ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE, SCHOOL OF PUBLIC HEALTH

ASSESSMENT OF HEALTH SERVICE EXTENSION PACKAGES UTILIZATION AND BARRIERS THAT AFFECTS SERVICE UTILIZATION IN DANDI DISTRICT, WEST SHOWA ZONE, OROMIA REGIONAL STATE, ETHIOPIA.

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Abstract

Background

In 2005, the Federal Ministry of Health (FMOH) in Ethiopia realized that health services were not meeting the health needs at the community level. In response to this, the FMOH launched a new innovative program called the **Health Extension Program (HEP**). The HEP focuses on underserved such as: mothers, neonates, children and rural communities and places, basically emphasis on preventive, promotive and selected curative health care practices. Utilization of healthcare services is a right of all citizens, an important determinant of health and has particular relevance as a public health and development issue in low income countries.

Objective: To assess the Health Service Extension Package utilization and barrier that affects the service utilization in Dandi district, west Showa zone, Oromia region.

Methodology: A community based cross-sectional survey using both quantitative and qualitative data collection methods. The study area was selected purposively, five kebeles were selected by simple random sampling out of 53 kebeles and the household was selected by systematic random sampling. Sample size was calculated using single population proportion. Data entry, cleaning and analysis was done by epi6 and exported to SPSS V 11.0. Ethical clearance obtained from Institutional review board Facility of Medicine, Addis Ababa University, the result of the study is disseminated to graduate coordinator, Dandi district health office, Oromia Region health office, MOH and other NGO.

Results: Information was gathered from 588 household heads. Most (97.1%) of the house hold respondents mentioned that; there are health extension workers in their kebele and majority (86.6%) households reported that, there were accesses of roads and transportation facilities. Majority (98.3%) of health extension workers accepted the health extension program. 20% of the household respondents haven't trusted on the capacity of health extension workers. In general, 71.8% of the household utilize the health service extension package. Immunization, Family planning, personal hygiene, health education on Malaria, HIV/AIDS prevention and control, utilization of latrine were the most frequently utilized by households; but the utilization of TB prevention and control, Waste disposal, ANC, Delivery and PNC were not satisfactory.

Information also gathered from 85health extension workers working in the 47kebele of the district. 54.1% of health extension workers reported that, there were health post in the kebele they were assigned. Of those who had health post in the kebele, majority (77.7%) of the health extension workers mentioned that the health post is found within radius of 10kms from the community on average. More than two-third(67%) of health extension workers were very dissatisfied by their monthly salary. 24.4% reported that one year training is not enough at all to acquire the necessarily skill and knowledge. Seventy nine (92.9%) had family planning drugs, 60(70.6 %%) had ORS and anti malaria drugs, 50(58.8%) had delivery and emergency kit.

The group discussion revealed that, the program of health extension is easily accessible to the community but the health extension workers have no adequate capacity to deliver some service, the health post have no necessary drugs and supplies and there is no supportive supervision.

Conclusion: Majority of households utilized health service extension package program and there was also an interesting effort done by health extension workers to provide health service to the less privileged segment of rural population. The overall utilization of at least one health service extension package was found to be (71.8%). HEP was easily accessible to the community and in some kebele the health post was not constructed and even the constructed health post was not yet facilitated with the necessary medical equipment and supplies. Some of health extension workers mentioned one year training is inadequate to capacitate HEWs. Some of the households have not trust in the capacity of health extension workers. More than two-third of health extension workers were very dissatisfied with their salary.

1. Introduction

1.1 Background of the study

Ethiopia is suffering different health problems due to communicable diseases, poor nutrition, low educational levels, and inadequate access to clean water and sanitation facilities, together with low levels of access and utilization of health services (1, 2). Maternal health is the major problem of rural areas of the community. Vaccine preventable diseases are still high causes of morbidity, disability and mortality. About 80 percent of the health problems in Ethiopia are communicable diseases, which can be easily prevented and controlled by applying basic hygiene and environmental sanitation services (3).

The quality and utilization of health service is inadequate due to lack of physical access, poorly maintained infrastructure and equipment, shortage of trained manpower and insufficient supply of drugs and other necessary materials (3, 4). As the features of health care delivery in our country shows, we find that most of health facilities distribution (whether public or private) are concentrated in the urban areas; some of which absorb two-third of the already limited resources of the countries but the great burden of these problems falls largely on rural areas where the majority of the population (85%) lives and works, On the other hand in rural areas people have to travel long distances to obtain treatment or remain at home or look for some measures accessible and affordable for them (1, 4).

As Ethiopia being one of the countries who signed the millennium development goal (MDGs) in 2000, to meet this goal the FMOH develop Health Service Development Program (HSDP). Despite of the implementation of the program, with the evaluation done at the end of HSDPI in 2002, the essential health service was failure to reach at grass-root level. In response to this, the Ethiopian government has forced to launch Health Extension service Program by the year 2002/3 (5, 6).

This new health policy (HSEP) focuses mainly on providing quality promotive, preventive and selected curative health care services in an accessible and equitable manner to reach all segments of the population with special attention to mothers and children. The policy particularly emphasis on establish an effective and responsive health delivery system for those

who live in rural areas and it is considered as the most important institutional frame-work for achieving MDG (7).

To implement the program nationally, emphasis has been placed on training of Health Extension Workers (HEWs), with the target of staffing health posts (HPs) per Keble by two female HEWs. Thus, it was planned to trainee and deploys 30,000 HEWs, nationally, by the year 2009. About 24,535, which are 82% of the total demand of health extension workers was already trained and deployed and 10,998 out of the planned 15,000 health post was constructed at March 2008 (4, 6).

The philosophy of HEP is that if the right knowledge and skill is transferred to households they can take responsibility for producing and maintaining their own health (4).

1.1. **Statement of the problems**

The health status indicators of Ethiopia are among the poorest, even relative to other low-income countries and Sub Saharan Africa. For example, infant mortality rate is 77/1000 LB, under five mortality rate is 123/1000 LB and maternal mortality ratio is very high 673/100,000 (16). As health indicator of 2007/08 reveled health service utilization is low which 0.24; delivery and Post natal coverage is, 20.3% and, 25.1% respectively in the country (3).

In Ethiopia, the genesis of the new cadres (HEWs) is believed to have a major contribution for community to utilize health service. They will address partly, the low potential health service coverage (72% by the year 2005) and particularly, the critical shortage of Human Resource for Health. The HEWs had been an imminent solution for the failure of essential health service to reach at the grass-root level. Focusing on preventive health care services, they are responsible to devote 75% of their working time for the outreach activities. So it was believed that they will, substantially, contribute to reduce the high burden of communicable diseases that account for 80% of the health problem in the country (4).

On the assessment on factors contributing to and affecting performance of health extension workers and on the study on the working conditions of the First Batch there were a number of difficulties, which inhibit the implementation and utilization of health service extension package; of these, the main one lacking adequate knowledge and skills, inadequate supplies and equipment are some of the barriers affecting the utilization of health service extension

package (8). Despite the fact that there are such challenges, currently nothing is known to what extent the community is utilizing the health service extension package and little is known about the determinants of health extension package and functionality of health workers (9).

Dandi is one of the West Showa zone districts, which is covered by this study. The district was selected as a pilot study at the begging of health service extension package implementation. However the district has an experience from the first time implementation of the program some of the coverage and utilization of health service extension package are still low. In light of this, this study tries to assess situations with respect to utilization of health service extension package and elucidate barriers affecting utilization.

2. Literature review

2.1. The feature of global community health and health workers.

Utilization of healthcare services is a right of all citizens, an important determinant of health and has particular relevance as a public health and development issue in low income countries. The World Health Organization recommends the most vulnerable and underprivileged countries to utilize basic primary healthcare. After the launch of the Alma-Ata conference in 1978 the goal of "**health for all by the year 2000**", health service delivery programs promoting the primary health care approach using community health workers have been established in many developing countries (10).

The rational and practice of using community or village health workers has a number of reasons that varies in theory and practice from country to country. Its inception is partly in response to the inability of conventional health services to deliver basic health care and partly in response to the successes of the bare foot doctor movement in China (11, 12). The health issues, for which CHWs most frequently involved, were women's health and nutrition (46 and 48 %, respectively). Followed by child health and antenatal care (41 % each), immunization (37 %) and reproductive health care (34 %) (13).

The study in Bolivia also shows that, provision of community based integrated health service can significantly improve child survival in poor countries (14). Another study in India shows home based neonatal care including management of sepsis is acceptable, feasible, and reduced neonatal and infant mortality by 50% among malnourished, illiterate, and rural study population (15).

The role of CHWs in sub-Saharan Africa has evolved over time and place in response to changing health care priorities, disease burdens, and shortages of human resources for health. Despite their sometimes disparate roles, CHWs have some core responsibilities as health care providers. These include health promotion, disease prevention, basic curative care and referrals, monitoring of health indicators and creating vital linkages between community and formal health systems. Evidence on CHWs from Gambia, South Africa, Tanzania, Zambia, Madagascar, Mali and Ghana suggests that CHWs are not only cost-effective, but that they can

also enhance the performance of community level health programmes. For example, CHWs with minimal additional training can deliver treatment for important diseases, such as malaria, HIV/AIDS tuberculosis, reproductive health and nutrition (16).

Many literatures disclosed that the criteria for selection of CHWs throughout the world vary, but most include maturity as evidenced by age, sex, literacy and residence in the community. For in Pakistan to improve maternal health care and controlling epidemic diseases, they are using female as community health workers (15). In Costa Rica and Venezuela male were preferred to travel long distance but in Botswana and Solomon Islands, females were preferred (especially married ones) since they were less likely to move away from the community (17).
Though the period of training of CHWs varies from place to place, many developing countries have community-based health workers comparable to Ethiopia's HEWs who receive just one-year's basic training (18). It was disclosed that the shortage of qualified and adequate trainers has been noted everywhere (19).

2.2 Primary Health Care Progress in Ethiopia (From 1970s up to early 1990s)

Primary health care (PHC); is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination (20).
In Ethiopia most of the rural community have limited access to adequate Health Care; for instance, 38%of Ethiopians have no access to public health services, over half of households must walk more than two hours (six miles) to reach the nearest health facility, only three physicians are available to serve every, 100,000 people and inadequately health workers and health facilities often lack medical equipments, drugs and supplies. The past socialist government of Ethiopia tried to introduce rapid expansion of PHC, but its rapid expansion was hampered due to: protracted war, centralized, urban-based, bureaucratic approach and attitude that failed to participated community (21).

Ethiopia had adopted Primary Health Care (PHC) as the national strategy to achieve equitable access to health services by all people of the country as early as late 1970's. Later on the government endorsed the Health for All (HFA) target and PHC strategy in 1978(21).

The Ten Year Perspective Plan of 1984-94 also emphasized PHC as its policy, and indicated community participation, intersectoral collaboration, gradual integration of vertical programs and specialized health facilities, and delivery of essential health care at affordable cost (22). At this time, the health system had six tier referral systems introducing community health services in Health Posts (HP) at the bottom of the referral system, staffed by trained Community Health Agents (CHA) and Trained Traditional Birth Attendants (TTBA) who were to be supported by communities. However, this approach didn't sustain due to mainly inconsistent and insufficient support from the health system including supportive supervision and in-service training, as well as lack of remuneration and incentives (22).

The other factor which didn't allow effective implementation of the PHC was related to the structure of the Minster of Health itself. The management structure was limited to central and regional level and maintained vertical programs with no management structure at district level and below (23).

The new health policy of 1993(2001), the health sector had undergone many reforms. The referral system is reorganized in to four and the management structure of the sector changed considerably. The size of Minster of Health has been reduced giving more task and power to regional health bureaus. The decentralization has further depended to districts level and health services delivery is managed by districts. All the vertical programs were integrated following the new policy of 1993EC. The current achievement and opportunities of PHC are characterized by, economic progress, democratization, decentralization and private initiatives (23).

Ethiopia is one of the countries who signed MDGs. To achieve this goal Health Sector Development Plan was developed (HSDP). Despite of the establishment of HSDP, with the evaluation done at the end of HSDPI, the health care is not reaching the grass root level. After the critical analysis of this problem, Ethiopia government was forced to implement Health service extension package (24)

2.3 The Health Extension Program

The Health Extension Program is a new Innovative program which is made up of 16 distinct packages of health care that have been carefully identified and developed by the Federal Ministry of Health to provide quality promotive, preventive and selected curative health care services in an accessible and equitable manner to reach all segments of the population, with special attention to mothers and children (4, 24).

At the core of Health Extension Program implementation is a sizeable cadre of new Health Extension Workers (HEWs), who are trained to implement a Health Extension Package of 16 healthcare activities at the kebele (village) level. HEWs are a minimum 18years old female must complete a one-year course of instruction and field training (4, 24).

The health extension package is made up of 16 distinct packages which are grouped under four components: -

1. **Disease prevention and control** (Malaria prevention and control, HIV/AIDS and other STIs prevention and control, TB prevention and control, and first aid emergency measures).
2. **Family health services** (mother and child health services, family planning, vaccination, adolescent reproductive health and nutrition)
3. **Hygiene and environmental sanitation** (personal hygiene, healthy house environment, water supply and safety measures, food hygiene and safety measures, excreta disposal, solid and liquid waste disposal and control of insects and rodents)
4. **Health Education and communication**- the main objective of this component is to bring about behavioral change through intensive and continued investment of knowledge to the community.

The other activities of health extension workers are establishing Model Families. They have been identify and train model families that have been involved in other development work, or that have acceptance and credibility by the community, as early adopters of desirable health practices to become role models in line with heath extension packages. Model families help diffuse health messages leading to the adoption of the desired practices and behaviors by the community (24).

There are many distal and proximal factors that affect health service extension package utilization. Any service utilization of a given community depends up on the Soci-economy characteristic of that particular community. Social and economic resources are shape the health of individuals and populations. This can be seen in the simple statistic that richer countries tend to have better average health than poorer ones. The study conducted in Uganda on the barriers affecting health service utilization shows; children, mothers and the poor were limited to health service utilization when compared to the others. Many strategies have been designed to overcome the health problem of the community. However due to the low community involvement, it could not achieve the desired outcomes. It is convinced that there is a remarkable gap in the health seeking behavior of individuals, households and the community at large (23).

Accessibility is one determinant factor for health service is utilized. WHO define primary health service coverage is proportion of population living within walking distance (10 km) from a health facility (HCs and HPs). In the study conducted in the first batch, many HPs have no transport facility. Forty eight percent of the HPs were at more than 10km distance from the nearest HC/clinic. The supplies situation seems erratic (8).

The study, which was conducted about the influences of CHWs in Ethiopia, identified that the most common barriers to CHWs productivity to be the lack of supplies, lack of supervisory support, skill limitations and low levels of community trust (20)**.** Some evidences suggested that the possibility of professional development is an important motivating factor for CHWs, possibly improving retention (25).

On the Assessment of Factors Contributing to and Affecting Performance of Health Extension Workers in Selected Woreda of Amahara and Southern regions, there were some negative and positive factors identified, HEWs lacking adequate knowledge and skills to manage labor and delivery, Health posts lacking supplies and equipment, absence of supportive supervision are some of the negative findings(9). In this study 53.1% of the HEWs reported that they were serving in kebeles different from where they were recruited and nearly 73% of the HEWs reported that pre-service training increased their knowledge and skills and provided a good foundation for their efforts (9, 26).

In the study conducted, on preliminary assessment of the implementation of the health services extension program, it was found out that average achievement of construction of health posts, certified role model households and deployment of health extension workers were 78%, 4.3% and 63%, respectively (26).

On assessment of the magnitude, patterns and determinant factors of health worker migration from the public health sectors, Eastern Ethiopia, the majorities (63.1%) of study participants were not satisfied by their salaries and 33.9% of respondents were also unhappy with incentives and benefits in their institution (27).

The factors affecting HEP implementation in the Wolayita Zone of SNNPR identified activities that are difficult to implement of these, 48% reported delivery, 34% mentioned isolation of human and animal residence, and 22% and 19% stated that difficulty to convince people to construct pit latrine and difficulty to treat malaria respectively (28).

In the study conducted on the effect of household health extension package on prevention of trachoma in kola Tembina, Tigray region, north Ethiopia fifty-four percent of households with HEP and 69% of those without HEP did not use proper waste disposal systems and almost all of the households disposed near the houses(29).

On population-based discrete choice experiment (DCE) in Gilgel Gibe, in southwest Ethiopia among women with a delivery in the past five years, 93.8% had delivered their last child at home (30). Assessment of the extent and determinants of functionality of health extension workers in

East Gojjam Zone, Amharra Regional State, Ethiopia, (98.4%) the health extension workers performed malaria (31). A randomized clinical trial, which was conducted in southern Ethiopia, on the other hand, has disclosed that involvement of HEWs in sputum collection and TB treatment improved smear-positive case detection and treatment success rate. However, the need to train HEWs in this regard is still left the underlined (32)

2. Objectives of the study

General objective

To assess the Health Service Extension Package utilization and barriers affecting health service extension Utilization in Dandi district, west Showa zone, of Oromia region.

Specific objectives

- To assess the access and utilization of Health Service Extension Package.
- To identify the perception of the community, health extension workers and health workers towards the health service extension package.
- To assess the status of infrastructure, supplies and institutional support for the implementation of health service extension package.
- To assess the capacity and the motivation of the health extension workers.

