

**Section 1: Identification and consent (to be completed before interview)**

Serial number: |\_\_|\_\_|\_\_|

Q1. Location: Region \_\_\_\_\_ Zone \_\_\_\_\_ Woreda \_\_\_\_\_ Kebele \_\_\_\_\_

Kebele Code \_\_\_\_\_

Q2. Date of 1<sup>st</sup> visit: day \_\_\_\_ month \_\_\_\_ year \_\_\_\_

Q3. Settings:

Urban.....1

Rural.....2

Q4. Health extension worker (HEW) deployed in this kebele (from woreda)?

Yes.....1

No.....2

If there are no HEWs deployed in this kebele then collect the rest of the section 1 information from the kebele chairperson or any kebele cabinet members regarding the kebele: (if HEW present, then obtain the information from her after taking consent)

**READ THE FOLLOWING CONSENT FORM**

Hello. My name is \_\_\_\_\_. We are here on behalf of the Regional Health Bureau (RHB) to assist the government in knowing more about how health extension program services are provided in health posts.

Now I will read a statement explaining the survey.

Your kebele was randomly selected to participate in this study. We will be asking you several questions about the types of services that you and your co-worker provide; maintenance of your health post; your interaction with the community members, model families, and volunteer community health workers; as well as questions about training you have received. The information you provide us will be used by the RHB and organizations supporting services in your facility, for planning service improvements or further studies of services. The information you share may also be provided to researchers for analyses, however, any reports that use your data will only present information in aggregate form so that neither you nor your facility can be identified. We will also inform you regarding the survey results.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF SUPERVISOR INDICATES INFORMED CONSENT WAS PROVIDED.

Q5. A) Population |\_\_|\_\_|\_\_|\_\_|\_\_| b) Number of households |\_\_|\_\_|\_\_|\_\_|\_\_| c) Number of sub-kebeles/Gote |\_\_|\_\_|

Q6. Is the kebele malarious?

Mostly/totally .....1

Partially.....2

No.....3

Q7. What is the topography of this kebele?

Low land.....1

Mid land.....2

High land.....3

Q8. What are the public health facilities present in this kebele?

Yes No

Health post.....1 2

Health center (HC).....1 2

Health station developing HC.....1 2

Hospital.....1 2

Q9. If there is a health post when was it established? Month |\_\_|\_\_| Year |\_\_|\_\_|

Q10. When did the health post start providing service? Month |\_\_|\_\_| Year |\_\_|\_\_|

Q11. From the health post (or the center of the kebele) what is the distance and travel time (with most commonly used mode [1=walking; 2=bus/public transport; 3=mule cart; 4=cycle; 5=other]) to:

a) Health center: kms |\_\_|\_\_|  
travel time: hours |\_\_|\_\_| min |\_\_|\_\_|  
travel mode |\_\_| if other specify \_\_\_\_\_

b) Hospital with EOC: kms |\_\_|\_\_|  
travel time: hours |\_\_|\_\_| min |\_\_|\_\_|  
travel mode |\_\_| if other specify \_\_\_\_\_

c) Nearest woreda town: kms |\_\_|\_\_|  
travel time: hours |\_\_|\_\_| min |\_\_|\_\_|  
travel mode |\_\_| if other specify \_\_\_\_\_

*If the deployed HEW is absent on the day of the survey then arrangement should be made for revisit (by supervisor/regional survey coordinator); if more than one HEW are present in the Kebele please arrange to interview both the HEWs.*

Q5. a) Date of second visit: day \_\_\_\_ month \_\_\_\_ year \_\_\_\_; b) Date of third visit: day \_\_\_\_ month \_\_\_\_ year \_\_\_\_

*If there are no HEWs deployed in the kebele terminate the interview*

**Section 2: Background of HEWs**

Q201. How many HEWs are posted in the kebele? |\_\_|

Q202. Number of HEWs present during the interview? |\_\_|

	HEW1	HEW2	HEW3
Q203. Age	__ __	__ __	__ __
Q204. Highest grade completed (13=Technical/vocational; 14=university/college diploma; 15=university/college degree or higher)	__ __	__ __	__ __

Q205. When did you start working here? Mo |\_\_|\_\_| Yr |\_\_|\_\_| Mo|\_\_|\_\_| Yr |\_\_|\_\_| Mo|\_\_|\_\_| Yr |\_\_|\_\_|

