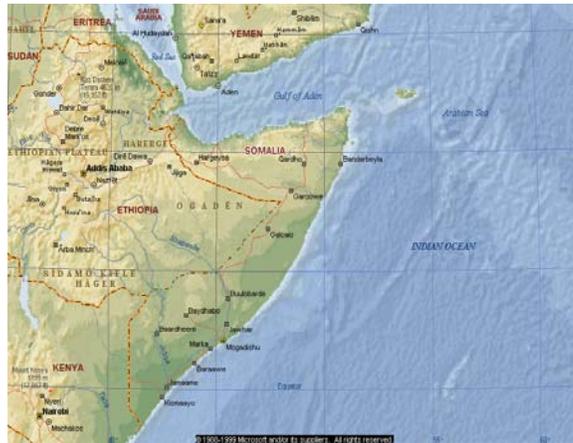


# World Vision Somalia

## Middle Jubba, Somalia



# Knowledge, Practice and Coverage Survey Report

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## **List of abbreviations**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CDC</b>	Center for Disease Control
<b>CHW</b>	Community Health Worker
<b>CI</b>	Confidence Interval
<b>DFID</b>	Department For International Development
<b>EPI</b>	Expanded Program on Immunization
<b>HIV</b>	Human Immuno-deficiency Virus
<b>MCH</b>	Maternal and Child Health
<b>MICS</b>	Multiple Indicators Clustered Survey
<b>OPD</b>	Out Patient Department
<b>ORT</b>	Oral Rehydration Therapy
<b>PHC</b>	Primary Health Care
<b>PVO</b>	Private Voluntary Organization
<b>SSS</b>	Salt, Sugar Solution
<b>TBA</b>	Traditional Birth Attendants
<b>TT</b>	Tetanus Toxoid
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United State Agency for International Development
<b>VHC</b>	Village Health Committee
<b>WHO</b>	World Health Organization

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## **1. Background**

Somalia has seen one of worst political disturbances and civil war in recent history. The war resulted in loss of thousands of lives, complete disruption of social system and destruction of all social infrastructures. This was seen in massive starvation in the early days of 1991-93. People were dying on the streets due to diseases and starvation. UN and other governmental agencies intervened in an emergency relief program. This massive intervention saved a lot of life.

WV with funds from DFID and UNICEF intervened in a Primary Health Care Program in Middle Jubba region in 1996 as to respond to the effect of war. The severe flooding of late 1997 worsened the situation in the region. The Primary Health Care Program consisted of provision of curative services in a Health center in Bualle, maternal and child health care, training of Community Health Workers and Traditional Birth Attendants, support to health posts in the villages, community health education and vaccinations. As of now the project has trained 39 CHWs, 39 Village Health Committees, and 89 Traditional Birth Attendants (TBAs). These trained community health volunteers are serving about 64 villages in Bualle district. An MCH/OPD is located in Bualle town with trained qualified health professionals. The center serves as a referral for complicated maternity cases from the TBAs or difficult medical cases from the CHWs.

In initial phase of World Vision intervention global acute malnutrition rate was very high as high as 32.4% in 1997. With the interventions put in place this was brought down to 14.2% in 2000. There were reports of outbreak of infectious diseases such as measles and cholera and mortality was high. All such emergency reports have since settled down remarkably after four years of integrated programming.

However, as the intervention was started as an emergency there was no real baseline data to compare impact of activities. The only surveys and evaluation done in the past were related to nutritional status of children and immunization coverage. As the region becomes more stable, it is therefore imperative to have a more comprehensive data that will help in measuring success of present program activities and serve as baseline for future programming in the area especially as it relates to child and mother health.

## **2. Objectives**

1. To assess the knowledge and practice of mothers using standard child survival indicators.
2. To evaluate the coverage of specific activities such as immunization.
3. To evaluate the training and knowledge of community health volunteers.
4. To use the results obtained as baseline indicators for future programming and designing of training program.
5. To evaluate the nutritional status of children in Bualle district.

### **3. Methodology**

The survey methodology involved both qualitative and quantitative data collection. The qualitative data was collected by interviews with the trained Community Health Volunteers including VHCs, CHWs and TBAs. The objective was to identify the training received by the volunteers, their knowledge and practice and what they think will be ways to sustain activities in their communities in the future.

The quantitative data involved administration of questionnaire to assess knowledge, Practice and Coverage of mothers with children less than 24 months. The questionnaire was used to collect information on the knowledge and practices of mothers on issues related to child health care and coverage of specific activities such as assistance during childbirth and immunizations. The nutritional status of children was also assessed by measuring the weights and heights of 6 to 59 months old children. This will serve as a follow-up to the one done in July 2000.

#### **3.1 Study Population**

Bualle district has an estimated total population of 52,580 and 8,939 children less than five years (using indicator that 17% of the general population is under five years). The population figures were correlated to the figures being used in EPI and Community based PHC activities and figures from CHWs and local authorities. Sometime in November 2000, a lone gunman killed in Bualle town three respected elders from three villages outside Bualle town. This has resulted in a very high security tension that these villages were no longer accessible to anybody from Bualle town including project staff. For that reason the survey team could not visit these three villages and six other neighboring communities. These villages were subsequently excluded from sampling methods. These villages included Manane, Shangani, Hurufle, Farbitow, Washan, Afgoye, Bidi and Dhonkal. The sample size and clustering was then calculated based on a population of 38,771.

#### **3.2 Survey Design**

The design of the survey follows the USAID Rapid Knowledge, Practice and Knowledge Survey methodology for PVO Child Survival projects. The sample size was calculated based on the WHO/UNICEF established sample size of 300 for such surveys.