3. Methodology

Study area and period

The study was conducted in Dandi district, West Show Zone, Oromia Regional State. The District health office is located in Ginchi Town which is found at 75kms to the west of Addis Ababa and 35kms to the East of Ambo (capital town of Zone) along the road to Wollaga. It has 47 rural kebeles out of 53 kebeles of the district. The total population of the district is 170,233 of this, 86,161 is male (25, 26).

There is one health center, 4 upgrading health centers and 47 health posts of which 37 are under construction which are government owned, and 4 medium clinics, 12 lower clinics, 2drug stores and 3 rural drug venders are owned by private investors and NGO (23). The study is conducted from November 2009-June 2010. One of the health programs in the area is health extension package. The district is one of the areas that were selected as pilot study for HSEP in 1995. Currently 91 health extension workers are deployed in the area.

Study design

A community based cross-sectional survey using both quantitative and qualitative study designs.

Source Population

All health extension workers and all households who are living in rural areas of the selected district

Study Population

All health extension workers; working in kebele of the district, for more than six months and randomly selected households who are living in rural areas of the randomly selected Kebele.

Sampling procedure

Five kebele (peasant association) were randomly selected by simple random sampling out of forty seven that were found in the purposely selected District using lottery method; the sample size was distributed to the five peasant association proportionate to the size of their population. The list and number of households in each kebele were obtained from the registration book of each kebele office. Study households were selected from each kebele through systematic random sampling. The sampling interval of households in each kebele was

determined by dividing the total number of households to the allocated sample size. The first a household was randomly selected by a lottery system from kebeles household registration book, using a number between one and sampling interval. The subsequent households to be included in the study were identified systematically through house to house visits, each time adding the sample interval to the pervious number. If there are no illegible subjects in the selected households the next nearest household was visited till the number of the sample size is achieved. All health extension workers that were working in the selected district were included in the study because of their small size.

Sample size

Sample size was calculated using a formula for single population proportion, assuming a

Design effect of 1.5 and a non response rate of 5% resulting 595.

P= 0.5 since there is no similar study done before.

Confidence level of 95%, Degree of precision 0.05

Design effect = 1.5, Contingency =5%

$N = \frac{Z(\alpha/2)^2 p(1-p)}{d2} = \frac{(1.96)^2 \ 0.5(0.5))}{(0.05)^2} = (384*1.5) + 5\% (384) = 595$

The independent variables include

- Socio-demographic characteristics of the household respondents such as: sex, age, educational status, marital status, religion, family size
- Accessibility of the community to the health post
- Accessability of the HEWs to the community
- Availability of health post and the residential place of health extension worker.
- Availability of supplies and Infrastructures
- Capacity of health extension workers
- Availability of institutional support
- motivation of health extension workers
- perception of the community and health extension workers

The dependent variable is

Utilization of health service extension package

Data Collection

Quantitative part

The quantitative data was collected by interviewing housewife from family because housewife is closer to the utilization and implementation of the health service extension package. In the absence of housewife the husband was interviewed; in the absence of both husband and wife; any person in the family who was assumed as a potential source was interviewed. For health extension workers the data collection method was self administered questioner using structured questionnaire and facility review was also conducted using structured questioners. The questionnaire was prepared in English and then translated in to Afan Oromo and back translated in to English by different individuals to check consistency and conceptual equivalence. Five data collectors, who were nurse with previous experience of data collection, were selected from study area by principal investigator. They were trained for three days (including pre testing of questionnaire) on data collection techniques by the principal investigator and collected data for seven days.

Two degree holders in health or related field were selected as field supervisors and they also receive the same training. The tasks of supervisors include deploying and assisting data collectors, by going to each peasant association with them, introduce the purpose of the Study for village leaders, additionally, they collect and check the filled questioners individually and together with principal investigator for consistency, completeness and accuracy as the closing of each day of data collection.

Qualitative Part of the study

Two Focus group discussion of about 8-10members and four key Informant Intervieews were employed. The participants of this study include health workers working in the health center and district health office.

Generally, the study include health workers that are involved in health extension program implementation and those who are coordinators of health extension program and head of district health office who was expected by principal investigator to be potential source of

information for specific research questions. Semistractured questionnaire was used to guide the focus group discussion. The focus group discussion was moderated by the principal investigator and assisted by supervisors as note taker. The discussion was captured by radio cassette. Careful attention was taken to establish the frequency of occurrence of themes, phrases and expressions that the discussants used to describe their opinions relative to the specific research question.

The Qualitative data was analyzed and transcribed by verbatim in English using a template specific to the form utilized during the interview and FGDs; coded and displayed in qualitative data matrices after familiarized through reviewing, reading and listening, providing a full record of each of the interviews and discussions. Textual investigation was carried out through thematic analysis manually – in which the forms of categories and sub categories within the thematic area and their relationships was noted.

Operational definition

1. **Health extension program**: program designed to provide quality promotive, preventive and selected curative health care services in an accessible and equitable manner to reach all segments of the population, with special attention to mothers and children.
2. **Health extension worker**- worker trained for one year predominantly about Prevention and promotive health services to be assigned at kebele level
3. **Capacity of health extension worker**: the ability to provide the entire 16^{th} health extension Package
4. **Utilization of health service extension package**: The extent to which the community utilizes at least one of the 16^{th} extension packages in the last three month.
5. **Motivation** is defined as the willingness to exert and maintain an effort towards health service extension package program
6. **Geographical accessibility**: The availability of health service within a kebele.

Inclusion criteria

-For both quantitative and qualitative study People aged above 18 years and live for more than one year in the study area will be included

-Health extension of Agrarians (rural HEP).

Exclusion criteria

-HEWs whoes service is below one year and age below18 years, residence less than 6 month and age below 15 years in study area for household respondants.

-Health Extension of Pastoralists and Urban are also excluded.

Assurance of Data quality

To achieve good data quality: Questionnaire was prepared in English and translated in to Afan Oromo and back translated to English in order to keep consistency of the data. Before commencing data collection, questionnaire was pre-tested in adjacent districts and to ensure its validity and to standardize the study instruments locally. The fieldwork was supervised and followed by quality assurance procedures throughout the study by supervisors and principal investigator.

Data collectors were selected based on their ability to speak the local language (Afan Oromo) and previous experience of data collection .Training was provided to selected five data collectors and for two supervisors for about three consecutive days including pre testing and about the objective and the process of data collection.

Pre testing was done on similar community of the population and if there are any problems in the questionnaire encountered correction and explanation was provided. Closer supervision was undertaken during data collection by principal investigator and the supervisors. Supervisors visited at least five households randomly to crosscheck the proper filling of Questionnaire since all household questionnaires was coded. All questionnaires were crosschecked against standardized questionnaire daily by the principal investigator.

Data entry and analysis

Data was entered and cleaned using epi6, and exported to SPSS V 11.0 statistical software package for analysis. In addition the cross tabulation was computed using dependent and in dependent variables to determine the proportions of respondents and the existence of association between dependent variable (health service utilization) and some selected socio-demographic Characteristics of house hold respondents, access to health post, availability of institutional support, the existence of supplies and health post, the capacity and motivation of

health extension worker. Odds ratio and their 95% of confidence interval was calculated to assess the strength of association between the variables. To see the relative effect of independent variable on the dependent variable, logistic regression analysis was carried out to SPSS version 11.0 statistical package, for qualitative data the tape record interview/FGD was transcribed and translated in to English, the statement was arranged in respective of its questions and incorporated in to quantitative part.

Ethical consideration

Ethical clearance was obtained from Institutional Review Board Faculty of Medicine Addis Ababa University. A formal letter was also submitted to all concerned bodies to obtain their co-operation**.** The necessary permission to undertake the study also obtained from Oromia regional health bureau, West Showa zone health department and local administration. All participants were informed about the purpose of the study the right to refuse, and were assured of confidentiality of the responses and informed consent was obtained prior to each interview.

Dissemination and utilization of the Result

The study findings will be disseminated to SPH, FMOH, RHB and West Showa zone health department and Dandi district health offices. Finding will also be presented in different seminars and workshops. It may also be published in scientific journals.

5. Results

Socio-demographic characteristic of health extension workers

Out of ninety one (91) health extension worker in Dandi district West Showa Zone, 6 left their job for maternity leave and other cases and hence the data was collected from 85HEWs. This made the response rate to be 93.4%. Most (96.5%) of the health extension workers are in age group 20-29years and the mean age is 22.7years and (SD=2.688years). The minimum and maximum age of HEWs is 20 and 30 years old, respectively, with a range of 10 years old. Majority (88.8%) of health extension workers are from Oromo ethnic group and followed by Amahara which is 10.6%. All of the health extension workers speak Afan Oromo and 33(38.8) can also speak Amharic. More than two third (70.6%) of health extension workers are Orthodox by religion, and 81% are single. The educational status of the majority (87%) of the health extension workers is 10^{+1}. The minimum and the maximum work experience as HEWs are two and six years, respectively, with a range of four years. 85.8% served for about three to five years. Seventy eight (78.8%) of health extension workers are recruited by the woreda health office and the woreda cabinets jointly (table1)

Table-1 Socio-demographic characteristics of health extension workers of Dandi district, West Showa zone, Oromia region, 2010.

Soci-demographic characteristics	Frequency	Percent
Age		
20-24	65	76.5
25-29	17	20
>29	3	3.5
Religion		
Orthodox christen	60	70.6
Protestant	20	23.5
Other	5	5.9
Ethnicity		
Oromo	75	88.2
Amahara	9	10.6
Other	1	1.2
Marital status		
Single	69	81,2
Married	16	18.8
Year of experience		
< 3years	6	7.1
≥3ears	79	92.9
Who recruited for the post?		
Woreda health office and cabinet jointly	67	78.8
Educational status		
10+1	74	87.1
10+2	2	2.4
>12	7	8.2

Socio-demographic characteristics of household respondents

Five hundred ninty five (595) households participated in this study and information was gathered from both husband and wife. Seven questioners were discarded for their incompleteness and inconsistency and hence data enter and analyses were for 588 questioners. The age of household respondents ranges between20-60 years, with the median age of 34.9 years, and SD of 9.203years. About 324(51.1%) of the respondents were in the age group 20-34years. Majorities (80.8%) of the community are farmers. The gender mix of respondents is predominantly female 470 (79%). Three hundred ninety nine (67.9%) of the study participants not go to school, 167 (28.4%) have learned formal education which ranges between 1-8 grade, and only 22 (3.7%) attended grade nine and above. More than two third (72%) of the households respondents were Orthodox and 17.5% were Protestant and 6.1% were Wakefata (Oromo cultural religion). Majority of household respondents (84.5%) were married, and most of (95%) them are from Oromo ethnic group and followed by Amahara (3.7%). Almost all (99.5%) of the households can speak Afan Oromo. The average family size is five persons per household and 74.5% of the households respond that, they have radio in their home. Nearly two third (61.7%) of the community mentioned that their yearly income is 1000-5000 ETB and the average yearly income of the household is 5313 ETB (table 2).

Table 2: Socio-demographic characteristics of household respondents, Dandi district, West Showa zone, Oromia region, 2010

socio-demographic variables		Frequency	Percentage
Age	≤ 20	**9**	**1.5**
	21-30	224	**38.1**
	31-40	220	37.4
	41-50	96	16.3
	≥51	39	6.6
Sex	Female	**470**	**79.9**
	Male	**118**	**20.1**
Religion	Orthodox	**427**	**72.6**
	Protestant	**103**	**17.5**
	Wakefata	**36**	**6.1**
	Others	**22**	**3.7**
Ethnicity	Oromo	**560**	**95.2**
	Amahara	**22**	**3.7**
	Others	**6**	**1.0**
Occupation	Farmer	**475**	**80.8**
	Housewife	**89**	**15.1**
	Merchant	**8**	**1.4**
	Others	**16**	**2.7**
Marital status	Single	**46**	**7.8**
	Married	**497**	**84.5**
	Divorced	**21**	**3.6**
	Widowed	**24**	**4.1**
Educational status	No schooling	**399**	**67.9**
	1-8	**167**	**28.4**
	9-12	**20**	**3.4**
	12^{+}	**2**	**.3**
Family size	1-5	**344**	**59.1**
	6-10	**238**	**40.9**
Annual Income	<1000	**21**	**3.6**
	1000-5000	**363**	**61.7**
	5001-10000	**170**	**28.9**
	>10000	**34**	**5.8**

Utilization of health service extension package program

More than two-third (71.8%) household respondents mentioned that they utilized at least one health service extension package within the last 3 months prior to study period. Concerning package utilized, 89.1% of household respondents reported vaccination and 81% explained they utilized family planning, and 26% and 6.4% about utilizing ANC and Delivery respectively. 301(71.3%) of households respondents reported that, they discussed about malaria prevention and control, 70.3%, and 47.6% discussed about prevention and control of HIV/AIDS, and TB respectively. Regarding to environmental health and sanitation, about two-third (66.8%) of household respondents reported that they constructed and utilized latrine.

71.6% of household respondents reported they separated the kitchen from living room and 48.6% of the household respondents reported that, they dispose the waste in the waste disposable pit and more than half (51.4%) of them on open filed. 275(73.8%) of household respondents mentioned that they wash their body and clothes within one month (table3).

Table 3: Utilization of health service extension package program in Dandi district West Showa zone of Oromia region, 2010

Issues discussed with households		Frequency	Percentage
Have you utilized at least one of the HSEPP in the last 3months by going to HP or in your home by HEWs (n=588)			
Yes		422	71.8
If yes, which packages utilized (n=422)			
Vaccination	Yes	376	89.1
ANC	Yes	111	26.3
Delivery	Yes	27	6.4
PNC	Yes	148	35.1
FP	Yes	344	81.5
Counseling on nutrition	Yes	203	48.1
HIV/AIDS prevention and control	Yes	297	70.3
TB prevention and control	Yes	201	47.6
Malaria prevention and control	Yes	301	71.3
Personal hygiene (washing of body and cloths)	Yes	275	73.8
Construction and utilization of latrine	Yes	282	66.8
Waste disposal in disposable pit	Yes	250	48.6
Separation of kitchen from living room	Yes	302	71.6
Animals shield Separated	Yes	328	77.7
Water safety	Yes	298	70.8
Food security	Yes	289	68.7
Insect and rodent control	Yes	273	66.2

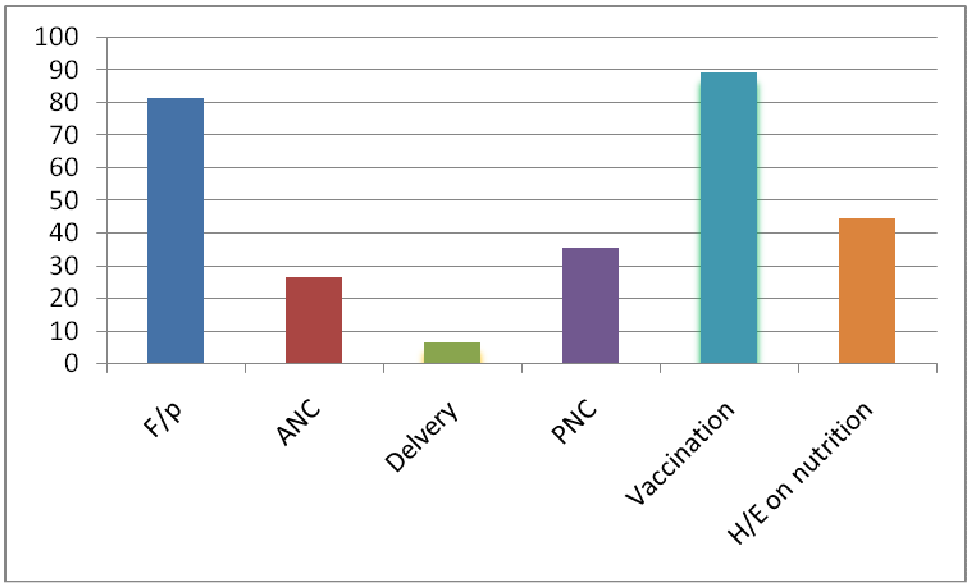

Figure 1: Percentage of households utilizing family health

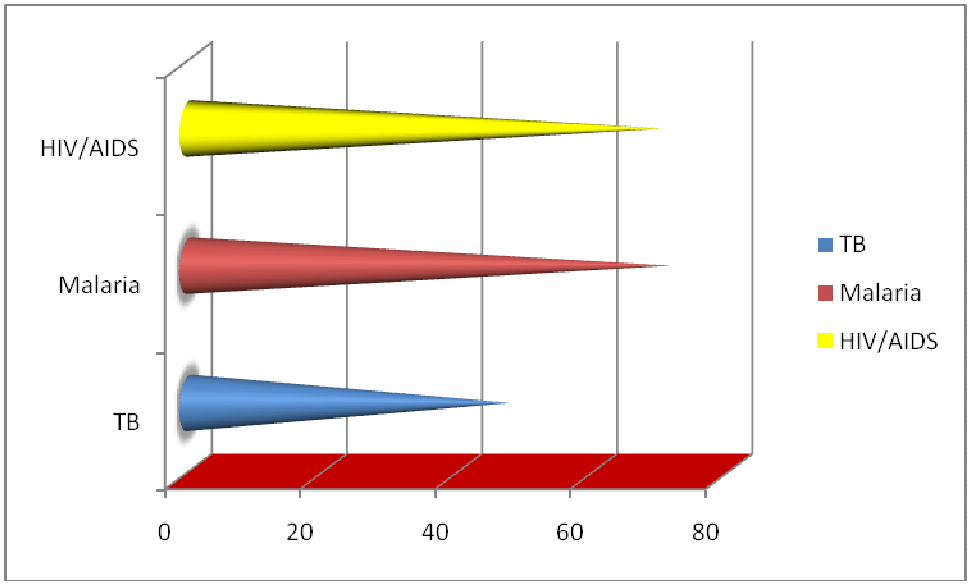

Figure 2: Percentage of Households who have got health education on communicable disease prevention and control.