Q206. Have you received the pre-service training? |\_\_| |\_\_| |\_\_|  
(1= yes, in the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none; 9=NA)

Q207. What was the duration of the pre-service training? |\_\_| |\_\_| |\_\_|

Q208. Is the pre-service training adequate to perform your duties? |\_\_| |\_\_| |\_\_|  
(1=very adequate; 2=somewhat adequate; 3=not adequate; 9=NA or no response)

Q209. Have you received any in-service training? |\_\_| |\_\_| |\_\_|  
(1= yes, in the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none; 9=NA)

Q210. Number of **in-service** training received |\_\_| |\_\_| |\_\_|

Q211. What did the **in-service** training include? (*Prompt for responses*)

(1= yes, within the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none)

Component	HEW1		HEW2	
	Status*	Duration**	Status*	Duration**
a) Vaccination (EPI)				
b) Child nutrition				
<b>c) Essential neonatal care</b>				
d) Pneumonia management				
e) Diarrhea management				
f) Malnutrition management				
g) Community based-IMNCI				
h) Malaria management (include ACT)				
i) Malaria prevention				
<b>j) ANC</b>				
<b>k) Delivery</b>				
<b>i) PNC</b>				
k) Breast feeding information				
l) Complementary feeding				
m) Family planning counseling/service provision				
<b>n) Post abortion care</b>				
o) HIV/PMTCT				
p) Latrine construction and use, hygiene				
q) Personal hygiene				
r) Community mobilization				
s) Community conversation				
t) Training model families				
u) Training vCHWs				
v) HMIS				
w) Logistics/commodity management				
x) Integrated refresher training				

\*If received more than once then report regarding the latest; \*\*Total duration of training on the component in hours (if received more than once then total hours of training received on the topic)

**Section 3: Supervision**

*(If two HEWs present for the interview then HEW who has been in the job for a longer period should answer sections 3, 4, and 5)*

Q301. When was the last time you received supportive supervisory visit from the health center or the woreda health office?

During last month.....1  
 About 1 to 3 months ago.....2  
 About 3 to 6 months ago.....3  
 About 6 to 12 months ago.....4  
 More than a year ago.....5  
 Never.....9  
 (if never, skip to Q401)

Q302. Were you informed about the last supportive supervisory beforehand? Yes.....1  
No.....2

Q303. Did the last supportive supervisory visit include the following? *(Prompt for responses)*

	Yes	No
a) Supplies.....	1	2
b) Record keeping and reporting (HMIS).....	1	2
c) Observe your client interaction.....	1	2
d) Provide written feedback.....	1	2
e) Provide encouragement.....	1	2
f) Provide updates on administrative or technical issues.....	1	2
g) Discuss problems you encountered.....	1	2
h) Conducted household visits .....	1	2
i) Reviewed work-plans and results .....	1	2
j) Discuss vCHW/CHP/other community worker activities.....	1	2
k) Other, specify _____		

Q304. Did your supervisor use a checklist during the last supervision? Yes.....1  
No.....2

Q305. Do you have supervisory book? Yes.....1  
No.....2

**Section 4: Service provision, recording & reporting, and product availability**

Q401. Service provision by HEWs *(Prompt for responses)*

	Service provided by HEW (1=yes; 2=no) <b>If No, pass to the next question</b>	Is this service supported by private/NGO sector (1=yes; no=2)	Is this service provided through outreach programs (1=yes; 2=no)	Is this service provided through household visits (1=yes; 2=no)	On average, how many hours per week are spent for this service	On average, how many hours per week are spent for this service through outreach	On average, how many hours per week are spent for this service through household visits
a) Vaccination (EPI)							
b) Growth monitoring/nutrition							
c) Essential neonatal care							
d) Pneumonia management							
e) Diarrhea management							
f) Malaria management (ACT)							

	Service provided by HEW (1=yes; 2=no) <b>If No, pass to the next question</b>	Is this service supported by private/ NGO sector (1=yes; no=2)	Is this service provided through outreach programs (1=yes; 2=no)	Is this service provided through household visits (1=yes; 2=no)	On average, how many hours per week are spent for this service	On average, how many hours per week are spent for this service through outreach	On average, how many hours per week are spent for this service through household visits
g) ANC							
h) Delivery							
i) Referral							
j) PNC							
k) Breast feeding counseling							
l) Complementary feeding							
m) Family planning (contraceptive)							
n) Post abortion care/referral							
o) HIV/PMTCT							
p) Latrine construction and use							
q) Personal hygiene							
r) Community mobilization							
s) School health							
t) Training/FU* model families							
u) Training/FU vCHWs/CHPs							

