ETHIOPIAN HEALTH FACILITY ASSESSMENT: USING LOCAL PLANNING TO IMPROVE THE QUALITY OF CHILD CARE AT HEALTH FACILITIES IN THE SOUTHERN NATIONS AND NATIONALITIES PEOPLES REGION

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ACRONYMS

ARI	Acute Lower Respiratory Tract Infection
BASICS	Basic Support for Institutionalizing Child Survival
BCG	Bacillus Calmette Guerin
CDD	Control of Diarrheal Diseases
DPT	Diphtheria, Pertussis, and Tetanus
EPI	Expanded Programme on Immunization
ESHE	Ethiopian Essential Services for Health Project
HC	Health Center
HMIS	Health Management Information System
HS	Health Station
HW	Health Worker
MOH	Ministry of Health
OPD	Outpatient Department
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
RHF	Rehydration Fluid
RTC	Regional Training Center
RZW	Region/Zone/Woreda
SNNPR	Southern Nations and Nationalities Peoples Region
TT2	Tetanus Toxoid (second dose)
UNICEF	United Nations Children's Fund
URTI	Upper Respiratory Tract Infection
USAID	United States Agency for International Development
WHO	World Health Organization
WOREDA	District

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EXECUTIVE SUMMARY

A rapid health facility survey was conducted with the Regional Health Bureau in the Southern Nations and Nationalities Peoples Region (SNNPR) of Ethiopia between September 16 and October 3, 1996. 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 the region. In addition, the survey was designed to collect information on each facility, such as the availability of drugs, supplies, materials, and clinic organization.

The survey was conducted by a team of local health staff who were then responsible for the entry, analysis, and interpretation of survey data. Facilities in five focus woredas in four zones (Hadiya, KAT, North Omo, Sidama) were sampled for this assessment. The survey found that some critical aspects of case management and supervision are being conducted well by primary health care workers in the Southern Region, and that the public health knowledge of both health workers and caretakers is high in some areas. Deficiencies were found in several aspects of case-management, including the assessment of sick children, 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; the most frequent problem identified is an irregular supply of drugs.

Survey data were summarized as key indicators and local zonal and woreda staff prioritized eight of these as program indicators which will be used for program planning and which will be used to monitor and evaluate progress over time. It is hoped that this survey has increased the capacity of local MOH staff to collect, interpret and use survey data to manage and plan public health programs. Survey data will be used to plan primary health care strategies in the focus zones and woredas, including the development of integrated primary health care training and supervision strategies and a review of the drug distribution system. Follow-up strategies were developed by local staff who will be involved with all project implementation activities.

I. PREVIOUS BASICS/ESHE PROJECT ACTIVITIES

This facility-based quality of care assessment and planning approach builds on a number of previous activities undertaken by the BASICS/ESHE project in Ethiopia. Taken together, these assessment, planning and training activities are seen as crucial to improving the quality of maternal and child care both at health facilities and in the community. Previous work has resulted in a number of implementation strategies which are currently underway or planned to improve the health management and information system (HMIS), the drug and vaccine logistics and supply system, and the quality of child care at peripheral health facilities using an integrated supervisory approach. In addition, a number of areas which require further investigation have been defined and will be used to develop operational research projects with regional and sub-regional staff. Community-level implementation activities will be further defined and elaborated with communities in focus woredas in January 1997. Past activities that have been essential to the development of implementation strategies are

- Health Facility Survey in the SNNPR, August 1995 (*Dr. Paul Freund*)
- Community Demand Study for the BASICS/ESHE Project, June 1995 *(Dr. Karabi Bhattacharyya*)
- Health Management and Information System (HMIS) in the SNNPR: Review and Recommendations for a Re-Design, June 1995 (*Dr. Eckard Kleinau*)
- Ethiopia Health Systems Design Activity: Report of a Health System Baseline Survey, June 1995 (*Drs. Sjoerd Postma, Mahari Woldeab Tecle, and Kidanemariam Woldeyesus Abashe)*
- Planning for Basic and Continuing Education for PHC in SNNPR, April 1996 (*Dr. Dennis Carlson)*
- Training of Trainers in the Development of Community-Based Materials and Methods, July 1996 (*Dr. Dennis Carlson*)
- Zonal Planning Meetings and Selection of Focus Woredas, July 1996 (*Dr. Rose Macauley*)

II. BACKGROUND

Ethiopia has a population of approximately 55 million people, with almost 20 percent of the population under the age of 5 years (projected figures from the 1984 national census). In Ethiopia, as in many developing countries, four primary health problems are responsible for the majority of all infant and child morbidity and mortality: pneumonia, diarrhea, malaria, and

malnutrition (MOH routine surveillance data, 1994). The infant mortality rate in Ethiopia in 1993 was reported to be 105/1000 live births overall, with significant variation between urban and rural areas. The under 5 mortality rate in 1984 was reported to be 159/1000 (Central Statistical Authority, 1995). There are no good data available on the maternal mortality rate. The total fertility rate was estimated to be 7.5 in 1990 (Central Statistical Authority, 1990).

A national vaccination coverage survey was conducted in 1995. BCG coverage was estimated to be 50 percent and measles coverage in the first year of life to be 35 percent. Overall, 20 percent of women of childbearing age had received at least TT2. The coverage survey noted high drop-out rates between BCG and measles.

Malnutrition is a major public health problem in Ethiopia. It is estimated that 64 percent of all children under 5 are stunted, defined as less than two standard deviations below the mean for height for age (Ethiopian Health and Nutrition Research Institute, 1988). There is also evidence that the prevalence of iodine and nutritional anemia is high in some areas.

The Regional Health Bureau of the SNNPR, in collaboration with the BASICS project, is working in four zones in the Southern Region to improve the health of mothers and children by focusing on the four most important causes of morbdity and mortality. One component of this program is to improve the quality of primary health care provided at health facilities in the focus districts. An integrated health facility survey was planned and conducted in order to develop strategies for improving facility-based care.

III. HEALTH FACILITY ASSESSMENT

A. Objectives of the Survey

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; and

    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; and

c) improve and develop a strategy for supervising and monitoring health worker performance.

3. To train regional and sub-regional staff 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 sampling frame for this survey comprised all health facilities (N=32) in five focus woredas (Alaba, Bonke, Boloso Sore, Dale and Konteb). It was not possible to obtain an equal probability sample of health facilities in each woreda; all facilities which were not accessible during the four- day data collection period were excluded. The sample total of 19 facilities were visited which represents 59 percent of all facilities in the focus woredas. The proportion of facilities visited in each woreda were as follows: Alaba ½ (50%), Bonke 3/5 (60%), Boloso Sore 5/6 (83%), Dale 4/9 (44%) and Konteb 4/10 (40%). The final sample of facilities in each woreda is listed in Appendix A.

The sample consisted of all infants and children under 5 years of age presenting to a health facility during the period of observation whose caretakers 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 caretakers 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:

a) observation of how a health worker manages the sick child

b) interview of health personnel regarding knowledge and practices of case management of sick children

c) exit interview with the caretaker of the child as they leave the health facility

d) assessment of facilities and supplies

Survey instruments were translated into Amharic and administered in Amharic, the national language, when possible. Interpreters were used to administer questionnaires in those areas where Amharic was not understood or used. Questionnaires were field-tested at health facilities in advance to check the comprehension of the questions and accuracy of the translation. Copies of the final questionnaires are included in Appendix D.

Field work

Field work was conducted by five teams (one team for each woreda), each comprising a supervisor and two surveyors. In addition, a coordinating team was allocated to each district to supervise all teams in the field. The coordinating teams were also responsible for collecting questionnaires and entering questionnaire data into the EpiInfo database during the survey week. 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 caretakers 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 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 September 16 and 20, 1996, in Awassa, the capital of the SNNPR. 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 plays and practice sessions at four local outpatient health clinics. Following the field visits, some survey questions were further modified. Inter-surveyor reliability was 80-90 percent for each of the questionnaires by the end of the training period. Field work was conducted between September 23 and 26, 1996. A different health facility was visited on each of

the four days available for the survey. At each health facility, survey teams attended the entire clinic session which was usually conducted between 8:00 am and 12:00 midday.

Data analysis

Questionnaire data were coded and then entered into EpiInfo (version 6.0) software by consultant staff. Data analysis was conducted between September 28 and October 3, 1996, by the survey teams, local BASICS project staff, and consultant epidemiologists. Descriptive data analysis and key indicators were summarized 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 would use the information in their own areas. The survey findings were used by each zonal and woreda team to discuss priorities for improving the quality of maternal and child care in their areas.

IV. RESULTS

A. General Descriptive Information

A total of 19 health facilities were visited and observations conducted on 144 children. Overall, 15 of the facilities were public and 4 were private. The distribution of ages of children observed ranged from 0 to 59 months, with a mean of 19 months and a median of 12 months.

The hours of operation of health facilities visited ranged between six and eight hours, with a mean of seven and a half hours. A total of 17/19 facilities (89%) operated outreach posts and the range for the number of outreach posts operated was between 0 and 24.

Of all health workers responsible for seeing sick children at the facilities visited, 13/19 (68%) were health assistants, 3/19 (16%) were nurses and 3/19 (16%) were doctors. A total of 79/144 of all sick children (55%) were seen by health assistants, 49/144 (34%) by doctors and 16/144 (11%) by nurses.

Table 1: Type of health workers seeing sick children in outpatient clinics and number of children seen (SNNPR Health Facility Assessment, 1996)

TYPE OF HEALTH WORKER SEEING SICK CHILDREN		
	Number of HWs	Number of Children Seen
Health Assistants	13	79
Doctors	3	49
Nurses	3	16
TOTAL	19	144

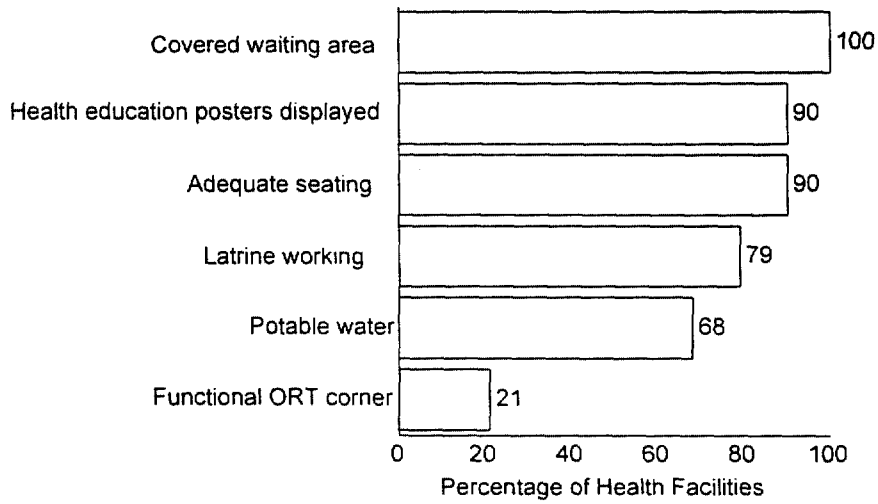
Comments

Health assistants were most frequently responsible for seeing sick children in the outpatient setting. This has implications for training; this group should be able to effectively assess, classify, and treat the common causes of infant and childhood mortality and morbidity.

B. Facility Equipment, Supplies and Record-Keeping

Patient and health worker accommodation and the availability of basic equipment is summarized in Figures 1, 2 and 3. The majority of all facilities visited had functional equipment available including sterilizers, infant and adult weighing scales, and cookers. The majority of all facilities visited had adequate seating, a covered waiting area, health education posters in the local language, a functional latrine, and potable water available. Less than half of facilities had a functioning ORT corner or thermometers available.

Figure 1: Patient and Health Worker Accommodation
SNNPR Integrated Quality of Care Assessment, Sept 1996

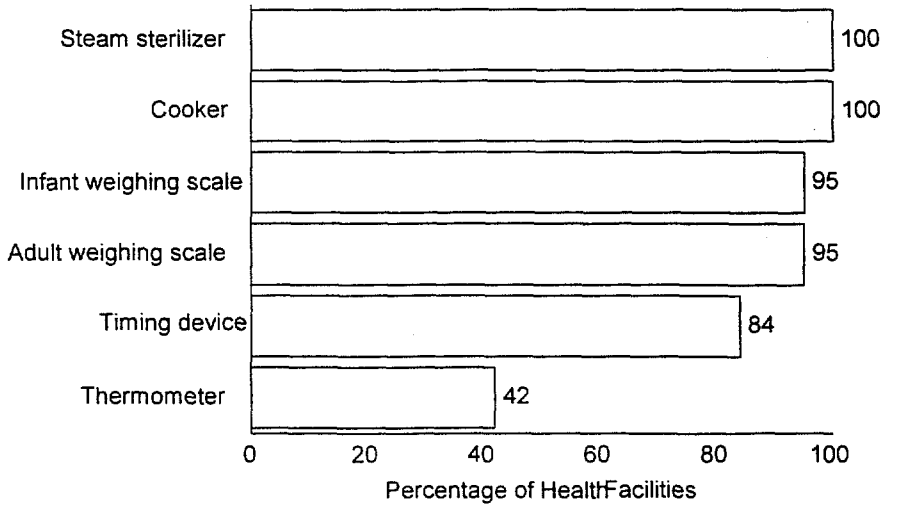


Woredas:Alaba, Bolososore, Bonke, Dale, Konteb (N=19)

A refrigerator was present in 18/19 facilities (95%). A total of 11/18 refrigerators (61%) were powered by kerosene. A total of 16/18 refrigerators (89%) were described as being functional on the day of the survey. The condition of cold chain equipment is summarized in Figure 3; all proportions were calculated using functional refrigerators. An up-to-date temperature chart was present in 9/16 facilities with a functioning refrigerator (56%). A cold box and cold packs were

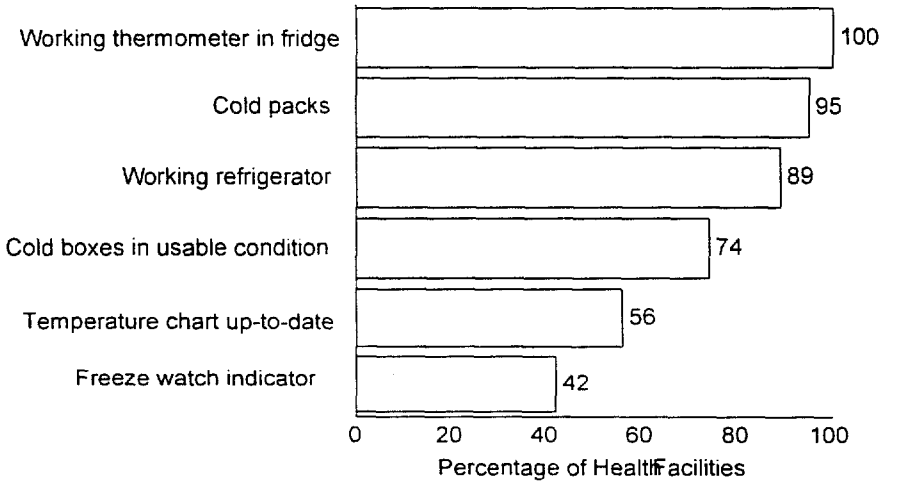
present in 18/19 facilities (95%). In the 30 days before the survey, the refrigerator temperature had been recorded to be out of the normal temperature range (0-8 degrees centigrade) at 3/16 facilities (19%).

Figure 2: Availability of Functional Equipment
SNNPR Integrated Quality of Care Assessment, Sept 1996



Woredas:Alaba, Bolososore, Bonke, Dale, Konteb (N=19)

Figure 3: Availability of Cold Chain Equipment
SNNPR Integrated Quality of Care Assessment, Sept 1996



Woredas:Alaba, Bolososore, Bonke, Dale, Konteb (N=19)

The proportion of facilities with a stock of medications, disposable needles or syringes on the day of the survey is summarized in Table 2. Expired essential medications were noted in the stock of 4/19 facilities (21%).

Table 2: Proportion of health facilities with stock available on the day of the survey (SNNPR Health Facility Assessment, 1996)

STOCK ITEM	PROPORTION WITH STOCK AVAILABLE ON THE DAY OF THE SURVEY
Chloroquine tabs/syrup	74% (14/19)
Amp/Amoxycillin tabs/syrup	89% (17/19)
Cotrimoxazole tabs	68% (13/19)
Paracetamol tabs	84% (16/19)
Aspirin tabs	84% (16/19)
ORS	100% (19/19)
Vitamin A capsules	58% (11/19)
Disposable needles	100% (19/19)
Syringes	100% (19/19)

Of 16 facilities with functional refrigerators, 15/16 (94%) had all vaccines available on the day of the survey. No polio, DPT, measles, or BCG vaccine was available at one facility (6%). Expired BCG vaccine was noted at one facility (6%).