Reasons mentioned by respondents for not utilizing HSEP

The reason given by house hold respondents for not utilizing HSEPP are (n=166): (17.7%) of the households mentioned that, the health extension workers have no injection, (20%) of households mentioned that the health post haven't the necessary materials and drugs, 18% of the households reported the health extension workers have no capacity, 18.8% and 15.7% of the households mentioned the health extension workers are absent and they give health education only respectively and 12.1% of the community mentioned that, I do not need me to have health care.

Table 4: Reasons mentioned by respondents for not utilizing health service extension package in the last 3months Dandi district, West Showa Zone, Oromia regional states,2010.

Reasons given by household (n=166)	Frequency	Percentage
No injection	29	17.7%
She was not present in the kebele	28	16.8%
She was not equipped with needed drugs	33	20.0%
She gave health education only	26	15.7%
she hadn't capacity to treat us	30	18.0%
I do not have need.	20	I2.1%

Accessibility and infrastructure of HSEP

There are 85 health extension workers in the rural kebele of the district and all kebeles have 2HEWs except six kebele that have only one HEW. In all kebele the health service extension package program is implemented. More than half (54.1%) of health extension workers reported that, there were health post in the kebele they are assigned. Of those who had health post in the kebele, majority (77.7%) of the health extension workers mentioned that the health post is found in a distance of 10kms from the HHs on average. More than 2/3 (69.4%) of health extension workers had been living in other kebele before they were recruited and assigned in the kebele they are currently working in. Two third (66.6%) of the health extension workers mentioned that, it takes less than an hour on foot to reach a health post from their residence. More than half (56.5%) of health extension workers reported that, there is road to the health posts, 40% of the health extension workers mentioned that the health posts have water supply ,45.9% and 32.9% of health extension workers mentioned that, the health post have toilet and waste disposal pit respectively(see table5).

Most (97.1%) of the HHS respondents mentioned that; there are health extension workers. Majority (86.6%) households reported that, there were accesses of roads and transportation facilities and from those who have health posts, majority (89.7%) of the respondents walk <60minutes and the mean average time taken from their village to the health post is 37.7minuties. To go the health post (92.1%) of the households mentioned on foot and 4.9% and 3.1% were used horse and vehicle respectively as a means of transportation and. Seventy-two percent of the household respondents reported that, they were participated in the health post activities and about one-third (63.6%) of the households motivated the health extension workers (see table 6).

Table 5: Accessibility and Infrastructure of HSEP responded by HEWs of Dandi district, West Showa zone, Oromia region, 2010

Variables		Frequency	Percentage
Is there a Health post in the kebele you are assigned?			
Yes		46	54.1
In how much radius kilometer is the health post is far from the community on average?(N=46)			
≤10kms		46	77.9
>10kms		10	21.7
Where were you living before you were recruited for training to be a HEW?			
In this kebele		26	30.6
From other kebele		59	69.4
How long does it take to get to the HP on foot from here (your home where you are currently living)	≤1hrs	56	66.6
	>1hrs	28	32.6
Does the health post (HP) have a road			
Yes		48	56.5
Does the Health Post have water			
Yes		34	40
Does the Health Post have toilet			
Yes		39	45.9
Does the HP have a solid waste disposal pit or the like			
Yes		28	32.9

Table 6: Accessibility, infrastructures and institutional support of HSEP responded by HHS of Dandi district, West Showa zone, Oromia regional states, 2010

Variables	Frequency	%
Are there health extension workers in your kebele		
Yes	571	97.1
Is there health extension program in your kebele		
Yes	556	94.6%
Where do the health extensions workers live		
In the same kebele	248	42.2
In the other kebele	234	39.8
I don't know	106	18.0
How long time does it take to go the health post		
1_60minuts	499	89.7
>60minuties	57	10.3
Are there facilities like road, transportation in the kebele		
Yes	509	86.6
By which means you go to the health post		
On foot	512	92.1
By vehicle	17	3.0
By horse	27	4.9
Have you participated in the HEP activity		
Yes	424	72.1
Have you motivated the health extension workers		
Yes	374	63.6

Perception of HEWs and Households about HSEP

All the 85 (100%) of health extension workers have accepted the health service extension package program. Most (94.1%) of health extension workers have agreed about health extension workers/agents being females. Majority (72.9%) of Health extension workers have accepted Health Service Extension Packages focusing only on preventive service rather than curative service. Majority (96.5%) of HEWs have not decided for how many years to work and only 2.4% of HEWs decided no more years to do (table7).

578 (98.3%) of HHs accepted the health extension program. 91.7% of the HHs agree that selection of health extension workers from their own kebele and 88.4% of the HHs accept that health extension workers being female. As the information from the HH respondent shows 448 (76.2%) of the households agree on the HSEP for its focusing on preventive service than curative service (table 8).

Nearly one-third (32.1%) of house hold respondents mentioned that, there is much better things to the health of community, after the implementations of health service extension program and 59.1% of house hold reported that there are somewhat better things to the health of communities and 8.8% of households reported that there is no differences whether the program is implemented or not. 80.1%of the household respondents have accepted or trusted the capacity of health extension workers and 63.6% household mentioned, as they motivated the health extension workers (table 8).

Table 7: Perception of health extension workers of Dandi district, Oromia region, 2010

Variables	Frequency	Percentage
Do you agree the HSEPP		
Agree	85	100
What is your opinion on health extension workers is being female		
Agree	80	94.1
Disagree	5	5.9
What is your opinion HSEPP being focused only on prevention than cure?	62	72.9
Agree	23	27.1
Disagree		
For how many more years do you plan to work on current work assigned?		
<1year	1	1.2
Not decided	82	96.5
No more years	2	2.4

Table 8: Perception of the HHs about HSEP of Dandi district of Oromia region, 2010

Variables	Frequency	Percentage
Do you accept the health extension program		
Agree	578	98.3
Disagree	10	1.7
Selection of HEWs from own kebele		
Agree	539	91.7
Disagree	49	8.3
HEWs being female		
Agree	520	88.4
Disagree	68	11.6
What is your opinion on the health extension workers only providing prevention service (F/P, immunization.etc) not providing injection and other treatment		
Agree	448	76.2
Disagree	140	23.8
Is there any change to the health of the community after health extension was deployed		
Much better	189	32.1
Somewhat better	347	59.0
The same	52	8.8
Have you motivated the health extension workers		
Yes	374	63.6
DO you think that the health extension workers of your kebele have capacity yes	471	80.1

Motivation and capacity of health extension workers

More two-third (67%) health extension workers were dissatisfied by their monthly salary. 78.8% of HEWs are satisfied by their management and 71.8% of HEWs had mentioned that they are satisfied by their work. Most of (96.5%) health extension workers reported that they had performance evaluation system and they have been for evaluated in the last six months by their immediate bosses. Only 18.8% of health extension agents mentioned that they were promoted by their last six months performance evaluation result and 15.3% were not satisfied and nearly two third (63.5%) health extension workers had no difference in their evaluation result. All the 85(100%) health extension workers mentioned that they want to continue further education and 81.2% health extension workers want salary increment.

Concerning the capacity of HEWs, 11% HEWs mentioned that they performed all of the16 HEP, 41.2% of HEWs mentioned more than half, 42.7% of HEWs reported about half and 4.7% of HEWs said quarter of HSEP. Only 7.1% of health extension workers who said a year training is more than enough to acquire sufficient knowledge and skill and about two third (68.2%) reported that the training is fair or sufficient to acquire knowledge and skill and 24.4% reported that one year training is not enough at all.

Majority (80%) of health extension workers mentioned that, they have gone refreshment training for their capacity building after they were assigned in the health post. Most of (88%) health extension workers reported that they have solved to some extent the problem they have faced (table 9).

Table 9: Motivation and capacity of HEWs of Dandi district of Oromia region, 2010

Variables		Frequency	Percentage
Are you satisfied by your work	Satisfied	**61**	**71.8**
	Not difference	**12**	**14.1**
	dissatisfied	**12**	**14.1**
Are you satisfied by your salary	Satisfied	**25**	**29.4**
	Not difference	**3**	**3.5**
	dissatisfied	**57**	**67.0**
Are you satisfied by management of your institution department			
	Satisfied	**67**	**78.8**
	Not difference	**8**	**9.4**
	Dissatisfied	**10**	**11.8**
Is there performance evaluation system in the organization? Yes		**82**	**96.5**
Have you ever been evaluated in last six months by your immediate boss?	Yes	**82**	**96.5**
What is the result of your evaluation	Promoted	**16**	**18.8**
	Demoted	**13**	**15.3**
	No difference	**54**	**63.5**
What type of motivation you want?	Addition of salary	**69**	**81.2**
	Exchange of place	**21**	**24.2**
	Upgrading in their education	**85**	**100**
How do you see the sufficiency of the knowledge and skills that you acquired during training as a HEW for performing your duties?			
	More than enough	**6**	**7.1**
	Just enough	**58**	**68.2**
	Not enough	**21**	**24.7**
Out of the 16th health extension package how many of them do you think you are performed satisfactory	100%	**10**	11.8
	>50%	**35**	41.2
	50%	**36**	42.7
	25%	**4**	4.7
Is there any refreshment training you have got after you were assigned in this health post for capacity building? Yes		**68**	**80**
If you were faced the problem during your work, to what extent were you able to solve the problem?	To some extent	**75**	**88.2**
	Everything	**4**	**4.2**
	Not at all	**6**	**7.1**

Institutional support, supplies and medical equipment of the health posts

As it is shown in the table 10 below the health extension workers mentioned that, the health post activities are planned (36.5%) by themselves and (41.2%) by district health office and health center. Two third (67%) of health extension workers reported that the government support and commitments are very well.

Nearly two third (61.2%) of HEWs explained that, they have good community supports and commitments and the major (80%) of HEWs reported that they had strong work relationship with community volunteers. Less than half (44.7%) health extension workers reported that the woreda health office has carried out its responsibility with regard to the activities of the health post. Around half (56.4%) health extension workers mentioned that, they have met with the woreda health office health extension supervisory every month.

Concerning the supplies and medical equipment in the health post, majority (87.1%) have both syringe and needle, 79(92.9%) have family planning drugs, 60(70.6 %%) have ORS and anti malaria drugs, 50(58.8%) have delivery and emergency kit and half (50.6%) have B/P apparatus and thermometers.

Table 10: Institutional support, supplies and medical equipments of the health post of Dandi district, West Showa zone, Oromia regional states, 2010

Variables	Frequency	%
By Who was health post activities is going to be planned?		
I my self	31	36.5
District health office and health center	35	41.2
How you look at the government supports and commitments?		
Very good	57	67.1
How you look at the community supports and commitments?		
Very good	52	61.2
Do you have work relationship with volunteers' community workers? Yes	68	80
To what extent do you think has the Woreda Health Office/HC carried out its responsibility with Regard to the activities of the HP		
Very well	38	44.7
Not as much as expected	45	52.9
How frequently do you meet with the Woredas Health Extension supervisory ≤1month	48	56.5
Is that the health post have the necessary material and medical equipment, etc. Yes	20	23.5
Are that the health post have the necessary vaccine (vaccine of immunization) Yes	63	74.1
Family planning drugs (OCPs, Depo-Provera, and Condoms)		
Yes	79	92.9
Drugs for HPs (ORS, Anti malaria drugs & ergometrine etc.		
Yes	60	70.6
Do you have Syringe with needle		
Yes	74	87.1
Delivery and emergency kit		
Yes	50	58.8
BP apparatus, Thermometer &other		
Yes	43	50.6

HSEP performance in Dandi district, West Showa zone of Oromia region.

All the 85 health extension workers reported, they are delivering the health service extension package program for the community. Concerning the packages that were performed by health extension workers in the last six months; as their performance were observed, the immunization service like BCG, Penta3 and fully immunized were achieved (performed) over 100%. About 40% of the communities were first time family planning user. The family health part like ANC, PNC, and Delivery in the health post and home were 39.2%, 10.2%, and 10.2% respectively. Regarding the environmental health and sanitation services more than half (58%) of the communities utilized safe water, and 45% of the community have latrine which is facilitated by HEWs. As to communicable disease prevention and control, distributing of anti malaria drugs is overachieved which was around (132) and only 12.5% of people who were TB suspected cases were referred to health center for sputum examination. Nearly one third (29.6%) of the households were trained and graduated on the entire 16n packages by the health extension workers to be model family (table 11).

Table 11: HSEP performance Dandi district, of Oromia region, July2009-December2010

Activities that were performed by health extension workers	Plan	Performance	
		No	%
BCG	**2706**	**3174**	**117**
Penta3	**2622**	**3502**	**133**
Fully immunized	**2622**	**2700**	**102**
ANC first visit	**2706**	**1060**	**39.2**
Delivery in health post and in home	**2706**	**317**	**11.7**
PNC visit of neonate within 3days	**2706**	**278**	**10.2**
Women of 15-49 who are using FP for 1st time	**16452**	**6594**	**40**
Women of 15-49 who are using FP(c continuous accepters)	**16452**	**4015**	**24.4**
<5 children who are treated for diarrhea	**3144**	**847**	**26.9**
<5 children who are treated for malnutrition	**3144**	**187**	**5.9**
Who are using clean water	**16356**	**9535**	**58**
Who are using latrine	**16356**	**7508**	**45**
Anti malaria drugs distribution	**4721**	**6248**	**132**
TB suspect cases	**1358**	**170**	**12.5**
Model family	**8100**	**2398**	**29.6**

Source: The 6months report of HSEP performance of Dandi district health office, Oromia regional states, 2010

Binary Logistic regression analysis of the study

Response of households about utilization of at least one of health service extension package in last 3month in relation to some selected independent variables

Analysis of utilization of health service extension packages with in relation to some selected independent variables; household respondents who have walk more than one hour to reach health post is 2.88times less likely utilized health service extension package than households who have walk less than one hour[OR=2.88, 95%CI=1.676-4.958]. Households who don't accept health service extension package program are 6.15times less likely utilized health service extension package than those households who accept HSEPP [OR=6.15, 95%CI=1.57-24.1]. House hold respondents who didn't accept the health extension workers being female were 2.295times less likely utilized health service extension package than those household who accept the HEWs being female[OR=2.295, 95%CI=1.36-3.86]. Household respondents who don't have road and transportation facilities to visit the health extension workers 1.832times less likely utilize latrine than those households who have road and transportation facilities [OR=1.832, 95%CI=1.118-3.00]. Household respondents who perceived as health post have no medical equipment and supplies are 1.661 times less likely utilized than those household who perceived as health post have medical equipment and supplies[OR=1.661, 95%CI=1.11-2.476]. Households who do not have good perception or not trust the capacity of health extension workers are 3.292 less likely utilized health service extension packages than those households who trust the capacity of health extension workers. Some independent variables like time taken to reach health post, capacity of health extension workers and good perception about HSEPP and HEWs are significant even after other confounders are controlled (see 12)

Table12. Utilization of health service extension package by household respondent's in relation to selected variables, Dandi district, West Showa zone, Oromia regional status, 2010

Variables		Utilization at least one of health service extension package in the last 3months				Cured OR		Adjusted OR	
		Utilize No	%	not utilize No	%	P value	95%CI	P value	95%CI
Sex	Female	338	71.9	132	28.1	0.000	1.00		
	Male	84	71,2	34	28.8	0.875	1.036(0.663-1.619)	NI	
Age	10-30	177	76	56	24	0.000	1.00		
	>=30	245	69	110	31	0.068	1.419(.975-2.066)	NI	
Education	no schooling	259	64.9	140	35.1	0.631	97.4(.000-1.3E+10)	NI	
	1-8	143	85.6	24	14.4	0.721	30.2(.000-4.1E+09)	NI	
	9-12	18	90	2	10	0.754	20.0(.000-2.8E+09)	NI	
	12+	2	100			0.000	1.00		
Yearly income	1-5000ETB	269	70.1	115	29.9	0.000	1.000		
	>5000ETB	153	75	51	25	0.205	1.28(0.873-1.885)	NI	
Time taken to reach	≤1 hour	392	74,2	136	25.8	0.000	1.00	0.000	1.00
health post	>1hour	30	50	30	50	0.000	2.88(1.676-4.958)	0.000	**3.737(2.13-6.548)**
Is there HSEPP in	Yes	421	72.3	161	27.7	0.000	1.00	0.000	1.00
Your kebele	no	1	16.7	5	83.7	0.019	13.1(1.52-152.7)	0.113	6.145(.615-58.02)
Is there HEWs in	yes	416	72.6	157	27.4	0.000	1.00	0.000	1.00
your kebele	no	6	40	9	60	0.010	3.98(1.39-11.35)	0.135	2.477(.755-8.130)
Do you accept	agree	419	72.5	159	27.5	0.000	1.00	0.000	1.00
HSEPP	disagree	3	30	7	70	0.009	6.15(1.57-24.1)	0.037	**4.567(1.093-19.1)**
Do you accept HEWS	agree	385	73.9	136	26.1	0.000	1.00	0.000	1.00
Being female	disagree	37	55.2	30	44.8	0.002	2.295(1.36-3.86)	0.027	**1.89(1.074-3.326)**
Opinion HSEP focus on	agree	341	75.9	108	24.1	0.000	1.00	0.000	1.00
prevention than cure	disagree	81	58.3	58	41.7	0.000	2.26(1.515-3.375)	0.001	**2.107(1.371-3.24)**
Available facility like road,	yes	375	73.5	135	26.5	0.000	1.00	0.000	1.00
transportation to HPs	no	47	60.3	31	39.7	0.016	1.832(1.118-3.00)	0.451	1.23(0.718-2.108)
Availabilities of medical	yes	155	78.3	43	21.7	0.000	1.00	0.000	
equipment and drugs	no	267	68.5	123	31.5	0,013	1661(1.11-2.476)	0.192	1.321(0.87-2.005)
Do you think the HEWs of	yes	362	76.4	112	23.6	0.000	1.00	0.000	1.00
Your kebele have capacity	no	58	51.8	54	48.2	0.000	3.01(1.964-4.612)	0.000	**7.309(.791-67.54)**

Qualitative study

Key informant interview and focused group discussion

The in key informant interview of these study are district health office head, health center head, district health office extension expert and supervisor of health extension,

As they mentioned, there are forty seven rural and five urban kebeles in their district. They have three health center, 12 health post which are already constructed and giving service currently and thirty four health posts which are under construction. Six health extension supervisory and ninety one health extension workers have been working in the district. The health service extension package program is started in all rural kebele of the district.