FU:follow-up

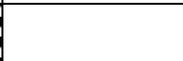
Q401. Based upon the response to question 109 reconcile the total hours spent, on average, and provide the following: (complete the response to this

- a) Hours spent in the health post per week
- b) Hours spent on outreach centers per week
- c) Hours spent on household visits per week

Q402. If outreach service is provided is it supported by the health center nurse/staff / HEW supervisor?

- Always.....1
- Often.....2
- Sometimes.....3
- Occasionally.....4
- Never.....5

Q403. Record keeping and reporting (by HEWs)

	Was any service provided during last month (1=yes; 2=no) <b>if no service is provided, pass to the next question</b>	Is there a record keeping system for the service provided (1=yes; 2=no)	Interviewer: (Ask for the log book and see if the services given are recorded) 1. Yes, seen 2. Not seen	Was the record updated for the services provided during the last month (1=yes, not observed; 2=yes, observed; 3=no)	Is there a reporting system for the service (1=yes, monthly; 2=yes, quarterly; 3=no)	Was it reported during the last reporting period (1=yes; 2=no)	Are there wall chart displaying the information (1=yes, but not updated; 2=yes, updated; 3=no)
a) Vaccination (EPI)							
b) Growth monitoring/nutrition							
c) Essential neonatal care							
d) Pneumonia management							
e) Diarrhea management							
f) Malaria management (ACT)							
g) ANC							
h) Delivery							
i) Referral							
j) PNC							
k) Breast feeding counseling							
l) Complementary feeding							
m) Family planning (contraceptive)							
n) Post abortion care/referral							
o) HIV/PMTCT							
p) Latrine construction and use							
q) Personal hygiene							
r) Community mobilization							
s) School health							
t) Training/FU* model families							
u) Training/FU vCHWs/CHPs							
v)Whereabouts of the HEW							

Q404. Product availability

Commodity	Usually managed at the health post (1=yes; 2=no; if no skip to next commodity)	Availability 1=reported available but not observed 2=available and observed 3=stock out for 1 month or less 4=stock out for more than 1 month but not more than 3 months 5=stock out for more than 3 months but not more than 6 months 6=stock out for more than 6 months
a) Combined pills		
b) Injectables		
c) Condoms		
d) ORS		
e) Vitamin A		
f) Vaccine		
g) De-worming		
h) Cotrimoxizole		
i) ACT		
j) Rapid test for malaria		
k) Sulfadoxine-pyrimethamine/ SP/Fansidar		
l) Bed net		
m) Fe tab		
n) Misoprostal		
o) Ergometrine		

Q405. Availability of service provisions/ materials

	Yes	No
a) Family health card .....1	1	2
if yes, how many distributed last month _____		
b) Vaccination card.....1	1	2
c) Immunization diploma.....1	1	2
if yes, how many distributed last month _____		
d) Vaccine Carrier with at least 4 Ice packs .....1	1	2
e) FP counseling card.....1	1	2
f) Training manuals for cVHWs.....1	1	2
g) Training materials for model families.....1	1	2
h) Functional blood pressure measuring apparatus.....1	1	2
i) Functional weighing scale .....1	1	2
j) Functional Salter scale.....1	1	2
k) Growth monitoring chart.....1	1	2
l) Functional thermometer.....1	1	2
m) Delivery kit.....1	1	2
n) First-aid kit.....1	1	2
o) ORT corner (Measuring Jar, cup, Teaspoon, ORS), .....1	1	2
P) Delivery couch .....1	1	2
q) Table .....1	1	2
r) Chair .....1	1	2
s) Functional refrigerator .....1	1	2
t) Vaccines ..... 1	1	2

u) Cold box .....1

2

Other, specify \_\_\_\_\_

**Section 5: Community health worker and other community capacity**

Q501. Are there community health promoters (CHPs) or other voluntary community health workers (CHWs) in this kebele? Yes.....1  
No.....2 if no go to Q510

