University of Gondar
CMHS, Institute of Public Health

English Version Questionnaire

For the research entitled: **"Assessment of the magnitude, care pathways and delays, case management, and their determinants of childhood pneumonia among sick under five children visiting public health facilities in South Gondar Zone, Northwest Ethiopia"**

Key Notes:

1. Questions begin with two asterisk (**) indicates an **instruction** forwarded for the data collector that the data collector should not ask the respondent.
2. A statement which begin with three asterisk (***) indicates 'a **description/explanation** for a question or response or to the data collector'
3. Please read the information sheet given in hard copy and obtain a written consent before you start the data collection

Index data: Direct observation of consultations

Section I. Sub-section A: General information for Identification of the facility and the child

Code No	Questions	Responses	Remark
101	Date of Interview	___/_____/_____	
102	What is the Woreda?	_____	
103	What is the name of the health facility?	_____	
104	What is the Kebele of child's residence?	_____	
105	What is the Got/Ketena of child's residence?	_____	
106	**Write the Child's IMNCI Registration Number?	_____	
107	**Write the Code of the child	_____	
108	Name of data Collector	_____	
109	Write the Code of HCP **(The code should be: Facility name/M or F (explaining sex) / Initials of health provider's first and middle name in English)	_____/___/___.___.	
110	**Record the time that the HCP starts assessment	_____	
Section I. Sub section B: HCP's general assessment of sick children aged 1week-59 months			
111	Did the HCP ask/registered child's age?	1. Yes 2. No	
112	How old is the child in months? ***** If the child is less than two months, report the age in weeks**	_____ months _____ weeks	
113	Did the HCP ask/registered child's sex?	1. Yes 2. No	
114	What is child's sex?	1. Male 2. Female	
115	Did the HCP measure child's body weight?	1. Yes	

		2. No	
116	What is the child's body weight? ** write in gram if the child is less than 2 months old.	1. _____kg 2. _____gram	
117	Did the HCP measure child's length/height?	1. Yes 2. No	
118	What is the child's length/height in centimeter?	_____cm	
119	Did the HCP measure body temperature?	1. Yes 2. No	
120	What is the child's body temperature?	_____DC	
121	Is the child less than 2 months old?	1. Yes 2. No	
Sub section C: HCP's assessment completeness of the young infant			
122	Did the HCP assess the young infant for feeding problem?	1. Yes 2. No	
123	Did the HCP assess the young infant for convulsion?	1. Yes 2. No	
124	Did the HCP assess the young infant's body temperature?	1. Yes 2. No	
125	Did the HCP count the young infant's breathing per minute?	1. Yes 2. No	
126	Did the HCP repeat the breathing count if the first count is >/= 60bpm?	1. Yes 2. No	
127	Did the HCP assess the young infant for severe chest indrawing?	1. Yes 2. No	
128	Did the HCP assess the young infant for body movement?	1. Yes 2. No	
Sub section D: HCP's assessment Accuracy of the young infant			
129	Did the HCP decide that the young infant is "unable to feed"?	1. Yes 2. No	
130	Did the HCP decide that the young infant is "not feeding well"?	1. Yes 2. No	
131	Did the HCP decide that the young infant had convulsion/convulsing now?	1. Yes 2. No	
132	Did the HCP decide that the young infant has fever?	1. Yes 2. No	
133	Did the HCP decide that the young infant has low body temperature?	1. Yes 2. No	
133.1	What is the oxygen saturation measurement level in percent?	_____	
134	What breathing rate did the health service provider count in one full minute?	_____	
135	What is the second breathing count?	_____	
136	Did the HCP decide that the young infant has "fast breathing"?	1. Yes 2. No	
137	Did the HCP decide that the young infant has "severe chest indrawing"?	1. Yes 2. No	
138	What the HCP identify in his/her assessment of child's movement?	1. No movement when stimulated 2. Has movement only when stimulated 3. Has movement	Then, skip from 138 to Q 153

		without stimulus	
Sub section E: HCP's assessment completeness of sick child aged 2-59 months			
139	Which danger signs did the HCP assess?	1. Unable to drink or breast feed 2. Vomit everything 3. History of convulsion 4. Lethargic/unconsciousness 5. Convulsing now 6. Did not assess any danger signs	
140	Did the HCP ask the care givers whether the child has cough or difficulty of breathing?	1. Yes 2. No	
141	Did the HCP ask the duration of cough or difficulty of breathing?	1. Yes 2. No	
142	Did the HCP count child's breathing per minute?	1. Yes 2. No	
143	Did the HCP assess the child for chest indrawing?	1. Yes 2. No	
144	Did the HCP assess the child for strider?	1. Yes 2. No	
Sub section F: HCP's assessment of 2-59 months children with pneumonia symptoms			
145	Which danger sign did the HCP identify	1. Unable to drink or breast feed 2. Vomit everything 3. History of convulsion 4. Lethargic/unconsciousness 5. Convulsing now 6. No danger sign identified	
146	Does a child has cough or difficulty of breathing?	1. Yes 2. No	
147	For how long has the child had cough?	_____	
148	What was child's respiratory rate that the HCP counted per one minute?	_____	
149	Did the HCP decided that the child has breathing?	1. Yes 2. No	
150	Did the HCP decided that the child has "chest indrawing"?	1. Yes 2. No	
151	Did the HCP decided that the child has strider?	1. Yes 2. No	
152	What is the child's oxygen saturation if assessed?	_____	
Sub section G: Classification of child's problem/symptoms			
153	What is the HCP's classification of young infant's respiratory symptoms?	1. Critical Illness 2. Very severe diseases 3. Severe pneumonia 4. Pneumonia 5. Severe infection unlikely 6. Other _____	