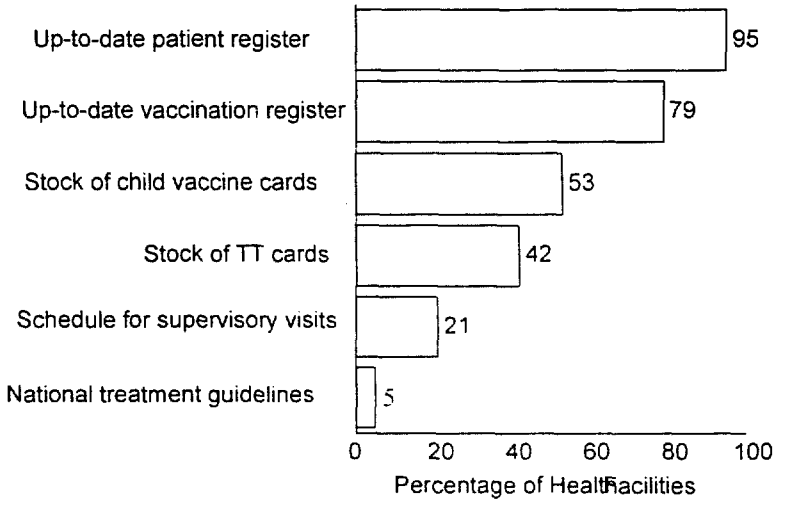
At least one stock-out of essential medications had occurred in the month preceding the survey at 14/19 facilities (74%). At least one stock-out of necessary cards and forms had occurred in the previous month at 10/19 facilities (53%). No stock outs of needles and syringes had occurred at any facility in the month preceding the survey. Supplies were most frequently provided by the government store. The most common causes of delayed supplies according to health workers are summarized in Table 3; inadequate transportation for the delivery or collection of supplies was the most frequently mentioned cause of delays.

A schedule for supervisory visits was available in 4/19 facilities (21%) and a copy of the national treatment guidelines was available at one facility (6%). The proportion of facilities conducting basic documentation and record-keeping is summarized in Figure 4.

Table 3: Most frequent reasons given by health workers for a rupture of essential supplies (SNNPR Health Facility Assessment, 1996)

CAUSE OF SUPPLY RUPTURE	PROPORTION MENTIONING
Inadequate transport	32% (6/19)
Administrative difficulties	26% (5/19)
Financial; no budget	21% (4/19)
No stock at the Central Store	16% (3/19)

Figure 4: Availability of Documentation and Records
SNNPR Integrated Quality of Care Assessment, Sept 1996



Woredas:Alaba, Bolososore, Bonke, Dale, Konteb (N=19)

Comments

The majority of facilities had all essential equipment available as well as adequate seating, potable water and latrines; all of these are required for the provision of basic child health services at health facilities and it is encouraging that they are available at the majority of sites. Functioning ORT corners were notably absent from the majority of facilities; this may reflect a lack of awareness of the importance of giving oral rehydration for mildly and moderately

dehydrated children in the facility. A functional refrigerator was present in only 16/19 facilities (84%) which will limit the ability of at least 16 percent of facilities to provide regular immunization services; a first step in improving the capacity of facilities to deliver immunization services will be to rehabilitate existing refrigerators and to strengthen the ability of health workers to provide regular refrigerator maintenance. Overall, only 9/16 refrigerators (56%) had an up-to-date temperature chart available and had therefore not been regularly monitoring conditions of vaccine storage. Health worker training and supervision should reinforce the regular use of a temperature chart and an understanding of its importance.

Over 40 percent of facilities were lacking at least one essential medication on the day of the survey and 74 percent of facilities had experienced at least one stock-out of essential medications in the previous month. Delays in the delivery of essential supplies will impact on the quality of case management that can be provided. 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 many health facilities, supplies needed to be 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.

Most facilities did not have written treatment 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.

C. Observation of Sick Children

Of 144 children observed a total of 114 (79%) were described as having fever, 103 (72%) ARI, and 69 (48%) diarrhea. The number of children described as having both ARI and diarrhea was 41/144 (28%) and the number of children with all three symptoms was 30/144 (21%).

The median consultation time was eight minutes with a range between four and 20 minutes. The histories taken by health workers for children with fever, ARI, and diarrhea are summarized in Table 4. Questions to assess the severity of the illness (eating, drinking, breastfeeding, convulsions, and a change in conscious state) were not asked by the majority of health workers. Most health workers asked history questions about the presenting illness and the duration of this illness, with 98 percent of health workers asking about the history of fever if this was the presenting complaint, 100 percent asking about a history of ARI, and 87 percent about a history of diarrhea. Over half of health workers who asked about the history of the presenting complaint, also assessed the duration of the illness. Questions about a history of diarrhea were asked to 53 percent of all caretakers, regardless of the presenting complaint, with questions about a history of fever being asked to 84 percent of all caretakers and questions about a history of a lower respiratory tract infection to 79 percent of all caretakers. Questions about treatment with western medicines prior to coming to the clinic were asked in almost a quarter of cases (20%) and

questions about the use of traditional medicines prior to the clinic visit were asked less frequently (17% of cases).

Table 4: History questions asked to the caretakers of sick infants and children by presenting complaint (SNNPR Health Facility Assessment, 1996)

HISTORY QUESTIONS	PRESENTING COMPLAINT			
	FEVER N=114	ARI N=103	DIARRHEA N=69	TOTAL
Eating/drinking	31% (35/114)	29% (30/103)	38% (26/69)	33% (47/144)
Breastfeeding	36% (29/81)	34% (26/76)	47% (27/57)	38% (41/107)
Convulsions	5% (6/114)	4% (4/103)	3% (2/69)	4% (6/144)
Change in consciousness	1% (1/114)	0% (0/103)	3% (2/69)	1% (2/144)
Vomiting	54% (62/114)	54% (56/103)	84% (58/69)	59% (85/144)
Duration of illness	62% (71/114)	71% (73/103)	55% (38/69)	
Home treatment: traditional	18% (20/114)	18% (19103)	20% (14/69)	17% (25/144)
Home treatment: western	19% (22/114)	18% (19/103)	22% (15/69)	20% (29/144)
Hx of ear problems	4% (4/114)	3% (3/103)	6% (4/69)	5% (7/144)
Hx. of fever	98% (112/114)			84% (121/144)
Hx. of coughing or difficulty breathing		100% (103/103)		79% (114/144)
Hx. of diarrhea			87% (60/69)	53% (77/144)
Blood in stool			39% (27/69)	39% (27/69)

The proportion of caretakers of sick children who were asked for the child's vaccination card at the time of the consultation was 21/144 (15%). The proportion of caretakers who had the child's vaccination card when asked was 2/21 (10%). Of the two children who had a vaccination card checked, one was given a vaccination on the same day and one was referred for vaccination on another day. Of those caretakers who did not have their child's vaccination card when asked, 7/19 (37%) were asked to return to the next vaccination session and 2/19 (11%) were asked to

return with the card. A total of 7/19 caretakers (37%) were criticized by health workers for not bringing the child's vaccination card. Interviews with caretakers after they had left the consultation found that 31/143 children eligible for vaccination (22%) had never received a vaccination.

The proportion of mothers who were asked for their own TT vaccination card at the time of the consultation for their child was 0/119 (0%). (Twenty-five of the 144 caretakers were fathers.)

The proportion of infants and children examined by examination area is summarized in Table 5. Children were rarely weighed, plotted on a growth chart, or observed for signs of malnutrition. A quarter were screened for conjunctival pallor. The respiratory rate was counted in only 5 percent of cases, with most respiratory examinations conducted with a stethoscope. Of those cases with a presenting complaint of diarrhea, 25 percent had the skin turgor checked for signs of dehydration. The ears were examined in 6 percent of cases.

Table 5: Number of children examined by examination area (SNNPR Health Facility Assessment, 1996)

EXAMINATION AREA	PROPORTION OF CHILDREN EXAMINED			
	FEVER	ARI	DIARRHEA	TOTAL
Weighed the child	5% (6/114)	8% (8/103)	9% (6/69)	9% (13/144)
Plotted weight/age	3% (3/114)	5% (5/103)	4% (3/69)	5% (7/144)
Observed nutritional state	4% (5/114)	6%(6/103)	6% (4/69)	4% (6/144)
Conjunctival pallor	30% (34/114)	27% (28/103)	25% (17/69)	26% (38/144)
Chest: count respiratory rate	5% (6/114)	4% (4/103)		5% (6/130)
Chest: stethoscope	75% (86/114)	85% (88/103)		76% (99/130)
Ears	5% (6/114)	5% (5/103)		6% (8/130)
Skin turgor			25% (17/69)	25% (17/69)

Appropriate treatment was defined according to the national treatment guidelines and based on the diagnosis made by the health worker and did not require that the medication had been prescribed correctly. The overall number of children treated appropriately according to the diagnosis made by the health worker was 118/144 (82%). Treatment for diarrhea, dysentery, malaria and pneumonia is summarized in Table 6. The majority of cases of malaria and ARI were treated appropriately while only about half of all cases of diarrhea were treated appropriately.

Table 6: Proportion of cases treated appropriately according to national treatment guidelines (SNNPR Health Facility Survey, 1996)

HEALTH WORKER DIAGNOSIS	PERCENT TREATED APPROPRIATELY
Simple Diarrhea	52% (15/29)
Dysentery	67% (4/6)
Pneumonia	100% (52/52)
Malaria	96% (23/24)

Treatment received according to the diagnosis made by the health worker is summarized in Table 7. The majority of cases of diarrhea received an oral rehydration fluid, but a high proportion of diarrhea cases were given an antibiotic or an antidiarrheal. A high proportion of simple upper respiratory tract infections were also given antibiotics.

Table 7: Treatment given by health workers by diagnostic category (SNNPR Health Facility Survey, 1996)

DIAGNOSIS AND TREATMENT	PROPORTION GIVEN
Simple Diarrhea: given ORT	93% (27/29)
Simple Diarrhea: given antidiarrheal	7% (2/29)
Simple Diarrhea: given antibiotic	38% (11/29)
URTI: given antibiotic	23% (6/26)

Health education messages given to caretakers at the time of the interview are summarized in Table 8. Key messages were not consistently given, in particular advice to continue feeding or breastfeeding and to return if the child worsened at home. Advice was given on how to administer oral medications in almost 40 percent of cases, but health workers rarely demonstrated how to give oral medications or verified that caretakers had understood correctly.

Table 8: Health education messages given to caretakers by health workers by diagnosis (SNNPR Health Facility Assessment, 1996)

MESSAGE GIVEN	HEALTH WORKER DIAGNOSIS			
	MALARIA (N=24)	PNEUMONIA (N=51)	DIARRHEA (N=29)	TOTAL (all sick children) (N=143)
Explain how to administer medications	46% (11/24)	35% (18/51)	52% (15/29)	39% (56/143)
Demonstrate how to administer medications	0% (0/24)	8% (4/51)	10% (3/29)	7% (10/143)
Verify caretaker's comprehension of how to administer medications	4% (1/24)	2% (1/51)	3% (1/29)	2% (3/143)
When to return for follow-up	25% (6/24)	22% (11/51)	10% (3/29)	15% (22/143)
Give the same or more fluids	4% (1/24)	14% (7/51)	24% (7/29)	15% (21/143)
Continue feeding or breastfeeding	0% (0/24)	16% (8/51)	17% (5/29)	14% (20/143)
Return if the child becomes worse; give at least 2 signs of severity	8% (2/24)	8% (4/51)	7% (2/29)	8% (11/143)

Of children for whom ORS was prescribed, 16/40 (40%) were given an explanation on how to prepare it at home. Health workers did not ask any of the caretakers questions to verify the comprehension of how to give ORS (0/40). Demonstrations on how to prepare ORS were given to 2/40 caretakers (5%).

Health workers infrequently gave instructions on when to return with their sick children. Messages given to caretakers on when to return are summarized in Table 9. The most frequently given general message was to return if the child became sicker. Health workers rarely instructed caretakers to return if their child was not drinking (3/143, 2%) or eating/breastfeeding (7/143, 5%). None of the caretakers of children with bloody diarrhea were instructed to return if their child developed bloody diarrhea.

Table 9: Health education messages on signs of when to return with the child by health workers by diagnosis (SNNPR Health Facility Assessment, 1996)

MESSAGE GIVEN	HEALTH WORKER DIAGNOSIS			
	MALARIA (N=24)	PNEUMONIA (N=51)	DIARRHEA (N=29)	TOTAL
Not drinking	0% (0/24)	2% (1/51)	3% (1/29)	2% (3/143)
Not eating or breastfeeding	0% (0/24)	0% (0/51)	7% (2/29)	5% (7/143)
Getting sicker	13% (3/24)	20% (10/51)	24% (7/29)	17% (25/143)
Fever persists or develops	21% (5/24)	8% (4/51)	3% (1/29)	8% (12/143)
Develops fast or difficult breathing		2% (1/51)		1% (1/143)
Develops blood in the stool			0% (0/29)	0% (0/143)

Health workers criticized caretakers about the management of their children in 23/143 cases (16%). Open-ended questions to check whether the caretaker had understood were asked in 14/143 cases (10%) and caretakers were asked if they had any questions in 4/143 cases (3%).

Comments

The average consultation time for all outpatient visits was eight 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 eight minutes to complete. A high proportion of all cases were asked history questions about the presenting illness and the duration of the symptoms which are key to the assessment and classification of sick children. Questions which are considered important for assessing the severity of the illness were asked much less frequently, in particular a history of convulsions, change in consciousness or lethargy and feeding history. 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. Improved training could reinforce the importance of each of these areas when assessing all sick children.

A very low proportion of caretakers were asked for their child's vaccination card at the time of the sick child visit and a low proportion of caretakers had their vaccination cards when asked. In

addition, exit interview data suggest that almost a quarter of all mothers and children coming to facilities who are eligible for vaccination have never been vaccinated. These data suggest that health workers are missing opportunities to vaccinate mothers and their children. Awareness of the importance of checking the vaccination cards of children and their mothers is low. 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.

A very small proportion of children had their nutritional status assessed. A low proportion of all children were weighed and plotted on a growth monitoring chart. Very few children were observed for overall nutritional status. A full nutritional assessment is considered to be important for all sick children. For those children with a complaint of ARI, the chest was usually examined with a stethoscope; counting respiratory rate was rarely practiced, although it is a sensitive diagnostic measure of the severity of lower respiratory tract infections. The ears were rarely examined as a component of an assessment for fever or ARI. Only a quarter of children with diarrhea had skin turgor assessed. The importance of a complete nutritional 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. All children with simple diarrhea should have their hydration status assessed. Many of these clinical tasks are simple and not time consuming; improved training and supervision should stress a simple and systematic approach to all sick children, using existing resources.

A high proportion of health workers in both districts treated children with pneumonia and malaria appropriately according to their own diagnosis. A lower proportion of cases of simple diarrhea were treated appropriately; although ORT was given frequently, antibiotics and antidiarrheal agents were overused. Antibiotics were also being given for a high proportion of cases of simple upper respiratory tract infections. The assessment and classification of sick children was not validated, so this measure does not necessarily reflect the quality of the diagnosis made. Appropriate treatment for common diseases should be reinforced as part of pre- and in-service training and supervision.

Key health education messages on the management of sick children at home were given to a low proportion of caretakers. Very few caretakers were given information on the signs of severity at home. All of these messages are considered essential for the management of sick children at home in order to prevent mortality. This component of case management was 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.

D. Interview with the Caretakers of Sick Infants and Children

The time taken by caretakers to reach the health facility ranged from 2 to 180 minutes, with a median time of 30 minutes. Overall, 10/143 (7%) of caretakers reported experiencing problems getting to the health facility on the day of the survey. Reported problems were that it took too long to get to the facility (8/10, 80%) and that caretakers had to miss work in order to come to the facility (2/10, 20%).

Caretakers had taken their child somewhere else for the same illness before coming to the health facility in 21/143 (15%) of cases. Providers visited are summarized in Table 10. The most frequent providers visited were other health facilities and drug sellers or pharmacists. The number of days between the onset of the illness and the clinic visit ranged from a few hours to 120 days, with a median of four days.

Table 10: Providers visited by caretakers before the clinic visit for the same illness (SNNPR Health Facility Assessment, 1996)

PROVIDER	TOTAL
Another government health facility	43% (9/21)
Private provider	5% (1/21)
Traditional healer	10% (2/21)
Drug seller or pharmacist	43% (9/21)

Of all children whose caretakers described them as having diarrhea, 14/59 (24%) said that they had done something to treat their infant or child at home. Home treatment of diarrhea is summarized in Table 11.

Table 11: Home case management provided by caretakers for children with diarrhea (SNNPR Health Facility Assessment, 1996)

HOME MANAGEMENT STRATEGY	TOTAL
ORS	14% (2/14)
Traditional therapies	57% (8/14)
Other medicines/drugs	29% (4/14)

Of all caretakers of children with diarrhea, 47/59 (80%) had previously heard of ORS. Of these caretakers, 4/47 (9%) knew correctly why ORS is given to children with diarrhea while 40/47 (85%) believed that it would stop the diarrhea. Overall, 34/59 caretakers (58%) knew correctly how to prepare ORS.

A total of 34/117 caretakers who said that their infant or child had fever (29%) had done something to treat their child at home. Home treatment of fever is summarized in Table 12. The most frequent home treatment for fever was aspirin/paracetamol (59%).