Q502. How many active CHPs/vCHWs are there in the kebele? | | | |

Q503. How long have the vCHWs/CHPs been deployed in the kebele? Mo | | | | Yrs | | | |

Q504. Who trained the CHPs/vCHWs? HEWs.....1  
Other.....2  
Don't know .....8  
Specify \_\_\_\_\_

Q505. Do you get any support from the vCHWs/CHPs? Yes.....1  
No.....2 if no go to Q510

Q506. Do you conduct any of the following activities with the vCHW? Yes No  
Conduct monthly meeting.....1.....2  
Plan activities together.....1.....2  
Set and review targets.....1.....2  
Provide supportive supervision.....1.....2

Other, Specify \_\_\_\_\_

Q507. Please rate the support you get from vCHWs/CHPs for the following activities

	None	Low	Moderate	High
a) Immunization	1	2	3	4
b) Child health/nutrition	1	2	3	4
c) Essential neonatal care	1	2	3	4
d) Diarrhea management	1	2	3	4
e) Recognition of danger signs of childhood illness	1	2	3	4
d) Breast feeding practices	1	2	3	4
e) Complementary feeding				
f) Family planning	1	2	3	4
g) Maternal health (ANC, Deliver, PNC/nutrition	1	2	3	4
h) Latrine construction and use	1	2	3	4
i) Personal hygiene	1	2	3	4
j) Community mobilization	1	2	3	4
k) Training/FU model families	1	2	3	4
l) Household visits	1	2	3	4
m) Outreach services	1	2	3	4
n) HMIS	1	2	3	4
o) Malaria	1	2	3	4

Q508. Are there any financial or non-financial incentives provided to the vCHWs? Yes.....1  
 No.....2 if no go to Q510

Q509. What are the incentives provided? Financial, specify \_\_\_\_\_  
 Non-financial, specify \_\_\_\_\_

Q510. Number of model families trained and graduated in the kebele: Total \_\_\_\_\_; during last 6 months \_\_\_\_\_

Q511. Does the HEW attend/organize kebele health committee meetings? Never.....1  
 Once a year.....2  
 Bi-annual.....3  
 Quarterly.....4  
 Monthly.....5  
 As necessary.....9  
*(if never skip to Q514)*

Q512. Who are the kebele health committee members? Yes No  
 Kebele administration/council members.....1.....2  
 School teachers.....1.....2  
 Other government department members.....1.....2  
 NGO/CBO members.....1.....2  
 CHWs/CHPs.....1.....2  
 Other, specify \_\_\_\_\_

Q513. Please rate the support you get from kebele health committee for the following activities

	None	Limited	Somewhat	Frequently	Appreciable
a) Plan and monitor health extension program activities (e.g. outreach services)	1	2	3	4	5
b) Pull essential supplies from the woreda	1	2	3	4	5
c) Pull supportive supervision from the woreda	1	2	3	4	5
d) Identify barriers to quality RMNCH services	1	2	3	4	5
e) Coordinate with local public and private sector developmental partners to overcome barriers to quality RMNCH services	1	2	3	4	5
f) Referral services for EOC	1	2	3	4	5
g) Referral services for sick children	1	2	3	4	5
h) Community mobilization	1	2	3	4	5
i) Latrine construction	1	2	3	4	5
j) Personal hygiene	1	2	3	4	5
k) School health	1	2	3	4	5
l) Provide incentives/encouragement to vCHWs/CHPs	1	2	3	4	5

Q514. Do you coordinate with the following to promote health extension program activities?  
 Other public sector departments.....A  
 Other kebele committees.....B  
 Youth groups/clubs / Women groups.....C  
 Church / Mosque.....D  
 NGOs.....E  
 Other \_\_\_\_\_

Q515. Do you utilize the following social groups to support HEP activities?

Idir: if yes, then specify how \_\_\_\_\_

Equb: if yes, then specify how \_\_\_\_\_

Other, specify \_\_\_\_\_

Q516. Are you the member of the kebele cabinet?

Yes .....1

No.....2

Q517. What is the benefit of working as a cabinet member for the implementation of HEW activities?

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Q518. Do you conduct Community Conversation meetings? \_\_\_\_\_

If yes, was it useful? How? \_\_\_\_\_

Ends,

Thank you,