Do you accept the health service extension package and health extension workers are being females? Why they are female?

All of the interviewees have accepted the health service extension package program and health extension workers are being females, but most prefer one female and one male at a kebele rather than two females' health extension workers. As they said, the intension behind making health extension workers female is that, most of health extension packages are implemented and utilized on mothers. In rural part of Ethiopia, it is mother, who is engaged in food preparation for the family, caring for the children, keep safety of the house, fetching and handling the water, so educating the mother is educating and caring the family, community and country as a whole. Due to cultural and other influences, to tell their secret, mothers prefer female to male professionals but as far as the husband is the decision maker of the family, he should be convinced. To convince the male house head and to reach the difficulty areas like: journeys in the forest, crossing the river and even to protect the dog, males are preferred to females by the interviewee.

Is any change in the health of the community brought after health service extension package program is implemented?

The interviewee's responses, as there are certain changes to the health of the community after the program was implemented, the coverage of environmental health and sanitation it was less

than 10%, before the implementation of the program but currently it is above 40%. The coverage of immunization, family planning and other is also on the increase.

To what extent the program of health extension package is utilized?

As the response of the interviewees, from family service components, immunization and family planning are the most utilized. On malaria prevention and control, bed net and anti malaria drugs are widely distributed. Some of the community have constructed pit latrine. Most of the environmental health and sanitation components, some of the family health service, like ANC, Delivery, PNC and TB prevention and control still not satisfactorily utilized by the community.

What are the barriers that prevent the utilization of health service extension package?

The interviewee explained many factors that hinder the health extension package; one of these is perception of the community; since most of the community's attention was on curative service rather than prevention service they do not give attention to the service of health extension workers. Lack of capacity and motivation of health extension workers, inadequate supplies, equipment and facilities and absence of continuous and regular supervision are also the most important barriers.

Does health post have the necessary supplies, equipment and other facility like water, toilet, and waste disposal pit?

Generally, most of key informant explained that, the health post have no facility, Supplies and equipment and are also inadequate and inconsistent.

Do you think that the health extension supervisor has capacity to supervise? How often they are supervising the health extension workers? What are the major activities that you do while you are supervising?

The interviewee responses that, since the supervisory have not took training, they have no sufficient knowledge to supervise.

The major activities they do during their supervision are;

1) Coordinating household and community level activities of the health extension workers.
2) Supervise and evaluate the household and community level plan versus achievement.
3) Finding solutions to major problems HEWs face.
4) Check whether or not there is proper documentation of the activities being done, and also verify the accuracy of plans and achievements by making cross checks.
5) Compare the various reports sent to the woreda health office with the copies at the HP.
6) Discuss with the HEWs and stakeholders on possible solutions with regard to unachieved plans.
7) Report their activities to the woreda health office.

Are there any motivation given to health extension workers?

As the interviewees said there is no satisfactory motivation given to HEWs, but sometimes they give certificate for those who show good performance and might be there will be a chance of advancing their education in the future and they give counseling and oral warning for those who do not do their task appropriately.

Focus group discussion with health workers

Do you accept the health service extension package and health extension workers are being females?

The entire group has agreed on health service extension package program and health extension workers were being female, and most of the group has suggested, rather than making both female health extension workers at a kebele, it is better if one male and one female. The intension behind making both health extension workers, was female is that, most of health extension packages are implemented and utilized on mothers.

As illustrated by the following views, almost all participants in the group suggested that, rather than making two female in one health post, it is better if one male and one female.

"Most health extension workers are not married and young generation, as it was known that unmarried and young generation is unstable to live in a particular area; they may leave the area by marriage and other reasons; rather than making single and young lady, it is better if married female and male are assigned at the kebele, so the program should be revised" A 45years, Male, Nurse, in District health Office.

"Last year three health extension workers were raped, one in the forest while she was returning from polio vaccination, the second one while she was crossing the river, the third one at the middle of the night, by breaking her door, so it was better if one male and one female are assigned at a kebele" A 28years, Male, Environmental Health Technician, working at the district health office

"Due to biological factors like menstruation, pregnancy and delivery, females may be interrupted from their daily duties; this gap will be covered, if it is making one male and one female." A 45yers, male, BSC nurse, at the district health office

"Most of the time, the same sex especial females were not compatible, they don't agree each other even on single issue, and this program also brought gender discrimination, so it should be revised." A 48 years, male, nurse, working at district health office

Is that health service extension package is easily accessible to the community?

Most of the participant in the group agreed that the services of health extension are very much decentralized and easily accessible to the community because the health post is constructed in their kebele and on top of this the health extension visit from house to house.

"The health extension workers is going to the extent of households, the health post is constructed in the kebele, so what is accessible than this? The Health service extension package is a much decentralized program!" 30yers male, BSC nurse, working in district health office

"The health post is constructed with in 5kms from the community; so they can drink even coffee with health extension workers as their neighbors'." 28years, male, environmental health technician

Do health posts have the necessarily medical equipment and supplies?

Most of the participant in the group said that the health posts do not have medical equipments and supplies and the supplies are not available on continuous and in regular basis.

"…Some of the health posts are empty and only their houses are available, for the sake of health post is to be available." 40 years male, nurse, working in DHO

Is there any support given to health extension workers?

Most of the group said the support given to them is not this much interesting; since the program is a new initiative it needs strong intersectoral collaboration

"….Even though I don't give other support, I accepted their referral and I treated accordingly" A 30 years old male health officer working in the health center.

"…Supportive Supervision gives moral support and direction for health extension workers, in this district leave alone supportive supervision other simple supervision is not well given"

How do you see the capacity of health extension workers?

Most of the participants in the group mentioned the HEWs have no capacity because their pre-service and in-service training is inadequate.

"…Most of health extension workers don't give service like delivery, and some of health extension workers don't give even a simple service, that is why the community is not trusted and utilizing service at health post level."

Is there any motivation given to health extension workers?

"…..Motivation is a fuel or a power that moves person to do his duties; it is an internal felling and not as such as simple to define, the one which motivates one person is not motivating the other, it is different from person to person. In general whatever the cause of motivation, a motivated person makes a difference and brought a great change to the community and performs his work on time.

6. Discussion

Health Extension Programmers (HEP) is an innovative community based health care delivery system aimed to provide essential promotive and preventive health care services. It was introduced by recognizing the failure of essential services to reach the rural communities in remote parts of Ethiopia. It is considered as the most important institutional framework and backbone for achieving the Millennium Development Goals (MDGs).

This study attempted to identify the accessibility and infrastructures of health posts, motivation, capacity, perception of health extension workers and perception of community to utilize health service extension package program. Literatures and records related to health service extension package utilization and barriers that affect health service utilization were also reviewed for gathering pertinent information that supports the present study. The study provided useful information and discussed important issues related to health service utilization. This understanding can contribute its own role for improving the policy.

Utilization of Health Service Extension Package by the households

As the findings of this study shows, more than two-third (71.8%) of household respondents are utilizing **at least one of the Health service extension package in the last 3months**. Eventhogh, most of the households are utilizing HSEP this study shows some gaps with the primary health service, health extension program which indicates the program is decentralized and accessible to kebele and household level, we all hope the program to bring the intended result and the community should 100% utilize. The utilization of HSEP of this finding (71.8%) is much more than the health service utilization of the national, which is given at facility of 2007/8 which is 24%.

Family health service components;

Encouragingly, vaccination (89.1%) and family planning (81%) were the most utilized package of family health service. BCG, Pentavalent, Polio, fully immunization, compound oral contraceptive, and injectables Depo-Provera were frequently utilized. This study is consistent to, the study of preliminary cross-sectional census survey which identified that MCH services;

including Family Planning, Immunization and Nutrition service are frequently utilized (26). Other literature which was conducted by Pathfinders, in Tanzania, Uganda and Papua New Guinea shows that; community-Based Family Planning Program increase access to family planning and child survival in each country (16). Some of the finding of this study is incompatible with the study conducted on factors affecting health service extension package implementation at Wolayita zone in 1997, which indicate that the performance of immunization is low (17.7%). The possible explanations of this are, inadequate vaccine and freezing materials in 1997, which is reported by most of health extension workers and the second most important thing is perception and awareness of the community.

Some package of family health service such as ANC, delivery and PNC are not satisfactorily utilized. Especially, delivery (6.4%) is the least utilized one by the households. This study is closely similar to the study conducted in Gilgel Gibe, Southwest Ethiopia, which indicates that, among women who gave birth in the five years time span; most (93.8%) have delivered their last child at home and only 6.2% of women who gave birth at health facilities (30).

This finding is much below the 2007/8 national delivery coverage, which shows delivery attained by skilled person is 20.3%.The possible explanations of these are period of the study, the HHs were only asked about the presence of delivery in the family for the past 3month prior to the study, there might not be delivery and even no pregnancy in the last 3 month in the family. The other is perception of the households; 20.0% of the household who didn't go to health post perceived that, the health extension workers hadn't capacity. The health extension workers also mentioned one year trainings is not adequate to acquired the necessary skill and knowledge, only 7.1%HEWs who said the trainings is more than enough. The other determinant factor that affect the utilization of delivery at health post is inadequate availability of drugs and equipment in the health post, only about half (58.8%) of health extension workers, who have delivery and emergency kit, and motivation of health extension workers is another issue. A motivated person can bring a difference, their motivation is determinant. More than two-third (67%) of HEWs were dissatisfied by their salary and all the 85 (100%) of health extension worker want to upgrade their profession skill but no one is lucky enough to get the chance.

The bivarate analyses of this study, found that perception of the household are significantly associated with utilization of health service extension package. For instant those of household who have no good perception or no trust the capacity of health extension workers were 3.01times less likely to utilize health service extension package.

Communicable disease prevention and control

Under communicable disease prevention and control components, there are four packages such as: HIV/AIDS, Malaria, TB prevention and control and First aid safety measures. More than two-third(70.3%) of the households attained health education on HIV/AIDS.

71.3% of household's respondents reported that, they get health education on malaria prevention and control. This study is consistent by the study conducted on assessment of the extent and determinants of functionality of health extension workers in East Gojjam Zone in 2001**,** which shows that 87.7% of the Health Extension Workers hold a discussion on malaria prevention and control (31). The cause of this achievement is malaria epidemic in some of part the country.

Only less than half (47.6%) of the households have got discussion about prevention and control of TB by HEWs. A randomized clinical trial, which was conducted in southern Ethiopia, has disclosed that involvement of HEWs in sputum collection and TB treatment improved smear-positive case detection and treatment success rate (32). However, the need to train HEWs in this regard is still left the underlined

Environmental health and sanitation

Nearly half (43.75%) of the health service extension packages are under the environmental health and sanitation component. 73.8% of the households mentioned that they wash their body and clothes within every two week. More than two-third (66.8%) of the household respondents have latrine. Of the households who have latrine 77.7% frequently wash their hands after latrine utilize.

77.7% and 71.6% of household respondents have separated animal shield and kitchen respectively from living room. This study is incompatible with study conducted on the factors affecting implementation of health extension workers in Wolayita zone, which has disclose that

separation of animal shield and kitchen, are activities difficult to implement (28), this is might be due to perception and awareness of the community is improved.

48.6% of the household respondents reported that, they had disposed the waste disposal in the disposable pit and more than half (51.4%) them on open filed. This study were supported by the study conducted on the effect of household health extension package on prevention of trachoma in kola Tembina, Tigray region, north Ethiopia fifty-four(44%) of households with HEP and 69% of those without HEP did not use proper waste disposal systems and almost all of the households disposed near the houses (29).

Accessibility and infrastructures of the HSEP

As the key informant of the district health office head and health extension expert mentioned, there are 12health post and 3health center are currently functioning in the district.

To calculate the primary health service coverage of the district according to WHO

One health post= service 5000 population

One health center= service 25,000population

So according to this (WHO) standard the primary health service coverage of the district is

12Health post * 5000 + 3Health center * 25,00o = 79.3

Total popn of the district (170,233)

As it is shown above the primary health service coverage (79.3%) of this study is less than, the target of primary health care coverage of HSDPIII of 2007/8 which is 100% and even below the 3rd year HSDPIII (89.6%) (3). The achievement of this study is more than the assessment conducted on the primary health care situation in Ethiopia, which shows 38% of Ethiopians have no access to public health services.

54.1% of HEWs mentioned that, there are health post in the kebele they are assigned and the rest 45.9% of HEWs give their service at kebele administrative office. Of those who have health post in the kebele, 77.9% HEWs are reported that the health post is found within about a radius of 10kms from the community. This achievement (77.9%) is also below the standard of primary health service coverage, which is the health post should be constructed within radius of 10kms from households.

Most (97.1%) of the household (HHS) respondents mentioned that, there are Health Extension Worker (HEWs) in their kebele. Majority (86.6%) households reported that, they have road and transportation facilities. From those who have health posts, majority (89.7%) of the household mentioned that, it takes less than one hour to reach health post and the mean average time taken was 37.7minuties. Most (92.1%) of households went to health post on foot and.

This is supported by study conducted on the first batch, HPs were accessible at least by dry weather roads while a number are only accessible on foot(8). This study is inconsistent to the primary health care situation of Ethiopia, which indicates over half of households must walk more than 2 hours (6 miles) to reach the nearest health facility. The most possible explanation of this is currently some HP is found in the kebele.

As the key informant mentioned that, every kebele in the district has 2 HEWs, except a six kebeles who has only one HEW and in all rural kebele of the district, the HSEP is implemented. As most of the participant of group discussion also explained that the health post is constructed in rural kebele and on top the HEWS works moving from house to house. According to this study finding health extension program is more accessible and decentralized to rural community.

The bivarate analysis of this study, found that accessibility is significantly associated with utilization of HSEP. Households, who walk more than one hour to reach health post, are 2.88 times less likely utilized HSEP than those of households who walk less than one hour[OR=2.88(1.676-4.96)]. After controlling other confounders like; availability of health extension workers, accepting HSEPP and availability of medical equipment and drugs still time taken to reach health post was independently significant to utilize health service extension package (P=0.000).

More than two third (69.4%) of health extension workers had been living in other nearby kebele and town before they were recruited and assigned in the kebele they are currently working in. This study is supported by report on the assessment of factors contributing to and affecting performance of health extension workers in selected Amahara and SNNPR region, on the assessment 53.1% of the HEWs reported that they were serving in kebeles different from where they were recruited (9). This is incompatible with the policy of health extension program,

which explained that, health extension workers of one's kebele should be recruited from that particular rural kebele. The possible explanation for this is, the guide line to recruit HEWs is not timely distributed to the district level and.

Two third (66.6%) of the health extension workers mentioned that, it takes less than an hour on foot to reach a health post from their residence. More than half (56.5%) of health extension workers reported that, there were road to the health post, 40% ,45.9% and 32.9 of the health post had water, toilet and waste disposal pit respectively.

Perception, motivation and capacity of health extension workers and perception of community and health workers towards HSEPP

All 85(100%) HEWs and 98.3% of HHs accepted the HSEP. Nearly ¾ (72.9%) of health extension workers were accepted that; the health service extension package is being focused only on prevention than curative and Most of the participants of FGD said, it is better if some treatment like injection, which is prescribed from health center is given by HEWs. This has dual purpose one the patient get service in their kebele; second is good promotion for HEWs to do their job. Majority (94.1%) health extension workers and 88.4% of households reported that, they have agreed, on health extension workers (agent) were being females. Most of the focused group discussants and key informant recommended one male and one female. The experience is different from country to country, for instance in Costa Rica and Venezuela male were preferred to travel long distance but in Botswana and Solomon Islands, females were preferred (especially married ones) since they were less likely to move away from the community (17). Similarly in Pakistan to improve maternal health care and controlling epidemic diseases, they are using female as community health workers (15).