154	What is the HCP's classification of child's (2-59 months) respiratory symptoms?	1. Severe pneumonia or very severe disease 2. Pneumonia 3. Cough or cold 4. NA(Not examined for CDB) 5. Not Applicable (<2 months old child)	
155	What other classifications did the health care worker identify?	1. _____ 2. _____ 3. _____	
156	Did the HCP referred the IMNCI chart booklet to classify child's problem?	1. Yes 2. No	
156.2	Record the time when the HCP completed child's assessment	_____/____/____	
Sub section H: Treatment given for children including for pre-referral			
157.1	Did the HCP decided to refer the child to the next level of health facility?	1. Yes 2. No	
157.2	Did the care giver accept child's referral?	1. Yes 2. No	
158	What pre-referral drug was given for the child?	1. _____ 2. _____ 3. _____	
159	Was the child given a pre-referral drug?	1. Yes 2. No	
162	Has the HCP attempted to treat this child at this facility when referral is impossible?	1. Yes 2. No	
162.1	What drugs have been given in this facility to treat the child?	1. _____ 2. _____	
163	If the HCP decided that there is no indication for referral, did s/he prescribe a drug?	1. Yes 2. No	
165	What drugs have been prescribed in this facility? **Write the name, dose, and duration!	1. _____ 2. _____ 3. _____ 4. _____	
166	Did the HCP referred the IMNCI chart booklet to prescribe drugs?	1. Yes 2. No	
Sub section I: Counseling service			
167	What the HCP counsel the caregiver when to return back to the facility?	1. To return immediately when child's illness looks severe 2. To return on the 2nd day for F/up 3. To return on the 5th day for F/up 4. To return on the 7th day for F/up 5. HCP did not appoint the caregiver for F/up 6. Not applicable	

		(referred cases) 7. Other (specify) ____	
168	What the HCP counsel the caregiver about what they should do for child at home?	1. About drug 2. When to return immediately 3. Follow up care appointment 4. Child's feeding 5. Vaccination 6. Not applicable (referred cases) 7. HCP did not give any counseling	

Reference standard data: Survey team clinical assessment and interviews

Section I. General information for Identification of the facility and the child

Code No	Questions	Responses	Remark
101	**Record the date of examination/interview	____/_____/_____	
102	**Record the Woreda?	_____	
103	**Record the name of the health facility?	_____	
104	What is the Kebele of child's residence?	_____	
105	What is the Got/Ketena of child's residence?	_____	
106	**Write the Child's IMNCI Registration/ MRN Number?	_____	
107	**Write the Code of the child	_____	
108	Write the name of data collector	_____	
109	Write the Code of HCP **(The code should be: Facility name/M or F (explaining sex) / Initials of health provider's first and middle name in English)	_____/___/___.___.	
Section II. Socio-demographic characteristics			
201	What is the age of this child in months? ***** If the child is less than two months, report the age in weeks**	_____months _____weeks	
203	What is the sex of this child?	1. Male 2. Female	
204	What is respondent's sex?	1. Male 2. Female	
205	What is your relation with the child?	1. Biological mother 2. Biological father 3. Grand 4. Sister/Brother 5. Uncle/Aunt 6. Other relative 7. Non-relative care giver 8. Other, Specify _____	
206	With whom the child is living?	1. With both biological	

		mother and father 2. With only biological mother 3. With only biological father 4. Grandmother/father 5. Sister/Brother 6. Other relative/s 7. Other, Specify _____	
207	Where the child is living?	1. Urban 2. Rural	
208	What is the age of the mother/female guardian?	_____years	
209	What is child's mother/ female guardian religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Other, Specify_____	
210	What is child's mother/ female guardian marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5. Other, Specify_____	
211	What is child's mother/female guardian educational status?	1. Unable to read & write 2. No formal education but able to read and write 3. Primary school (1-4 G) 4. Junior school (5-8 G) 5. High school (9-10 G) 6. Preparatory school (11-12 G) 7. Technical/vocational (Level 1-4) 8. Higher education (degree and above)	
212	What is child's mother/female guardian occupation?	1. House wife 2. Farmer 3. Merchant 4. Government employee 5. Private employee 6. Private work 7. Daily labor 8. Student 9. Housemaid 10. Other, Specify_____	
213	What is the age of child's father/male care giver?	_____years 88. Don't know 99. Not Applicable	
214	What is child's father/male guardian educational	1. Unable to read &	

	status?	write 2. No formal education but able to read and write 2. Primary school (1-4 G) 3. Junior school (5-8 G) 4. High school (9-10 G) 5. Preparatory school (11-12 G) 6. Technical/vocational (Level 1-4) 7. Higher education (degree and above) 88. Don't know 99. Not Applicable	
215	What is child's father/male care giver occupation?	1. Farmer 2. Merchant 3. Government employee 4. Private employee 5. Daily labourer 6. Student 7. Other (specify)_____ 88. Don't know 99. Not Applicable	
216	What is your family size? (Count all the usual residents irrespective of blood relationship but not include visitors)	_____	
217	Do you have community based health Insurance?	1. Yes 2. No	If 217=2. skip to 219
218	Is the child registered as a beneficiary for community based health insurance?	1. Yes 2. No	
219	What social role/s do you have in your community?	1. A leader for women developmental army (1-to-5 or 1-to-30 networking) 2. Other, specify_____ 3. No social role	
Section III. Child Health Assessment by data collectors/IMNCI experts **Sub-section A: General Assessment**			
301	What is/are child's main problem/complain?	_____	
302	What is child's body temperature measurement reading?	_____Degree Celsius	
303	What is child's height/length measurement?	_____cm	
304	What is child's weight measurement? ******Record in gram if the child is less than 2 months old***	_____kg _____gm	

305	What is the measure of child's mid-upper-arm circumference (MUAC) ******Since MUAC is not applicable for children age < 6months, please enter 0 "zero"***	_____ cm	
306	Is the chid a young infant or less than 2 months?	1. Yes 2. No	If 306= 2, skip to Q314
Sub-section B-1: Assessment of young infant (< 2 months) for pneumonia			
307	How is child's feeding condition?	1. **No** feeding problem 2. Not feeding well 3. Unable to feed	
308	**How is child's body temperature? ******If it is rectal, the cut-off point will be higher by 0.5°C***	1. Low body temperature (Axillary measurement <35.5°C*) 2. Normal temperature (Axillary measurement 35.5-37.4°C) 3. Fever (Axillary measurement ≥37.5°C*)	
309	** What is child's breathing count? ******Count the breathing for one full minute while the child is in calm state;*** ******Repeat the count if the first count is ≥60briths/minute***	_____/minute (1st count) _____/minute (2nd count)	
310	**Does the young infant has fast (RR ≥ 60/m) breathing?	1. Yes 2. No	
311	**Does the young infant has "**severe** chest indrawing during inhalation"?	1. Yes 2. No	
312	Does the young infant has history of convulsion or convulsing now?	1. Yes 2. No	
313	**How is young infant's body movement?	1. No movement when stimulated 2. Has movement only when stimulated 3. Has movement without stimulus	Then, skip from 313 to Q 322
	Sub-section B-2: Assessment of children age 2-59 months for pneumonia		
314	Which danger signs have the child had? ***Please confirm by reading each response ******Multiple answer is possible***	1. Unable to breast feed or drink 2. Vomit everything 3. Lethargic/unconsciousness 4. Convulsion 5. Other _____ 6. No danger sign	
315	Does the child has cough or difficulty of breathing?	1. Yes 2. No	If 315= 2, skip to Q323
316	For how long does the child have cough or difficulty of breathing? ******Please record in hour***	_____hours	
317	What is child's breathing count per minute? ******Count the breathing while the child is in calm state*** ******Treat the wheezing (if any)***	_____	