WHO EPI and CDD 30-cluster sampling methodology was used to select 30 clusters randomly selected from a list of all the villages and sections of Bualle written in alphabetical order. The Bualle town was split into four recognized sections. At least one VHC member from the selected communities was interviewed. The choice of who to interview was based on the member present. Where more than one member was present they were interviewed as a group using the questionnaires developed for Community Health Volunteers. The CHW and TBA resident in the same community was also interviewed separately using the same questionnaire.

The anthropometric/nutritional component of the survey, the sample size was calculated based on the following epidemiological formula.

$$n = \frac{t^2(pq)}{d^2} \times df$$

where n = sample size

t = error risk taken at 95% = 1.96

p = prevalence of malnutrition taken as 15% (0.15) based on previous survey don in July 2000

q = proportion of non malnourished taken as 100-p = 1-p =(1-0.15)

d = degree of precision taken as 4% (0.04)

df = design effect taken as 2

It follows that

$$n = \frac{1.96 \times 1.96 \times 0.15 \times 0.85}{0.04 \times 0.04} \times 2$$

$$n = 612$$

The sample size was calculated to be 612. The total population was 38,771. The clustering interval was calculated by dividing the total population by the number of clusters (38,771/30). This was found to be 1,292. The first random number was 129. By using the sampling interval a total of 30 clusters were chosen. Ten of the clusters were from Bualle town while the rest 20 clusters were from the villages.

### 3.3 Questionnaires

The questionnaires for interviewing mothers were adopted from USAID Rapid KPC survey questionnaires and modified to suit the project needs. Another questionnaire was developed for the Community Health Volunteers. These were then translated into Somalia language by one of the Somali health Staff, Dr. Abdi Moalim Ali and were retranslated into English by other health staff to verify that the meaning of the questionnaires was retained. Adequate corrections were made during the translations and re-translation. The KPC questionnaire consisted of the following parts: Demographic and educational data; Breastfeeding and nutrition; Diarrheal diseases; Respiratory illness; Malaria; immunizations; Maternal Care; Health Posts and HIV/AIDS. While the questionnaire for the community health volunteer consisted of 12 questions exploring the time they were trained, refresher courses received, impact of the project in their communities and their suggestions for future sustenance of program in their communities.

### 3.4 Training of interviewers and supervisors

The Health Program Coordinator served as the principal facilitator in the training of participants and was assisted by nutritionist from FSAU and the Health Officer. WV Somalia Health staff, who have participated in previous nutritional surveys were selected and given a four-day training. The training covered the difference between monitoring and evaluation, dimensions of evaluations, and methods of evaluation. Other topics included what is a survey, the objectives of a survey, methodology of cluster selection, how to select households for interview in the community, the good ways of conducting interviews and tallying of results. During the training the survey questionnaires was tested in a nearby village of Tetey. Each of the participants administered at least three questionnaires. The questionnaires were then modified where the communities did not understand the questions. The information collected from the trial was not included in the analysis of the results.

### **3.5 Data collection**

The data collection was done between 13 and 20 January. There were two teams consisting of six team members and one team leader. The primary role of the team leader was to contact the community leaders on arrival in the villages determine the center of the village and randomly select the first household to be visited. It was also his duty to cross check all interview questionnaires administered, determine the correctness and completeness of the interview. If any error is detected then the interviewer was requested to go back to the household and correct the error. The team leader also administered the community health volunteer questionnaire to the VHC, CHW and TBA present in the communities where any existed. It will be recalled that not all villages had VHC or CHW or TBA. The interviewers paired up in administering the questionnaires. This ensured that questions were administered correctly to the mothers. The questions were read out or explained to the mothers while the responses the mother gives is then ticked in the questions. The answers were read out to the mothers only in questions 15-17. In all other questions the mother gave an answer which is ticked on the responses nearest to her answer. The data collection was supervised by the PHC Coordinator, the expatriate Health Officer, two expatriate Nutritionist from FSAU, (who were visiting the program at the time and participated in the training) and the Health Coordinator.

After the data collection, two days were spent in tallying the interview results manually. One of the objectives of the survey was to be used in training of the local health staff. So, participation in the tallying of data helped them in fully understanding how the results were analyzed. The Health Coordinator analyzed the tallied results and wrote up the report.

For the anthropometric survey, children between the ages of 6 months and 59 months were evaluated measuring their weights and heights. Children whose ages were not known but their heights were between 65 to 110 cm were included. Children who were less than 2 years or whose lengths were less than 85 cm were measured lying down while those who were more than 2 years or whose heights were equal or more than 85 cm were measured standing up. A total of 643 children were screened for weight, height and presence of edema. The results were analyzed manually using CDC/WHO weight-for-height reference chart.

### 3.6 Definition of concepts

*Malnutrition* is defined with reference to deviation from the median weight-for-height from the CDC/WHO reference population. Thus, Acute malnutrition is classified as:

- *Global acute malnutrition*: defined as the percentage of children with weight-for-height below two standard deviation units and/or oedema present. This includes all children with weight-for-height less than -2Z score, all children with weight-for-height less than -3Z score and children with edema.

-*Severe acute malnutrition*: defined as the percentage of children with weight-for-height below three standard deviation units and/or oedema present.