Table 12: Home case management provided by caretakers of children with fever (SNNPR Health Facility Assessment, 1996)

HOME MANAGEMENT STRATEGY	TOTAL
Aspirin/paracetamol	59% (20/34)
Antimalarial	6% (2/34)
Antibiotic	9% (3/34)
Other medicines	3% (1/34)
Traditional medicine	15% (5/34)
Removing clothes/tepid bath	9% (3/34)

A total of 24/120 caretakers who said that their infant or child had ARI (20%) had done something to treat their child at home. Home case management strategies are summarized in Table 13. The most frequent home treatments were the use of traditional medicines (50%) and antibiotics (38%).

Table 13: Home case management provided by caretakers of children with ARI (SNNPR Health Facility Assessment, 1996)

HOME MANAGEMENT STRATEGY	TOTAL
Aspirin/paracetamol	13% (3/24)
Cough syrup	4% (1/24)
Antibiotic	38% (9/24)
Traditional medicine	50% (12/24)

The proportion of caretakers with correct knowledge of how to administer the oral medication given to them by the health worker is summarized in Table 14. Caretakers were asked to describe the daily dose and the number of days for which they would give the medicine. To be correct, the amount of each dose, number of times a day that they would give this dose and the number of days for which they would continue had to be correct according to the national treatment guidelines for each medication. Correct knowledge of correct administration of oral medications was not high for chloroquine, antibiotics, antipyretic agents, or ORS. The most frequent error for the administration of chloroquine was that caretakers did not know the correct dosage to administer. The most frequent error for the administration of antibiotics was that caretakers did not know how long to give them, or reported that they would give them for less than five days. The most frequent error for the administration of aspirin or paracetamol was that caretakers described giving an inadequate dose. The most frequent error described for the administration of ORS was that caretakers did not know how often or when to give ORS to their children.

Table 14: Proportion of caretakers with correct knowledge of how to administer oral medications by medication (SNNPR Health Facility Assessment, 1996)

MEDICATION	CORRECT KNOWLEDGE OF DOSAGE SCHEDULE
Chloroquine tab or syrup	19% (3/16)
Antibiotic tab or syrup	33% (17/51)
Paracetamol or aspirin tab	27% (29/108)
ORS	56% (19/34)

The proportion of caretakers who knew at least one general and one specific strategy for the management of their child at home was 89/143 (62%). General home case management strategies were not illness specific and included continuing to feed or breastfeed, to complete the course of treatment, and to bring the child back if they got worse at home. Specific case management strategies were giving ORS or increased fluids of any type for diarrhea; giving an antimalarial, an antipyretic agent or cooling the child for fever; giving an antibiotic for pneumonia.

A total of 107/143 caretakers (75%) knew at least two signs of worsening or severe illness in their child at home. The most frequently reported signs of severe illness at home were high or persistent fever (137/143, 96%), getting sicker (73/143, 51%), and difficulty breathing (56/143, 39%).

Of all caretakers, 9/143 (6%) did not know or were not told when to bring their child back to the health facility, with the majority being told to return if their child became worse at home

(122/143, 85%). Radio was never listened to by 78/143 caretakers (55%). Radio was, however, listened to at least once a week by 57/143 caretakers (40%).

Comments

Only 7 percent of caretakers coming to health facilities had experienced a problem getting to the health facility. Problems reported were that it took too long to get to the facility and that the caretaker 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/caretakers to bring their children to health facilities when they notice danger signs, rather than delaying attendance.

Most caretakers brought their children directly to the health facility when they became ill and within four days of the onset of the illness; this suggests that caretakers are aware of the importance of relatively timely visits to health facilities. Nevertheless, a substantial number of caretakers (15%) went somewhere else for the same illness before coming to the health facility, most frequently to another government facility and drug sellers. It may be important to develop health education programs for these two target groups in order to improve the management of children in the community. Almost a quarter of caretakers reported treating diarrhea at home, with 57 percent of them giving traditional therapies and 29 percent of them giving medicines and drugs. Oral fluids may be under used for the treatment of children with diarrhea at home. The use of medicines (traditional or non-traditional) for the treatment of children with diarrhea is likely to be an ineffective management strategy and may be associated with complications. A high proportion of caretakers had heard of ORS and knowledge of how to prepare ORS was high amongst those who had ever been shown how to prepare it. It is worth noting that a high proportion of caretakers believed, incorrectly, that ORS would stop their child's diarrhea which may lead to reduced compliance with therapy at home. All essential aspects of home case management for diarrhea may be reinforced by improving the ability of health workers to better counsel mothers at the time of the facility visit.

The caretakers of a quarter of all children with fever had treated their children at home. In all districts, aspirin or paracetamol was the most frequently used treatment approach, followed by the use of traditional methods. Antibiotics were given to 9 percent of children with fever. The regular use of antipyretic agents at home is encouraging. Antibiotics may be overused at home.

The caretakers of 20 percent of all children with ARI had treated their children at home. The most frequently used home treatment strategy was the use of traditional medicines. The types and usage patterns for traditional medicines should be further investigated.

Knowledge of caretakers on how to give oral medications was poor for all essential medications, with knowledge of how to administer chloroquine being the least well understood. This measure does not distinguish between errors made because health workers had incorrectly prescribed the medication (providers do not have correct knowledge of the dosage schedule) or because

caretakers had not understood correct instructions (providers do not communicate the dosage schedule effectively to mothers). In either case, there is a need to improve the prescribing practices of health workers to focus both on the correct dosage of commonly used medications and on strategies for communicating these dosages to caretakers.

Over half of the caretakers of sick children knew how to manage their children correctly at home and understood signs of worsening or severe illness. This is an encouraging finding; these behaviors are critical to reducing mortality from the common childhood diseases. The relatively 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 a high proportion of caretakers who reach facilities are attending in a timely fashion. Nevertheless 25-40 percent of all caretakers do not have good knowledge of home case management or of when to seek care for their children; improving communication between health workers and their clients is required to further reinforce these principles.

E. Interview with the Health Care Worker

Overall, 17/19 health workers (90%) had a supervisor. Of those health workers with supervisors, 14/17 (82%) had received at least one supervisory visit over the six months preceding the survey. Overall, therefore, 14/19 all health workers (74%) had received at least one supervisory visit in the previous six months. Of those health workers who had supervisors, 12/17 (71%) had received some type of feedback from the last supervisory visit. The most frequent form of feedback provided by supervisors was written or oral reports which had been provided to 8/17 health workers (47%) at the time of the last supervisory visit. Of those health workers receiving supervision, 11/17 (65%) said that their supervisors did nothing to keep their skills up to date. Table 15 summarizes what supervisors had done at the time of the last supervisory visit.

Table 15: Supervisors activities at the time of the last supervisory visit (SNNPR Health Facility Assessment, 1996)

ACTION	TOTAL
Delivered supplies	12% (2/17)
Observed vaccination session	29% (5/17)
Discussed problems with medicines and supplies	65% (11/17)
Viewed reports	24% (4/17)
Gave HWs information	12% (2/17)
Observed case management practices	18% (3/17)
Reviewed EPI activities	12% (2/17)
Discussed health education	6% (1/17)

Overall, 15/19 health workers (79%) reported using the information that they obtained from routine reports. The most frequent uses for routine report information were for assessing targets (14/19, 74%) and for epidemiological surveillance (4/19, 21%). The proportion of health workers reporting that they had received feedback from routine reports was 8/19 (42%).

The most common problems reported by health workers when doing their job are summarized in Table 16. The most frequently reported problems were a lack of personnel and time and a lack of transport.

Table 16: Most common problems faced by heath workers (SNNPR Health Facility Assessment, 1996)

PROBLEM REPORTED BY HWs	PROPORTION REPORTING
Lack of training	11% (2/19)
Mothers don't come to clinic	11% (2/19)
Lack personnel or time	74% (14/19)
Lack of supplies or stock	47% (9/19)
Lack of supervision	0% (0/19)
Lack of feedback	5% (1/19)
Lack of transport	63% (12/19)
Lack of motivation	37% (7/19)
Poor environment and living conditions	16% (3/19)

The proportion of health workers responsible for seeing sick children who had received at least one training in the previous 12 months was 8/19 (42%). The types of training received were EPI (3/8, 38%), ARI/CDD (2/8, 25%), integrated health care (2/8, 25%), and TB (1/8, 13%). Clinical practice had been included in 5/8 (63%) of the last training sessions.

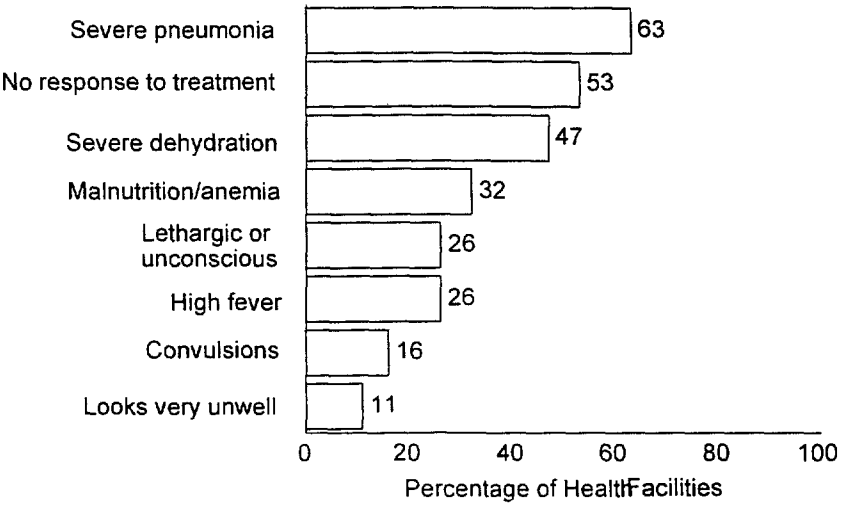
The proportion of health workers with correct knowledge of the infant/child vaccination schedule was 11/19 (58%), while 16/19 (84%) knew correctly the target groups for TT vaccination. The number of clinic vaccination days ranged from zero to six with a mean of three days. The number of antenatal clinic days ranged from one to six with a mean of three.

The number of facilities conducting vaccinations was 17/19 (89%). Seven of the facilities reported that they offered vaccination sessions five days a week (7/17, 41%), with 6/17 (35%)

vaccinating one day a week and 2/19 (11%) vaccinating two days a week. Antenatal clinics were offered by 18/19 (95%) of facilities. Overall, 6/18 (33%) offered antenatal clinics five days a week, 6/18 (33%) offered clinics one day a week, 3/18 (17%) offered clinics two days a week and 3/18 (17%) offered clinics six days a week.

Figure 5: HW Knowledge of When to Refer a Sick Child

SNNPR Integrated Quality of Care Assessment, Sept 1996



Woredas:Alaba, Bolososore, Bonke, Dale, Konteb (N=19)

The proportion of health workers knowing at least three signs of when to refer a sick child to the hospital was 17/19 (89%). Figure 5 summarizes the reasons for referral given by health workers. A total of 13/19 (68%) of health workers had wanted to refer a sick child in the past, but had been unable to do so. The reasons for being unable to refer sick children are summarized in table 17. The most frequent reasons for non-referral were that families had no money to pay for transportation or care and that they refused to go to a referral center.

Table 17: Reasons given by health workers for being unable to refer sick children in the past (SNNPR Health Facility Assessment, 1996)

REASON GIVEN	TOTAL
Hospital too far	0% (0/13)
Parents refused to go	77% (10/13)
No transport available	54% (7/13)
Parents had no money for transport or care	92% (12/13)
No one to look after other children at home	0% (0/13)

All health workers interviewed believed that they had a role in communicating with the caretakers of sick children. Health workers' self-described roles in communicating with caretakers are summarized in Table 18. The communication tasks most frequently given were to advise caretakers on the prevention of illnesses and to ensure that caretakers have understood how to manage their child at home.

Table 18: Health workers' self-reported roles in communicating with caretakers (SNNPR Health Facility Assessment, 1996)

ROLE GIVEN	TOTAL
Give signs of severe or worsening illness at home	21% (4/19)
Advise on home treatment	58% (11/19)
Describe how to give medications	11% (2/19)
Advise on the prevention of illnesses	79% (15/19)
Explain when to return for the next visit	16% (3/19)
Ensure that caretakers have understood how to manage their child	32% (6/19)

Comments

Most health workers had a supervisor who had visited at least once in the previous six months. More than half of all health workers had received feedback from their supervisors. Very few supervisors had observed clinical practice or talked to patients at the time of their last visit. It is

encouraging that so many health workers have a supervisor and that supervisory visits are occurring. The quality of the supervision provided is unlikely to be ideal, since quality of care is not regularly assessed. Establishing regular supervisory practices is difficult in many countries and getting supervisors to the facilities is often the most difficult step; this had already been accomplished in the majority of health facilities visited. A systematic approach to supervisory activities, including the use of standard supervisory checklists, a schedule of supervisory visits, and strategies for providing feedback and education to health workers, is required.

All 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. 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 time and personnel and a lack of transportation. Transportation shortages may be associated with the lack of drugs and supplies since health workers often have to pick up supplies themselves. It is possible that the lack of personnel and time to accomplish all tasks may be addressed by investigating the organization of clinics and methods for improving the efficiency with which essential tasks are done.

Less than half of health workers interviewed had received training in the 12 months prior to the survey. This training was in the areas of EPI, CDD/ARI, TB, and integrated health care. Very little training had been received in standard case management of the most important causes of childhood morbidity and mortality. When training had been received, it had involved clinical practice in over half of cases, which is essential for both teaching and sustaining new skills. Regular training, as well as supervision, is 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 has 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 for mothers and children was found to be relatively high, although it is clear from the health worker observation that health workers are missing opportunities to vaccinate children. Health workers were familiar with the concept that a woman coming to the clinic with her child is a possible target for TT vaccination, although the case management observation revealed that very few health workers checked the vaccination status of women at the time of the sick child visit. The majority of facilities gave vaccinations on five days of the week. Providing these services each day is considered desirable to reduce missed opportunities to vaccinate or provide antenatal care. Despite good health worker knowledge of the importance of vaccinations, and the presence of daily vaccination clinics, missed opportunities to vaccinate remain common; there is a gap between the knowledge and practice of

health workers. Barriers to avoiding missed opportunities to vaccinate need to be addressed during follow-up.

There are a number of reasons why daily vaccination services may not be provided by facilities, including staff shortages, lack of clinic space, and misconceptions about the time or logistics involved. In some clinics, it may be possible to reorganize service delivery using existing resources and this should be investigated where possible.

A high proportion of health workers knew at least three signs of severity that would prompt them to refer a sick infant or child to the hospital. More than half of all health workers had been unable, however, to refer a sick infant or child; most common reasons given for non-referral were that parents refused to refer their children or because parents did not have enough money to pay for transportation or further medical care. The barriers to the effective referral of sick children will need to be further investigated in order to develop strategies for addressing these barriers.

All health workers described themselves as having a role in communicating with caretakers, most frequently in the areas of home case management and prevention of childhood diseases. It is clear from the observations of case management, however, that many key aspects of home case management of sick children are not adequately addressed by health workers. Again, there is a gap between the knowledge and practices of health workers. Key messages and strategies for communicating these messages need to be further developed and health workers need to be trained in the routine use of communication strategies.

V. SELECTION OF PROGRAM INDICATORS

Data were analyzed by regional, zonal and woreda staff who calculated indicators and supporting information in a number of key areas, including health worker practice (screening, clinical examination, immunization, treatment, interpersonal communication), health worker knowledge (training and supervision), caretaker knowledge and practice (management of the sick child at home) and facility equipment and supplies (availability of drugs and supplies, availability of equipment, and record-keeping). These results are summarized in Appendix C. Zonal and woreda teams then selected the most important indicators for improving the quality of integrated child health care in their own areas. The following criteria were used to rank indicators:

a. Public health or clinical importance

b. Feasibility of changing the indicator

c. Resources required to make a change in the indicator

d. Time required to make a change in the indicator

Indicators which had public health importance and could feasibly be changed in a timely fashion with existing resources were ranked most highly. After ranking, each team selected the top ranked indicators. A final list was compiled by consensus.

Key Program Indicators

The selected key program indicators will be used to monitor and evaluate progress over time and to develop specific facility-based program activities.