	before counting the respiratory rate		
318	Does the child has fast breathing? ******To say fast breathing, the breathing count per minute should be ≥60 for children age less than 2 months, ≥ 50 for children age 2-12 months, and ≥40 for children age 12-59 months)***	1. Yes 2. No	
319	**While the child is in calm state, does the child has chest indrawing during inhalation? ******Treat the wheezing (if any) before assessing chest indrawing***	1. Yes 2. No	
320	**Does the child have harsh breathing sound (strider) during inhalation?	1. Yes 2. No	
321	**What is the measurement reading of oxygen saturation? ****** oxygen saturation test is not done, record "-99"***	_____%	Then, skip from 321 to Q 323
	Sub-section C: Assessment of other diseases or co-morbidities		
322	If a child is young infant (age less than 2 months), which of the following problem does the child have? ******Multiple answer is possible***	1. Skin Pustules 2. Red umbilicus or draining pus 3. Palms and/or soles yellow 4. Yellow eyes 5. Yellow Skin 6. The child has no any of the above morbidities 7. Not applicable (>/=2 months)	
323	Does the child have fever?	1. No 2. Yes, both by history and temperature measurement 3. Yes, by measurement only 4. Yes, by history only	If Q323 = 1, skip to Q333
328	Has the child had measles infection within the last three months?	1. Yes 2. No 3. Don't know	
333	Does the child have diarrhea? ****** To say diarrhea, there should be* ≥3 unusually loosen stool per day**	1. Yes 2. No	If Q333= 2, skip to Q341
334	For how long does the child have diarrhea?	_____days	
335	Is there any blood in the stool?	1. Yes 2. No	
336	Is the child thirsty?	1. Yes 2. No 3. Unable to determine	
337	How is child's skin pinch?	1. Goes back immediately 2. Goes back slowly (<2 seconds) 3. Goes back very slowly (≥2 seconds)	

338	Are child's eyes sunken?	1. Yes 2. No	
339	Is the child restless or irritable?	1. Yes 2. No	
341	**What is child's palmar pallor assessment finding?	1. No palmar pallor 2. Mild palmar pallor 3. Severe palmar pallor	
342	**Which of the following signs of under nutrition did the child have?	1. Pitting oedema of both feet (+, ++, +++) 2. Generalized dermatosis 3. No oedema and dermatosis	
343	**To check child's HIV exposure and infection status, please check child's and mother's HIV testing status and test result ***Multiple answer is possible	1. Child DNA PCR positive 2. Child DNA PCR Negative 3. Child antibody test positive 4. Child antibody test negative 5. The child is not tested/unknown 6. Mother HIV test positive 7. Mother HIV test negative 8. Mother is not tested/unknown	
345	Has the child been diagnosed for pneumonia in the last one year?	1. Yes 2. No 3. Don't know	
346	Was there any one from the family who have a cough in the last one month?	1. Yes 2. No 3. Don't know	
347	Is there any person from the family who have active Tuberculosis?	1. Yes 2. No	
348	**What are the **classifications** of child's illness**?**	1. _____ + 2. _____ + 3. _____ + 4. _____ + 5. _____ + 6. _____ + _____	

Section IV: Care pathways, timeliness of services utilization and accessibility of health facility for children with pneumonia

Code No	Question	1. Response	Remark
	Sub-section A: Care pathways		
401	What is the source of child referral to this facility?	1. Referred from Health post 2. Referred from private facility 3. Referred from health center 4. Self referral	
402	Before you come to this facility, what have you done to the child at home or elsewhere to treat the cough/difficulty of breathing? *****Please check by reading each response**	1. We took to health Post 2. We took to health center 3. We took to Public hospital 4. We took to private clinic/Hospital 5. We have given drugs buying from pharmacy without prescription 6. We took to traditional healers 7. We have given left over drugs at	If 402= 12, Skip to 404

	*****Multiple response is possible**	home 8. We attempt to treat with safe remedies like honey tea 9. We have used a steam of plain water 10. We used of herbal medicine (steam/topical) 11. We used holly treatment 12. Nothing is done before we come here 13. Other, Specify _____	
403	Would you mention what you have **orderly** done for a child to treat the cough or difficulty of breathing before you come to this facility now? What did you do first and what did you do next,...?	1. _____ + 2. _____ + 3. _____ + 4. _____ + 5. _____ +	
	Sub-section B: Service utilization: Promptness of taking the child to health facility and getting treatment		
	Delay to decide to seek care		
404	When did you recognize child's illness/cough or difficulty of breathing?	1. Date: _____ 2. Time: _____	
405	When did you decide to take the child to a health facility for medical care?	1. Date: _____ 2. Time: _____	
	Delay to reach at health facility		
406	Have you visited **any other** health facility to get medical care for this illness before you come to this facility?	1. Yes 2. No	If Q406 =2, skip to Q415
407	At which health facility did you visit for the **first time** to get medical care for this illness?	1. Health post 2. Health center 3. Hospital 4. Private clinic or Hospital 5. Other (specify) _____	
408	When did you arrive at the first health facility?	1. Date: _____ 2. Time: _____	
	Delay to get treatment reach at health facility		
410	Did the child get treatment/medicine in that facility?	1. Yes 2. No	If Q410 = 2, skip to Q415
411	**When** did the child get treatment there?	1. Date: _____ 2. Time: _____	
412	What Antibiotic was the child given? ******Ask the respondent to show you the medicine if they contain it***	1. Amoxicillin 2. Cotrimoxazole 3. Don't know 4. Other (specify) _____	
412.2	What is the Dose and route of the prescribed drug/s?	_____	
413	How often the drug is given per day? ******If the respondent does know the frequency, please record 99***	_____	
414	For how long was the drug is prescribed?	_____	