*Vaccinations drop out rate*. This is the proportion of children who received the first dose of DPT but did not receive the third dose expressed as a percentage of the first dose. This is calculated by subtracting the number of children who received DPT3 from the number of children who received DPT1 and divide the resulting figure by the number of children who received DPT1 multiplied by 100.

$$\text{Dropout rate} = [(\# \text{DPT1} - \# \text{DPT3}) / \# \text{DPT1}] * 100$$

*Full or complete immunization*: These are children who received all doses of vaccines including BCG, DPT1, OPV1, DPT2, OPV2, DPT3, OPV3 and measles vaccines.

## 4. Results

### 4.1 Demographic

#### Q1. Age of mother

The majority of the respondent mothers were in the age bracket of 21-30 years 58% (n=173) while 19% (n=56) were 12-20 years and 22% (n=67) were between 31- 40 years of age. Only four (1%) mothers were more than 40 years.

#### Q2. Age of the child

The age distribution of the children were almost even among the four age grouping showing the following: 0-5months 31% (n=94), 6-11 months 23% (n=70), 12 - 17 months 25% (n=75) and 18-23 months 21% (61).

### 4.2 Mothers' Education and occupation history

#### Q3. Mothers education

Majority of the mothers' interviewed never went to school accounting for 91% (273) of the total.

Level of education	Number (Percentage)
None	273 (91)

Primary cannot read	19 (6)
Primary can read	6 (2)
Secondary and higher	2 (1)
<b>Total</b>	<b>300 (100)</b>

#### Q4. Mother working away

When asked the question do you work outside your home, 58% (173) admitted they work outside their home while the other 42% (127) do not do any work outside their home.

Response	Number of respondent (percent)
Yes	173 (58)
No	127 (42)

#### Q5. Income generating activities

About 127 (42%) said they were doing no income generating activities while the rest 173 (58%) were doing some type of income generating activities. The following were some of the activities they were doing. Some of them reported doing more than one activity.

Income generating activity	Break down (percentage)
Nothing	127 (33)
Handicraft, weaving, rugs, etc	100 (26)
Harvesting, fruit picker	101 (26)
Selling agricultural products	38 (10)
Selling foods, dairy products	14 (3)
Servant/household services	1 (0.2)
Shopkeeper, street vendor	7 (2)
Salaried worker	0 (0)
Other (specify)	1 (0.2)

Q6. The following people were reported to take care of the child when the mother is away from the house.

Details of caregiver	Break down (percentage)
Mother takes child with her	108 (28)
Husband/partner	25 (6)
Older children	151 (39)
Relatives/parents	84 (22)
Nursery school/creech	2 (0.5)
Neighbours/friends	11 (3)
Housemaid	5 (1.3)

#### 4.3 Breastfeeding/Nutrition module

Q7. 255 (85%) of the mothers reported they were breastfeeding their child. The other 45 (15%) were no longer breastfeeding.

Q8. All of the 45 mothers who were no longer breastfeeding reported having breastfed their children.

Q9. Initiation of breastfeeding

<b>Breastfeeding practice</b>	<b>Number</b>	<b>(percentage)</b>
During first hour of birth	26	(9)
Between 1 -8 hours	109	(36)
More than 8 hours	159	(53)
Could not remember	6	(2)

Q10 Nutritional practices

<b>Type of food or fluid given</b>	<b>Yes (percentage)</b>	<b>No (percentage)</b>
Water (or herbal teas)	277 (92%)	23 (8)
Milk	249 (83)	51 (17)
Semisolid (porridge)	186 (62)	114 (38)
Fruits	159 (53)	141 (47)
Green vegetables	138 (46)	162 (54)
Meat or fish	156 (52)	144 (48)
Vegetable protein (e.g. beans)	157 (52)	143 (48)
Honey or sugar	243 (81)	57 (19)
Fat or Oil	218 (73)	82 (27)

**Q11. Knowledge on weaning practices**

In general 20% of mothers reported they will start adding food to breastfeeding before the child is 4 months while a 55% does not know that a child needs additional food between 4-6 months.

<b>Age at starting food</b>	<b>Number (percentage)</b>
Before 4 months	60 (20)
Between 4 - 6 months	74 (25)
About six months	61 (20)
Later than 6 months	95 (32)
Did not know	10 (3)

Q12. Time of stopping breastfeeding

<b>Age of stopping breastfeeding</b>	<b>Number (percentage)</b>
--------------------------------------	----------------------------

Did not know	4 (1)
After 6 months	4 (1)
At 1 year of age	16 (5)
At 18 months	32 (11)
At 2 years	242 (81)
Others specify: 3 years	2 (0.6)

Q13. Foods containing Vitamin A

Type of food	Number (percentage)
Green leafy vegetables	71 (17)
Yellow type fruits	49 (11)
Meat/fish	70 (17)
Breast milk	32 (8)
Egg yolk	37 (9)
Did not know	160 (38)

#### 4.4 Diarrheal Diseases module

Q14. 73 (24%) of mothers surveyed reported the child had diarrhea within two weeks prior to the survey.

Q15. Of the 73 children with diarrhea during the last two weeks prior to the survey, 70 were still breastfeeding.

