡ?

	First ቀዳማይ	Second ካልኣይ	Third ሳልሳይ	Fourth ራብዓይ
DPT ዲፒቲ ጸረ ሕማም ጉርሮ				
Polio ፓልዮ ጸረ ለምሲ				
BCG ቢካጂ ጸረ ሰዓል				
Measles ሜዝልስ (ጸረ ንፍዮ)				

29. To whom do you give tetanus toxoid?(Tick all that apply)
 ናይ ቲታኒስ ተክሳይድ ክትባት ንመን ትህብ! (ነቲ ዝተሞህበ መልሲ ምልክት ግበር)

- _____ Women of childbearing age (15-49) who come for care themselves
 አብ ክሊ ምውላድ ዕድመ ዝርከብ (15-49) ባዕላን ክኸተባ ንዝመጸ
- _____ Women of childbearing age Who bring their children for immunizations or treatment
 አብ ክሊ ምውላድ ዕድመ ዝርከባ
- _____ Don't know
 ኣይፈለግኩን

30. What days are the following immunizations given?
 እዞም ዝሰዕቡ ክታቦት ኣበዮናይ መዓልቲ ይወሃቡ
 (circle days for each vaccine)
 (ንንፍስ ወከፍ ናይ ክትባት መዓልቲ ኣክብብ)

Number of immunization days/week
 ብዝሒ ኣብ ሓደሰሙን ክታቦት ዝወሃቡሉ መዓልታት

Measles ሜዝልስ ጸረ ንፍዮ	M ሰኑይ	T ሰሉስ	W ፀቡዕ	T ሓሙስ	F ዓርቢ	Sa ቀዳም	_____
BCG ቢካጂ	M ሰኑይ	T ሰሉስ	W ፀቡዕ	T ሓሙስ	F ዓርቢ	Sa ቀዳም	_____
DPT ዲፒቲ	M ሰኑይ	T ሰሉስ	W ፀቡዕ	T ሓሙስ	F ዓርቢ	Sa ቀዳም	_____
Polio ፓልዮ	M ሰኑይ	T ሰሉስ	W ፀቡዕ	T ሓሙስ	F ዓርቢ	Sa ቀዳም	_____
TT ቲቲ	M ሰኑይ	T ሰሉስ	W ፀቡዕ	T ሓሙስ	F ዓርቢ	Sa ቀዳም	_____

31. Do you have an antenatal clinic?..... Y N
 ናይ ጥኑሳት መከታተሊ ክሊኒክ ኣለኩም 'ዶ ላወ ላይፋል

IF YES, on what days is the clinic held (circle days)

መልሲ ላወ እንተኮይኑ ኣበዮናት መጻልታት ይሰርሕ! (መልሲ ኣክብብ)

Number of clinic days/week
 ብዝሒ ኣብ ሓደ ሰሙን ቅድመ
 ሕርሲ ሕክምና ዝዋሃበሉ መጻልታት

M T W T F Sa
 ሰኑይ ሰሉስ ርቡዕ ሐሙስ ፃርቢ ቀዳም

IF NO, why are clinics not held? (Tick all that apply)

መልሲ ላይፋል እንተኮይኑ, ንምንታይ ኣገልግሎት ዘይትህቡ! (ዝተዋህበ መልሲ ምልክት ግበር)

- No training ልምዲ የብልናን
- No space available ቦታ የብልናን
- People do not want this service ሰብ ነቲ ኣገልግሎት ኣይደልዮን
- No staff ሰራሕተኛ የልን
- No supplies መሳሰጢያታት የብልናን
- Don't Know ኣይፈለጥናን

32. Please tell me all the things you would do for a child with fever in this clinic (tick all responses mentioned)
 ኣብዚ ክሊኒክ ሪሲን ንዝሓመመ ቆልዓ እንታይ ከምትገብርሉ ኩሉ ደ ትሕብሩኒ (መልሲ ምልክት ግበረሉ)

- Determine temperature ሙቕት ይልከዕ
- Give paracetamol ፓራሲታሞል ይህብ
- Give tepid bath in clinic ኣብ ክሊኒክ ብልቡጥ ግይ ይሓጽቦ
- Give chloroquine injection ከሎርኪን መርፍእ ይወግኡ
- Give chloroquine syrup or tablets ከሎርኪን ከኒና ወይ ሽርፖ ይህቡ
- Admit to hospital or health center ኣብ ጥዕና ግእክል ሆስፒታል/ ደቂሶ
- Give antibiotic syrup or tablets ጸረ ሪኸሲ ከኒና ወይ ሽርፖ ይህቡ
- Instruct mother to give tepid bath at home ናይ ብልቡጥ ግይ ከትሓጽቦ ይእዝዛ
- Tell mother to bring the child back if worse ናይ ቆልዓ እንተገዲድዎ መሊሳ ከተምጽኡ ይሕብሩ
- Assess immunization status ናይ ከታብት ታሪኽ ይጸረ ይርእ/
- Immunize the child if needed ኣድገይ እንተኮይኑ ንቆልዓ ይኸተቦ
- Refer to another facility if very ill ብብርቑዕ እንተሓረገሙ ናብ ካልእ ሕክምና ይጽሕፈሉ
- Give antibiotic injection ጸረ ሪኸሲ መርፍእ ይወጋእ ከሕክም ይገብር
- Other (specify) ካልእ (ግልጽ)