	******If the respondent does not know the duration, please record 99***		
415	Record the date and the time of child's arrive at this facility?	1. Date: _____ 2. Time: _____	
416	What was the estimated waiting time in minute to get patient chart?	_____Minute	
417	What time in minute you elapsed in the waiting room to get the examination room?	_____Minute	
	Sub-section C : Health services accessibility related factors for delays to seek care		
419	Who decided to bring the child to this health facility?	1. Mother/female care giver 2. Father/male care giver 3. Both mother and father 4. Other, specify_____	
420	What makes you decide to seek care for child at health facility? ******Multiple response is possible***	1. When child's illness looks severe 2. Perceived fear of severity 3. Perceived persistence of the illness 4. Pressure or advise from other/s 5. Other, specify _____	
421	Which of the following would be reasons/barriers that make you **not timely decide** to seek care for child's illness? ******Multiple response is possible***	1. Negligence or thinking that the disease is not serious 2. Had no money for treatment 3. Trust on home remedies/treatment 4. Trust on traditional healers 5. Giving a priority for other works 6. Perceived high out of pocket expenditure in facilities 7. Having previous experience of self limitation of the symptom 8. Long distance from home to health facility 9. Difficulty of the topography to go to a health facility 10. Since I was not satisfied previously with the quality of health services 11. Other, Specify_____	
422	After you decided to seek care, what barriers/challenges did you experience to **timely reach** to health facility? ******Multiple response is possible***	1. Lack of money for treatment or transportation 2. Waiting for someone else to accompany women in the journey 3. It takes time to get money for medical care 4. Long travel distance to reach health facility 5. Unavailability of transportation 6. Difficulty of the topography to go to a health facility 7. It is timely reached out the health facility (date of decision and date of facility visit was the same) 8. Other, Specify _____	
423	Did you easily access or have	1. Yes	

	adequate money in your home for transportation and treatment at times when the child starts coughing or has difficulty of breathing?	2. No	
424	After you reached at health facility, what factors contribute **not** to initiate treatment for the child **timely**? ******Multiple response is possible***	1. Long waiting time 2. Shortage of money for treatment 3. Non-availability of the prescribed drug 4. Absence of HCP in the facility 5. Difficulty to get patients chart or complicated admission process 6. Being referred without treatment 7. No delay to get treatment after we reached at health facility 8. Other, Specify _____	
425	What means of transportation did you use to come to this facility?	1. Foot walk 2. Vehicle 3. Both foot walk and Vehicle 4. Other, Specify _____	
426	How long it took in minute to reach at this facility?	_____ minutes	
427	What is the nearest public health facility to your home?	1. Health Post 2. Health Center 3. Hospital	
428	How long it takes in minute with foot walk to reach at the nearest public health facility?	_____ minutes	
429	How do you describe the difficulty of the **road** [topography] to reach at the nearest health post?	1. It is not difficult 2. Somewhat difficult 3. Very difficult 4. Not applicable	
430	How do you describe the difficulty of the road [topography] to reach at the nearest health center?	1. It is not difficult 2. Somewhat difficult 3. Very difficult	
431	How do you describe the difficulty of the road [topography] to reach at the nearest primary Hospital?	1. It is not difficult 2. Somewhat difficult 3. Very difficult	
432	How do you describe accessibility of transportation in your community to come to this health facilities?	1. Not accessible 2. Less accessible 3. Moderately accessible 4. Adequately accessible	
433	Has a HEW visited your home during the last three months to provide home based health services?	1. Yes 2. No 3. Don't know/remember	

Section V: <u>Women's independent decision making power and women's awareness and perception on childhood pneumonia:</u>

Section-A: Women's/female care givers' independent decision making power

Code	Questions	Responses	Remark
501	Who makes decision for child vaccination?	1. Father or mother can independently decide 2. Father and mother together 3. Father only 4. Mother only 5. Other, Specify_____	
502	Who makes decision to seek medical care for sick children?	1. Father or mother can independently decide 2. Father and mother together 3. Father only 4. Mother only 5. Other, Specify_____	
Section-B: Women's/care givers' awareness about childhood pneumonia			
Code No	**Questions**	**Responses**	**Remark**
510	What are the sign and symptoms of pneumonia? ***Multiple answer is possible (Don't read the response options)	1. Cough 2. Fast and shortness of breathing 3. Chest indrawing 4. Unusual breathing sound (strider) during inhalation 5. Fever 6. Other, specify _____ 99. Don't know	

Section- C: Women's/care givers' perception on child's illness

1="Strongly disagreed"; 2="Disagree"; 3="Neutral"; 4="Agree", and 5="Strongly agree"

Code No	Questions	Response					Remark
C1: Perceived susceptibility to pneumonia							
515	Every child is not prone for pneumonia	1	2	3	4	5	
516	It is likely that the child with cough or difficulty of breathing could be due to pneumonia	1	2	3	4	5	
517	Since my child is not fully immunized, the risk of developing pneumonia is high	1	2	3	4	5	
518	Since my house has no window or windows are not regularly opened, my child is at risk of developing pneumonia	1	2	3	4	5	
519	Since the child has nutritional or feeding problem, it is susceptible to develop pneumonia	1	2	3	4	5	
520	I believe my child is at high risk to develop pneumonia because of indoor pollution with smoke	1	2	3	4	5	
521	Because of poor hygiene, I believe that my child is at high risk	1	2	3	4	5	