Breastfeeding during diarrhea episode	Number (percentage)
More breast milk given	21 (29)
Same as usual	23 (31)
Less than usual	15 (21)
Stopped completely breastfeeding	11 (15)
Child no longer breastfeeding	3 (4)

Q16. Other fluids given during diarrhea episode

Other fluids given during diarrhea episode	Number (percentage)
More than usual	31 (43)
Same as usual	25 (32)
Less than usual	13 (18)
Stopped completely all fluids	3 (5)
Exclusively breast feeding	1 (2)

Q17. Solid or semisolid food offered during diarrhea episode

Semisolid/Solid food given during diarrhea episode	Number (percentage)
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More than usual	14 (19)
Same as usual	33 (45)
Less than usual	12 (16)
Stopped completely all food	12 (16)
Exclusively breast feeding	2 (3)

Q18. Treatment during diarrhea

<b>Treatment given</b>	<b>Frequency (percentage)</b>
Sachet ORS	18 (21)
Sugar Salt solution (SSS)	10 (12)
Cereal based ORT	2 (2)
Infusions or other home available fluid	1 (1)
Antidiarrhea medicine or antibiotics	16 (19)
Others: Soar milk	5 (6)
Herbs	1 (1)
Nothing	33 (38)

Q19. Of the 73 mothers who had children with diarrhea two weeks prior to survey, 23 (31%) sought one form of medical advice or treatment.

Q20. The following were places contacted for health advice during child's episode of diarrhea.

<b>Source of treatment</b>	<b>Number (percentage)</b>
Hospital	1 (4)
Health center/post	10 (38)
Private clinic	1 (4)
Pharmacy	0 (0)
CHW	9 (35)
Traditional healer	1 (4)
TBA	3 (11)
Relatives and Friends	0 (0)
Others:	1 (4)

Q 21. Knowledge of important actions to be taken in event of diarrhea.

<b>Important actions to be taken in diarrhea</b>	<b>Number (percentage)</b>
Initiate fluids rapidly	103 (23)
More drink than usual	57 (13)
Smaller frequent feeds	29 (6)
Proper mixing and administration of ORS	103 (23)
Take to hospital or health center	45 (10)
Feed more after diarrhea episode to regain weight	21 (5)

Withhold fluids	2 (0.4)
Withhold foods	2 (0.4)
Others: Soared milk	3 (1)
Coconut water	2 (0.4)
Reading of Koran	7 (2)
Local herbs	2 (0.4)
Others not specified	15 (3)
Did not know	60 (13)

Q 22. Knowledge of actions to be taken when a child is recovery of diarrhea

<b>Actions to be taken when child is recovery from diarrhea</b>	<b>Number (percentage)</b>
More frequent feeds	143 (47)
More foods than usual	35 (11)
Foods with high caloric content	30 (10)
Other: ORS	3 (1)
Did not know	94 (31)

#### 4.5 Respiratory illness module

Q 23. 70 mothers (23%) reported that their child had cough or difficult breathing in the last two weeks.

Q. 24. Of 70 mothers who answered yes to question 23, 41 (59%) indicated that the child had difficult breathing.

Q25. 51 % of the mothers (21) that had children with difficult breathing sought treatment for their child.

Q26. The following were places where medical assistance was sought

<b>Source of treatment</b>	<b>Number (percentage)</b>
Hospital	0 (0)
Health center/post	10 (38)
Private clinic	1 (4)
CHW	5 (19)
TBA	2 (8)
Traditional healer	7 (27)
Pharmacy/shopkeeper	1 (4)
Relatives and Friends	0 (0)

Q27. Signs and or symptoms of respiratory infection that would cause the mother to take child to a health facility

<b>Signs or symptoms</b>	<b>Number (percentage)</b>
Did not know	48 (7)
Fast or difficult breathing	174 (26)
Chest in-drawing	103 (15)
Loss of appetite	25 (4)
Fever	143 (21)
Cough	171 (26)
Other: catarrh	5 (1)
Other not specified	2 (0.3)

#### **4.6 Malaria module**

Q28. 95 out of 300 mothers (32%) reported that their child had fever (malaria) in two weeks prior the survey.

Q29. Treatment practices for malaria case

<b>Actions taken when child had fever</b>	<b>Number (percentage)</b>
Gave child anti-malaria at home	50 (43)
Gave traditional herbal medicine at home	18 (15)
Gave antibiotics at home	8 (7)
Took child to health center/clinic	13 (11)
Took child to hospital	3 (3)
Took child to private Pharmacy	3 (3)
Treated from trained CHW	16 (14)
Did nothing	5 (4)

Q30. Knowledge of malaria prevention measures

<b>Malaria preventive actions</b>	<b>Number (percentage)</b>
Burn grasses around the house	120 (5)
Use of mosquito net	229 (53)
Use mosquito sprays	24 (6)
Clean the environment	36 (8)
Did not know	20 (5)

#### **4.7 Immunizations module**

Q31. 74% of the children (222) were reported to have been vaccinated.

Q32. Only 19% (58) of the mothers knew that a child should be vaccinated at 9 months. Another 2% (5) reported the child should be vaccinated at 6 months. The rest 79% (234) could not say any time a child should be vaccinated against measles.

Q33. Knowledge on why tetanus toxoid vaccination is given to pregnant mothers

Reason for TT vaccination to pregnant mothers	Numbers (percentage)
Protect both mother and newborn against tetanus	162 (54)
Protect only the woman	35 (12)
Protect only the newborn	7 (2)
Did not know	96 (32)

Q34 Knowledge of number of TT a woman needs for protection

In sum 43% of the mothers knew that a pregnant woman needs at least two TT injections to protect the newborn infant from tetanus.

# TT injections a pregnant woman needs for protection	Number (percent)
One	39 (13)
Two	84 (28)
More than two	46 (15)
None	10 (4)
Did not know	121 (40)

Q35. 50% of the mothers reported having an immunization card for the child while 24% of the mothers have lost their cards. The rest 26 percent never had a card. In other words, 150 out of 222 children (68%) who have ever been vaccinated, retained their card while the other 72 (32%) had lost their cards.

Q36.