1. *Proportion of health workers who had been trained in a child health topic in the previous 12 months*

   Baseline = **42 percent**

2. *Proportion of facilities that have received at least one supervisory visit in the last six months*

   Baseline = **74 percent**

3. *Proportion of facilities with essential medications always available in the previous month*

   Baseline = **26 percent**

4. *Proportion of mothers and children who had their vaccination cards checked at the time of the sick child visit*

   Baseline: **Children = 15 percent**
   Mothers = 0 percent

5. *Clinical assessment*

   a. *Proportion of children screened for severe illness*

      Baseline = **1 percent**

   b. *Proportion of caretakers of sick children who were asked all key history questions*

      Baseline = **1 percent**

   c. *Proportion of children who were examined appropriately*

      Baseline = **51 percent**

6. *Nutritional assessment*

   a. *Proportion of children who were weighed on the day of the survey*

      Baseline = **9 percent**

   b. *Proportion of children whose weight was plotted on a growth chart*

      Baseline = **5 percent**

   c. *Proportion of children who had nutritional status examined*

      Baseline = **4 percent**

7. *Proportion of children with diarrhea who were treated appropriately*

   Baseline = **52 percent**

8. *Interpersonal communication*

   a. *Proportion of children whose caretakers were told how to administer the oral medication*

      Baseline = **39 percent**

   b. *Proportion of children whose caretakers were counseled on the importance of giving fluids at home*

      Baseline = **15 percent**

   c. *Proportion of children whose caretakers were counseled on the importance of giving food or breastfeeding at home*

      Baseline = **14 percent**

   d. *Proportion of children whose caretakers were given advice on when to return*

      Baseline = **8 percent**

VI. DISCUSSION AND RECOMMENDATIONS

1. *Proportion of health workers who had been trained in a child health topic in the previous 12 months*

Training had been received by 42 percent of staff responsible for seeing sick children. Training was largely limited to a single area (e.g., EPI) and did not always involve clinical practice. In-service training is important for both introducing and sustaining new skills. Health worker knowledge of the EPI calender and the TT vaccination schedule was relatively high. In the area of case management, health workers generally did not check for symptoms of severe illness, ask for the child's or mother's vaccination card, ask key history questions, assess nutritional status, or conduct an appropriate examination. Health education messages on the home management of children were not systematically given, although health workers had a high level of knowledge of the importance of health communication. Practice in all of these areas could be improved with simple training and supervision strategies without the expenditure of additional resources. Zonal and woreda teams stressed that training should be need-based and should focus on the most important weaknesses, that it should emphasize an integrated approach to the management of children when possible, and that it should always involve practical clinical experience. When designing a training strategy, all of 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 staffing of the clinic, 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 ongoing supervision will be considered in tandem with training activities.

Recommendations

a. Develop simple in-service training for lower level health staff which focuses on the key indicators. Training should be developed and conducted at the woreda and facility levels and should be conducted in collaboration with supervisory activities.

b. Improve the capacity of the RTC and zonal health staff to develop and conduct focused PHC training by providing these trainers with on-the-job training in the development of supervisory and training approaches.

c. Consider using survey data to assist with the planning of pre-service training programs at the regional level, in particular those components which focus on case management practices and the barriers to effective case management practices.

2. *Proportion of facilities that have received at least one supervisory visit in the last six months*

The majority of health facilities visited had received at least one supervisory visit in the previous six months. It is encouraging that supervisory visits are being made. The quality of the feedback given to health workers and the activities undertaken to keep health workers up to date remain uncertain. Supervisors rarely observed case management practices, for example, or spoke to caretakers as they left the clinic. Supervision can be strengthened by training supervisors to evaluate facilities systematically using a supervisory checklist and by training them to provide feedback and educate health workers at the time of the supervisory visit. In addition, the regularity and timeliness of supervisory visits can be improved by better using existing cars and fuel (pooling of zonal vehicles and an emphasis on preventive maintenance) and by developing strategies for conducting integrated supervision. Schedules for supervisory visits should be distributed in advance to health staff at all levels. Supervisors should be educated in the identification of possible barriers to effective case management and trained in strategies for overcoming these barriers. Regular supervision is critical to maintaining skills at the clinic level.

Recommendations

a. Develop an approach to regular supervision at the zonal and woreda levels using existing resources; develop an integrated supervisory checklist based on key program indicators in collaboration with zonal and woreda health staff; test approaches to changing health worker practice at the facility level in focus woredas.

b. Use information collected from supervisory visits to monitor program activities; establish a supervisory database to track changes in program indicators.

c. Conduct in-service training in supervisory techniques for regional, zonal and woreda health staff in focus woredas.

3. *Proportion of facilities with essential medications always available in the previous month*

Essential medications had been available at all times in the 30 days preceding the survey in only one quarter of facilities. In addition, up to 40 percent of the facilities had no stock of at least one essential medication on the day of the survey. Drug availability in public facilities is important for ensuring that health workers can provide quality case management. At many facilities, the lack of adequate transportation prevented the delivery and collection of supplies in a timely fashion. Developing skills for the management of stock inventories at health clinics should be a component of routine pre- and in-service training. It may be possible to manage existing stocks of essential medications by improving prescribing practices and reducing the inappropriate use of antibiotics and other medications. It was noted that the inappropriate use of antibiotics is common in many of the facilities visited. The regional system for ordering, storing and

distributing drugs to peripheral sites also needs to be reassessed; drugs and supplies should be distributed based on the number of cases seen by each facility. A formal review of the drug distribution system should be considered to identify areas that may not be functioning effectively.

Recommendations

a. Conduct a review of the existing drug and vaccine management and distribution system; identify areas that need strengthening and develop a strategy for addressing these gaps.

b. Develop a regular supervisory approach (see section F2) which emphasizes the importance of the rational use of drugs and the use of stock cards.

4. *Proportion of mothers and children who had their vaccination cards checked at the time of the sick child visit*

A very low proportion of children and mothers had their vaccination status checked on the day of the sick child visit. In addition, 22 percent of children and mothers coming to the health facility on the day of the survey had never received a vaccination. Most facilities had a stock of vaccines and a functional cold chain. Missed opportunities to vaccinate mothers and children is an important problem in the facilities visited. Checking the vaccination status of every child and mother is a relatively simple, quick and inexpensive clinical action. Improved health worker practice in this area should encourage more mothers to bring their cards with them at every visit. Vaccination of those infants and children who need vaccines on the day of the visit is ideal in order to eliminate missed opportunities to vaccinate. If this is not possible, caretakers should at least be referred to the next vaccination session and the importance of this next visit strongly reinforced. The current barriers to regular assessment of the vaccination status of children and their mothers should be investigated as well as the barriers to the provision of daily vaccination sessions.

Recommendations

a. Evaluate barriers to avoiding missed opportunities to vaccinate at peripheral health facilities and develop strategies for overcoming these barriers in collaboration with local health staff as a part of an integrated supervisory approach. Supervision and training approaches should reinforce the importance of referral for severely ill children and discuss strategies for addressing barriers to referral.

5. *Clinical assessment of sick children (screened for severe illness, asked all key history questions, examined appropriately)*

There is evidence that health workers may not be regularly using an integrated or combined approach to the assessment of sick children. The vast majority of health workers did not screen for severe illness, ask all core history questions of caretakers, or examine each child systematically. There are a number of reasons why health workers may not be screening children systematically, including lack of awareness of the importance of this approach, lack of practical training in approaches or methods to follow, time restrictions, poor clinic organization, and other factors. In-service training and supervision of health workers should reinforce the importance of these aspects of the assessment of sick children.

Recommendations

a. Develop an integrated appraoch to supervision which emphasizes a comprehensive approach to the assessment of children.

b. Work with local health workers to identify barriers and possible solutions to improving case management practices in the clinic setting.

c. Incorporate these principles into pre- and in-service training strategies as they are developed at regional and zonal levels.

6. *Nutritional assessment of sick children (weighing all children, plotting weight on a growth chart, examination of nutritional status)*

Malnutrition is an important public health problem in Ethiopia and sick child visits provide an opportunity for identifying malnourished children and counseling caretakers on feeding practices. Nutritional status is not systematically assessed. The first step in improving nutritional screening practices will be to ensure that all children are weighed and plotted on a growth monitoring chart. Most facilities visited had a functional weighing scale available. The barriers to weighing children need to be further investigated in the context of regular supervision.

Recommendations

a. Develop an integrated approach to supervision which emphasizes nutritional screening as a component of a comprehensive approach to the assessment of children.

b. Work with local health workers to identify barriers and possible solutions to improving nutritional screening in the clinic setting.

c. Incorporate these principles into pre- and in-service training stratgeies as they are developed at regional and zonal levels.

7. *Proportion of children with diarrhea who are managed appropriately*

Only 52 percent of children with diarrhea were treated appropriately; antibiotics and antidiarrheals are overused by health workers. It was noted that functional oral rehydration corners were present in only 21 percent of health facilities and this may reflect a lack of awareness about the importance of oral rehydration for the prevention and management of dehydration. It was noted that a stock of ORS sachets was available in all facilities. The recommendation and use of oral fluids is a simple, cheap, and effective treatment strategy. Regular supervision should clearly emphasize these principles. Over 70 percent of caretakers of children with diarrhea who had heard of ORS for the management of diarrhea knew correctly how to prepare it at home, although the majority of them believed incorrectly that ORS would stop diarrhea. Improving the use of ORT should also emphasize the importance of correctly instructing caretakers on the administration of these fluids at home. Possible barriers to the acceptance of oral fluids by caretakers and communities may need to be investigated; it was noted that a high proportion of caretakers who had treated their child with diarrhea at home had given traditional medicines or antibiotics. There may be pressure on health workers from caretakers to give drugs or medicines instead of simple oral fluids.

Recommendations

a. Develop an integrated approach to supervision which emphasizes the management of diarrhea.

b. Work with local health workers to identify barriers and possible solutions to improving the management of diarrhea in the clinic setting.

c. Incorporate these principles into pre- and in-service training strategies as they are developed at regional and zonal levels.

8. *Interpersonal communication (giving oral medications, fluids, feeding and breastfeeding, when to return)*

Key counseling messages were not systematically given by health workers, although knowledge of the importance of communication was widespread. There are a number of possible reasons for this including no systematic training or reinforcement of the importance of communicating with caretakers; lack of knowledge of the most importance messages to give; lack of appreciation of the important role that home case management plays in the outcome for each child; lack of time to adequately counsel caretakers; and lack of health education materials. It was generally agreed by zonal and woreda staff that strategies for improving communication will need to be developed in close collaboration with health workers. Possible strategies to improve communication may be

to reinforce communication principles through the provision of regular supervision and in-service training, to provide simple health education materials, and to consider reorganization of clinic activities to allow the health worker more time to conduct counseling. The quality of counseling will also need to be addressed; although 39 percent of caretakers were told how to administer oral medications at home, only 26 percent of them knew how to give all essential medications correctly when asked at the exit interview. Counseling on how to give medications will need to emphasize practical demonstrations.

Recommendations

a. Develop an integrated approach to supervision which emphasizes simple approaches to counseling for each child.

b. Work with local health workers to identify barriers and possible solutions to improving counseling in the clinic setting.

c. Incorporate health communication principles into pre- and in-service training strategies as they are developed at regional and zonal levels.

d. Develop simple counseling materials for health staff which focus on key home management messages in collaboration with RZW staff.

APPENDICES

APPENDIX A

HEALTH FACILITIES VISITED

APPENDIX A HEALTH FACILITIES VISITED

Alaba

Alaba Health Center

Bolososore

Areka Health Center
Admancho H.S.
Bombe H.S.
Hembecho H.S.
Gununo H.S.

Bonke

Gerese Goverment H.S.
Gerese EECMY H.S.
Dimede H.S.

Dale

Yirgalem Hospital
Yirgalem H.C.
Bokasso H.S.
Chancho H.S.
Massankala H.S.
Shafina H.S.

Konteb

Lerra H.S
Morsitou H.S.
Homecho H.S.
Surmo Adel H.S.

APPENDIX B

SURVEY TEAMS

APPENDIX B SURVEY TEAMS

Alaba

Dr. Tekleab Kedamo, Head, Disease Prevention and Control, Hadiya
Mr. Thomas Toina, Head, Woreda Health Office, Bonke
Mr. Kekebo Debeko, Head, Woreda Health Office, Dale
Mr. Abu Awell, Head, Woreda Health Office, Alaba

Bolososore

Sr. Werkenesh Kereta, Trainer in the RTC
Dr. Solomon Weku, Epidemiologist, RHB
Mr. Shewangizaw Demissie, Head, Health Services and Training, Konteb

Bonke

Dr. Mengistu Asnake, PHC Physician and Community Development Specialist, BASICS Awassa
Mr. Kassahun Belete, Health, Epidemiology Section, North Omo
Mr. Mengistu Kassa, Surveillance Coordinator, Sidama

Dale

Dr. Mulugeta Betre, PHC Physician and Training Specialist, BASICS Awassa
Sr. Mulu Fekadu, Nurse, Alaba Health Center
Mr. Belay Roma, Head, Laboratory Bacteriology Unit

Konteb

Mr. Wondimu Amdie, Data Collection Coordinator, BASICS Awassa
Mr. Meskele Lera, Trainer in the RTC
Mr. Paulos Amenta, Health of Woreda Health Office, Bolososore

APPENDIX C

SUMMARY OF ANAYLSIS RESULTS
KEY INDICATORS AND SUPPORTING INFORMATION

APPENDIX C KEY INDICATORS AND SUPPORTING INFORMATION: HEALTH FACILITY QUALITY OF CARE ASSESSMENT

1. **HEALTH WORKER PRACTICE**

a) Screening:

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
1	Proportion of children screened for severe illness	Cases with all severity questions asked / Total number of cases observed	1% (1/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 0/23 Bolososore = 0/39 Dale = 1/34
2	Proportion of children who were asked all key history questions	Cases with all key history questions asked / Total number of cases observed	1% (1/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 0/23 Bolososore = 1/39 Dale = 0/34

b) Clinical examination:

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
3	Proportion of children who were examined appropriately	Cases examined according to reason for visit / Total number of cases observed	51% (73/144)	Konteb = 10/19 Bonke = 21/29 Alaba = 14/23 Bolososore = 16/39 Dale = 12/34
4	Proportion of children who had nutritional status examined	Cases examined for pallor **and** visible wasting / Total number of cases observed	4% (6/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 2/23 Bolosore = 4/39 Dale = 0/34
	Supporting information			
	Proportion of children who were weighed the day of the survey	Cases whose weight was determined / Total number of cases observed	9% (13/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 2/23 Bolososore = 9/39 Dale = 2/34
	Proportion of children whose weight was plotted on a growth chart	Cases whose weight was plotted on a chart / Total number of cases observed	5% (7/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 0/23 Bolososore = 7/39 Dale = 0/34

c) Immunization:

No	Indicator	Numerator Denominator	Overall result (%)	Results by Woreda
5	Proportion of children who had vaccination card checked at sick child visit	Cases whose HW asked for vaccination card Total number of cases observed	**15%** (21/144)	Konteb = 1/19 Bonke = 1/29 Alaba = 0/23 Bolososore = 14/39 Dale = 5/34
	Supporting information			
	Proportion of children who had vaccination card at sick child visit	Cases who had vaccination card Number of cases who were asked for vacc. card	**10%** (2/21)	Konteb = 1/1 Bonke = 0/1 Alaba = --- Boloso Sore = 0/14 Dale = 1/5
	Proportion of children eligible for vaccination who had never received a vaccination	Cases who had never been vaccinated Total number of cases observed	**22%** (31/143)	Konteb = 5/19 Bonke = 7/29 Alaba = 6/23 Boloso Sore = 10/38 Dale = 3/34
	Proportion of mothers who had vaccination card checked at sick child visit	Cases whose HW asked for mothers card Total number of cases observed	**0%** (0/144)	Konteb = 0/19 Bonke = 0/29 Alaba = 0/23 Boloso Sore = 0/39 Dale = 0/34
	Proportion of mothers who had never received a TT vaccination	Mothers who had never been vaccinated Total number of mothers seen	**22%** (26/118) * 25=Fathers	Konteb = 3/19 Bonke = 7/23 Alaba = 8/20 Boloso Sore =8/27 Dale = 0/29

d) Treatment:

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
6	Proportion of children who received an appropriate medication for the diagnosis made by the health worker	Cases with treatment appropriate for diagnosis / Total number of cases observed	**82%** (118/144)	Konteb = 11/19 Bonke = 27/29 Alaba = 18/23 Boloso Sore = 34/39 Dale = 28/34
7	Proportion of children with diarrhea who received ORS/Attmit	Number of cases with diarrhea who received ORS/Attmit / Number of cases with diarrhea	**52%** (15/29)	Konteb = 1/8 Bonke = 4/5 Alaba = 3/5 Boloso Sore = 5/7 Dale = 2/4
8	Proportion of dysentery cases who received an antibiotic	Dysentery cases who received an antibiotic / Total number of dysentery cases	**67%** (4/6)	Konteb = 0/1 Bonke = --- Alaba = 0/0 Boloso Sore =1/1 Dale = 3/3
9	Proportion of ARI cases who received an antibiotic	ARI cases who received an antibiotic / Total number of ARI cases	**100%** (52/52)	Konteb = 11/11 Bonke = 7/7 Alaba = 10/10 Boloso Sore =13/13 Dale = 11/11
10	Proportion of malaria cases who received an antimalarial	Malaria cases who received an antimalarial / Total number of malaria cases	**96%** (23/24)	Konteb = --- Bonke = 3/3 Alaba = --- Boloso Sore =13/13 Dale = 7/8
	Supporting information			
	Proportion of children with diarrhea who received an antibiotic or an antidiarrheal	Diarrhea cases who received an antibiotic or an antidiarrheal medication / Total number of diarrhea cases	**41%** (12/29)	Konteb = 5/8 Bonke = 1/5 Alaba = 2/5 Boloso Sore = 2/7 Dale = 2/4
	Proportion of children with simple URTI who received an antibiotic	Cold/allergy/simple cough cases who received an antibiotic / Total number of cold/allergy/simple cough cases	**23%** (6/26)	Konteb = 1/2 Bonke = 1/1 Alaba = 2/7 Boloso Sore = 1/12 Dale = 1/4

e) Interpersonal communication

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
11	Proportion of children whose caretakers were told how to administer oral medication	Cases whose caretakers were told by HW how to administer oral medication / Total number of cases given oral medications	**39%** (56/143)	Konteb = 11/19 Bonke = 5/29 Alaba = 4/23 Boloso Sore =14/39 Dale = 22/33
12	Proportion of children whose caretakers were counseled on the importance of giving fluids at home	Cases whose caretakers were told by HW the need to give the same quantity or more liquid at home / Total number of cases observed	**15%** (21/143)	Konteb = 3/19 Bonke = 1/29 Alaba = 8/23 Boloso Sore = 5/39 Dale = 4/33
13	Proportion of children whose caretakers were counseled on the importance of giving food or breastfeeding at home	Cases whose caretakers were explained by HW the need to continue feeding or breastfeeding at home / Total number of cases observed	**14%** (20/143)	Konteb = 3/19 Bonke = 1/29 Alaba = 3/23 Boloso Sore = 8/39 Dale = 5/33
14	Proportion of children whose caretakers were given advice on when to return	Cases whose caretakers were told at least two messages on when to bring the child back / Total number of cases observed	**8%** (11/143)	Konteb = 0/19 Bonke = 0/29 Alaba = 1/23 Boloso Sore = 1/39 Dale = 9/33
	Supporting information			
	Proportion of children whose caretakers were shown how to give oral medication	Cases whose caretakers were shown how to give oral medications / Total number of cases observed	**7%** (10/143)	Konteb = 1/19 Bonke = 0/29 Alaba = 0/23 Boloso Sore = 6/39 Dale = 3/33
	Proportion of children whose caretakers were asked questions to verify whether or not they had understood	Cases whose caretakers were asked question to verify the comprehension / Total number of cases observed	**5%** (7/143)	Konteb = 0/19 Bonke = 1/29 Alaba = 0/23 Boloso Sore = 2/39 Dale = 4/33

2. **HEALTH WORKER KNOWLEDGE**

a) Training

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
15	Proportion of health workers who see sick children who have received training in the management of child illness in the last 12 months	Number of health workers who have received at least one training in the last 12 months / Total number of HW interviewed	**42%** (8/19)	Konteb = 1/4 Bonke = 1/3 Alaba = 0/1 Boloso Sore = 1/5 Dale = 5/6
	Supporting information			
	Distribution of training received in the last 12 months by type of training	Number of each type of training received / Total number of HW interviewed	**EPI = 3** **ARI/CDD =2** **IHCARE = 2** **TB = 1**	Konteb =1 EPI Bonke = 1 EPI Alaba = 0 Boloso Sore=1 ARI/CDD Dale =1 EPI, 1 ARI/CDD 2 IHCARE, 1 TB
	Proportion of last training sessions which involved clinical practice	Number of last training sessions with clinical practice / Total number of last training sessions	**63%** (5/8)	Konteb = 1/1 Bonke = 0/1 Alaba = --- Boloso Sore =1/1 Dale = 3/5
	Proportion of health workers with correct knowledge of the EPI calendar	Number of health workers with correct knowledge of the EPI calendar / Total number of HW interviewed	**58%** (11/19)	Konteb = 1/4 Bonke = 3/3 Alaba = 0/1 Boloso Sore = 2/5 Dale = 5/6

No	Indicator	Numerator Denominator	Overall result (%)	Results by Woreda
16	Proportion of health workers with correct knowledge of when to refer a sick child	Number of health workers who know at least 3 signs for referral _____ Total number of HW interviewed	**89%** (17/19)	Konteb = 4/4 Bonke = 2/3 Alaba = 1/1 Boloso Sore =5/5 Dale = 5/6
	Supporting information			
	Proportion of health workers who had been unable to refer sick children in the past	Number of health workers who have been unable to refer a child to hospital _____ Total number of HW interviewed	**68%** (13/19)	Konteb = 1/4 Bonke = 1/3 Alaba = 1/1 Boloso Sore =5/5 Dale = 5/6
	Proportional distribution of reasons for being unable to refer sick children	Number of each reason why HW could not refer a child _____ Total number of HW who have been unable to refer	**Money 92%** (12/13) **Refus 77%** (10/13) **Transp 54%** (7/13)	Konteb = Bonke = Alaba = Boloso Sore = Dale =

b) Supervision

No	Indicator	Numerator Denominator	Overall result (%)	Results by Woreda
17	Proportion of health workers who had received at least one supervisory visit in the last 6 months	Number of HW who received at least one supervisory visit in the last 6 months _____ Total number of HW interviewed	**74%** (14/19)	Konteb = 4/4 Bonke = 3/3 Alaba = 0/1- Boloso Sore = 3/5 Dale = 4/6
	Supporting information			
	Proportion of health workers who have received feedback from supervisor	Number of HW who received feedback from supervisor _____ Number of HW with a supervisor	**71%** (12/17)	Konteb = 4/4 Bonke = 3/3 Alaba = --- Boloso Sore = 3/5 Dale = 4/5

3. **CARETAKER KNOWLEDGE AND PRACTICE**

a) Management of the sick child at home

No	Indicator	Numerator / Denominator	Overall result (%)	Results by Woreda
18	Proportion of children receiving oral medications whose caretakers knew correctly how to administer the drug at home	Caretakers who know how to give ALL essential medication correctly / Total number of caretakers interviewed	**26%** (34/133) * 10=no oral medication	Konteb = 9/19 Bonke = 9/27 Alaba = 0/22 Boloso Sore = 5/33 Dale = 11/32
19	Proportion of caretakers who know how to correctly manage the child at home	Number of caretakers who know at least one general and one specific aspect of home case management / Total number of caretakers interviewed	**62%** (89/143)	Konteb = 18/19 Bonke = 18/29 Alaba = 10/23 Boloso Sore = 21/38 Dale = 22/34
20	Proportion of caretakers who know at least 2 signs of when to return if the child becomes worse at home	Number of caretakers who know at least 2 signs of child getting worse at home / Total number of caretakers interviewed	**75%** (107/143)	Konteb = 17/19 Bonke = 26/29 Alaba = 11/23 Boloso Sore = 32/38 Dale = 21/34
	Supporting information			
	Proportion of cases of diarrhea whose caretakers know how to prepare ORS	Number of caretakers who correctly know how to prepare ORS / Total number children with diarrhea	**58%** (34/59)	Konteb = 4/5 Bonke = 7/10 Alaba = 8/13 Boloso Sore = 10/18 Dale = 5/13
	Proportion of caretakers of children with diarrhea who believe that ORS/RHF will stop diarrhea	Number of caretakers of diarrhea cases who believe that ORS/RHF will stop diarrhea / Number of caretakers of children with diarrhea and who have heard of ORS/RHF	**85%** (40/47)	Konteb = 3/4 Bonke = 8/8 Alaba = 6/11 Boloso Sore = 13/14 Dale = 10/10

4. **FACILITY EQUIPMENT**

a) Availability of drugs and supplies

No	Indicator	Numerator Denominator	Overall result (%)	Results by Woreda
21	Proportion of health facilities which have experienced at least one stock out of ORS and essential supplies in the previous month	Number of health facilities which have experienced at least one stock out in the previous month _____ Total number of health facilities visited	**90%** (17/19)	Konteb = 2/4 Bonke = 3/3 Alaba = 1/1 Boloso Sore =5/5 Dale = 6/6
	Supporting information			
	Proportion of health facilities which have experienced at least one stock out of ORS in the previous month	Number of health facilities which have experienced at least one stock out of ORS in the previous month _____ Total number of health facilities visited	**0%** (0/19)	Konteb = 0/4 Bonke = 0/3 Alaba = 0/1 Boloso Sore = 0/5 Dale = 0/6
	Proportion of health facilities which have experienced at least one stock out of essential drugs in the previous month	Number of health facilities which have experienced at least one stock out of drugs in the previous month _____ Total number of health facilities visited	**74%** (14/19)	Konteb = 1/4 Bonke = 3/3 Alaba = 1/1 Boloso Sore =5/5 Dale = 4/6

b) Record keeping

No	Indicator	Numerator Denominator	Overall result (%)	Results by Woreda
22	Proportion of health facilities with up to date immunization and patient registers	Number of health facilities with up to date immunization **and** patient registers _____ Total number of health facilities visited	**EPI = 79%** (15/19) **OPD 95%** (18/19)	Konteb = **I** 3/4, **P** 4/4 Bonke = **I** 2/3, **P** 3/3 Alaba = **I** 1/1, **P** 1/1 BolosoSore=**I**4/5,**P**5/5 Dale = **I** 5/6, **P** 5/6
	Supporting information			
	Proportion of health workers who received feedback from routine reports	Number of feedbacks (oral or written) received _____ Total number of HW who have to submit reports	**42%** (8/19)	Konteb = 2/4 Bonke = 0/3 Alaba = 1/1 Bolosore = 1/5 Dale = 4/6

APPENDIX D

SURVEY INSTRUMENTS

MINISTRY OF HEALTH- ETHIOPIA
USAID / BASICS
Rapid Integrated Health Facility Assessment
ፈጣን የተቀናጀ የጤና ድርጅቶች ግምገማ

1. OBSERVATION CHECKLIST - SICK CHILD

ለታመመ ልጅ መከታተያ ቅጽ

Zone / Woreda _____ ዞን / ወረዳ	HW category _____ የጤና ባለሙያ መደብ	Date_____________ ቀን
Facility name_____ የጤና ጽ/ቤቱ ስም	Facility type_____ ዓይነት	Facility status _____ ደረጃ
Interviewer no._____ የመረጃ ሰበሳቢ ቁጥር	Child's age (months)_____ የልጁ እድሜ (በወራት)	ID No._____. መለያ ቁጥር

BEGIN TIMING NOW TIME:_____

1. What reason does the mother give for bringing the child to the health center? (Tick all that apply)
እናትየው ልጁን ወደ ጤና ድርጅት ላመጣችበት ምን መነሻያት ሰጠች (መልስ በሆኑት ላይ ምልክት አድርግ)

____Diarrhea/vomiting ተቅማጥ / ትውከት
____Fever/malaria ትኩሳት / ወባ
____Difficulty breathing/cough/pneumonia የመተንፈሻ ችግር / ሳል / ሳንባ ምች

Screening
ከምርመራ በፊት የሚደረግ መለያ

Does the health worker determine the child's:
የጤና ባለሙያው ስለልጁ የሚከተሉትን ተከታትሏል?

2. Child clinic card.....Y N
የልጁን ካርድ
3. Age by asking mother.....Y N
እድሜውን እናቱን በመጠየቅ
.a Weight.....Y N
ክብደቱን
.b Plot weight on a weight for age chart.....Y N
በካርዱ ላይ ክብደቱን በግራፉ በማስቀመጥ
5. Temperature: By thermometer.....Y N
የሰውነት መሞቅ በመለኪያ መለኪያ
By touch.....Y N
በእጅ በመንካት
6. Respiratory rate.....Y N
የትንፋሽ መጠን በደቂቃ

Does the health worker ask questions about:
የጤና ባለሙያው ስለልጁ የሚከተሉትን ጠይቋል?

7. Drinking or eating.....Y N
መጠጣት መጀም መብላት
8. Breast-feeding.....Y N N/A
ጡት መጥባት

9. Convulsions...Y N
ማንቀጥቀጥ

10. Vomiting...Y N
ማስታወክ

11. Change in consciousness/lethargic/sleepy.......................Y N
ሕሊናን የማወቅ ለውጥ / መዝለፍለፍ / ማንቀላፋት

A.	All severity questions (Q. 7 to Q. 11) asked?	Y	N

12. History of diarrhea..Y N
የተቅማጥ ታሪክ
- Blood in the stool ....Y N
ደም በሰገራ ምርድር ውስጥ
- Duration of diarrhea ....Y N
የቆየበት ዘ.ዘ.

13. History of fever...Y N
የትኩሳት ታሪክ
- Duration of fever ....Y N
የቆየበት ጊ.ዜ.

14. History of cough/difficulty breathing ....Y N
የሳል / የመተንፈሻ ችግር ታሪክ
- Duration of cough/difficulty breathing ....Y N
የቆየበት ጊ.ዜ

15. History of ear problems...Y N
የጆሮ ችግር ታሪክ
- Duration of ear problems ....Y N
የቆየበት ጊ.ዜ

B.	All key history questions (Q. 12, 13, 14, 15) asked?	Y	N

16. History of home treatment with:
በቤት ውስጥ የተደረገ ሕክምና ታሪክ
- Herbs/traditional medicine............................Y N
በባሕላዊ መድኃኒት
- Western medicine..Y N
በዘመናዊ መድኃኒት

17.a **Does the health worker ask for the child's immunization card?** Y N
የጤና ባለሙያው የልጁን የክትባት ካርድ ጠይቋል
<u>If NO, go to question 18</u>

.b If YES, does the child have card...Y N
አዎን ከሆነ ልጁ ካርድ አለው

<u>If the child has card</u>: Is the <u>child</u> referred for vaccination:
ካርድ ካለው ለክትባት ተልኳል

.c ____Today ዛሬ ____Another day ሌላ ቀን ____Not referred አልተላከም ____Up to date ወቅቱን የጠበቀ ነው

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If child has NO immunization card, does health worker:
ልጁ የክትባት ካርድ ከሌለው ጤና ባለሙያው

Criticize the mother ..... Y N
እናትየውን ወቅሳል
Ask mother to return with card ..... Y N
እናትየው ካርዱን ይዛ እንድትመለስ ጠይቋል
Ask mother to return for the next vaccine session..... Y N
እናትየው ለሚተገበለው ክትባት ፕሮግራም እንድትመጣ ጠይቋል
Refuse to vaccinate child..... Y N
ልጁን ለመከተብ ፍቃደኛ አልሆነም
Vaccinate child and give another card..... Y N
ልጁን ከተበ ሌላ ካርድ ሰጥቷል
Vaccinate child and not give new card..... Y N
ልጁን ከተበ አዲስ ካርድ አልሰጠም
Vaccinate and tell mother to bring card next time..... Y N
ልጁን ከተበ እናትየው በሚተገበለው ካርድ እንድትመጣ ነግሯል

18.a **Does the health worker ask for the mother's vaccination card?** Y N
ጤና ባለሙያው የእናትየው የክትባት ካርድ ጠይቋልን

If NO, go to question 19
አይደለም ከሆነ ወደ ሞያቴ 19 ሂድ

.b If YES, does mother have card..... Y N
አዎን ከሆነ እናትየው ካርድ አላትን

If the mother has card: Is the mother referred for vaccination:
ካርድ ካላት ለክትባት ተልካለችን

.c ____Today ____Another day ____Not referred ____Up to date
ዛሬ ሌላ ቀን አልተላከችም ወቅቱን የጠበቀ ነው

If she does NOT have card does the health worker:
እናትየው ካርድ ከሌላት ጤና ባለሙያው

Ask mother number of doses of TT received..... Y N
እናትየው ምን ያህል ቲቲ እንደወሰደች ጠይቋልን
Ask mother to return with card..... Y N
እናትየው ካርዱን ይዛ እንድትመለስ ጠይቋል
Ask mother to return for the next vaccine session ..... Y N
እናትየው ለሚቀጥለው ክትባት ፕሮግራም እንድትመጣ ጠይቋል
Refuse to vaccinate mother ..... Y N
እናትየውን ለመከተብ ፍቃደኛ አልሆነም
Vaccinate mother and give another card ..... Y N
እናትየውን ከተበ ሌላ ካርድ ሰጥቷል
Vaccinate mother and not give new card ..... Y N
እናትየውን ከተበ አዲስ ካርድ አልሰጠም
Vaccinate and tell mother to bring card next time ..... Y N
እናትየውን ከተበ በሚቀጥለው ካርድ እንድትመጣ ተነግሯል

Examination
ምርመራ
Does the health worker:
ጤና ባለሙያው ልጁን

19. Examine ears .....Y N
ጆሮ መርምሯል
20. Examine chest: - by counting respiratory rate .....Y N
ያረፉትን መርምሯል ትንፋሹን በመቁጠር
- by stethoscope.....Y N
በማዳመጫ
21. Look for skin turgor .....Y N
የቆዳ መሟሸሽ ምልክት አይቷል

C.	Child examined according to renson for visit (Q.1)?	Y	N

22. Look for pallor (conjunctival/palmar) .....Y N
የደም ማነስ ምልክት አይቷል (በአይን ሽፋን ስር / በእጅ መዳፍ)
23. Look for visible wasting .....Y N
በግልጽ የሚታዩ የሰውነት መክሳትን ተመልክቷል

D.	Child examined for nutrition (Q.22 and 23 circled Y)?	Y	N

Diagnosis and treatment
የበሽታ አይነትና ህክምና

Does the health worker diagnose the child as having:
ጤና ባለሙያው ልጁ _____በሽታ እንዳለው አመለከተ