	to develop pneumonia						
C2: Perceived severity of the illness							
522	Most of the times, pneumonia in children is self limited	1	2	3	4	5	
523	Childhood pneumonia can be complicated if treatment is not initiated promptly	1	2	3	4	5	
524	Childhood pneumonia can be worsened if appropriate treatment is not given	1	2	3	4	5	
525	I believe that child's illness serious	1	2	3	4	5	
526	At the onset of the illness, I believed that child's illness requires treatment at health facility	1	2	3	4	5	
527	I believe that childhood pneumonia may require referral to a higher level facility if not treated early	1	2	3	4	5	
528	I believe that childhood pneumonia may require admission at Hospital if not treated early	1	2	3	4	5	
529	I believe that childhood pneumonia can cause death if not treated	1	2	3	4	5	
C3: Perceived benefits of getting medical care							
530	I believe that early facility visit for child's illness prevents disease progression	1	2	3	4	5	
531	I believe that early facility visit for childhood pneumonia prevents admission/hospitalization	1	2	3	4	5	
532	I believe that early facility visit for childhood pneumonia reduces risk of death	1	2	3	4	5	
533	I believe that prompt care seeking can reduce medical cost	1	2	3	4	5	
534	I believe that adhering the medical regimen contribute good treatment outcome						
535	I believe that returning the child, who is on pneumonia treatment, to the health facility on the appointment date for follow up care is necessary irrespective of child's prognosis	1	2	3	4	5	
C4: Perceived barriers to seek medical care early							
536	I believe that presence of other prioritized duty contributes for delayed care seeking for child's illness (pneumonia)	1	2	3	4	5	
537	I perceive that our financial constraint for medical and related costs delays to get medical care for child's illness (pneumonia)	1	2	3	4	5	
538	I believe that the medical cost for child's illness (pneumonia) is high	1	2	3	4	5	
539	I believe that lack of transportation contributed for delayed treatment for child's illness (pneumonia)	1	2	3	4	5	
540	I believe that difficulty of the topography/road is a barrier to seek medical care early for child's illness (pneumonia)	1	2	3	4	5	
541	Long distance to reach at health facility is a barrier to seek medical care early for child's illness (pneumonia)	1	2	3	4	5	
542	I perceive that the waiting time at facilities was long	1	2	3	4	5	
543	I perceive that poor quality of medical care I got previously hinders me to seek care child's illness (pneumonia)	1	2	3	4	5	
544	Lack of knowledge about pneumonia contribute for delays to seek care for child's illness (pneumonia)	1	2	3	4	5	
C5: Self-efficacy to seek medical care early							
545	I can independently decide to seek medical care for child's illness (pneumonia)	1	2	3	4	5	
546	I can identify symptoms of childhood illness that need medical care at health facility	1	2	3	4	5	
547	I often have financial access for medical and/or transportation	1	2	3	4	5	

	cost						
548	I can easily understand health care provider's advise and recommendations	1	2	3	4	5	
549	I can identify and remember the right time to give treatment for child's illness	1	2	3	4	5	
550	I can identify and measure the right dose of the drugs given for the child	1	2	3	4	5	
551	I can independently decide to take the sick child to the health facility for follow up care	1	2	3	4	5	
C6: Cues to Action to seek medical care early							
552	My spouse encouraged me to seek medical care early for the sick child	1	2	3	4	5	
553	My friends/neighbours encouraged me to seek medical care early for the sick child	1	2	3	4	5	
554	Health education/advises from health extension worker helped me seek medical care early for the sick child	1	2	3	4	5	
555	Women developmental army leader encouraged me to seek medical care early for the sick child	1	2	3	4	5	
557	Having community health insurance helped me to seek medical care early for the sick child	1	2	3	4	5	
558	Previous experience of childhood pneumonia from my family or neighbour initiated me to seek medical care early for the sick child	1	2	3	4	5	
560	Hearing about pneumonia through mass media/social media (Television or radio) helped me to seek medical care early the sick child	1	2	3	4	5	

Section VI: Economic, Household, and sanitation/hygiene related

Code No	Question	Response	Remark
I	**In this section, I want ask you questions related to household assets**		
601	Who is the owner of the house that you are living in?	1. Owen 2. Renting 3. Goverment 4. Relative 5. Other, Specify _____	
602	What is the main material that the roof of your the dwelling is made of?	1. Corrugated iron sheet & wood 2. Thatch/sod and wood 3. Others, spesfiy_____	
603	What is the main material of the exterior wall of the your house?	1. Cheep wood/ Bamboo/wood 2. Corrugated/Iron sheet 3. Wood with mud 4. Wood with mud covered with cement 5. Stone with mud 6. Stone with mud covered with cement 7. Cement blocks 8. Stone with lime/cement	

		9. Bricks 10. Others, spesfiy_____	
604	What is the main material of the floor of the dwelling?	1. Soil/sand 2. Wood planks 3. Soil/sand covered with plastic 4. Cement 5. Cement covered with plastic 6. Plastic tiles 7. Ceramic 8. Publishable wood 9. Others, spesfiy_____	
605	Which of the following equipments or services do you have in your household? Non-functional equipments which can work with maintenance can be considered		
A	Electricity	1. Yes 2. No	
B	Radio	1. Yes 2. No	
C	Television	1. Yes 2. No	
D	Non-mobile telephone	1. Yes 2. No	
E	Computer	1. Yes 2. No	
F	Refrigerator	1. Yes 2. No	
G	Table	1. Yes 2. No	
H	Chair	1. Yes 2. No	
I	Bed with cotton/sponge mattress	1. Yes 2. No	
J	Electric cooking plate/Mitad	1. Yes 2. No	
K	Kerosene lamp/pressure Lamp	1. Yes 2. No	
L	Solar lamp	1. Yes 2. No	
606	**Does any member of this household own any of the following properties:**		
A	A mobile phone?	1. Yes 2. No	
B	A bicycle?	1. Yes 2. No	
C	A motorcycle?	1. Yes 2. No	
D	Bajaj?	1. Yes 2. No	
E	An animal-drawn cart?	1. Yes 2. No	
F	A car or truck?	1. Yes 2. No	
G	A baggage or Box?	1. Yes 2. No	
H	A bank account?	1. Yes 2. No	
607	How many of the following animals does this household own? ******Enter 0 if the household have no any***		
	Type of animals	**Number**	
A	Cows	_____	
B	Oxen		
C	Sheep	_____	
D	Goats	_____	
E	Horses	_____	
F	Mules	_____	
G	Donkeys	_____	
H	Chickens	_____	
I	Beehives	_____	
608	Does your household member own agricultural land?	1. Yes 2. No	If the response is 2, skip to Q610
609	How many agricultural/farming land, in Kada/Gemede/ gezem, does your	_____	