Vaccinations	12 - 23 months*
BCG	93/136 (68.4%)
Polio1	93/136 (68.4%)
Polio2	77/136 (56.6%)
Polio3	57/136 (41.9%)
DPT1	93/136 (68.4%)
DPT2	77/136 (56.6%)
DPT3	57/136 (41.9%)
Measles	84/136 (61.8%)
Full immunization	57/136 (41.9%)
Partial immunization	43/136 (26.5%)

\* Total number of children who were 12 - 23 months during the survey were 136 children

#### 4.7 Maternal Care module

Q37. Possession of maternal cards.

22% (66) of the mothers had a form of card for the mother. Another 21% (63) had lost their cards while 57% (171) never had any.

Q 38. TT immunizations

51 out of the 66 mothers (77%) who reported having a card received two or more TT vaccination. Another 14 (21%) received one dose while two (1%) received none.

Q39. 14% of the cards were maternal health card that had place to record antenatal visits while the rest 86% was only vaccination cards.

Q40. Of the 9 mothers with records for antenatal visits 8 (89%) visited the clinic more than two times before the birth of their children. It should be noted that it is only in Bualle town that there is a possibility for antenatal visits' records. The TBAs in the villages do not give out antenatal cards.

Q41. 35 (12%) of the respondents were pregnant at the time of the survey while the rest 264 (88%) were not pregnant and were candidates for contraceptives use.

Q42. 117 (44%) did not desire to have another child in the next two years while 145 (55%) desired to have a child in the next two years.

Q43. 85% of the mothers who did desire any child in the next two years were not using any form of contraceptives. The other 15% were practicing one thing or the other to prevent or postpone pregnancy.

Q44. Only one person out of the 18 persons (6%) using any form of contraception was using any modern type of contraception. The other 17 (94%) were using traditional methods such as lactational amenorrhoea (83%) and abstinence (11%).

Q45. Knowledge of time to register in an antenatal clinic.

<b>First time to attend antenatal clinic</b>	<b>Number of response (percent)</b>
First trimester, 1-3 months	80 (27)
Middle of pregnancy, 4-6 months	67 (22)
Last trimester, 7-9months	51 (17)
No need to see a health worker	6 (2)
Did not know	96 (32)

Q46. Knowledge on food for prevention of pregnancy anaemia

<b>Food to prevent pregnancy anaemia</b>	<b>Number (percentage)</b>
Protein rich in iron (eggs, fish, meat)	150 (43)

Leafy green vegetables, rich in iron	90 (26)
Others: Milk	2 (0.6)
Others not specified	9 (3)
Did not know	97 (28)

**Q47. Practice of visiting health facility for antenatal or pregnancy care**

27% (80/300) of the mothers visited a health facility for antenatal during the pregnancy of their child. The other 73% (220/300) never visited any health facility for care. The antenatal is available in Bualle town while the mothers were to visit TBAs located in almost all the communities.

**Q48. Practice of feeding during pregnancy**

In sum 73% of the mothers reduced their food intake during pregnancy which exposes the child to be born with low birth weight.

<b>Amount of food eating during pregnancy</b>	<b>Number (percentage)</b>
More than usual	19 (6)
Same as usual	50 (17)
Less than usual	219 (73)
Did not know	12 (4)

**Q49. Assistance during delivery.**

88% (263/300) of the mothers were assisted during delivery by a trained TBA while the rest were assisted by others including family member 7% (21) and health professional 3% (10). 3 of mothers did not receive any assistance during their labor.

**4.8 Health Posts Module**

**Q50 Use of the health posts**

28% (85/300) of the respondents reported using or a member of their family was using the health post when they were sick. The other 72% (215/300) did not visit the health posts when they were sick.

**Q51.** Of the 85 people that visited the health posts during illness 75 (88%) received some treatment while the other 10 (12%) did not receive treatment.

Q52. The reasons for not receiving treatment included absence of CHW 3 (30%). Lack of drugs in the post 3 (30%); lack of money to pay for treatment 1(10%) and another 3 (30%) persons did not specify reasons.

#### 4.9 HIV/AIDS Module

Q53 103 (34%) of the mothers have heard about HIV/AIDS. The other 197 (66%) have never heard about HIV/AIDS.

Q54. Majority of the respondents 241 (75%) did not know how somebody can contract HIV/AIDS. The other respondents gave various means of contracting the infection including sexual relations 50 (16%), mother to the unborn baby 14 (4%), contact with blood 12 (4%), and eating together. One- percent (3) of the mothers did not believe in the existence of HIV/AIDS.

Q55 Knowledge on prevention of HIV/AIDS

Ways of prevention	Number of respondents (percent)
Having one sexual partner	45 (14)
Be careful with blood	9 (3)
Do not share razor blades	13 (4)
Did not know	246 (78)
Other: I do not believe	(1)

#### 4.10 Anthropometric measurement (Nutritional survey) module

Sex classification	Number	Percentage
Male	321	49.9
<b>Female</b>	<b>322</b>	<b>50.1</b>
<b>Total</b>	<b>643</b>	<b>100</b>

#### Weight-for - height

Normal	<-2z >-3z Score	<-3z Score	edema	Total	GAM	SAM
589	35	18	1	643	8.4 (CI: 5.4- 11.4)	3.0 (CI: 1-5)

### 5. Discussions and Recommendations

#### Demography

More than 50% of the mothers were in the age group of 21-30 years. There were 19% and 1% of the mothers who were less than 20 years and more than 40 years respectively. These groups are at greater risk of having more risks associated with pregnancy. The mothers more than 40 years have the tendency to have more pregnancies and thereby exposing them still to higher health risks.