The bivarate analysis of this study, found that perception of the household is significantly associated with utilization of health service extension package. Households, who don't accept health service extension package program, are 6.15times less likely utilized health service extension package than those of households who accept the program. After controlling other confounders like; availability of health extension workers and availability of medical equipment and drugs, good perception (accepting) of the program is still it is very significant independent factor to utilize health service extension package[OR=4.57(1.093-19)].

As this study expresses all the 85 health extension workers want to advance their education but till the completion, no one could get the chance. Most expect this after two years of service. However, it seems that there is no clear guidelines and preparation for this at any level. This study is supported, by evidences suggested that the possibility of professional development is an important motivating factor for CHWs, possibly improving retention (19). This finding is also compatible with study conducted on functionality of HEWs, which indicate that HEWs are dissatisfied with their job because almost all had claimed that their profession because of lack of upgrading (31)

More two-third (67%) of HEWs is very dissatisfied by their salary. Only 18.8% of health extension agents mentioned that they have been promoted by their last six months performance evaluation result and 15.3% are demoted and two third (63.5%) HEWs have no difference by their evaluation result. More than half HEWs are not satisfied by their working environment and management of their institution. This study is similar to the study conducted on assessment of the magnitude, patterns and determinants factors of health worker migration from the public health sectors in Oromia, Eastern Ethiopia, which indicates 63.1% of study participants were not satisfied by their salaries (27).

Only 11.8% of HEWs who performed the entire of the 16^{n} HSEP, 41.2% and 42.7% of HEWs preformed more than half and about half. Only 6.4% of HHs who utilized delivery in the health post in the last 3month priors to the study. For the 20% of the HHs who didn't go to health posts, the main reason was that, they don't have good perception about the capacity of health extension workers. Only 7.1% of health extension workers who said one year training is more than enough to acquired sufficient knowledge and skill, and 24.4% reported that year training is total not enough to acquire the necessary skill and knowledge. This study is supported by study conducted on lack of access to information remains a major barrier to knowledge-based health care in developing countries for rural PHC in particular. HEWs have the least access to relevant information because they work in rural communities, a long distance from transport and communication facilities (9, 17).

7. Strength and Limitation

7.1. Limitation

- Some variables like capacity, motivation and perception were measured with a single or few item questions, which might reduce the level of reliability.
- Self-administered questionnaire was used to gathered information from health extension workers which might enhance the non-response rate.

7.2. **Strength**

- Familiarity of the investigator to the study area
- Quantitative part of the study was complemented with qualitative study.
- Diploma level health professionals were used for the data collection.
- FGDs and In-depth interview were conducted by investigator.

8. Conclusion

Majority of households utilize health service extension package program and there is also an interesting effort done by health extension worker to provide health service to the less privileged segment of rural population. The overall health service extension package utilization was found to be (71.8%). Encouragingly, households are utilizing some of health service extension package program. Of this immunization, family planning, personal hygiene, separation of kitchen from living room, construction and utilization of latrine, malaria, HIV/AIDS prevention and control, are the most frequently utilized by the households. In contrast to this some of the packages related to, waste disposal, TB prevention and control, antenatal, delivery and postnatal cares are not well utilized. Especially delivery service is the least utilized by households.

Most of the household respondents reported that, there are health extension workers in their kebele and there are also road and transportation facility to health posts. Majority of the households mentioned that, it takes less than one hour to arrive at the health post on foot from their residence and the average time is 37.7minuties, this shows that, health service extension package is more accessible to the community. Majority of households have good perception about health service extension package and health extension workers are being female

In some kebele the health post is not yet constructed and even the constructed health post is not yet facilitated with the necessary medical equipment and supplies; like emergency and delivery kit, lack of basic drugs that are recommended for a health post. Some health posts have no refrigerator, hand-washing facilities, toilet, waste disposal pit and residential house for health extension workers.

Capacity, motivation, perception and supervision of health extension workers are very determinant factor for health extension workers to deliver their quality service. Most Health extension workers have good perception about health extension program.

Only 11% of HEWS who perform the entire 16^{n} packages. Majority of health extension workers said that one year training is not adequate to acquire the necessarily skills and knowledge.

Some of the households not trusted on the capacity of health extension workers and that is why, they are not utilizing some service like delivery in the health post. Most of health extension workers are not satisfied by their salary and only less than half (44.7%) health extension were satisfied by their managements and even though all health extension workers want to upgrade their education not even a single person has got the chance for further study. Only forty eighty (56.5%) health extension workers have meet their supervisory within one month.

9. Recommendations

1. 28.2% of not utilizing health service extension packages in Dandi district, West Showa zone, is not undermined and neglected finding. Therefore, the Oromia region in collaboration with the West Showa Zone and the Dandi district and other concerned bodies should conduct need assessment and respond accordingly to solve the underlined problems
2. Medical equipment, supplies, facility and institutional support is found to be independent factors for utilization of health service extension package. Therefore, Dandi district in collaboration of West Showa zonal health department should fulfill the necessarily facility and logistic or supplies (construction of health post, and it should be facilitated and regularly supplied with medical equipment and the necessary basic drugs).
3. Since one year, professional training in general is found to be inadequate, and some service like delivery is not well utilized, the Dandi district and West Showa zone in collaboration with Oromia region should arrange more specialized in-service and refreshment training, to capacitate and improve the health extension worker's skills and knowledge.
4. Since their profession because of luck of upgrading chance and their salary is inadequate, it dissatisfied all of the HEWs, so the federal ministry of health should have to prepare a career structure for the HEWs and announce to them as soon as possible to motivate and to delivery their work.

5. The supervision of health extension workers is inadequate and not continuous basis. Therefore, the Dandi district should be arrange strengthen and regular supportive supervision.

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Annex .1

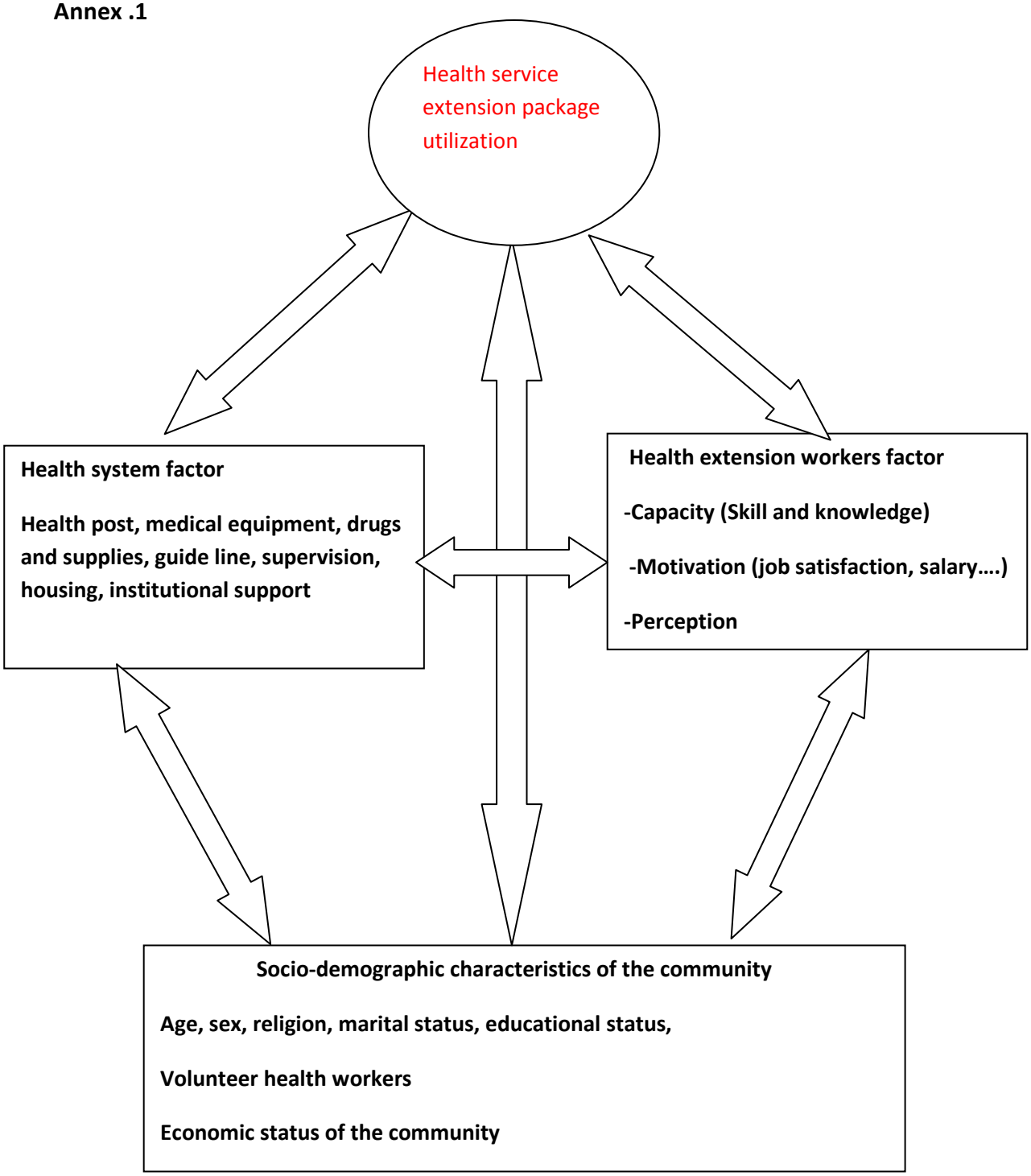

Figure 1: Conceptual frame work of the study

Annex. 2

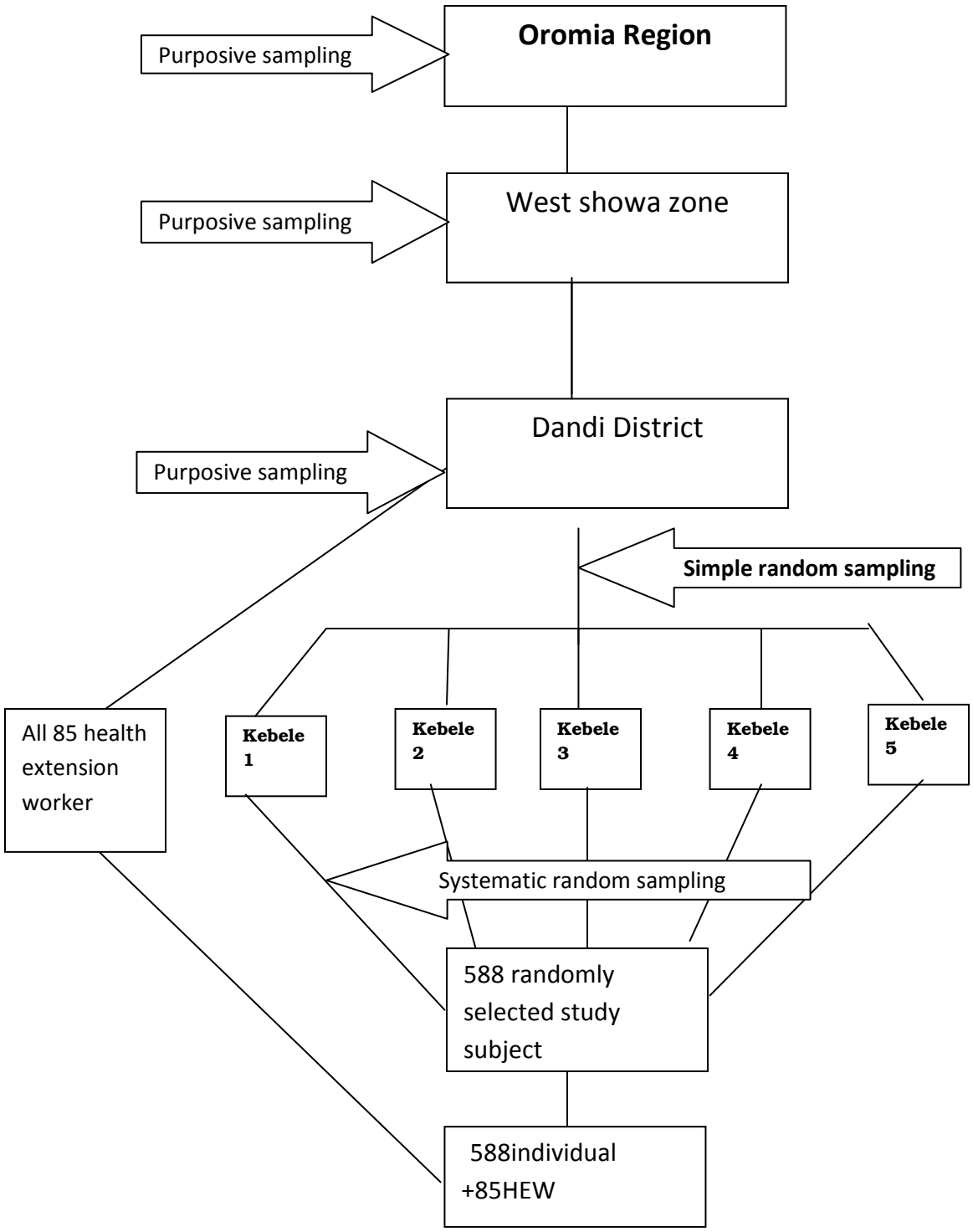

Figure 2: Schematic peresentation of sampling procedure

Annex3
General information and Request for participation

Good morning /afternoon. My name is _____

From _____.We are conducting study on assessing the health service extension package utilization and barriers affecting service utilization. The purpose of the study is to gather information on utilization and barriers affecting health service extension package utilization in Dandi district west showa zone of Oromia region.

I would like your permission to discuss with you about your perceptions, ideas, and experiences related to the health serviced extension package utilization. No one will charge you for your participation or give you any money, whether or not you agree to the interview. Your participation is voluntary and you don't have to answer any particular questions if you prefer not respond or you may end our discussion at any time. Everything you say will be kept private and confidential. I want to assure you that your participation in the study will not affect you and your institution.

If you have any questions you can ask me any time. Your name will not be used in any report, but your ideas and suggestions will help us to attain our objective. Please feel free to answer exactly as you feel. If you are clear with the information provided and agree to participate please sign on the consent form attached.

Thank you for your time

Annex4

Informed consent form

I the undersigned individual being about the relevance of this study on the health service extension package utilization and the barriers affecting service utilization.

My participation in this study is crucial and all my information is to be kept confidential and will be used solely for this study. In addition, I have been well informed that my name will not be asked and unique identification is not required. I have the right not to discuss or respond issues that I don't want to. If I want to withdraw from the study any time along the discussion process, I will not oblige to continue or give reasons for doing so. However, my agreement to participate in this study is with the assumption that, the information that I provide during the discussion will help greatly to understand the problem under the study.