	household own? ***__Record 0__ if the household have **no** farming land *** 1 hectare-=4 kada/gemede/gezem		
610	Have you harvest any crops from your own or rented land during the recent crop production season?	1. Yes 2. No	If the response is 2, skip to Q612
611	What amount of the following crops have you harvested in the recent season of crop production?		
	Types of crops	**Amount in Kuintal (big sack)**	
A	Teff	_____	
B	Barely	_____	
C	Maize	_____	
D	Rice	_____	
E	Wheat	_____	
F	Sorghum	_____	
G	Bean	_____	
H	Pea	_____	
I	chickpea	_____	
J	Lentils	_____	
K	Grass pea (Guaya)	_____	
L	Potato	_____	
M	Onion	_____	
N	Garlic	_____	
O	Other (specify) _____	_____	
II	**Indoor pollution related questions**		
612	How many exiting door/s does your main house has?	_____	
613	How many window/s does your main house has?	_____	If zero, skip to Q 615
614	How often do you open the window/s of the main house?	1. Daily 2. Some times 3. Not open	
615	Do the door and window or windows or doors are in opposing wall?	1. Yes 2. No 3. Not applicable	
616	Where you bake Enjera/bread/?	1. In the main house 2. In a Kitchen which is separated from the main house 3. Out door 4. Other, Specify_____	If the response is 3, Skip to Q618
617	How often have you opened the window of the kitchen room during baking Enjera/ bread?	1. Always 2. Some times 3. Not at all 4. Not applicable	
618	What type of cooking plate/stove do you mainly use to bake Enjera/bread?	1. Electrical stove (Modern) 2. Improved traditional stove 3. Un improved traditional stove 4. Other, specify_____	

619	What type of fuel/energy do you mainly use for baking Enjera/bread?	1. Electricity 2. Biogas 3. Wood 4. Animal dung 5. Shrubs/Grass/ agricultural crop 6. Other, specify_____	
621	What other types of food do you cook in the main house? ******Multiple response is possible***	1. Sauce/stew (Wot) 2. Spaghetti, Macaroni 3. Soup, porridge 4. Boiling coffee/tea/water 3. Others, specify _____	
622	What type of fuel/energy do you mainly use to process/cook these foods?	1. Electricity 2. Biogas 3. Wood 4. Charcoal 5. Animal dung 6. Shrubs/Grass/ agricultural crop 7. Other, specify_____	
623	Is there anyone household member who smoke a cigarette or other?	1. Yes 2. No	
624	Which of the following animal/s leave at your main house during night ******Multiple response is possible***	1. Cow/Ox 2. Sheep/goat 3. Hoarse/Donkey/mule 4. Hen/chicken 5. Cat/dog 6. No animal leave in the main house 7. Other, specify_____	
III	**Water, Toilet facility, and hygiene related questions**		
625	What is the main source of drinking water for members of your household?	1. Piped into dwelling 2. Piped into yard/compound 3. Pipe into neighbourhood 4. Public tap/stand pipe 5. Public protected Tube well or Borehole 6. Private protected well 7. Unprotected well 8. Protected Spring water 9. Unprotected spring water 10. River 11. Bottled water 12. Other, Specify _____	
626	What is the main source of water used by your household for other purposes such as cooking and hand washing?	1. Piped into dwelling 2. Piped into yard/compound 3. Pipe into neighbourhood 4. Public tap/stand pipe 5. Public protected Tube well/ Borehole 6. Private protected well 7. Private unprotected well 8. Protected Spring water 9. Unprotected Spring water 10. River	

		11. Other, Specify _____	
631	What type of toilet facility do members of your household usually use?	1. Flush to piped sewer system 2. Flush to septic tank 3. Flush to pit latrine 4. Ventilated improved pit latrine 5. Pit latrine with slab 6. Open pit /pit latrine without slab/ 7. Pit latrine without structure 8. Pit latrine designed to use for compost 9. No toilet/Open field 10. Others, specify _____	
632	How is the availability of water source around the toilet or yard for hand washing after toilet use?	1. Always 2. Some times 3. Not at all	
633	How often do you use soap during hand washing?	1. Always 2. Some times 3. Not at all	

Section VII: Child's vaccination status and breast feeding practices related questions

Code No	Question	Response	Remark
	Part-A: Child's vaccination status		
	Use the immunization card if the mother show you the card to answer the following questions but if she does not show you the card, record her oral report		
703	What is child's vaccination status?	1. Not started 2. Up-to-date 3. Completed 4. Discontinued/default 5. Don't know/ don't remember	If Q703=1, skip to 711
710	Did the child took the 9 month measles vaccination?	1. Yes 2. No 3. Not applicable (child's age < 9 months) 4. Don't know/don't remember	
711	Did the child took Vitamin-A within the last 6 month? ***Would you please show Vitamin-A capsule to a respondent	1. Yes 2. No 3. Not applicable (child's age < 9 months) 4. Don't know/don't remember	
712	Did the child be dewormed in the last 6 months?	1. Yes 2. No 3. Not applicable (child's age < 2 years) 4. Don't know/don't remember	
	Part B: Child breast feeding status (5 items)		
713	Has the child ever got breast feeding?	1. Yes 2. No 3. Don't know	If 2 or 3, skip to Q901
714	For how long, in month, did the child breast feed?	_____ month	

	***Record "-88" if the respondent do not know		
715	For how long in weeks did the child **exclusively** breast feed? ***Record "-88" if the respondent do not know	_____ weeks	
716	Does the child is breast feeding now?	1. Yes 2. No	

Section IX: Women's/guardians' level of satisfaction for child's medical care:

Would you please rate each of the following satisfaction assessment questions: 1= Strongly Dissatisfied; 2= Dissatisfied; 3= Neutral; 4= Satisfied, and 5 = Strongly Satisfied