24. Diarrhea/gastroenteritis .....Y N
25. Dehydration .....Y N
If YES, is it ____Mild ____Severe ____Not Stated
26. Dysentery/bloody diarrhea .....Y N
27. Cold / allergy / simple cough .....Y N
28. Pneumonia / Lower Respiratory Tract Infection .....Y N
29. Malaria .....Y N
30. Fever, other cause .....Y N
31. Measles .....Y N
32. Malnutrition .....Y N
33. Other (Specify) _____.....Y N
34. Does not make a diagnosis .....Y N

What does the health worker administer or prescribe for the child (circle ALL that apply)
ጤና ባለሙያው ለልጁ ምን መድሃኒት ሰጠው ወይም አዘዘለት (መልስ የሆኑትን ክበብ)

35. Antimalarial injection .....Y N
36. Antimalarial tablets/syrup .....Y N
37. Paracetamol/Aspirin .....Y N
38. Tepid bath .....Y N
39. Antibiotic injection .....Y N
40. Antibiotic tablets/syrup .....Y N
41. Vitamin A or vitamins .....Y N
42. ORS./Alimit .....Y N

43.	Antidiarrheal/antimotility .....Y	N	
44.	Metronidazole tablet or syrup .....Y	N	
45.	Tablet or syrup, unknown type .....Y	N	
46.	Injection, unknown type .....Y	N	
47.	Other (Specify) _____ .....Y	N	
48.	None .....Y	N	

E.	**Is the medication appropriate for the diagnosis?**	Y	N

F.a	**Diarrhea case received appropriate medication?**	Y	N	N/A
F.b	**Dysentery case received appropriate medication?**	Y	N	N/A
F.c	**ARI case received appropriate medication?**	Y	N	N/A
F.d	**Malaria case received appropriate medication?**	Y	N	N/A

If ORS is given or prescribed (Q.42), does the health worker:
የህጻናት አጽን ንጥረ ነገር ከታመመ (ጥያቄ ቁጥር 42) ባለሙያው

49.	Explain how to prepare ORS .....Y	N	N/A	
	እንዴት እንደሚዘጋጅ አብራርቷል			
50.	Demonstrate how to prepare ORS .....Y	N	N/A	
	እንዴት እንደሚዘጋጅ አሳይቷል			
51.	Ask the mother to demonstrate how to prepare ORS .....Y	N	N/A	
	እናትየው እንዴት እንደሚዘጋጅ እንድታሳይ ጠይቋል			

Interpersonal communication
የእርስ በእርስ ግንኙነት

52.a	Does the health worker explain how to administer oral medications? .....Y		N
	ጤና ባለሙያው [redacted] መድሃኒት እንዴት እንደሚወሰድ አብራርቷል		
.b	Does the health worker demonstrate how to administer oral medications? .....Y		N
	ጤና ባለሙያው በአፍ የሚሰጥ መድሃኒት እንዴት እንደሚወሰድ አሳይቷል		
.c	Does the health worker ask an open-ended question to verify the comprehension of how to administer medications? .....Y		N
	ጤና ባለሙያው አመላሰሱ ግልፅ እንደሆነ ጥያቄ ጠይቋል		
53.	Does the health worker explain when to return for follow-up? .....Y		N
	ጤና ባለሙያው ልጁ ለክትትል መቼ መመለስ እንዳለበት ገልጿል		
54.	Does the health worker explain the need to give the same quantity or more liquid at home? .....Y		N
	ጤና ባለሙያው ተመሳሳይ ወይም ተጨማሪ ፈሳሽ መስጠት እንደሚያስፈልግ ገልጿል		
55.	Does the health worker explain the need to continue feeding or breast-feeding at home? .....Y		N
	ጤና ባለሙያው የልጁ ምግብ ወይም የእናት ጡት መተጠል እንዳለበት ገልጿል		

56. Did the health worker tell the caretaker to bring the child back for the following signs?
ጤና ባለሙያው የሚከተሉት ምልክቶች ከታዩ ልጁ ወደ ጤና ድርጅት መመለስ እንዳለበት ተናግሯል

Child is not able to drink or drinking poorly .....Y N
ልጁ መጠጣት ከተነስ ወይም ካልቻለ
Child is not able to breast-feed .....Y N
ልጁ መጥባት ካልቻለ
Child becomes sicker .....Y N
ልጁ በጣም ከታመመ
Child develops a fever .....Y N
ልጁ ትኩሳት ካገረሸበት
Child develops fast or difficult breathing .....Y N
የልጁ እተነፋፈስ ፈጣን ወይም አስቸጋሪ ከሆነ
Child develops blood in the stool .....Y N
ልጁ በአይነ ምድሩ ላይ ደም ከታየ

G.	Are at least two of the Q. 56 messages checked?	Y	N

Does the health worker:
ጤና ባለሙያው

57. Ask an open-ended question to verify the comprehension of when to return with the child? .....Y N
ልጁ መመለስ እንዳለበት ያብራራው ግልፅ እንደሆነ ጥያቄ ጠይቋል

58. Ask the mother questions to see if she has understood .....Y N
እናትየው እንደገባት ለማወቅ ጥያቄ ጠይቋል

59. Ask the mother if she has any questions .....Y N
እናትየው ጥያቄ እንዳላት ጠይቋል

60. Criticize mother or show disapproval .....Y N
በእናትየው ላይ መታወሟ ወይም አለመስማማት አሳይቷል

61. Send the mother to education class .....Y N
እናትየውን ወደ ትምህርት ክፍል ልኳል

CHECK THE TIME AS THE MOTHER LEAVES:

TIME:_____ DURATION OF INTERVIEW:_____minutes

END OF HEALTH WORKER OBSERVATION

MINISTRY OF HEALTH-ETHIOPIA
USAID / BASICS
Rapid Integrated Health Facility Assessment

2. EXIT INTERVIEW - SICK CHILD

ክፍል 2 የመውጫ ላይ (ከምርመራ በኃላ) የሚደረግ መጠይቅ - ለታመመ ልጅ

Zone / Woreda _____ Date_____________
ዞን / ወረዳ ቀን

Facility name_____ Facility type_____ Facility status _____
የጤና ድርጅቱ ስም ዓይነት ይዞታ

Interviewer no._____ Child's age (months)_____ ID No._____
የመረጃ ሰብሳቢ ቁጥር የልጁ ዕድሜ (በወራት) መለያ ቁጥር

Greet the woman and tell her you would like to ask some questions about her visit to the health center today.
ለሴትየዋ ሰላምታ ካተረፉ በኃላ ስለመጣችበት ምክንያት ልትጠይቋት እንደምትፈልግ ግለጽላት

1. Where do you live? ____Town ____Rural village
የምትኖሪው የት ነው ከተማ የገጠር መንደር

2. What form of transportation did you use to come here today? **(Choose principal form of transportation)**
መጀዚህ ለመድረስ ምን ዓይነት መጓጓዣ ተጠቀመ (ዋናውን ብቻ ይምረጡ)

____Walked ____Animal ____Taxi ____Bus____Private car
በእግር ጉዞ በእንሰሳ ታክሲ አውቶብስ የግል መኪና

____Other:(specify) _____
ሌላ (ይገለፅ)

3. How long did it take you to get here today? _____minutes
ዛሬ መጀዚህ ለመድረስ ምን ያህል ጊዜ ፈጅብሃ _____ በደቂቃ

4. a. Did you have any problems coming here today? .....Y N
ዛሬ መጀዚህ በሚመጡበት ጊዜ ያጋጠሞ ችግር ነበር _____

b. IF YES, what was the primary problem? **(Tick a single response)**
መልሱ አዎ ከሆነ ተቀዳሚው ችግር ምን ነበር (አንድ መልስ ላይ ብቻ ምልክት ማድረግ)
____Takes too long to get here መጀዚህ ለመድረስ ረጅም ጊዜ መውሰድ
____Had to find someone to look after the children እቤት ውስጥ የቀሩ ልጆችን ለማሰጠበት ሰው መፈለግ
____Had to miss work ከስራ መቅረት (ስራ መፍታት)
____No money for transport ለመጓጓዣ ገንዘብ ማጣት
____Hours are inconvenient የሠዓቱ (ጊዜው) አመቺ አለመሆን
____Other:(specify) _____
ሌላ (ይገለፅ)

5. a. Did you take your child anywhere before coming to the health facility? Y N
መጀዚህ ጤና ድርጅት ከመምጣትህ አስተድገ ልጁን ሌላ ቦታ መስደውት ነበር

b. IF YES, where did you take them? (tick all that apply) **PROMPTED QUESTION**
መልሱ አዎን ከሆነ የት ነበር የወሰዱት (መልስ ሆኖ በሚጠቅሰው ሁሉ ምልክት ማድረግ)

____Another health facility ሌላ ጤና ድርጅት
____Traditional healer የባህል ህክምና አዋቂ
____Pharmacy/drug-seller ፋርማሲ / መድሃኒት ሻጭ
____Community health worker የህብረተሰብ (ተበሌ) ጤና ሠራተኛ
____Other:(specify) _____ ሌላ (ይገለፅ)

6. How long was it before your child got sick and your visit to the health center today?
ልጁ ከታመመ ጊዜ ጀምሮ ወደዚህ ጤና ድርጅት እስከመጡበት ድረስ ምን ያህል ጊዜ አለፈ

____Today / previous night ዛሬ /ያለፈው ለሊት
____Number of days ተናት በቁጥር
____Don't know አላውቅም

7. **Does the child have DIARRHEA?** **Y** **N**
ልጁ ተቅማጥ ይዞት ነውን? አዎን የለም

<u>If NO, go to question 11</u>
መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 11 ግለፍ

If YES:
መልሱ አዎን ከሆነ

8. a. Did you treat the diarrhea at home? .....Y N
የልጅዎን ተቅማጥ እቤት ውስጥ አክመውት ነበርን

b. IF YES, what did you do? (Tick all that apply)
መልሱ አዎን ከሆነ ምን አደረጉ (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Gave ORS / Attmit ሀይወት አድን ንጥረ ነገር/ አጥሚት ሰጠሁ
____Herbs/traditional medicine የባህል መድሃኒት ሰጠሁ
____Other treatment: (specify) _____ ሌላ ህክምና(ይገለፅ)

9.a Have you ever heard of ORS / Attmit for diarrhea? .....Y N
ስለተቅማጥ ሀይወት አድን ንጥረ ነገር / አጥሚት አንደሚሰጥ ሰምተው ነበርን

<u>If NO, go to question 11</u>
መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 11 ግለፍ

.b IF YES, why do people give ORS / Attmit to children with diarrhea?
መልሱ አዎን ከሆነ በተቅማጥ በሽታ ለታመመ ልጅ ሰዎች ሀይወት አድን ንጥረ ነገር/ አጥሚት የሚሰጡት ለምንድን ነው

____To prevent dehydration የሰውነት መጋሸሽን ለመከላከል
____To stop diarrhea ተቅማጥን ለማቆም
____Other:(specify) _____ ሌላ (ይገለፅ)
____Doesn't know አላውቅም

10. How do you prepare ORS
እርስዎ ሀይወት አድን ንጥረ ነገር እንዴት ያዘጋጃሉ

____Correct (mix 1 sachet with 1 liter of water) ትክክል (1 ፓኬት በ1 ሊትር ውሃ አደባልቶ መበጥበጥ)
____Incorrect ስህተት
____Doesn't know አያውቅም

11. Does the child have FEVER or MALARIA — Y አዎን / N አይደለም
ልጁም ትኩሳት ወይም ወባ ይዞት ነውን

If NO, go to question 13
መልሱ አይደለም ከሆነ ወደ ጥያቄ 13 መዝለል

If YES:
አዎን ከሆነ

12. a. Did you treat the fever at home? ..... Y አዎን / N የለም
ትኩሳቱን በቤት ውስጥ አክመው (አሰታግሰው) ነበርን

b. IF YES, what did you do? (Tick all that apply)
መልሱ አዎን ከሆነ ምን አደረጉ (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Gave aspirin/paracetamol አስፕሪን / ፓራሲታሞል ሰጠሁ
____Gave chloroquine/other antimalarial ክሎሮክዊን / ሌላ ፀረ ወባ መድሃኒት ሰጠሁ
____Gave antibiotics ፀረ ተህዋሲያን ሰጠሁ
____Gave a non-identified medication ስሙን ልጠራው የማልችል መደሃኒት ሰጠሁ
____Gave tepid bath በውሃ በራሰ ጨርቅ ጠረግሁ (አተበተብኩ)
____Remove the child's clothing የልጁን ልብስ አወለቅሁ (አቃለልኩ)
____Gave herbs/traditional medicine የባህል መድሃኒት ሰጠሁ
____Other:(specify) _____ ሌላ (ይገለፅ)

13. Does the child have:
ልጅም

COUGH or DIFFICULTY BREATHING or PNEUMONIA? — Y አዎን / N የለም
ሳል ወይም የመተንፈሻ ችግር ወይንም የሳንባ ምች አለበትን

If NO, go to question 15
መልሱ የለም ከሆነ ተጥያቄ ወደ ጠያቄ ቁጥር 15 ግለፍ

IF YES,
አዎን ከሆነ

14. a. Did you treat the child at home? ..... Y አዎን / N የለም
ልጅን በቤት ውስጥ አክመዉት ነበርን

b. IF YES, what did you do? (Tick all that apply)
አምን ከሆነ ምን ነበር ያደረጉት (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Gave aspirin/paracetamol ____Gave antibiotics
አስፕሪን / ፓራሲታሞል ሰጠሁ ፀረ ተዋህሲያን ሰጠሁ
____Gave cough medicine ____Gave a non-identified medication
የሳል ማስታገሻ ሰጠሁ ስሙን ልጠራው የማልችል መደሃኒት ሰጠሁ
____Applied mentholatum ____Gave herbs/traditional medicine
እንደዘይነክሰ : ግጠንና የመሳሰሉትን የባህል መድሃኒት ሰጠሁ
አደረግሁ
____Other:(specify) _____ ሌላ (ይገለፅ)

15. Did the health worker give you any oral medicines at the clinic today? Y N
ዛሬ የጤና ባለሙያው ለልጅዎ በአፍ የሚወሰድ መድሃኒት ሰጠዎትን አዎን የለም

If NO, go to question 16
መልሱ የለም ከሆነ ተግባር ወደ ጥያቄ ቁጥር 16 ግለፍ

If YES:
መልሱ አዎን ከሆነ ግን

Complete the table below for the listed oral medications. Fill in the information in the table below by asking:
ከዚህ በታች ባለው ሠንጠረዝ ውስጥ ለተዘረዘሩት በአፍ የሚወሰዱ መድሃኒቶች የሚከተሉትን በመጠየቅ መረጃዎችን መሙላት

HOW MUCH medicine will you give the child EACH TIME?
በእያንዳንዱ የመድሃኒት መስጫ ጊዜ ለልጅዎ ምን ያህል መጠን ይሰጣሉ
HOW MANY TIMES will you give it to the child EACH DAY
ለልጅዎ በቀን ውስጥ ስንት ጊዜ ይሰጣሉ
HOW MANY DAYS will you give the medicine to the child?
መድሃኒቱን ለልጅዎ ለምን ያህል ቀናት ይሰጣሉ

Medicine መድሃኒት	How much each time? በእያንዳንዱ ጊዜ ምን ያህል መጠን	How many times / day? በቀን መስጥ ምን ያህል ጊዜ	How many days ? ለምን ያህል ቀናት	All correct ? Y or N ሁሉንም በትክክል አዎን የለም
Chloroquine tab / syrup				
Antibiotic tab / syrup				
Aspirin tab/syrup OR Paracetamol tab / syrup				
ORS / RHF				

A.	Caretaker knows how to give ALL essential medications correctly?	Y	N

Child has: ልጁን ያመመው	____Diarrhea ተቅማጥ	____Fever/Malaria ትኩሳት / ወባ	____ARI የመተንፈሻ ሳንባ ሀመም

16. What will you do for your child when you return home? (Tick all that apply)
ወደቤት ሲመለሱ ለልጅዎ ምን ያደርጋሉ (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

General	Diarrhea	Fever/malaria	ARI
__Continue feeding or breastfeeding the child ለልጁ ምግብነን ወይንም ጡት ግኑባት መቀጠል	__Give ORS/RHF ሀ ይወት አደን ንጥረ ነገር/ አጣሚት መስጠት	__Give antimalarial ሀረ ወባ መደሃኒት መስጠት	__Give antibiotic ሀረ ተዋህሲያን መስጠት
__Complete course of medications/ORS/attmit የመጻሀኒቶችን/ ሀ ይወት አደን ንጥረ ነገር/ አጠጪት አስከተገቢው ጊዜ መቀጠል	__Give more fluids ተጨማሪ ፈሳሽ መስጠት	__Give aspirin / paracetamol አስፕሪን/ ፓራሲታሞል መስጠት	__Give aspirin / paracetamol አስፕሪን/ ፓራሲታሞል መስጠት
__Bring the child back if he/she doesn't get better or get worse ካልተሻለው መይንም ከባስበት ግም ጣት	__Give more fluids after each diarrhea/vomit ተጨማሪ ፈሳሽ መስጠት ከእያንዳንዱ ተቅማጥ / ትውከት በኃላ	__Give tepid bath በሙቃ በተነከረ ጨርቅ መጥረግ (ግተዝቀዝ)	