Signature_____

Date _____

Annex5

Structured questioners
STRUCTURED QUESTIONNIARE FOR QUANTITATIVE STUDY
Table-1 Socio-demographic characteristics of health extension workers Dandi district, West Showa Zone of Oromia Region, 2010
No_____ Date_____

Sr/no	Variables	Responses	frequency	Percentage
1	**Age**	_____		
2	**Religion**	1.Orthodox 2.Protestant 3.Wakefata 4.Others(_____)		
3	**Ethnicity**	1.Oromo 2.Amahara 3.Gurage 4.Other(_____)		
4	**Language**	1.Afan Oromo 2.Amharic 3.both(_____)		
5	**Marital status**	1.Single 2.Married 3.divorced 4.Widowed		
6	**Educational status**	1.10^{th}grade 2.10^{th+1} 3.10^{th+2} 4.12^{th} and above		
7	**Years of experience**	_____		

Table 2 Questions that are introduced for health extension worker to assess the access and utilization of health service extension package in Dandi district West Showa zone, 2010

No	Variables	Responses	Frequency	%
8	How many health extension workers are there in your kebele?	_____		
9	From the assigned HEWs in your kebele how many of them are currently working?	_____		
10	Is there a Health post in the kebele you are assigned?	1.Yes 2.No		
11	Is that the community is utilizing the health service extension package as it needed?	1.Yes 2.No		
12	On average how long does it takes, the community, to go to the health post?	_____		
13	At what distance the health post is found from the community on average?	1.<5kms 2.5_10kms 3.>10kms		
14	Who recruited you (the HEW) for the post?	1.The Woreda health office and Woreda Cabinet 2) The kebele administration 3) The community and the kebele Administration 4) Other (_____)s		
15	Where were you living before you were recruited for training to be a HEW?	1) In this kebele 2) from another kebele		
16	How long does it take to get to the HP on foot from here (your home where you are currently living)?	1.< 1/2hrs 2.1hrs 3.2hrs 4.3hrs 5.1/2 a day 6.too far to go on foot		

Table 3.Questions that are introduced to assess the Capacity of health extension Workers of Dandi district, west showa zone 2010

Sr/no	Variables	Response	Frequency	Percentage
17	What is the performance category of the health extension worker?	1) Strong 2) medium 3) Weak		
18	How do you see the sufficiency of the knowledge and skills that you acquired during training as a HEW for performing your duties?	1) More than enough 2) Just enough 3) Not enough 4) Don't know		
19	**O**ut of the 16th health extension package how many of them do you think you are performed satisfactory?	1.all of them 2.more than half 3.half of them 4. quarter of them 5. none of them		
20	**O**ut of the 16th health extension package which are the most performed?	_____		
21	**O**ut of the 16th health extension package which are difficult to perform?	_____		
22	Is there any training you have got after you were assigned in this health post?	1.yes 2.no		
23	If yes for above question 22, on which you had trained?	_____		
24	Are there any training needed for you to perform your duty in better way? If your answer is YES, please, specify?	_____		
25	If you were faced the problem during your work, to what extent were you	1) To some extent 2) Everything 3) Not at all		

	able to solve the problem?			
26	If you were faced the problem, Whose help did you seek to overcome?	1. Community 2. Woreda Health Offices 3. Religious leaders 4. Voluntary community health workers 5. NGOs operating in the area 6. No one		

Table 4.Questions that are introduced to assess the Institutional support for health extension package program Dandi district 2010

Sr/no	Variables	Response	Frequency	Percentage
27	By Who was health post activities is going to be planned?	1.I myself 2.DistrictHO 3.Health Center 4.I & Kebele leaders		
28	Is that the health post have the necessary materials(medical equipment, etc)	1.yes 2.no		
29	Are that the health post have the necessary drugs (drugs of immunization, family planning etc)?	1.yes 2.no		
30	How you look up the government supports and commitments on your duty?	1.very good 2. it is not this much 3.None		
31	To what extent do you think has the Woreda Health Office/HC carried out its responsibility with Regard to the activities of the HP?	1) Very well 2) Not as much as expected 3) none		
32	How frequently do you meet with the Woredas Health Extension supervisory?	1) Once in two weeks 5) as required 2) Once a month 6) once a year 3) Once in three month 7) not at		

		all 4) Once in six months,		
33	Are there voluntary community workers (TBAs, CBRHAs, etc.) in the areas of your operation?	1) Yes there are 2) No there are not 3) Don't know		
34	How do you describe the working relationship that you have with these community volunteers?	1.We have a working relation ship 2. We don't have any working relationship		
35	To what extent do you think has the community participation & support with regard to the activities of the HP?	1) Very well 2) none		
36	To whom did you report your monthly activities?	1.To health center only 2.To district health office only 3.To both		
37	Do you get fed back for your report?	1.yes 2.no		
38	Where do you refer your clients?	1.To health center 2.To health station 3. hospital 4. Private health facility 5. None		

Table5. Questions are introduced to assess the motivation and perception of health extension workers of Dandi district, West Showa Zone,2010

Sr/no	Variables	Response	Frequency	Percentage
39	Do you accept the health service extension package program?	1)yes 2)no		
38*	What is your opinion on health extension package agent is being female?	1)agree 2)disagree		
40	Do you accept that the health service extension package is being focused only on prevention?	1)agree 2)disagree		
41	For how many more years are do you plan to work in this HP?	1) 6 Months 2)one Years 3) Not decided 4) No more years		
42	If your answer for the equation no.41 is (4), please, justify your reason	_____		
43	Are you satisfied by your work?	1. Very satisfied 2. Satisfied 3. No difference 4. Dissatisfied 5. Very dissatisfied		
44	Are you satisfied by your salary?	1. Very satisfied 2. Satisfied 3. No difference 4. Dissatisfied 5. Very dissatisfied		
45	Are you satisfied by management of your institution/ department?	1. Very satisfied 2. Satisfied 3. No difference 4. Dissatisfied 5. Very dissatisfied		
46	Are you satisfied by the working environment?	1. Very satisfied 2. Satisfied 3. No difference 4. Dissatisfied		

		5. Very dissatisfied		
47	Comparing to your lively hood expense do you think that your salary is enough?	1. More than enough 2.Enough 3. No difference 4. Less 5. Very less		
48	Is there performance evaluation system in the organization?	1. Yes 2. No		
49	Have you evaluated in last six month by your immediate boss?	1. Yes 2. No		
50	What was your benefit, from your evaluation result?	1.promoted 2.Demoted 3.No difference		
51	What kind of benefit do you want?	1.additional of salary 2.place exchange 3.up grading in education 4.nothig		

Table6. Question that are introduced for health extension worker to assess Health Extension packages performed/utilization in the last 6 month in the HP? Dandi district, 2010

s/n	Activities		**Frequence y**	%
	Have you performed at least one of health extension package in the last 3months? If yes, which of the following?			
52	Environmental health and sanitation	Personal hygiene		
		Housing construction and management		
		Potable water protection		
		Food hygiene		
		Sanitary pit latrine construction & utilization		
		Liquid and Solid waste disposal		
		Insects, rodents and other pest control		
53	Family planning	COC(Compound		
		Depo-Provera		
		Condom		
		BCG		
		pentaI		
		pentaIII		

54	Immunization	polioI		
		polioIII		
		Measles		
		Vit A		
		Fully immunized		
55	ANC			
56	PMTCT			
57	Delivery			
58	PNC	Counseling of B/F up to 6months		
		Counseling on F/P& Immunization		
		Counseling on colostrums		
		Counseling on complementary feeding after 6month		
59	Nutrition			
60	Adolescent reproductive health			
61	Community conversation on HIV/AIDS			
62	Health education on HIV/AIDS			
63	Patient on anti TB treatment			
64	HE on Tuberculosis prevention & control			
65	Bed net distribution			
66	DDT spray			
67	Anti malaria drug distribution			
68	HE on malaria prevention and control			
69	Graduation of Model family			

70. From the above question no 52-69which do you think that it brought a radical changes for the Community?

71. From the above question no 52-69 which do you think that, it is not performed as needed?

72. From the above question no 71 specify your reason why it is not performed

Table7.Type of available infrastructures and logistic in the health post, will be reported by HSEWs Dandi district, west showa Zone, Oromia region

sr/n	Variable	Response	Frequency	Percentage
1	Does the HP have a registration book with client's sex, age and address entries?	1) Yes 2) No		
2	Was the registration book used properly?	1) Yes 2) No		
3	How many persons benefited from the health service that the HP provides?	Male Female		
4	Does the HP have clear weekly and monthly plans?	1) Yes 2) No		

5	How often did they make home visits in a week?	1) One 2) Two 3)Three		
6	Do you have Syringe with needle	Yes/No		
7	Family planning drugs (OCPs, Depo, and Condoms)	Yes/No		
8	Drugs for HPs (ORS, Anti malaria drugs & ergometrine etc.)	Yes/No		
9	Delivery& Emergency kit	Yes/No		
10	Delivery coach & stretchere & others	Yes/No		
11	BP apparatus, Thermometer &others	Yes/No		
12	Health education tools	Yes/No		
13	Anti-septic (Alchol&savlon)	Yes/No		
14	Gloves	Yes/No		
15	Weight scale	Yes/No		
16	Does the health post (HP) have a road?	Yes/No		
17	Does the Health Post have water?	Yes/No		
18	Does the Health Post have toilet facility?	Yes/No		
19	If the answer for question no.18 is 'Yes, Is the toilet facility currently in use?	Yes/No		
20	Does the HP have a solid waste disposal pit or the like?	Yes/No		

STRUCTURED QUESTIONNIARE FOR QUANTITATIVE STUDY

Table1. Socio-demographic characteristics of household respondents (community), Dandi district, West Showa Zone, Oromia Region

S/no	Variables	Response	Frequency	Percentage
1	Age			
2	Sex	1. Female 2. Male		
3	Religion	1. Orthodox 2. Protestant 3. Wakefata 4. Others (catholic		
4	Ethnicity	1. Oromia 2. Amahara 3. Gurage 4.Other(_____)		
5	Language	1.Afan Oromo 2.Amaharic 3. Gurage 4. Other(_____)		
6	Occupation	1. Farmer 2. Housewife 3. Merchant 4. Others		
7	Marital status Religion	1. Single 2. Married 3. Divorced 4. Widowed		
8	Educational status	1. Illiterate 2. Able to read& write 3. 1-8 4. 9-12 5.12+		
9	Family Size	_____		
10	Average yearly income	_____		
11	Do you or anyone in your household own a functioning radio?	1 – YES 2 – NO		

Table2.Questions that are introduced to assess the perception of Community about health service extension package and workers of Dandi district;

Sr/no	Variables	Response	Frequency	Percentage
12	Is there health extension program in your kebele?	1.yes 2.no		
13	Are there health extension workers in your kebele	1. Yes 2.No		
14	Do you accept the health extension program?	1.agree 2.diagree		
15	Selection of HEWs from own kebele	1.Agree 2.Disagree		
16	HEWs being female	1.Agree 2.Disagree		
17	What is your opinion on the health extension workers only providing prevention service (F/P, immunization.etc) not providing injection and other treatment?	1.Agree 2.Disagree		
18	Where do the health extensions workers live?	1.In the same kebele 2. In the other kebele 3.I don't know		
19	Is that the facilieties like road, transportation to go the health post?	1.Yes 2.NO		
20	Is that the health post has the necessary medical equipment and drugs?	1.Yes 2.NO		
21	Have you motivated the health extension workers?	1.Yes 2.NO		
22	If yes for the above question no 22, how you motivated them?			
23	DO you think that the health extension workers of your kebele have capacity?	1.Yes 2.NO		

Table3.Questions that are introduced to assess the access and utilization of health service extension package by the community

Sr/no	Variables	Response	Frequency	Percentage
24	Is there health post in your kebele	1.Yes 2.No 3.I don't know		
25	If yes for the question no 24 by which means you go there?	1.on foot 2. by vehicle 3. by hoarse 4.other(_____)		
26	How long does it take	_____		
27	Have you participate in the HEP activity?	1.yes 2.no		
28	Is there any change to the health of the community after health extension was deployed?	1. Much better 2.Somewhat better 3.the same 4.Worse		
29	In how long time you wash your cloth and body?	1.weekely 2.every tow week 3.monthly 4.two month and above		
30	Availability of latrine	1.avalabile 2.not avilabile		
31	Hand washing after toilet used	1.Frequently used 2.Not used		
32	Waste disposal	1.Disposal pit 2.Open field		
33	Separation of kitchen from living room	1.yes 2.no		
34	Does the Kitchen had chime through which the gas passed	1.have 2.have't		
35	Animals shield	1.Not separated 2.Separated		

Table4.Issues discussed with households about Health Service Extension Package

Utilization and to know where the community gone in the last three month

s/n	Variables	Response	Frequency	Percentage
36	Personal hygiene	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
37	Housing construction and management	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
38	Safety of water	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
39	Food security	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
40	Construction and utilization of latrine	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
41	Insect and rodent control	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
42	Solid and liquid waste disposal	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
43	For immunization	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
44	When you and your child get sick	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
45	ANC	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
46	Delivery	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
47	PNC(initiation of B/F, vaccination, Nutrition	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
48	Family Planning	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
49	HIV/AIDS control and prevention	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
50	Health education on TB and leprosy	1.Health post 2.HC 3.Hospital 4.Private clinics 5. In our home by HEWs 6. None		
51	Malaria control and	1.Health post 2.HC 3.Hospital 4.Private clinics		

Table6.Reasons mentioned by community for not utilizing health extension packages and of Dandi districts.

s/n	Reasons given by household	Response	Frequency	Percent
52	No injection and treatment service	Yes /No		
53	She did not equipped with needed drugs	Yes /No		
54	She has no capacity to treated us	Yes/ No		
55	She was not present in HP	Yes/ No		
56	She gave health education only	Yes/ No		
57	She is not live in the kebele	Yes /No		

58. Have you train and graduate in the model family? 1. yes 2.no

59. If yes for above question no55 what are you benefited from?_____
60**.** If no for above question no55 what prohibited you?_____
61. Out of the 16th health extension package which you utilize more?_____
62. **O**ut of the 16th health extension package which are difficult to utilize?_____
63. Why it is difficult to utilize?_____

Annex6

Key Informant Interview

Region _____ Zone _____ Woreda _____

1. What is the population size of the woreda? Male _____Female _____ Total _____

2. How many kebeles are there in your woreda? _____

3. How many health centers are there in your woreda? _____

4. How many HPs are currently working in your woreda? _____ & how many are under the Constraction_____

5. How many HEWs are there in your kebele

6. How many HEP supervisors are there in your Health Office? _____

7. DO you think that the Health Service Extension Package program is important?_____

8. Do you agree that, all health extension workers are being female?_____

9. Do you think those people who need health care are came to HPs

A. yes B. no C. I don't know.

10. If your answer is no for the above question no 9 why so ?

11. 15. Do you think that the community is utilizing the Health service Extension pakckage? If You say yes or no specify?_____

12. If your answer is no what is your resoan?_____

13. In your opinion, what proportion of the HEP packages that you mentioned were Accomplished by the HPs? 1). All 2). About 50%
3) About one third (33%) 4) .About a quarter (25%)

14. Is there any change to health of the community after HEPP was ipmplmented?

15. Out of the 16th HSEP which do you think that it brought a radical change for the community?

_____

16. Out of the 16th HSEP which do you think that it is not performed as needed? And why ____

_____

17. 12. What are the reasons for the success of these HPs?

_____

18. what is your opinion HSEPP is being focused on prevention?

19. Is that HPs have water, toilet, and waste disposal?

20. Do you think that the Health Post is equpied with the necessary materials and drugs? _

21. How sufficient was your knowledge and skills to supervisee HEWs? 1).Sufficient
2. Insufficient

22. if your answer is insufficient what is your resoan?

23. How frequently do you visit each HP?

1) Once a month 2). Once in two months

3) Once in three months, 4). Once in six months

5) Other, specify _____

24. What are the major activities that you do during supervision visits?

1) Coordinate household and community level activities of the health extension workers.

2) Supervise and evaluate the household and community level plan versus achievement.

3) Work on finding solutions and ways to major problems faced by the HEWs.

4) Consult with the HEWs and provide technical assistance taking into account their Knowledge and skills

5) consult with responsible officials if I feel that further strengthening of the HEW's Knowledge and skills are required.

6) Strengthen the working relationship of the HP with existing stakeholders by Canvassing such stakeholders along with the HEW

7) Check whether or not there is proper documentation of the activities being done, and Also verify the accuracy of plans and achievements by making cross checks.

8) Compare the various reports sent to the woreda with ones at the HP.

9) Discuss with the HEW and stakeholders on possible solutions with regard to unachieved plans.

10) Organize an introduction and orientation program for the HEWs before they start their work.

25. Is there performance evaluation system in your institution?

26. Is there any motivation done for HEWs?

27. What measurement was taken for those HEWs who didn't performed their work?

28. Is there feed-back for HEWS?

29. What do you think on the the capacity of health extension workers? Is that enough or not to Provide the 16th HSEP?

30. Are there any refreshment and/or experience exchange given to HEWs?

31. In general is there any idea you say more

Annex7
FGD with health workers

1. What is your opinion on HSEPP?
2. What are the objectives of HSEP?
3. Is that HSEPP is accessabile to the community?
4. What is your opinion about HSEPP being focused on prevention?
5. What is your opinion being HEWs are female?
6. Are there facilities like road and transportation to HPs?
7. Do you think HPs have the necessary medical equipments and drugs?
8. Is there any commitiment or support you gave to HEWs?
9. Do you think that HEWs have Capacity?
10. Is there any traning given to HEWs?
11. Is any motivation given to HEWs?
12. What community health differences did you observe between the days before and after the HEP bWas launched in your localities?
13. Which of the health services did you observe as better or best performed among all others?
14. Which of the existing health problems in your area affect the public most?
15. What would you suggest to do differently to enable the health posts perform better than the current?

Principal investigator: thank them before departure.
On behalf of all beneficiaries of the HEP and myself, I would like to thank you very much for taking so much of your precious time and actively participating in the meeting to contribute your part for the betterment of the health services that the HPs are providing in your localities.

Yaada waliigala fi unka ittin eeyyama gafatan

Akkumjirtu/fayyaakeessan.Ani maqankoo _____

Kanan dhufe yuunversitiin Fifinnee kanan dhufeefis wa'e qoranno yuunversitiin Fifinnee wa'e itti fayyadaminaa fi gufuwan/hudhawwan pakejjii ekisteenshii fayyaa gaggesutiif

Yoo fedhakee ta'e ilalcha, yaada, muxxannoo wa'e ekistenshinii fayyaa ati qabdu siwajjin mari'achu barbaade.Tole ykn lakki yoo jettes kanfaltiin kanaaf siif kanfalamu hin jiru.Hirmachuun kee fedhakee irratti kan hunda'edha, gaaffii deebisuu hin barbaanne dhiisuu akkasumas yeroo barbaddetti dhaabuu dandeessa. Wanti ati dubbattu hundii iccititiin qabama akkasumasi wanti ani simirkaneessu tokko hirmmachuukee kun siinis ta'e dhaabbatakee homaa tokko hin miidhu.

Yoo gaaffii qabatte yeroo barbaddetti nagafachuu dandeessa maqaankee yomiyyu gabaasa kami irratti iyyu hin ka'u.Yaanikee fi dubbinkee akka nuti kaayyoo kenyaa galmaan geenyu nugargaara.kanaaf tasgaboofte gaaffii gafatamte xiyyefannon nuuf deebisu yaali.Yoo yaanni ani sitti hime kun ifa ta'e fi hirmaachu barbaadda ta'e guca waligalte kanatti qabatee jiru irratti malattees.