The ages of the children were roughly equally distributed in the age grouping. About 46% of the children were 12 - 23 months

### **Education/Occupation**

Almost 97% of the mothers could not read nor write. Years of political instability have left the people not to attend school. The high illiteracy rate underscores the difficulties encountered in transmission and understanding of health messages. The mothers therefore cannot read any printed document and messages have to be transmitted through drawings, songs, dramas and dances.

More than half of the mothers referred they do some work outside their homes. Culturally in Somalia women are expected to be in homes and look after their children. However, with the economic hardship the women have to assist in home keeping especially in the farms. About 67% of the respondents reported they had one form of income generating activities. The work they mostly do included handcraft or harvesting. None of the women did any salaried work. This shows the lack of employment opportunities and rural nature of the area. There has been no government structure that can provide employment. About 15% of them are doing one form of trading or the other. They mostly sell agricultural products. This is mostly what is available in the area. Presently, there is no group doing any income generating programs.

The majority of the children are left with older children 39% or a relative (grandparents) 22% while the mother is away. There is therefore need to target this group in health education activities. To reach these groups, health education will need to be conducted at schools, health facilities and mosques as well as in the villages.

### **Breastfeeding and Nutrition**

All children were breastfed. This finding is a very good one indicating that there is no problem in accepting breastfeeding. The program will promote exclusive breastfeeding in the first 4-6 months of life and teach mothers to introduce other foods between 4 to 6 months. Most of the women did not give their children colostrum. This is linked to cultural believe that colostrum is not good for the baby and has to be expressed out. The training of the TBAs has included this topic and most of the TBAs are now accepting and teaching the mothers. The 45% of mothers who started breastfeeding in the 1-8 hours of delivery may be as a result of the health education in the communities and the advice of the TBAs. About 54% of children were less than one year of age. However, 85% of the children were still being breastfed, which implies that a large proportion of the children were breastfed beyond one year of age. The study did not show the

ages at which breastfeeding was stopped. However, 81% of the mothers reported they will stop breastfeeding when the child is 2 years while another 11% reported they will stop breastfeeding when child is 18 months. Very few, 7%, will stop breastfeeding before one year. The knowledge may not match practice because other factors might affect the practice such as another pregnancy, illness in the mother or the child. 45% of the mothers had a good knowledge to start adding other food to their child's diet from 4-6 months of age. The program will continue to teach the mothers in better feeding practices.

### **Diarrheal diseases**

About a quarter of the children had diarrhea two weeks prior to the survey. The main concern during diarrhea episodes is fluid loss leading to dehydration. The health education is to give enough fluids as to replace what is lost. 75% of the mothers have knowledge and practiced giving more fluid or same as usual during episodes of diarrhea. Only 5% stopped completely giving any fluid. The increase in knowledge can be assumed to have been achieved by the health education given to the mothers by the project activities. As many as 19% of the mothers reported they would give antibiotics or anti-diarrhea to a child with diarrhea. This requires a lot of education to change, as it is not recommended to give antibiotic or anti-diarrhea in children except if it is a confirmed bacterial diarrhea. However, many people still believe that antibiotic is necessary for the treatment of diarrhea diseases. Only 37% of the mothers gave ORT to their children during the diarrhea episode. This is low compared to their knowledge where 75% knew they should give more fluids. The health education sections will focus on this issue.

During the diarrhea episodes 31% of the mothers reported having sought one form of advice or the other. They sought advice mostly from the health clinic/post 38% or the CHW 35%. The CHWs are the only health providers in the health posts while only in the MCH/OPD where you have other health professionals. So, the answer of seeking health advice from a CHW or a health post may be the same answer. It is however, interesting to note that nobody sought advice for diarrhea from the pharmacies present in the Bualle town. This may be for the fact that the only health facility available in the villages is the health post and most of them do not have a private pharmacy. Only four percent sought medical assistance from traditional healer for diarrhea as compared to 27% that sought medical assistance from the traditional healers for rapid or difficult breathing. This may be explained by perception of the people that difficult respiratory problem may be associated by witches or are illness that can be explained or treated traditionally. The study however, did not go to details to find out why the difference in the practices.

The knowledge of the mothers on important actions to take during diarrhea episode showed that 34% of them (or 23% of responses) knew they should initiate fluid immediately and another 34% reported they will give well mixed ORS. 13% of the mothers did not know what to do if the child has a diarrhea. About 1% of them said they would withhold both food and fluids during diarrhea episode. This is a very bad knowledge and needs to be corrected through health education. Very small number 2 stated they would give herbs to the child during diarrhea.

### **Respiratory illness**

23% (70/300) of the mothers reported that their child had been with cough or difficult breathing in the last 2 weeks prior to the survey. Fifty-nine percent of those with cough experienced rapid or difficult breathing. It is known that the easiest way for a family to recognize pneumonia in a child is by watching the respiration. Any rapid respiration in child should be taken as a pneumonia and treatment sought immediately from a health worker. About half of the mothers practiced this knowledge and took their child for help. The places they sought help included health post 38%, traditional healer 27%, and community health worker 19%. It could be argued that mothers took respiratory infection to be more serious than diarrhea as more percentage of them sought for help for rapid breathing 51% than in diarrhea 31%. Moreover, traditional healers were the second most used for treatment of rapid or difficult respiration. This may be due to the perception of the communities that such illness is traditional in nature believing that an evil bird flew over the child while the child was asleep.