33. Please tell me the things you would do to treat a child with diarrhea in this clinic.(tick all responses mentioned)
 ብርቑዕ ዘይኮነ ውጽኣት ንዝሓመመ ቆልዓ ኣብዚ ክሊኒክ ትገብሩሉ እንታይ ኣዩ (መልሲ ምልክት ግበረሉ)

- Weigh the child on admission ናብ ክሊኒክ ምስመጻ ምምዛን
- Give ORS ኣእር ኣብ ምሃብ
- Give Lafa ሰብቆ ኣቅጢንካ ምሃብ
- Instruct the mother to give ORS at home ኣደ ኣብ ገዛ ኣእርኣብ ንክትህብ ምንጋር
- Instruct the mother to give lafa at home ኣደ ኣብ ገዛ ሰብቆ ኣቅጢና ክትህብ ምንጋር
- Instruct the mother to continue feeding the child ኣደ መግቢ ምሃብ ከይተጻርጽ ምንጋር
- Instruct the mother to bring the child back if worse ቆልዓ እንተገዲድዎ መሊሳ ከተምጽኡ ምሕብር
- Weigh the child at discharge ቆልዓ ካብ ክሊንክ ከወጽኡ ክሎ ምምዛን
- Assess immunization status ናይ ከታብት ታሪኽ ምርኣይ
- Give an anti-diarrheal medicine መከላኸሊ ውጽኣት ምሃብ
- Immunize the child if needed ኣድገይ እንተኮይኑ ንቆልዓ ምክታብ
- Instruct the mother to give more fluids ኣደ ብዙሕ ፈሳሲ ንክትህብ ምንጋር
- Admit to hospital or health center ንሆስፒታል ወይ ክሊኒክ ደቂሶ ከሕክም ምግባር
- Other (specify) ካልእ (ግልጽ)

84
72

37. If a ten month old child comes to the clinic who is hot to the touch, has diarrhea, and has received no immunizations, what would you do? (tick all responses mentioned)

ብርቱዕ ረሰኒ ዘለዎ + ውጽኣት ዝሓዞን ተኸቲቡ ዘይፈልጥን ናይ 10 ኣዋርሕ ህጻን ናብ ክሊኒክ እንተመጺካ እንታይ ትገብር! (መልሲ ምልክት ግበር)

- | | |
|---|---|
| <input type="checkbox"/> Give BC G | <input type="checkbox"/> Give DPT-1 |
| <input type="checkbox"/> ቢሲጂ(ጸረ ሰዓል) ይኸትቦ | <input type="checkbox"/> ዲፐቲ(ጸረ ሕግም ጎርርን ትክትኸታን ቴታነሰን-1ይኸትቦ |
| <input type="checkbox"/> Give polio-1 | <input type="checkbox"/> Give measles |
| <input type="checkbox"/> ፓልዩ 1 ይኸትቦ | <input type="checkbox"/> ናይ ንፍጥ ይኸትቦ |
| <input type="checkbox"/> Assess and treat the fever | |
| <input type="checkbox"/> ነቲ ረሰኒ ምኽንያቱ ኣጻርዮ ፈውሲ ይእዝዝ | |
| <input type="checkbox"/> Assess and treat the diarrhea | |
| <input type="checkbox"/> ነቲ ውጽኣት ምኽንያቱ ኣጻርዮ ፍውሲ ይእዝዝ | |
| <input type="checkbox"/> Tell the mother to return for immunizations when the child is well | |
| <input type="checkbox"/> ነደ ቆልዓ ምስሓሾ ንክታበት ንክተምጽኦ ይሕብራ | |
| <input type="checkbox"/> Other: (specify) | |
| <input type="checkbox"/> ካልእ (ግለጽ) | |

END OF THE HEALTH WORKER INTERVIEW

መወዳእታ ቃል ሕቶ(መጠይቕ) ምስ ሰራሕተኛ ጥዕና

Thank the health worker for his/her cooperation and answer any questions that he/she may have about the correct recommendations for immunizations or management of sick children.

ነቲ ናይ ጥዕና ሰራሕተኛ ንሕቶታትካ ብምምላስ ስለዝተሓባበረካ እመስጊንካ ብዛዕባ ቅኑዕ ኣክታትባን ኣተኣላልዩ ሕሙማት ህጻናትን ንዘለዎ ሕቶ መልሲ ሃብ።

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