Annex9

Unka waliigaltee

Ani armaan gaditti kanan mallattees barbaachisummaan wa'e qorannoo itti fayadaminaa fi gufuwan ekisteenshinii fayyaa barbachisumman isaa erga naaf ibsamee booda.Qoranno kana keessatti hirmaanakoo murteessadha.Dubbinkoo hundii iccititiin naaf eegama.akkasumas maqaankoo fi mallatton addakoo akka hin barbaachifne hubadheera.

Gaaffii deebisuu hin barbaanne fi wanta mariachi hin barbaanne tokko dhiisu akka danda'u fi mirga guutu akkan qabu naaf ibisameera.Yeroo barbaadetti mari'achuu qoranno kana dhaabu akkan danda'uu fi akkan itti fufuu qamni nadrqisiisu tokkollee akka hin jiree hubadheeraa.

Walumaagalatti yaadiin ani kennu qoranno kana bayyee akka galmaan gahuu fi rakkinoota jiran akka mulisu waligaleera

Mallattoo_____

Guyyaa_____

Annex10

Afaan Oromo version of the questioner

Gaaffin armaan gaditti dhihaatan hundi barbaachisaa waan ta'aaniif hanga dandeessan xiyyeffannoon deebii sirrii kennuu yaalaa

Lakk; _____Guyyaa_____

Gabatee1.**Gaaffii bu'uuraa hojjettoota eksteenshinii fayyaa Aanaa Dandii, Godina Sh/Lixaa naannoo Oromiyaatiif qophaa'e**

Lakk	Gosa gaaffii	Deebii	Deddeebi'insa	%
1	Umurii	_____		
2	Amantaa	1.Ortodoksii 2.Protestaantii 3.Waqefataa 4.Kan biro(_____)		
3	Qomoo	1.Oromoo 2.Amaara 3.Guraagee 4.Kan biro(_____)		
4	Afaan	1.Afaan Oromoo 2.Afaan Amaara 3.Kan biro(_____)		
5	Haala gahilaa(fuudhaa fi heerumaa)	1.hin fuune/heerumne 2. fuudhe/heerumte 3.Kan walhiike 4.Kan du'e		
6	Sadarkaan barumsaa kee meeqaa?	1.kutaa 10ffaa 2. 10ffaa +1 3. 10ffaa +2 4. 12ffaa fi isaa ol		
7	Muxannoo bara hojiikee	_____		

Gabatee2. Gaaffiin armaan gadii jiraachuu fi itti fayyadamina sagaantaa pakeejii ekisteen`shinii fayyaa ilaaluudhaaf hojjettoota eksteenshinii fayyaatiif kan qophaa'e dha.

Lakk	Gosa gaaffii	Deebii	Deddebi'insa	%
8	Ganda keessan keessa hojeettoota Ekisteenshiinii Fayyaa meeqaatu jiraa?	_____	```````````	
9	Hojjetoota Ekisteenshinii fayyaa ganda keessanitti ramadamee keessaa namni hojii irra yeroo ammaa hin jirre yoo jiraate sabaaba maaliini deeme?	_____		
10	Keellaan fayyaa ganda ati itti ramadamtee keessa ni jiraa?	1.eyyee 2.lakki		

11	Uummanni taajajila sagantaa Ekisteenshinii fayyaa akka barbaachisaa ta'etti ni fayyadamaa?	1.eyyee 2.lakki		
12	Keellaa fayyaa kana deemuuf uummata sa'a hammam fudhata?	1.warra dhihoo jiran _____ 2.warra fagoo jiran_____		
13	Keellaan fayyaa kun uummata warra fagoo jiran irraa raadi'eesii hammam irratti argamaa?	1.<5kms 2.5-10kms 3.>10kms		
14	Hojii Ekisteenshinii Fayyaa tiif eenyutu sifilatee?	1.Waajira Eegumsa fayyaa Aanaa fi kaabine Aanaa 2. Gaggeesitootaa Gandaa 3. Hawwaasa fi Gaggeesitootaa Gandaa 4. Kanbiraa(_____		
15	Hojjetuu Eksteenshiinii Fayyaadhaf otoo hin falatamiin dura eessa jiraataa turtee?	1.Gandaan itti hojjedhaa jiru kan keessa 2. Ganda biraa		
16	Mana jireenya amma jirtuu irraa keellan Fayyaa hammaam fagaata?	1. Sa'a walakaa fi isaa gadii 2. Sa'a tokko 3. Sa'a lamaa 4. Sa'a sadii 5. Guyyaa walakaa 6. Lukaan deemuuf fagoo		

Gabatee 3. Gaaffii armaan gadii kan ittin dandeetti hojjettoota ekisteenshinii fayyaa ilaalamu.

Lakk	Gossa gaaffii	Deebii	Deddebi'insa	%
17	Rawwii hojii keessani akkamii?	1.Gaarii dha 2.Giddugaleessa 3.badaadha		
18	Beekumsaa fi ogummaa ati yeroo leenjii argatte hojii keessan hojjechuuf maal fakkata?	1.gahaadha oli 2.gahaadha 3.gahaa miti 4.hin beeku		
19	Paakejii ekisteenshinii fayyaa 16 jiran keessaa hammam isaa hawwasaaf gahaadhaan hojii irra olicheera jettee yaaddaa?	1.hundumasaa 2.walakkaatiin oli 3.walakkaasaa 4.1/4isaa 5.homaayyu		
20	Paakeejii ekisteenshinii fayyaa jiraan Keessaa isaan kamtu sirritti hojii irra ooleera?	_____ ___		
21	Paakeejii ekisteenshinii fayyaa jiraan keessaa hojjechudhaf rakkisoota kan ta'aan isaan kamii?	_____		

22	Erga hojii irratti ramadamtee leenjiin haaromsaa ati fudhatte ni jiraa?	1.eyyee 2.lakki		
23	Deebiin gaaffii lakk.22 eeyyee yoo jette leenjichii maalfaa irratti dha?	_____ ___		
24	Hojii kee haala gariin rawwachuuf leenjii sibarbaachisu jira? Eeyyee yoo jette maalfaa irratti?	_____		
25	Rakkina hojii irratti simudate yoo jiraate hammamsaa hiktee?	1.hanga tokkoo 2.hunduma isaa 3.tokkollee		
26	Rakkini simudate yoo jiraate furudhaaf eenyutu sigargare?	1. Hawwasa 6. Hin jiru 2. W/E/F/Aanaa 3. Gaggesitoota Amantaa 4.Hawwasa fedhidhan hojjetan 5. Miti-Mootumaa		

Gabatee4. Gaaffiin armaan gadii Kan ittin gargaarsa, meesha fi qorichii dhaabbata fayyaa ilaalamu

Lakk	Gossa gaaffii	Deebii	Deddebi'insa	%
27	Hojiin kellaa fayyaa enyuun karoorfamaa?	1 anuma matakootiin 2.W/E/Aanaatiin 3.Buufata fayyatiin 4.anaa fi bulchaa gandaatiin		
28	Kellan fayyaa meeshaa barbaachisu ni qaba?	1.Eeyyee 2.Lakkii		
29	Kellan fayyaa qorichaa barbaachisa tan kan akka talaalli, karoora maatii, kkf ni qaba?	1.Eeyyee 2.Lakkii		
30	Qabsoon ykn deegarsi motumaan godhu maal fakkata?	1.bayye gaariidha 2.hagana miti 2.hin jiru		
31	Deegars W/E/F/Aanaa ykn Buufata Fayyaa hammam jettee yaadaa?	1.bayyee gaariidha 2.hagana miti 3.hin jiru		
32	Supaarvayizarii ekisteenhinii fayyaa Aanaa wajjiin haamamiitti walgeessuu?	1. Torbee lamatti tokko 6.waggaatti 2. Ji'atti tokko 7. Hin jiru 3. Ji'a saddiiti tokko 4. Ji'a ja'atti tokko 5. Yeroo barbaachiisaa ta'eetti		
33	Naannoo atii hojjeetutti haawwasni feedhiidhan hojjeetan (TBAS, CBHRAs k.kf) ni jiruu?	1. Eeyyee jiru 2. Lakki hin jiran 3. Hin beekuu		
34	Hojjettoota fedhiidhan hojjetan faana walitti dhufeenyi keessaan maal fakkaata?	1.bayyee gaaridha 2. hin qabnuu		

35	Gargaarsii fi deegarsii haawwasni godhu maal fakkata?	1.bayyee gaaridha 2. hin qabnuu		
36	Raawwi hojii gabaasa keessan yeroo hammamitti gabaastu?_____ Eenyutti gabaastu	1.buufata fayyaa 2.W/E/F/Aanaa 3. lamaniifuu		
37	Duubdeebii/Feed-back/wa'ee hojii gaabaasa keessani ni argattu?	1.eyyee 2.lakkii		
38	Tajaajiloota maamilli keessaan isin biraatti argaachuu hin dandeenye eessatti ergituu?	1.buufata fayyatti 2.kiliniika 3.hospitaalatti 4. Kiliniika dhunfatti 5. hinjiruu		

Gabatee5.Gaaffii Kan ittin kaka'umsa fi ilaalcha hojjetoota ekisteenshinii fayyaa ilaalamu

Lakk	Gossa hojii	Deebii	Deddebi'insa	%
39	Sagantaa Eksteenshinii fayyaa jiraachuu isaatti waliigaltaa?	1.Eeyyee 2.Lakkii		
38	Hojjettun Ek/fayya dhalaa ta'u ishetti…	1.Walingala 2.Walihingalu		
40	Sagantaa Eksteenshinii fayyaa yaalii kan biraa dhiisee ittisa (prevention) qofaa irratti xiyyeeffachu issatti?	1.Walingala 2.Walihingalu		
41	Gara fulduuraatti waggaa meeqaa hojjeechuuf karoora baafatee jirtaa?	1. Ji'a ja'aaf 2. Waggaa 3. Hin murteesine 4. Ammaan booda hojjeechuuf karoora hin qabu.		
42	Gaaffii "41" irratti yoo deebiin kee "4" ta'e, sababiin atti keellaa Fayya keessa kanaan booda hojjechuuf fedha hin qabne maali?			
43	Hojjaa keetti ni gammaddaa?	1.bayyee natti tola 2.natti tola 3.garaagarumma hin qabu 4.natti hin tolu 5.bayyee natti hin tolu		
44	Miindaakeetti ni gammaddaa?	1.bayyee natti tola 2.natti tola 3.garaagarumma hin qabu 4.natti hin tolu 5.bayyee nati hin tolu		

45	Bulchiisni dhaabbata keessani sitti tolaa?	1.bayyee natti tola 2.natti tola 3.garaagarumma hin qabu 4.natti hin tolu 5.bayyee nati hin tolu		
46	Haala qilleensaa naannoo hojii keetti ni gammaddaa?	1.bayyee natti tola 2.natti tola 3.garaagarumma hin qabu 4.natrti hin tolu 5.bayyee natti hin tolu		
47	Qaala'iinsa/mi'aa'ina yeroo ammaa kana wajjin miindaankee akkamii?	1.gahaadha oli 2.gahaadha 3.garaagarumma hin qabu 4.gahaa miti 5.bayyee gahaa miti		
48	Sirni madaallii rawwii hojii dhaabbata keessan keessa ni jira?	1.eeyyee 2.lakki		
49	Ji'a jahaan (6) darban keessatti itti gaafatama dhihooketiin madaalamtteta?	1.eeyyee 2.lakki		
50	Bu'aa madaallikeetiin faayidaa maal argattee?	1.guddina 2.gaddi bu'insa 3.garaagarumma hin qabu		
51	Faayidaa akkamii barbaadda?	1.dabalata mindaa 2.jijjiirra bakkaa 3.carraa barumsaa argachuu 4.homayyu 5.kan bira(ibsi)		

Gabatee.6 Gaaffii Kan ittiin paakeejjiin ekisteenshinii fayya Keellaa Fayyaa keessatti raawwatame ilaalu ta'a?

Lakk	Gossa hojii		Response		Raawwii (performance)
			Eyyee/Lakkii	Bakkaa	
52	**Eegumsa fayyaa naannoo fi qulqullinaa**	Qulquullina dhuunfaa			
		Ijaarsa mana jireenyaa fi qabinsa isaa			
		Qabannaa qulqullina bishaanii			
		Qulqullina nyaataa			
		Ijaarsaa mana fincaanii fi itti fayyadamina isaa			
		Kosii(balfa) jajjaboo fi dhangala'oo			

		mancaasuu			
		To’annoo Ilbiisota fi Hantuutaa			
53	**Karoora maatii**	qoricha qusannaa maatii(COC)			
		Depo			
		Kondoomii			
54	**Talaallii**	BCG			
		Penta1			
		Penta 3			
		Polio 1			
		Polio 3			
		Measele			
		Vitamine A			
		Fully immunized			
55	Tajaajila da’umsa duraa(ANC)				
56	Barumsa ittisa tatamsa’ina HIV/AIDS hadha irra gara mucatti(PMTCT)				
57	Da’uumsa(Delivery)				
58	Da’umsa booda(PNC)	Gorsa waa’ee harma hosiisu hanga ji’a jahatti			
		Gorsa waa’ee karoora matii fi talallii			
		Gorsa waa’ee anaan isa jalqabaa(silgaa)			
		Gorsa waa’ee dabalata nyaataa ji’a ja’aa booda			
59	Sirna nyaata(nutrition)				
60	Sirna wal hormaata dargaggoota				
61	Marii Haawwaasa (CC)				

62	Barumsa fayyaa waa'ee HIV/AIDS			
63	Dhukubsatoota sombaaf qoricha dhibee Sombaa kennuu			
64	Baruumsa fayyaa waa'ee dhibee sombaa			
65	Barumsaa waa'ee itti fayyadamina saaphana siree			
66	Barumsaa waa'ee itti fayyadamina biifa bookee busaa			
67	Raabsaa qoricha bookee busaa			
68	Barumsa fayyaa ittisaa fi to'annoo dhibee busaa			
69	Eebba fakii maatii(model family)			

70. Gaaffii armaan olii lakk.52-69 gidduu jiran keessaa isa kamtu jijjirama addaa uummataaf fide jettee yaaddaa? _____

71. Gaaffii armaan olii lakk.52-69 gidduu jiran keessaa isa kamtu akka barbaachiseetti hin raawwatamne jettee yaaddaa?-_____

72. Gaaffii armaan olii lakk.71tiif sababni isaa maal jettee yaaddaa? _____

Guca ittin keellaan fayyaa ilaalamu

Naannoo_____Godina_____Aanaa_____Ganda_____

Maqaa keellaa fayyaa _____Guyyaa inni hojii calqabe_____

lakk	Gosa gaaffii	Deebii	Deddebi'insa	%
1	Keellaan fayyaa galmee ni qabaa?	1/ eeyyee2/ lakkii		
2	Galmee kanatti fayyadamaa jiru?	1/ eeyyee2/ lakkii		
3	Namoota meeqatu tajajila argata?	1.dhiira____2.dhalaa____ 3.da'imman <1_____ 4. da'imman <15____ 5.dubartoota15-49___		
4	Keellaan fayyaa karoora torbee fi ji'aa ni qabaa?	1/ eeyyee 2/ lakkii		
5	Torbeetti hangam dawwannaa manaa taasistuu?	1/1 2/2 3/3 4/4 5/ hin qaba		
6	Lilmoo fi siriinjii qabdu	1/ eeyyee2/ lakkii		
7	Qorichaa karoora maatii (COC, Depo, condom fi kkf.)	1/ eeyyee2/ lakkii		
8	Qoricha keellaa fayyaa (ORS, qoricha busaa, ergometere, fi kkf.)	1/ eeyyee2/ lakkii		
9	Meeshaalee da'umsaa fi balaa tasaa	1/ eeyyee2/ lakkii		
10	Siree da'umsaa , qarezaa(streture)s			
11	B/P apparatus fi termometitii	1/ eeyyee2/ lakkii		
12	Meeshaa barumsa fayyaa ittin baratamu	1/ eeyyee2/ lakkii		
13	Alkoolii, Gilaavii fi savaloonii	1/ eeyyee2/ lakkii		

14	Meeshaa ittin ulfaatin safaranii	1/ eeyyee2/ lakkii		
15	Kellan fayya kan geessu daandii ni jira?	1/ eeyyee 2/ lakkii		
16	Kellaan fayyaa bishaan ni qabaa?	1/ eeyyee 2/ lakkii		
17	Kellan fayyaa keessan mana fincaani qabaa?	1/ eeyyee2/ lakkii		
18	Yoo deebiin gaaffiin armaan olii Lakk 17 eeyyee yoo jette mana fincaanicha amma itti fayyadamaa jirata?	1/ eeyyee 2/ lakkii		
19	Keellaan fayyaa bakka kosiin itti gatamu jira?	1/ eeyyee2/ lakkii		
20	Kellan fayyaa meesha qorrisisaa qaba	1/ eeyyee2/ lakkii		
21	Deebiin gaaffii lakk.20 eeyyee yoo jettan yeroo amma kana tajajila kenna	1/ eeyyee2/ lakkii		

Gaaffii bu'uura jiraattota Aanaa dandii, Godina Sh/lixaa, Naannoo Oromiyatiif qophaa'ee