Fast breathing and cough were most common symptoms recognized that will make the mother to seek for medical assistance if the child falls sick with rapid or difficult respiration. Other symptoms included fever, chest in drawing, and loss of appetite. The health education on respiratory infections emphasizes fast breathing, chest-in-drawing and cough to be important symptoms that will make a mother take her child for treatment. The knowledge of the mothers seems to be improving gradually.

### **Malaria**

Thirty-two percent of the mothers reported that their child had malaria in the past two weeks prior to the survey. It is seen that malaria is most frequent cause of morbidity in the area. This is evidenced by the finding that incidence rates for malaria, diarrhea and respiratory infections were 32, 24, and 23 respectively. Among the mothers 43% gave malaria treatment at home, another 15% gave herbal medicines. It is amazing that only 11% took the child to the health post. The study did not determine where the mothers got the anti-malaria they gave in the house. Do they store anti-malaria in their homes? It would be interesting to determine that so that it could be something to build upon in future programs. However, most of the time the treatment given may not be adequate. The project malaria control strategy is early treatment of malaria as close to the family as possible. The health education provided is to take child to health post as soon as the child is identified to have fever. About one third of the children were treated in a health facility and only 4% of the children were not treated at all.

There is high knowledge of mosquito preventive measures. 95% of the mothers are using one form of malaria prevention method or the other. The use of mosquito nets for malaria prevention is the commonest accounting for 53%. This knowledge and practice could be built upon for a malaria control strategy using impregnated mosquito nets. The health education would be intensified for cleanliness of the environment as a malaria control measure as very few people identified it as a form of malaria control measure.

### **Immunization**

Seventy-four percent of all the children were reported to have received at least one dose of vaccine. Of this number, 32% (72/222) lost their card. The card retention is only about 68%. There is an improvement over what it used to be due to the continued health education. In July 2000 card lost was 48%.

The knowledge of the mothers on when a child should receive measles vaccination is very low. Only 19% of the mothers answered correctly that a child needs measles vaccine at 9 months while 54% knew that the TT vaccine is to protect both mother and child. A good proportion of the mothers (40%) did not know how many TT a pregnant mother needs to protect the newborn. The health education is gradually going in but at slow pace. The education level of the mothers is low and therefore their ability to assimilate what is being discussed is also very low. However, change in habit and attitude will only come by increase in knowledge, which can only be achieved by health education.

The full vaccination coverage continues to be at low 42%. But much higher than what it was in July 2000 which was 26%. The improvement in full vaccination coverage is due to improved planning and new strategy of doing three doses in a community before proceeding to another. However, the continued low full vaccination coverage is believed to be due to high mobility of the population. Most of the vaccination activities at the moment are done through mobile vaccination teams. A large proportion of the population is nomadic and moves from one area to another. Also there is weather and security difficulties that affect the number of times a mobile team can visit a village. During the raining season it is impossible to visit some of the villages due to poor road. On the other hand a little security concern may disrupt the plans to visit the villages. It is hoped that as the security improves and the planning improved, full vaccination coverage will be increased in the coming year.

### **Maternal care**

Maternal health services are provided by the MCH center in Bualle town while the TBAs attend to mothers in the villages without any health cards as the majority of the TBAs cannot read or write. They are not trained to issue cards to mothers. The cards that mothers in the villages do receive are vaccination cards issued to them. More than half of the mothers never had any form of card related to the mother while 21% of them had lost their cards. Of the number who had their cards 77% reported having received two or more doses and another 89% attended two or more antenatal visits. Very few of them had proper maternal health cards, which had space to record antenatal visits. Most others, 86%, did not have place to record the antenatal visits.

The knowledge and practice of modern family planning is very low. There is very high-unmet need for family planning. Only 15% of mothers who are not pregnant and do not desire pregnancy in the next two years are using any form of contraception. About 6% of these mothers, who were not pregnant and do not desire pregnancy in the next two years, were using a modern family planning method. The other 94% are using traditional methods of lactational amenorrhea and abstinence. This compares well with UNICEF finding in the recent MICS survey.

About a third of the mothers knew a pregnant woman needs to visit a health professional early in pregnancy, the first trimester, for the first time. Another third did not know when a mother needs a health professional for antenatal care for the first time. Twenty-seven percent of the mothers reported having attended antenatal care visit. This may be affected by the fact that health facility for antenatal care is only located in the Bualle MCH. The TBAs are trained to do antenatal care to the mothers but the mothers sometimes do not recognize this as antenatal care. The trained TBAs assisted majority of the deliveries, 88%. Very few 3% were assisted by health professionals. This shows that trained TBAs are available in the communities. The assistance by trained TBAs will ensure clean delivery thereby reducing complications of delivery.

Seventy three percent of the mothers reported they reduced their food intake during pregnancy. This is a traditional belief, which we believed followed the FGM practice. Due to FGM the external birth canal is drastically reduced in size and rigid. This results in high stillbirth especially if the child is big. The mothers then learn that small babies can easily be delivered and thereby reduction in food intake. The small babies are then exposed to risks of infection, malnutrition and deaths. This actually contributes to the chronic malnutrition of children as they are born with already nutrition deficient. Education on effects of FGM is being incorporated in the training of TBAs and CHWs and also during community health education. However, the results of the education will be noticed in many years to come when new children born will grow into adulthood.