Code	Questions	Response					Remark
I	**Overall Care**						
901	Overall, how would you rate the medical care you received today for child's illness?	1	2	3	4	5	
902	How are you satisfied with the respectfulness of the doctor or heath care provider who treat the child?	1	2	3	4	5	
903	How respectful service did you get from registration, reception, and administration rooms?	1	2	3	4	5	
II	**Communication/Interpersonal**						
904	How well did your health care provider answer your questions?	1	2	3	4	5	
905	How well did your health care provider clearly explain about the treatment to you?	1	2	3	4	5	
906	How much are you satisfied with the approach of service provider?	1	2	3	4	5	
III	**Access**						
907	How easy was it to access the services you received?	1	2	3	4	5	
908	How easy was it to reach at this facility?	1	2	3	4	5	
909	How were you satisfied with the social support you got from your husband and/or others to make the child treated?	1	2	3	4	5	
910	How are you satisfied with easiness and the time it took to be registered or to get the child's chart?	1	2	3	4	5	
911	After the child was registered, how are you satisfied on the time you had to wait in the waiting room?	1	2	3	4	5	
912	How much are you satisfied with the affordability of the medical cost?	1	2	3	4	5	
IV	**Treatment**						
913	How were you satisfied with the ability of doctor/health care worker who treat the child?	1	2	3	4	5	
914	How the doctor/healthcare worker was careful to check everything when treating and examining?	1	2	3	4	5	
915	How much are you satisfied with the adequacy of	1	2	3	4	5	

	time dedicated to your child for examination?						
916	How much are you satisfied with the treatment/drugs given?	1	2	3	4	5	
917	How much are you satisfied with counseling services received on how to give medicine to child?	1	2	3	4	5	
918	How much are you satisfied with counseling services received on home care for the child including child's feeding?	1	2	3	4	5	
919	How much are you satisfied with the given date of appointment to be back at health facility?	1	2	3	4	5	
V	**Preventative Care/Health**						
921	How well the health care provider advised you about child immunization?	1	2	3	4	5	
922	How well the health care provider advised you about child feeding?	1	2	3	4	5	

Section XII: Health care providers' socio-demographic characteristics, experiences, and IMNCI related questions

Code No	Question	Response	Remark
	Part A. General information for identification of the setting		
1201	Date of interview	_____	
1202	Woreda		
1203	Facility Name	_____	
1204	CODE of the Health care provider who are currently on daily duty in under five OPD/clinic ****The code should be: Facility name / M or F (explaining sex) / Initials of health care provider's first and middle name in English*	_____/___/___/___.	
	Part B. Socio-demographic characteristics		
1205	Sex of the health care provider?	1. Male 2. Female	
1207	What is your age?	_____years	
1208	What is your Marital status?	1. Single 2. Married/cohabited 3. Divorced 4. Widowed 5. Other, specify _____	
1209	How many children do you have?	_____	
1210	What is your Religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5. Other, specify _____	
1211	What is your field of study (qualification) in health?	1. Clinical Nurse (Diploma level) 2. BSc Nurse 3. MSc Nurse	

		4. Public Health Officer 5. General Practitioner 6. Other, specify _____	
1212	Where did you study the recent qualification in health	_____	
1213	In which academic program did you attend your study for the recent qualification?	1. Regular program 2. Extension program	
1214	What is your highest level of Education?	1. Diploma 2. First degree (BSc degree, MD) 3. Second degree (Master/speciality) 4. Other, specify _____	
Part C: Work experience and IMNCI related questions			
1215 A	What is your total year of experience in health?	_____years and _____months	
1215 B	What is your total year of experience in < 5 OPD ?	_____years and _____months	
1216	How are you assigned in under five OPD on the regular working hour?	1. Through Rotation 2. Regularly Appointed 3. Neither Rotation nor regularly	
1217	What other responsibility do you have?	_____	
1218	For how long did you serve on the responsibility?	_____ year _____months	
1219	Did you get IMNCI training during your study (Pre service training)	1. Yes 2. No	
1220	Have you ever got IMNCI training after employment (**in service training**)?	1. Yes 2. No	If Q1220= 2, skip to 1222
1221	When did you take the recent **in service** IMNCI training? ******If s/he does not remember the month or the year, enter "-99"***	_____Month, _____year in EC	
1222	Which of the following diagnostic methods do you use for childhood pneumonia? ******Multiple answer is possible***	1. Using IMNCI guideline 2. Laboratory tests 3. Imagic: Using chest X-ray or U/S 4. Pulse Oximetry 5. Other, specify _____	
1223	How consistently have you used the IMNCI guideline/chart to assess and treat under five children?	1. Always 2. Sometimes 3. Not at all	If 1223=3, skip to 1229
1224	How do you describe the user friendliness of the IMNCI guideline for you?	1. It is user friendly 2. It is not user friendly	
1225	What challenges/limitations have you encountered when you were using IMNCI guideline?	1. No challenge/limitation 2. Time consuming 3. It is tedious 4. Not easily understood to apply the guideline 5. Interrupted or lack of supplies (drugs, chart booklet, registration books..)	

		6. Others, specify _____	
1226	How do you describe the relevance of using the IMNCI guideline?	_____	
1227	From your point view, what do you say about the effect/contribution of using the IMNCI guideline on **quality** of care in the management of common childhood illnesses?	1. High 2. Moderate 3. Low 4. No contribution 5. Difficult to explain its contribution	
1228	Does using IMNCI guideline increases your confidence and skills in the management of common childhood illnesses?	1. Yes 2. No	
1229	Have you got a supportive supervision particularly in under five OPD/clinic?	1. Yes 2. No	If 1229 =2, skip to 1233
1230	Have you been given **IMNCI specific** feedback from your supervisor/ supervisory team?	1. Yes 2. No	
1231	How long has it been in months when you got the recent feedback? ******If s/he does not remember the month or the year, enter "-99"***	_____	
1232	Which supervisory team gave the recent IMNCI specific feedback?	1. A supervisor/ supervisory team from this facility 2. A supervisor/ supervisory team from woreda health office 3. A supervisor/ supervisory team from Zonal health department 4. A supervisor/ supervisory team from none governmental organization 5. A supervisor/ supervisory team mixed from this facility and woreda health office 6. Other, specify: _____	
1233	In your perspective, how you describe the case load/case flow in this facility particularly in under five OPD/clinic?	1. High 2. Moderate 3. Low	
HCP awareness assessment questions			
1234	What are the four main symptoms for which every sick child should be checked?	1. Malnutrition, cough, vitamin A, ear problems 2. Anemia, fever, diarrhea, ear problem 3. Cough, diarrhea, malnutrition, ear problem 4. Cough, diarrhea, fever, ear problem 5. Don't know	
1235	Could a young infant <u>without</u> cough have "pneumonia" classification?	1. Yes 2. No	
1236	Which of the following is/are **<u>not</u>** danger signs in sick under five children?	1. Unable to drink/feed 2. Severe cough 3. Convulsions 4. Any vomiting 5. Lethargy /unconsciousness	