__Doesn't know አላውቅም

B.	Mother knows at least 1 general and 1 specific aspects of home case-management?	Y	N

17. How will you know if the child becomes worse at home? (Tick all that apply)
የልጅም ሀመም እየተባባሰ እንደሆነ በቤት ውስጥ እንዴት ማወቅ ይቻላል (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Doesn't know
አላውቅም

____Fever begins or doesn't go away
ትኩሳት ሲጀምር መይንም አልተንስም ካለ

____Vomiting begins or continues
ትውከት ከጀመረ መይንም ከተጠለ

____Child unable to eat
ልጁ መመገብ ካልቻለ

____Child unable to drink
ልጁ ለመጠጣት ካልቻለ

____Diarrhea continues
ተቅማጥ ሲተጥል

____Child has convulsion
ልጁ መንቀጥቀጥ ካለበት

____Child becomes sicker
ልጁ የበለጠ እየተባባሰበት ከሆነ

____Child has difficulty breathing/chest indrawing
ልጁ የአተንፋፈስ ችግር/ የደረት በኃይል መደ ውስጥ መስርንድ ሲጥርበት

____Other:(specify) _____ሌላ (ይገለፅ)

C.	Mother knows at least 2 signs of child getting worse at home?	Y	N

18. Did your child receive an immunization? (Tick a single response) **PROMPTED QUESTION**
ልጅዎ ክትባት መስጫልን (አንድ መልስ ብቻ)

____Today ዛሬ
____Referred for vaccination another day ለሌላ የክትባት ቀን በቀጠሮ ተላላፈ
____Was not given or referred for vaccination ክትባትም ሆነ ቀጠሮ አልተሰጠም
____Up to date ወቅቱን የጠበቀ የክትባት ፕሮግራም ላይ ይገኛል

19. How did you learn when and where to come for immunization? (Tick all that apply)
መቼና መዴት ለክትባት መምጣት እንዳለበምት እንዴት አወቁ (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Doctor/nurse/midwife
ቤሐኪም/ ነርስ / አዋላጅ ነርስ
____Community health worker
ከሀብረተሰብ /ቀበሌ / ጤና ሰራተኞች
____Community volunteer
ከሀብረተሰብ/የአካባቢ በጎ ፈቃደኛ
____Radio
ከሬድዮ
____Poster
ከሚለጠፉ ሥዕላዊ መግለጫ / ፓስተር/
____Television
ከቴሌቪዥን
____Neighbor or friend
ከጎርቤት ወይንም ከጓደኛ
____Health education class
ከጤና ትምህርት ክፍል
____Other:(specify) _____ሌላ /ይገለፅ /

20. Where do you normally take your child for immunizations? (Tick a single response)
ልጅዎን ለክትባት አዘወትረው የሚወስዱት መዴት ነው (አንድ መልስ ብቻ)

____this clinic
ወደዚህ ጤና ድርጅት
____another clinic
ሌላ ጤና ደርጅት
____outreach site
የመሉገብ ጣቢያ
____Never immunized before
ከአሁን በፊት ተከትቦ አያውቅም

21. Which diseases will be prevented by the immunizations you or your child have received?(Tick all that apply) እርስዎ ወይንም ልጅዎ ክትባት በማግኘትዎ የትኖዎቹን በሽታዎች መከላከል ይቻላል (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Don't know
አላውቅም
____Measles
ኩፍኝ
____Diphtheria
ዘጊ አናዳ
____Tuberculosis
ነቀርሳ /ሳንባ/
____Tetanus
መነጋገቶልና
____Polio
የልጅነት ለምሻ
____Whooping cough
ትክትክ
____Other:(specify) _____
ሶላ (ይገለፅ)

22. Do you know what might happen as a side effect after the immunization? .....Y N
ከክትባት በኃላ ሊከተሉ የሚችሉ ችግሮች ምን እንደሆኑ ያውቃሉን አዎን የለም

If YES, what do you know? (Tick all that apply)
መለሱ አዎን ከሆነ የሚያውቁት ምንደን ነው (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Fever ትኩሳት ____Pain at injection site መርፌ በተወጋበት ቦታ ላይ የህመም ስሜት
____Irritability መነሳሳነሳ/ መቅበጥበጥ ____Swelling እብጠት ____Other:(specify) _____ ሌላ (ይገለፅ)

23. Have you or your child ever come to this clinic to be vaccinated and been turned away for any reason? ..... Y N
እርስዎ ወይንም ልጅዎ ለክትባት መጥታችሁ/ ፈቃደኛ ሆናችሁ/ በተለያየ ምክንያት የተመለሳችሁበት አጋጣሚ ነበርን

IF YES, what was the reason? (Tick all that apply)
መልሱ አዎን ከሆነ ምክንያቱ ምን ነበር (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Immunization session canceled የዕለቱ የክትባት ፕሮግራም መሰረዝ
____Immunization session stopped before the mother arrived እናትየዋ ከመድረሷ በፊት የዕለቱ ፕሮግራም መጠናቀት
____No immunization session the day of the visit በተመጣበት ዕለት የክትባት አገልግሎት አይሰጥም ነበር
____Child was ill ልጁ ታሞ ስለነበር
____Clinic had run out of vaccine or supplies ጤና ድርጅቱ የክትባት መድሃኒቶች ወይንም ሌሎች ተዛማጅ መገልገያዎች ስላለቁበት
____Not enough staff to give vaccinations ክትባት ለመስጠት በቂ ሠራተኛ ስለሌለ
____Other:(specify) _____ሌላ (ይገለፅ)

24. How many vaccination visits does a child need in the first year of life to complete the series of vaccinations?_____
አንድ ልጅ በመጀመሪያው የልደት ግመቱ ክትባቱን በተሟላ ሁኔታ ለማጠናቀቅ ምን ያህል ጊዜ ለክትባት መመለስ /መሄድ/ ይኖርበታል

____Correct ትክክል ____Incorrect ስህተት ____Doesn't know አያውቁም

25. Did you have your child's vaccination card?
የልጅዎን የክትባት ካርድ ይዘዋልን ?

____Yes አዎን ____No የለም ____Lost ጠፍቷል ____Never received ከአሁን በፊት አልተቀበልኩም ____Left at home እዘት ረሳሁት/ተተዎሏል/

If the mother has the card, record ALL VACCINES GIVEN, both today and in the past, and the child's birthdate and age.
እናትየዋ ካርዱን ይዛ ከሆነ የልጁን የልደት ቀንና ዕድሜውን በመመዝገብ ቀደም ሲልና ዛሬም ሞምር የተሰጡትን ክትባቶች በሰንጠረዠ ውስጥ መመሳት

Birthdate:___/___/___ **Age:**____**Months**
የልደት ቀን ዕድሜ በወራት

IMMUNIZATION	Received
Polio-0 (birth)	Y N
BCG	Y N
DPT-1	Y N
Polio-1	Y N
DPT-2	Y N
Polio-2	Y N
DPT-3	Y N
Polio-3	Y N
Measles	Y N

D.	Child is up to date?	Y	N

26. Do you have your own vaccination card?
የራስዎን የክትባት ካርድ ይዘውታል?

____Yes አዎን ____No የለም ____Lost ጠፍቷል ____Never received ከአሁን በፊት አልተቀበልኩም ____Left at home እቤት ረሳሁት/ት/ተም/ጣ/ል

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.
መልሱ አዎን ከሆነ የእናትየዋን የቴታነስ ቶክሳይድ ክትባት በሰንጠረዠ ውስጥ መመዘገብ
የእናትየዋ የቴታነስ ቶክሳይድ ክትባት ሁኔታ በልጂ የክትባት ካርድ ላይ ካለም በዚሁ ሰንጠረዠ ውስጥ መመዘገብ አስፈላጊ ነው.

IMMUNIZATION	Received
TT-1	Y N
TT-2	Y N
TT-3	Y N
TT-4	Y N
TT-5	Y N

E.	Mother has received at least TT-2?	Y	N

27. Did you receive a tetanus vaccination: **(Tick a single response)** **PROMPTED QUESTION**
አርስዎ የመነጋጋ ቆለፍ ክትባት መስደዎልን /አንድ መልስ ብቻ/

____Today ዛሬ
____Referred for vaccination another day ሰሌላ የክትባት ቀን በቲጠር ተሳልፍኩ
____Was not given or referred for tetanus vaccination ክትባትም አልተሰጠኝም ሰሌላ የክትባት ቀንም አልተቀጠርኩኝም
____Up to date ወቅቡን የጠበቀ የክትባት ፕሮግራም ላይ እገኛለሁ

28. When will you bring your child back to the health facility? **(Tick all that apply)**
ልጆን ወደ ጤና ድርጅት እንደገና መልሰው መቼ ያመጣሉ (መልስ ሆኖ የሚነገረው ላይ ሁሉ ምልክት አድርግ)

____Doesn't know አላወቅም
____No need to return እንደገና መመለስ አስፈላጊ አይደለም
____Return if child becomes worse at home or for follow-up ልጁ በቤት ውስጥ የተባባሰበት እንደሆነ ውይንም ለክትትል መመለስ አስፈላጊ ነው
____Return for next immunization ለሚተገለው ክትባት መመለስ ነው

29. When do you listen to the radio? **(Tick a single response)** **PROMPTED QUESTION**
ሬድዮ መቼ ያዳምጣሉ /አንድ መልስ ብቻ/

____Every day በየቀኑ
____At least once a week ቢያንስ በሳምንት አንድ ጊዜ
____Every 2 weeks በየሁለት ሳምንቱ
____Every month በየወሩ
____Less frequently than every month ከወር በበለጠ ጊዜ
____Never listen መቸውንም አላዳምጥም

END OF INTERVIEW

Thank the woman for answering your questions and ask her if she has any questions.
Be sure that she knows how to prepare ORS for a child with diarrhea, when to return for vaccination and how to take the prescribed medications, when to return if the child becomes worse at home.

MINISTRY OF HEALTH-ETHIOPIA
USAID / BASICS
Rapid Integrated Health Facility Assessment
ፈጣን የተቀናጀ የጤና ድርጅት ግምገማ

3. HEALTH CARE WORKER INTERVIEW
የጤና ባለሙያ ቃለ መጠይቅ

Zone / Woreda _____ ዞን / ወረዳ	HW category _____ የጤና ባለሙያ መደብ	Date__________ ቀን
Facility name_____ የጤና ድርጅቱ ስም	Facility type_____ ዓይነት	Facility status _____ ይዞት
Interviewer no._____ የጠያቂው ቁጥር		

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.
ለጤና ባለሙያው/ዋ ራስህን/ሽን አስተዋውቅ ስለጤና ድርጅቱ ጠቅለል ያሉ ጥቂት መጠይቆችን እንደምትጠይቅና በግለሰቡ/ብዎ ስለ ሥራው / ዋ እንደምትጠይቅ ንገረው / ራት

1. What are the hours of operation at this clinic?
የጤና ተቋሙ የሰራ ሰአት እንዴት ነው
opening _____ closing _____ **Total number of hours** _____
ሥራ የሚጀመርበት ሥራ የሚያቆምበት ጠቅላላ የሥራ ሰዓት

2. How many outreach posts does this clinic operate? _____
ጤና ድርጅቱ በስንት ውሱ ገብ ጣቢያዎች ላይ ይሰራል

3. How many days per month does this clinic do outreach visits? _____
ጤና ድርጅቱ የውሱ ገብ ጣቢያዎችን በመር ስንት ጊዜ ይጎበኛል ?

4. Do you charge fees for any services at this clinic .....Y N
ለምትሰጡት አገልግሎት ክፍያ ትጠይቃላችሁ

If YES, what are the fees for each service?
መልሱ አዎን ከሆነ ከሚከተሉት የምታስከፍሉት ለየትኞቹ ነው

Service/ አገልግሎት /	Fee /ክፍያ /
Sick child out-patient clinic /ለተመላላሽ በሽተኛ ህፃን አገልግሎት	
Well baby clinic / ለጤናማ ህፃን አገልግሎት	
Antenatal clinic / ለትዳመ ወሊድ አገልግሎት	
Immunization clinic / ለክትባት አገልግሎት	
Family planning clinic / የቤተሰብ ምጣኔ አገልግሎት	
Delivery clinic / የመሊድ አገልግሎት	

5. Where do you usually get medications and supplies? (Tick a single response)
መድሃኒትና የህክምና መሳሪያዎችን በአብዛኛው ከየት ታገኛለህ / በእንደኛው መልስ ምልክት አድርግ /

____Government supplier ከመንግስታዊ ድርጅት
____Private pharmacy supplier ከግል መድሃኒት አቅራቢ
____Community pharmacy ከህዝብ መድሃኒት ቤት
____NGO / Mission መንግስታዊ ካልሆነ / የሀይማኖት ደርጅት
____Other (Specify) _____ ከሌሎች / ይገለጽ

6. How are supplies usually received?
ብዙ ጊዜ የህክምና መገልገያዎች እንዴት ታገኛለህ

____Delivered to facility ለጤና ድርጅቶች ይሰራጫል
____Picked up from the supplier ድርጅቱ ከአቅራቢው ይመለሳል
____Both ከሁለቱም

7. What is the most common cause of a delay in delivery of supplies? (Tick a single response)
የመገልገያ መሳሪያዎች አቅርቦት መዘግየት ዋንኛው ምክንያት ምንድ ነው / መልሱን ምልክት አድርግ /

____Inadequate transport በቂ ትራንስፖርት ያለመኖር
____Insufficient fuel በቂ ነዳጅ ያለመኖር
____Administrative difficulties አስተዳዳራዊ ችግር
____Insufficient staff በቂ ባለሙያ አለመኖር
____Financial problems የገንዘብ ችግር
____No stock at the central store የዕቃዎች በግዕከላዊ ግምጃ ቤት ያለመኖር
____Other:(specify) _____ ሌሎች / ይገለጽ /

8. Do you have a copy of the national treatment guidelines? .....Y N
አገር አቀፍ የህክምና መመሪያ ቅጽ አለህ

If YES: Can we see them? ____ Available ____Unavailable
መልሱ አዎን ከሆነ ማየት እንችላለን አለ የለም
Do you use them? ____Yes ____No
ትጠቀምበታለህ

9. Do you have a functioning supervisor? .....Y N
በስራህ ላይ የቅርብ ቁጥጥርና ክትትል የሚያደርግ ሀላፊ አለህን

If NO, go to question 15
መለሱ የለም ከሆነ ወደ ጥያቄ 15 ሂድ

10. Do you have a schedule for supervisory visits? .....Y N
ለቁጥጥርና ክትትል የወጣ ፕሮግራም አለህ

11. How many times have you had a visit from a supervisor:
በቁጥጥርና ክትትል ሀላፊ ምን ያህል ጊዜ ተጎብኝተሀል / ተገምግመሀል

In the last six months ____ (number of times)
ባለፉት 6 ወራት ስንት ጊዜ
In the last 12 months ____ (number of times)
ባለፉት 12 ወራት ስንት ጊዜ

Supervisor works here and sees worker daily____
የቁጥጥርና ክትትል ሀላፊ እዚህ ይሰራል ? ሠራተኞቹን በየቀኑ ያያል

12. What did your supervisor do last time they supervised you? **(Tick all that apply)**
ባለፈው ጊዜ በቁጥጥርና ክትትል ሀላፊ ሲጎኝህ ምን አደረገ ? (መልስ በሆኑት ላይ ምልክት አድርግ)

____Delivered supplies (fuel, medicines, etc.) የህክምና መገልገያዎችን ሰጥቷል ? (ነዳጅ መድሃኒት ወዘተ)
____Observed immunization technique የክትባትን አሰጣጥ ተመልክቷል ?
____Observed management of sick children የታማሚ ህጻናትን ህክምና ተመልክቷል ?
____Reviewed reports prepared by health worker በጤና ባለሙያዎች የተዘጋጀውን ሪፖርት ገምግሟል ?
____Updated health worker on current information
____Discussed problems with supplies and equipment ስለህክምና መገልገያዎች መሳሪያዎች ላይ ውይይት አድርጓል
____Other (specify) _____
ሌሎች (ይገለጽ)

13.a Did you receive feedback from that supervisory session? .....Y N
ከቁጥጥርና ክትትል ሀላፊ ጉብኝት ምላሽ አግኝተሀል

.b **IF YES**, in what form? አምን ከሆነስ ምን መልክ
____Supervisory register ከመቆጣጠሪያ መዝገብ
____Written report ከፅሁፍ ሪፖርት
____Oral report ከቃል ሪፖርት
____Other (specify) _____ ሌሎች (ይገለጽ)

14. What does your supervisor do to keep your technical skills up to date? **(Tick all that apply)**
የቁጥጥርና ክትትል ሀላፊ ያንተን የቴክኒክ ክህሎት ወቅታዊ ለማድረግ ምን አደረገ (መልሱ ላይ ምልክት አድርግ)