Lakk	Gosa gaaffii	Deebii	Dedeebi'insa	%
1	**Umurii**	_____		
2	**Saala**	1. Dhalaa 2. Dhiiraa		
3	**Amantaa**	1. Ortoodoksii 2. Protestantii 3. Waaqeffataa 4.kan biro(_____)		
4	**Sanyii(Qomoo)**	1. Oromoo 2.Amaara 3. Guraagee 4.kan biro(_____)		
5	**Afaan**	1.Afaan oromoo 2.Afaan Amahaara3.Afaan guraage 4.Kan biro(__)		
6	**Hojjaa**	1.Qotee bulaa 2.Haadha warraa 3.Daldaala 4.Kan biro(_____)		
7	**Haalaa gaahilaa/heerumaa**	1.kan hin fuune/hin herumne 2.kan fudhe/heerumte 3.kan adda bahaan 4.kan duute/du'e		
8	**Sadarka barumsa**	1.kan hin baranee 2.barresuu fi dubbisuu kan dandaa'u 3.1-8 4.9-12 5.12 fi isaa ol		
9	Bayyina maatii	_____		
11	Galii waggaa	$_____		
12	Radiyoo ni qabduu	1.eeyyee 2.lakkii		

Gabatee2. Gaaffii Ilaalcha uummataa,dandeetii, kaka'umsa fi dhiyeessa meeshaa fi qorichaa kan ilaaludha

Lakk	Gossa Gaaffii	Deebii	Deddebi'iinsa	%
13	Sagantaan Ekstenshini fayyaa ganda keessan keessa jiraa?	1.Eeyyee 2.Lakkii		
14	Hojjettoonni Ek/fayyaa ganda keessan keessa jiru?	1.Eeyyee 2.Lakki		
15	Sagantaan paakejjii Eksteenshinii fayyaa jiraachuu isaatti waliigaltaa?	1.Itti waligala 2.Itti wali hingalu		
16	Hojjettuun Ek/fayyaa ganda keessatti hojettu irraa filatamu isheetti waliigaltaa?	1.Walingala 2.Walihingalu		

17	Hojjettuun Ek/fayya dhalaa ta'u ishetti…	1.Walingala 2.Walihingalu		
18	Hojjettoonni ekisteenshinii fayyaa yaalii kan biraa dhiisani hojii ittisa(prevention) qofaa irratii hirmaachu isaani irratti yaada maal qabdaa?	1.Walingala 2.Walihingalu		
19	Hojjettoonni Ek/fayyaa eessa jiraatu?	1.Ganda keessa 2.Gandaa bira 3.Hin beeku		
20	Gara keellaa fayyaa deemuuf ykn hojjettoni Ek/fayyaa gara keessan dhufuuf haallii mijataan kan akka Dandii, Geejibaa fi kkf ni jiraa?	1.eeyyee 2.lakki		
21	Kellan Fayyaa keessan meeshaa barbaachisuu fi qoricha barbaachisu ni qaba	1.Eeyyee 2.Lakkii		
22	Hojjettonni Ekisteenshinii fayyaa akka isaan hamileetin hojjetan ni kakastuu?	1.Eeyyee 2.Lakkii		
23	Deebiin gaaffii lakk. 22 Eeyyee yoo jette akkam gochudhan kakaftuu?	_____		
24	Hojjeettonni Ekisteenshinii fayyaa Aanaa keessanii dandeetti ni qabu jettaa yaadaa?	1.Eeyyee 2.Lakkii		

Gabatee3. Gaaffii wa'ee jiraachuu fi itti fayyadamaa tajaajjila paakejjii eksteenshinii fayyaa

Lakk	**Gossa gaffii**	**Deebii**	**Dedeebi'insa**	**%**
25	Kellaan fayyaa ganda keessaan keessa jira?	1.Eyyee 2.Lakki 3.Hin beeku		
26	Deebiin gaaffii lakk. 25 eeyyee yoo jette maliin gara kellaa fayyaa kana deemtu?	1.Lukaan 2.Konkolaatadhan 3.Fardaan 4.kanbiro(_____)		
27	K/ Fayyaa deemuf yeeroo hagami isin fudhata?	_____		
28	Hojii Ek/fayyaa irratti ni hirmaatu?	1.Eyyee 2.Lakki		
29	Sagantaan Ek/fayyaa ganda keessaan keessatti erga hojii jalqabee fayyaa uummataa irratti garaagarummaan ni jiraa?	1.Baay'ee gaarii dha 2.Hanga tokko gaarii dha 3.Isaa duraa wajjin tokkuma 4.Isaa duraa caala badaa		
30	Qaamakee fi huccukee yeroo hamamitti dhiqataa?	1. Torbee1 2.Torbee2 3. Ji'a1 4.ji'a 2 fi isaa oli		
31	Manni fincaani ni jiraa?	1.jira 2.hin jiru		
32	Erga mana fincaani itta fayyadamte booda harka ni dhiqattaa?	1.eyyee 2.lakki		
33	Bakki kosiin itti gatamu eessattii?	1.bollaa kositti 2.dirree irratti		
34	Manni nyaata itti bishessan qofaatti adda jira?	1. Eeyyee 2. Lakki		
35	Manni nyaata qopheesan kara arri bahu?	1.qabaa 2. hin qabuu		
36	Bakki horiin itti buluu mana jireenyaa irraa adda baheera?	1.adda hin baanee 2. adda baheera		

Gabatee 4. Gaaffiin armaan gadii uumani ji'otta sadan darban keessatti tajaajilaa isa kam argatan akkasumas argachuuf eessa akka deemaan (deebii keessaan itti maruun agarsiisa)

Lakk	Gossa hojii	Deebii	Dedeebi'insa	%
37	qulqullina dhuunfa **(**qaama,huccuu,rifeensa fi kkf**)**	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5.Qe'ee keenyatti HEF'n 6.Eessayyu		
38	Ijarsa fi qabinsa mana jireenyaa (horiin bakka buluu,fi nyaanni iddotti qopha'u adda bahuu)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
39	Qulqullina bishani**(**maddi bishaani eegama ta'u, meeshan itti ta'u seraan qadadamu**)**	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
40	Qulqullina nyaataa(meshaa fi harka qulqulluu ta'uu)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
46	Ijaarsaa fi itti fayyadamina mana fincanii(mana finchaani booda harka dhiqachuu)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
47	To'annoo ilbisotaa fi hantotaa	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
50	Mancasa balfa jajjaboo fi dhangala'oo (bolli kosii jiraachuu)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
51	Talallidhaaf	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
52	Yoo ati ykn mucaan kee dhukkubsatte/te eesaa deemta?	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5.Mana aadaa 6.Eessayyu hin geessu		
53	Da'umsa durattif	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n		

		6.Eessayyu hin geessu		
54	Da'umsaattif	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5.HEF manatti waamudhaan 7.Deesistuu aadaa fi ollatiin 6.Eessayyu hin geessinee		
55	Da'umsa boodaatiif	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
56	Karoora maatiif	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
57	Barumsa wa'ee HIV/AIDS fi Marii Hawwaasa(CC)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		
58	Barumsa wa'ee dhukkuba sombaa fi qoricha dhibee sombaa fudhachuu	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5.Mana aadaa 6.Eessayyu hin geessu		
59	Ittisa busatiif (saphana siree, DDT kkf.)	1.Kellaa fayyaa 2.Buufata fayyaa 3.Hospitaalaa 4.Kilinika dhunfaa 5. Qe'ee keenyatti HEF'n 6.Eessayyu hin geessu		

Gabatee 5. Gaaffii Sababoota uummanni aanaa Dandii hojjetoota Ekstenshini fayyaa/kella fayyaa bira hin deemnef

Lakk.	Sababoota	Deebii	Bayina	100%
60	Lilmoo nuu hin warantu	Eeyyee/lakkii		
61	Qoricha fi meshaa barbachisu hin qabdu	Eeyyee/lakkii		
62	Dandetti hin qabdu	Eeyyee/lakkii		
63	Kellaa fayyaa keessatti hin argamtu	Eeyyee/lakkii		
64	Barumsa fayyaa qofa laatti	Eeyyee/lakkii		
65	Ganda keessaa hin jirtuu			

66. Leenjii fakii maatii fudhatanii eebbifamtanitu?_____

67.Akka leenjii fakii maatii hin fudhannee kan isin godhe maalii?_____

68. Pakeejii Ekisteenshinii fayyaa jiraan keessa isa kam irra caalaatti fayyadamtu?_____

69. Pakeejii Ekisteenshinii fayyaa jiraan keessa isa kamtu itti fayyadamuuf isiin rakkisaa? 67. Pakeejii Ekisteenshinii fayyaa akka seeraan itti hin fayyaadamne kan isin dhorke maalii jette yaadda? _____

Annex11

Gaaffii Waajira Eegusmsa Fayyaa Aanaan Gaafatamu

Naannoo_____ Godinaa _____ Aanaa _____

1. Bayyinni Uumata Aanaa keessani dhiira_____ dhalaa_____ waligala_____
2. Gandoota meeqatu Aanaa keessan keessa jira? _____
3. Buufata fayyaa meqatu jira? _____
4. Kellaa fayyaa meeqatu Aanaa keessan keessa yeroo ammaa hojjii isaa seeran hojjechaa jira?__

   Ijaarsaa irra hoo? _____
5. Hojjettonni ekisteenshinii fayyaa aanaa keessanii meeqaa? _____
6. Supervayzeri Ekisteenshinii fayyaa aanaa keessan keessa meeqa? _____
7. Sagantaa ekisteenshinii fayyaa jirachuu issatti yaada maal qabda? _____

   _____
8. Hojjetoonni ekisteenshinii fayyaa dhalaa qofa ta'u issanitti yaada maal qabda? _____

   _____

   Dhirrii osoo hojjettoota Ekisteenshinii fayyaatti dabalamee maal sitti fakkataa?

_____

_____
9. Tajaajila fayyaa Kan barbaadan, hawwasnii hundi gara kella fayyaa ni dhufu jette yaadda?

   A. eeyye B. hinyaadu C. hinbeeku
10. Deebiin gaffii 16 hinyaadu yoo jette maaliif? _____

    _____
11. Uummanni sirritti saganta Ekisteenshinii Fayyaa fayyadama? 1/eeyyee 2/lakkii
12. Lakkii yoo jettee sababni isaan itti hin fayyadamne? _____

    _____
13. Akka yaada ketti sagantoota Ek/fayyaa keellaa fayyatti hagamtu rawwatame?

    A.Hunduma B.50% C.33% D.25% E. homaayyuu
14. Osoo pakeejiin Ekisteenshinii fayyaa hin jalqabiniif erga jalqabee booda garaagrummaa fayyaa Hawwaasaa irraatti maal hubattee? _____

    _____
15. Pakeejii Ekisteenshinii Fayyaa jiraan keessaa issan kam uummanni calmaan itti fayyadamani

    _____
16. Pakejii Ekisteenshinii Fayyaa jiran keessaa issa kamtu akka barbaadametti hin rawwatamne?

    _____

    Sababni isaho?_____
17. Sagantoota Ek/fayyaa raawwachuuf rakkinni guddan kan Aanaa kana malinni? _____

    _____
18. Sagantaan ekisteenshinii fayyaa yaalii Kan biraa dhisee ittisa qofaa irratti xiyyefachuu issatti yaada maal qabdaa? _____
19. Kellaan fayyaa bishaan, mana fincaani, boolla kosii qabachu irratti maal fakkata? _____

    _____
20. Kellaan fayyaa meeshaa fi Qorich barbaachisu qabaachuu irrati maal fakkata? _____

_____.

21. Ga'umsi dandetti fi ogummaa Supervaayizeeroonni Ekisteenshinii fayyaa hojjetoota ekisteenshinii fayya hordofuuf gahaa dha jettee yaaddaa? 1. Gahaa dha 2. Gahaamiti
22. Deebiin gaffii lakk.19 gahaa miti yoo jette sababni isaa maalii? _____
23. Supervaayizeeroonni Ekisteenshinii fayyaa yeroo hammamitti kellaa fayyaa ilaaluu? ___
A.Ji'aan B.Torbee lamaan C.Ji'a 3tti D.Ji'aa 6tti yeroo tokko
24. Yeroo kellaa fayyaa ilaaltan wantonni gurguddon ilaaltan maalfadha?
A.Hojjiwaan hojjetoota ekisteenshinii fayyaa sadarka maatii fi hawwaasatti qindeessuu
B.Karooraa fi rawwii sadarka maatii fi hawwaasatti jiru to'achuu fi madaalu
C.Rakkinoota gurguddoo hojjettoota Eksteenshinii fayyaa hojiirratti quunnamef furmaata barbaadu.
D.Hojettoota Eksteenshinii Fayyaaf gorsa fi deegars ogummaa kennuu
F. Hojettoota Eksteenshinii Fayyaaf beekumsaa fi oguummaa isaan jajjabeesuun yoo barbaachise qaama deegaru danda'uu qunaamu.
G.Walitti dhufeenya kellaa fayyaa fi qaamolee deegarsa Kennan cimsuu
H.Ragoolee duraan galmaan, rawwii fi madallii waliin ilaaluu
I.Gabaasa aanaa fi kellaa fayyaa waliin madaluu
J.Karoora galmaan hin gahamneef Hojjettota E/Fayya fi qamoolee deegarsa kennan wajjin furmata issa irratti mari'achuu
K.Hojjettonni Eksteenshinii Fayyaaf osso hojii isaani hin jalqabiin qindeessuu, beeksisuu fi orrentenshinii kennuu
L.kanbiraa_____
25. Sirni gamagama madallii hojii dhabbata keessan keessatti jira? 1/Eeyyee 2/Lakkii
26. Eyyee yoo jette Hojjettoota Eksteenshinii Fayyaa seeraan hojii isaan rawwatan kakasuuf maal gotanii? _____
27. Hojjettoota Eksteenshinii Fayyaa seeraan hojii isaan hin rawwanne irratti tarkaanf maal fudhattuu? _____
28. Dubi-Deebii (feed-back) Hojjettoota Eksteenshinii Fayyaatiif laattuu? 1/Eeyyee 2/Lakkii
29. Ga'umsi dandetti fi ogummaa hojjetoota ekisteenshinii fayya hojii isanii rawwachuuf maal fakkatu _____
30. Leenjii, Leenjii haromsaa fi muxannoo wal-jijjiru hojjetoota ekisteenshinii fayyatiif laatame jira? _____
31. Walumaagalatti sagantaa pakeejii tajaajila ekisteenshinii fayyaatiif ni barbaachisa kan jettu yaada yoo qabatte?_____
_____

Annex12

Marii Ogeessota fayyaa wajjiin ta'u (health workers FGD)

1. Sagantaan Eksteeenshinii fayyaa jiraach isaatti yaada maal qabda?

_____

2. Kaayyoon sagaantaa Eksteenshinii fayyaa maali? _____
3. Sagantaan Eksteeenshinii fayyaa fi kellaan fayya uumatatti dhihodha? Warra fagoo fi dhiho jiran irra kellan fayya kilometira hammam fagaata? _____ Sa'a hamam fudhata? _____
4. Sagantaa paakeejii eksteenshinii fayyaa tajaajjila yaalii Kan bira dhiisee ittisaa qofa laachuu irratti yaada malqabduu? _____
5. Hojjettoonni eksteenshinii fayyaa dhalaa ta'uu isaanitti yaada maalii qabduu? Maaliif dhalaa qofaa ta'anii? Dhiirri osoo dabalamee yaada maal qabdu? _____
6. Uummanni Tajaajila sagantaa eksteenshinii fayyaa argachuuf ykn isin gara kellaa fayyaa deemuuf haala mijataa kan akka Daandii, geejjiba fi kkf maal fakkaataa?_____
7. Kellan fayya meeshaa fi qoricha barbaachisa ta'e qabaachu irratti maal fakkaata?__
8. Hojii ekisteenshinii fayyaa akka hojjetamuuf Qodnii, Gumaachi fi Deegarsi isinii gootan maal fakkata? Maalfadha? _____
9. Gahumsii fi Dandeetti Hojjettoota Ekisteenshinii fayyaa Sagantaan Paakeejjiin Eksteeenshinii fayyaa raawwachudhaaf qaban maal fakkata? _____
10. Ijaarsa dandeetti Hojjettoota Ekisteenshinii fayyaa cimsuudhaaf leenjii, leenjii haaromsaa, muxannoo waljijiruu kkf waanta isiin gootan jira? _____
11. Hojjettoota Ekisteenshinii fayyaa kaka'ani hamileetiin akka hojjetaniif maal gotani? _____
12. Osoo pakeejiin Ekisteenshinii fayyaa hin jalqabiniif erga jalqabee booda garaagrummaa fayyaa Hawwaasaa irraatti maal hubattee? _____
13. Paakeejjii ekisteenshinii fayyaa jiran keessaa isaan kamtu siritti hojjetamee? Sababni isaaho? _____
14. Sagantaan Paakeejjiin Eksteeenshinii fayyaa jiran keessaa irra caalaan naannoo kee keessatti Hawwaasa kan midhuu fi hojjechuudhaaf rakkisaa kan ta'e kami?_____ Akka hin hojjetamne gufuu kan ta'e malii? _____
15. Akka yaadakeetti Sagantaa Paakeejjii Ekisteenshinii fayyaa galmaan gahuudhaf fi Keellaan fayyaa hojii ammaa irra caalaa mishaan akka raawwatuuf furmaata ta'a kan jettuu maalfaadha? _____