		6. Bloody stools 7. All are danger signs	
1237	In which of the following scenario a sick child has **no** fast breathing?	1. A five month child whose RR is 60 bpm 2. A six week child whose RR is 58 bpm 3. A 36 month child whose RR is 42 bpm	
1238	Using the IMNCI chart booklet, if child's classification is the one which is found in "Yellow color", what should be your management?	1. Refer to the next facility level without providing pre-referral drug 2. Refer to the next facility level after providing pre-referral drug 3. Treat as out-patient at health center level 4. Only provision of counseling is enough	
1239	What is the shortest possible time that you should council a mother of sick child about when to return a child to a facility?	1. On the regular appointment date assigned for each classification 2. For vaccination 3. When they observe sign of severity	
1240	Which assessment is/are highly affected if a child **is not** in calm state?	1. Chest indrawing 2. Strider 3. Breathing rate (RR) 4. 1 and 3 5. All	
1241	Strider is an abnormal breathing sound during exhalation (breaths out)?	1. True 2. False	
1242	Any chest indrawing in young infant pathological?	1. True 2. False	
1243	Which of the following sign **does not** used for severe classification	1. Severe chest indrawing 2. Strider 3. Any danger sign 4. None	

Section XIII: Facility Audit

Would you please complete the following data by asking and observing as necessary

Code No	Question	Response	Remark
1301	Facility Name	_____	
1302	Date of interview	_____/_____/____	
1303	Facility setting	1. Urban 2. Rural	
1304	Does the health facility and district health office found at the same place?	1. Yes 2. No	
1304	Total number of health professionals	_____	
1305	How many HCP are there by profession?	1. General practitioner _____ 2. Public health officer _____ 3. BSc Nurse _____ 4. Clinical Nurse _____ 5. Pharmacy _____	

		6. Laboratory _____ 7. Midwifery _____ 8. Total HCPs _____	
1306	How many health professionals, who took In-service IMNCI training, are there in this facility? ***__Write zero if there is no trained professional__	_____	
1307	How health professionals are routinely assigned in under five OPD?	1. Regularly Assigned 2. Rotation	
130713 32	Who are assigned in under five OPD in regular duty?	1. Only IMNCI trained 2. IMNCI trained but any can be assigned when no trained person 3. Any HCP Irrespective of Training	
1308	Is there an institutional policy that enforce to use the guideline?	1. Yes 2. No	
1309	Is there a performance monitoring team (PMT) in this facility?	1. Yes 2. No 3. Don't know	If Q1309= 2 or 3, skip to Q 1312
1310	Have the PMT gave you **IMNCI specific** feed back?	1. Yes 2. No 3. Don't know/don't remember	If Q1310= 2 or 3, skip to Q 1312
1311	How many times has the team gave you **IMNCI specific** feed back in the last one year?	_____	
1312	Has the facility undergone a review meeting at facility level?	1. Yes 2. No 3. Don't know/don't remember	
1313	Has supervisory team at woreda health office or zonal or regional health bureau undergone a supportive supervision in this facility?	1. Yes 2. No 3. Don't know/don't remember	If Q1313=2 or 3, skip to Q1317
1314	If yes, when was the recent supportive supervision conducted?	_____/_____ (Month/year)	
1315	Has supervisory team or a supervisor from the woreda health office and/or Zonal or regional health bureau gave you **IMNCI specific** feed back in the last one year?	1. Yes 2. No 3. Don't know/don't remember	If Q1315=2 or 3, skip to Q1317
1316	Was the **IMNCI specific** feed back in written form?	1. Yes, observed 2. Yes, but not observed 3. Not written, it is only oral 4. Don't know/don't remember	
1317	Is there the IMNCI chart? ***__***Please confirm through observation***__	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	If 3, skip to 319
1318	Does the chart booklet is the revised one (2021)?	1. Yes 2. No	
1319	Is there IMNCI Registration for children birth up to 2 months?	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD	

	(*Please confirm through observation***	3. No	
1320	Is there IMNCI Registration for children aged 2-59 months? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1321	Is there a timer or watch? **(Please confirm through observation)**	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1322	Is there a functional Thermometer? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1323	Is there a measuring tape for MUAC measurement? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1324	Is there a functional weighting scale for children? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1325	Is there a height measurement? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1326	Is there a functional stethoscope? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1327	Is there a functional pulse Oximeter? ******Please confirm through observation***	1. Yes in <5 OPD 2. Yes in facility but not in <5 OPD 3. No	
1328	Which of the following drugs are available in this facility now? ******Please confirm through observation***	1. Amoxicillin 125 mg dispersible tablet (DT) 2. Amoxicillin 250 mg dispersible tablet 3. Amoxicillin 125 mg syrup/dry suspension 4. Amoxicillin 250 mg syrup/dry suspension 5. Ampicillin injection 6. Gentamicin injection 7. Cotrimoxazole syrup/tablet 8. Ceftriaxone 9. Paracetamol syrup/suppository	
1329	Which of the above currently available drugs have been stock-out in the last three months?	1. Amoxicillin 125 mg dispersible tablet (DT) 2. Amoxicillin 250 mg dispersible tablet 3. Amoxicillin 125 mg syrup/dry suspension 4. Amoxicillin 250 mg syrup/dry suspension 5. Ampicillin injection 6. Gentamicin injection 7. Cotrimoxazole syrup/tablet 8. Ceftriaxone 9. Paracetamol syrup/suppository	

1330	Is there syringe with needle?	1. Yes 2. No	
1331	Is there an oxygen source in this facility? ******Please confirm through observation***	1. Yes 2. No	
1332	Considering the last three months report, what is the average monthly case load in under five OPD in this facility?	_____	
1333	How you describe the case flow of the last three months?	1. Low 2. Medium 3. High	