____Nothing ምንም
____Performance feedback የሰራ ከንውን ምላሽ ሰጥቷል
____Monthly meetings ወርሃዊ ስብሰባ አደርጓል
____Other (specify) _____ ሌሎች (ይገለጽ)
____Workshops አውደ ጥናት
____Training sessions ስልጠናዎችተሰጥቷል
____Sends documents መረጃ ተለዋዉጧል

15. Do you have to submit any reports such as the number of patients seen, or the number of doses of vaccine administered? .....Y N
ሪፖርት ታቀርባለህ ለምሳሌ የታዩ በሽተኞች ቁጥር መደም የተሰጡ የክትባት መጠን

<u>If NO, go to question 19</u>
መልሱ አይደለም ከሆነ ወደ ጥያቄ 19 ሂድ

IF YES, ask the TYPE of report, HOW OFTEN and if the reports are UP TO DATE?
መልሱ አዎን ከሆነ የሪፖርቱን ዓይነት፡ ጠይቅ ምን ያህል ጊዜና የሪፖርቱን መቅታዊነት፡ ተመልከት

Type of report የሪፖርት፡ ዓይነት	**How often/year** በዓመት፡ ምን ያህል ጊዜ	**Up to date?** መቀታዊነት
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

16. Do you keep a copy of the reports that you send? .....Y N
የምትለክውን ሪፖርት፡ ቀሪ ታስቀምጣለህ

If YES, Are the reports available? .....Y N
መልሱ አዎን ከሆነ የሪፖርቱ ቀሪ አለህ

17. How do you use the information collected in these reports to help you with your job? (Tick all that apply)
ለስራህ እንዲረዳህ በሪፖርቱ ላይ የሰበሰብካቸውን መረጃዎች እንደት ትጠቀማለህ (መልስ በሆኑት ላይ ምልክት አድርግ)

____Ordering stock
የመገልገያ መሳሪያዎችን ለማዘዝ
____Epidemio surveillance
የበሽታ፡ ጥናትና ክትትል ለማድረግ
____Doesn't use info./doesn't know
መረጃዎቹን አልጠቀምም
____Assessing targets
ግብን ለመገምገም
____Communication with community/personnel
ከህ / ሰብ ከሰራተኛ ጋር ውይይት፡ ለማድረግ
____Other:(specify) _____
ሌሎች (ይገለጽ)

18. What type of feedback do you get from these reports?
ከነዚህ ሪፖርቶች ምን ዓይነት ምላሽ ታገኛለህ

____None
ምንም
____Written report
ፅሁፍ፡ ሪፖርት
____Oral discussion
አመ.ያ. ጥናት፡
____Other (specify) _____
ሌሎች (ይገለጽ)

19. What are the most difficult problems that you face in doing your job? (Tick all that apply)
በስራህ ላይ ያጋጠመህ ችግሮች የትኞቹ ናቸው፡ (መልስ በሆኑት ላይ ምልክት አድርግ)

____Lack of training የስልጠና እጥረት
____Mothers don't bring children to clinic የእናቶች ህጻናትን ያለማምጣት
____Staff shortages / lack of time የባለሙያዎች እጥረት
____Lack of supplies and/or stock የአቅርቦትና የመገልገያ መሳሪያዎች እጥረት
____Lack of supervision የቁጠጥር ማነስ
____Lack of feedback on performance የሥራ አፈጻጸም ምላሽ አለማግኘት
____Inadequate transport በቂ ያልሆነ መጓጓዣ
____Lack of motivation የማትጊያ አለመኖር
____Poor working environment የሥራ ቦታ፡ አመቺ አለመሆን
____Other:(specify) _____ ሌሎች (ይገለጽ)

20. Have you discussed these problems with your supervisor? .....Y N
በነዚህ ችግሮች ላይ ከቁጥጥርና ክትትል ሀላፊው ጋር ተነጋግረሀባቸዋል

21. How many training sessions child health related have you received in the last 12 months? _____
ባለፉት 12 ወራት ከህፃናት ጤና ጋር የተያያዘ ሥልጠና አግኝተሃል

If NO training received, go to Question 24
መልሱ በልጠና አላገኘሁም ከሆነ ወደ ጥያቄ 24 ሂድ

22. What type of training was it? _____ _____
ምን ዓይነት ሥልጠና ነበር

23. Did your last training involve clinical practice? .....Y N
ያለፈው ሥልጠና ተግባራዊ የክሊኒክ ሥራዎችን ያካተተ ነበር

24. In this clinic, at what ages do you give: **(age in WEEKS; MONTHS for Measles only)**
በዚህ ክሊኒክ ክትባት በምን ያህል የዕድሜ ገደብ ትሰጣለህ ? (ዕድሜ በሳምንታት ለኩፍኝ ግን በወራት ይጻፈ)

	First	Second	Third	Fourth
DPT				
Polio				
BCG				
Measles				

A.	EPI vaccination schedule all correct?	Y	N

25. To whom do you give tetanus toxoid?
የመንጋጋ ቆልኛ ክትባት ለማን ይሰጣል
____ Women of childbearing age (15-49) በወሊድ እድሜ ክልል ላሉ (15 - 59)
____ Don't know አላውቅም

26. On what occasion would you give tetanus toxoid?**(Tick all that apply)**
በምን አጋጣሚ የመንጋጋ ቆልኛ ክትባት ትሰጣለህ ? (መልስ በሆኑት ላይ ምልክት አድርግ)

____Antenatal clinic visit በቅድመ ወሊድ ክትትል ጊዜ
____Visit for curative services of mother እናቶች ለህክምና አገልግሎት በሚመጡበት ጊዜ
____Visit with child for immunization or treatment እናት ልጇን ለህክምና አገልግሎት በምታመጣበት ጊዜ

27. What days are immunizations given? **(circle days)**
በየትኞቹ ቀናት ክትባት ይሰጣል (ቀኖችን ክበብ)

M	T	W	T	F	Sa
ሰ	ማ	ሮ	ሐ	አ	ቅ

Number of immunization days/week
____
የክትባት ቀናት በሳምንት

28. Do you have an antenatal clinic? ..... Y N
የቅድመ ወሊድ አገልግሎት ይሰጣልን ?

IF YES, on what days is the clinic held (circle days)
መልሱ አዎን ከሆነ በየትኛው ቀን ይሰጣል (ቀኖችን ክበብ)

Number of clinic days/week

M	T	W	T	F	Sa
ሰ	ማ	ሮ	ሐ	አ	ቅ

የክትባት ቀናት በሳምንት

IF NO, why are antenatal clinics not held? (Tick all that apply)
መልሱ የለም ከሆነ የቅድመ ወሊድ አገልግሎት ለምን አይሰጥም (መልስ በሆኑት ላይ ምልክት አድርግ)

____No training
ስልጠና የለም
____No space available
በቂ ቦታ የለም
____Don't know
አላውቅም
____No staff
ባለሙያ የለም
____No supplies
መገልገያ መሳሪያ የለም

29. Please tell me the signs that would make you refer a child to a hospital? (Tick all that apply)
የታመመ ልጅ ወደ ሆስፒታል ለመላክ የሚያስችሉህን ምልክቶች ንገረኝ (መልስ በሆኑት ላይ ምልክት አድርግ)

____Child is lethargic/abnormally sleepy/unconscious ልጁ ሲዝለፈለፍ (ጤናማ ያልሆነ እንቅልፍ ሲወስደው/ራሱን ሲስት
____Child has had convulsions ልጁን ሲያንተጠትጠው
____Child is not eating or drinking ልጁ መበላት ወይም መጠጣት ሲያቅተው
____Child has not responded to usual treatment በተለመደው ህክምና ምንም ለውጥ ሳያሳይ ሲቀር
____Child looks very unwell ልጁ ጤናማ ሳይመስል ሲቀረ
____Child has a very high fever ልጁ ከፍተኛ ትኩሳት ሲኖረው
____Child vomits everything ልጁ ማንኛውም ነገር ሲያስመልሰው
____Child has a severe dehydration የልጁ ሰውነት በአደገኛ ሁኔታ ሲሟሽሽ
____Child has a severe pneumonia ልጁ አደገኛ የሳንባ ምች ሲኖረው
____Child has a severe malnutrition/anemia ልጁ ከፍተኛ የምግብ እጥረት የደም ማነስ ሲኖረው
____Other:(specify) _____ ሌሎች (ይገለጽ)

B.	Health worker knows at least 3 signs for referral?	Y	N

30.a Have you ever wanted to refer a child to hospital but been unable to do so? .....Y N
ልጄን ወደ ሆስፒታል ለመላክ ፈልገህ ያልቻልክበት አጋጣሚ አለ ?

<u>If NO, go to question 31</u>
መልሱ የለም ከሆነ ወደ 31 ጥያቄ ሂድ

.b If YES, why could you not refer the child? (Tick all that apply)
መልሱ አዎን ከሆነ ልጁ ለምን ወደ ሌላ ቦታ አልላከውም (መልስ በሆኑት ላይ ምልክት አድርግ)

____Hospital too far
ሆስፒታሉ በጣም ሩቅ ስለሆነ
____No transport available
የትራንስፖርት አለመኖር
____Parents didn't have enough money
ወላጆች በቂ ገንዘብ ስለሌላቸው
____Mother/parents refuse to go
እናት ወላጆች ለመሄድ ፈቃደኛ ያለመሆን
____No fuel available
የነዳጅ አለመኖር
____Other (specify) _____
ሌሎች (ይገለጽ)

31. What do you see as your role in communicating to mothers when they bring their child to the health facility? **(Tick all that apply)**
ልጆችን ወደ ጤና ድርጅቱ ከሚያመጡ እናቶች ጋር በሚኖርህ ውይይት ያንተ ድርሻ እንዴት ታየሃለህ
(መልስ በሆኑት ላይ ምልክት አድርግ)

____Giving information on danger signs to watch for
በአደጋ ምልክቶች ትኩረት እንዲያደርጉመረጃዎችን መስጠት
____Giving information on what to do at home
በቤት ውስጥ ስለሚደረጉ ነገሮች መረጃ መስጠት
____Giving information on how to give medicine at home
በቤት ውስጥ መድሃኒት እንዴት መስጠት እንደሚቻል መረጃ መሰጠት
____Finding out what mothers have done at home and what the symptoms of the child's illness are
የልጁን የህመም ምልክቶች ግግኘትና እናት በቤት ምን እንዳደረገች ማወቅ
____Giving information on how to prevent illness
በሽታን ለመከላከል የሚረዳ መረጃ መስጠት
____Telling mothers when to come back to the health facility
እናቶች መቼ ወደ ጤና ድርጅቱ መመለስ እንዳለባት መነገር
____Ensuring that mothers understand what to do at home
እናቶች በቤት ማድረግ ያለባቸውን ነገሮች ማወቃቸውን ማረጋገጥ
____Giving group talks
በቡድን ውይይት መሳተፍ
____Other (specify) _____
ሌሎች (ይገለጽ)

32. What prevents you from communicating with mothers when they bring their child to the health facility? **(Tick all that apply)**
ልጆችን ወደ ጤና ድርጅቶች ይዘው ከሚመጡ እናቶች ጋር ውይይት እንድታደርግ የሚከለክለህ ምንድ ነው
(መልስ በሆኑት ላይ ምልክት አድርግ)

____It isn't really my role
የእኔ ሥራ ድርሻ አይደለም
____Someone else does it
ሌላው ያደርገዋል
____No time
ጊዜ የለም
____I don't know how
እንዴት እንደሆነ አላወቅም
____They do not listen/understand what we say
የምለውን አያዳምጡም / አይረዱም
____I don't have any education materials
ምንም ጎደኑት የትምህርት መሳሪያዎች የሉንም
____It is not important
አስፈላጊ አይደለም
____Other (specify) _____
ሌሎች (ይገለጽ)

END OF THE HEALTH WORKER INTERVIEW

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.

MINISTRY OF HEALTH-ETHIOPIA
USAID / BASICS
Rapid Integrated Health Facility Assessment

4. EQUIPMENT AND SUPPLY CHECKLIST

Zone/Woreda _____ Date____/____/____

Facility Name_____ Facility type_____ Facility status _____

Interviewer No._____

Category of health staff **with child case management responsibilities** (Curative and preventive)

Category	Assigned to the facility	Present the day of the survey
Physician	_____	_____
Nurse	_____	_____
Midwife	_____	_____
Health Assistant	_____	_____

Patient and worker accommodation

1. Is there adequate seating for patients? .....Y N
2. Is there a covered waiting area? .....Y N
3. Is there potable water .....Y N
4. Is there a functional toilet or latrine .....Y N
5. Are health information posters displayed .....Y N

IF YES: Are they written in the local language .....Y N

6. Is an ORT corner present and being used? .....Y N

Equipment and supplies

Are the following equipment and supplies present in the clinic

7. Transportation

- Vehicle .....Y	N	**If YES**, In working order?	Y	N	
- Motorcycle .....Y	N		Y	N	
- Bicycle.....Y	N		Y	N	

8.	Social Mobilisation equipment				
	- Megaphone .....Y	N	If YES, In working order?	Y	N
	- Flipchart .....Y	N		Y	N
	- Counseling cards/pamphlets.....Y	N		Y	N
9.	Weighing material				
	- Adult weight scale .....Y	N		Y	N
	- Baby weight scale .....Y	N		Y	N
	- Salter .....Y	N		Y	N
	Medical supplies				
10.	- Thermometer .....Y	N		Y	N
11.	- Stethoscope				
	-Regular .....Y	N		Y	N
	-Obstetrical .....Y	N		Y	N
12.	- Otoscope .....Y	N		Y	N
13.	- Tongue depressor .....Y	N			
14.	Watch with a second hand or other timing device .....Y	N		Y	N
15.	Steam sterilizer .....Y	N		Y	N
16.	Cooker or stove .....Y	N		Y	N
17.	Measuring and mixing utensils .....Y	N			
18.	Cups and spoons .....Y	N			
19.	Refrigerator .....Y	N			

If NO, go to question 20

- Type: ____Electric ____Kerosine ____Gas ____Solar
- Condition: ____Good ____Fair ____Poor

- Freeze-watch indicator.....Y N
- Thermometer inside?.....Y N Temp: _____
- Temperature chart? .....Y N

If NO, go to Q. 20

In the last 30 days, temperature recorded up to date ?....Y N

- Temperature above 8°C ..... _____ (number of days)
- Temperature below O°C ..... _____ (number of days)

20.	Frozen cold packs.....Y	N	
21.	Cold boxes .....Y	N	

____ Condition: ____Good ____Fair ____Poor

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Availability of drugs and other supplies the day of the survey: Circle yes or no for each item

	Supplies	**Available**			**Available**	
22.	Drugs for pneumonia and Shigella:					
	- *Cotrimoxazole*.....	Y	N	*Ampicillin/Amoxycillin*.....	Y	N
24.	Drugs for malaria:					
	- *Chloroquine*	Y	N	*Fansidar*	Y	N
	- *Injectable Quinine*	Y	N			
25.	Injectable Penicillin	Y	N			
26.	Injectable Chloramphenicol	Y	N			
27.	Paracetamol	Y	N			
28.	Aspirin	Y	N			
29.	Tetracycline eye ointment	Y	N			
30.	Gentian violet	Y	N			
31.	Iron	Y	N			
32.	Vitamin A	Y	N			
33.	Mebendazole	Y	N			
34.	Sterile water for injection	Y	N			
35	ORS	Y	N			
36.	IV solution for severe dehydration	Y	N			
37.	Needles (treatment)	Y	N			
	Needles (EPI).....	Y	N			
38.	Syringes	Y	N			
	Syringes (EPI).....	Y	N			
39.	Are expired drugs in the clinic	Y	N			
	IF YES, which ones? _____		_____		_____	

	Vaccines	**Available**		
40.	BCG	Y	N	N/A
41.	OPV	Y	N	N/A
42.	DPT	Y	N	N/A
43.	Measles	Y	N	N/A
44.	Tetanus Toxoid	Y	N	N/A

45.	Are expired vaccines in the fridge?.....	Y	N	N/A
	IF YES, which ones? _____	_____		_____

46. Are frozen vials of DPT or TT in fridge? ..... Y N N/A

47. Rupture of stock in the last 30 days? .....Y N
IF YES, :

Item	Number of days of stock-outs / last 30 days
Vaccines	
Syringes/needles	
ORS	
Essential Drugs	
Cards/forms	

48. Are drugs and other supplies adequately organized and stored appropriately .....Y N

Documentation and record keeping

Are the following items present in the clinic?

49.a Immunization register .....Y N 49.b If **YES**, is it up to date? Y N

50. Immunization tally sheets .....Y N

51. A stock of vaccination/child health cards .....Y N

52. A stock of TT / maternal health cards .....Y N

53. A stock of stock control cards .....Y N

54. Notifiable disease report forms .....Y N

55.a All essential monthly reporting forms .....Y N 55.b If **YES**, are they up to date? Y N

56.a Is a patient register kept .....Y N 56.b If **YES**, is it up to date? Y N

57. Number of patients seen in last month _____

58. Number of patients 0-4 seen in last month _____

59. Average No. of patients seen per day _____

END OF EQUIPMENT AND SUPPLY CHECKLIST