### **Health Posts**

Fifty five percent of the villages where the survey was conducted had health posts including Bualle with MCH/OPD. This will help to explain why only 28% of the respondents visited the health posts in their last illness as almost fifty percent of them did not have health post in their communities. On the other hand the health posts are evenly distributed and located roughly 6-10 km from each village. The survey did not try to identify why they did not use the health posts. Future surveys would try to identify why. Moreover, 88% of those that visited were treated or received medicines. It is however worrying that the greatest reason for not receiving treatment is due to absence of CHW or lack of drugs from the health post. The absence of the CHW can be explained that the CHWs do not work every day of the week, as they still have to work in their farms. We will try to identify the cause of lack of drugs in the posts.

### **HIV/AIDS**

The knowledge on HIV/AIDS is very low among the mothers. Only 34% of the mothers reported having heard of HIV/AIDS. Three-quarters of them do not know any way in which the disease can be contracted. The same is manifested in knowledge on prevention of HIV/AIDS where 78% do not know any method of prevention. This clearly demonstrated the need for an intensified program on HIV/AIDS. The current health education provided in the health posts may not be enough as HIV prevalence is very high in the neighboring countries and many people are returning from refugee camp. At present there is low prevalence found in Somalia. However, the

harsh economic situation combined with high movement of people across the border will soon worsen the situation.

### **Anthropometric measures**

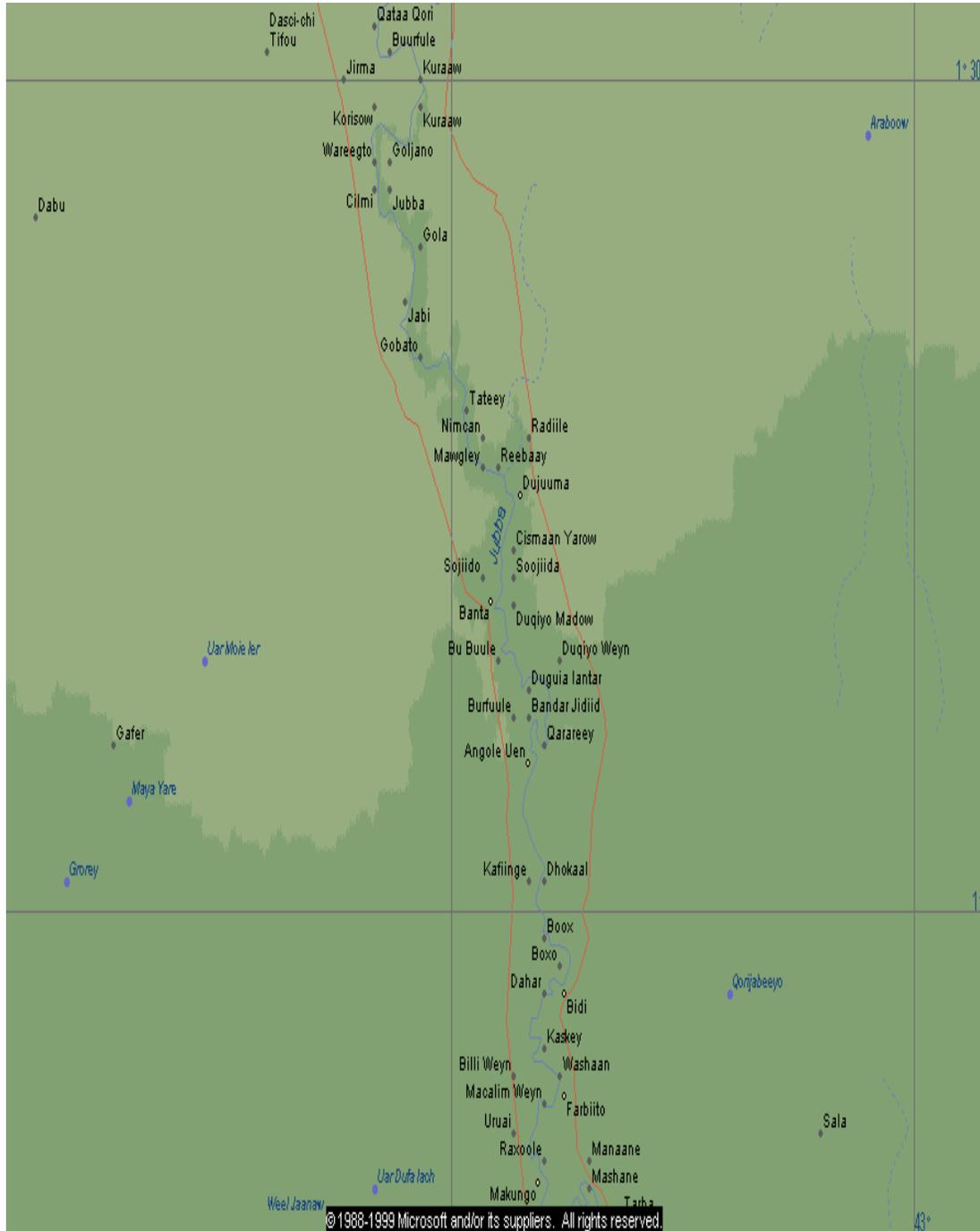
The anthropometric measures showed an apparent improvement over what it was in July 2000. The global acute malnutrition rate is 8.4% (CI: 5.4 - 11.4%) and severe acute malnutrition rate of 3.0% (CI: 1-5%) as compared respectively to 14.7% (CI: 11.5-17.9) and 4.7% (CI: 1.5 - 7.9%) found in July 2000. However, there is an overlap in the confidence interval (CI), which means there is no real change in the nutritional status. The apparent improvement may be due to the harvest received about three months previously and food distribution done also in the last four months that might have caused more food to be available in the area.

### **6. Conclusions**

The survey reveals knowledge and practices of mothers as it relate with health issues that affect the survival of a child. It is difficult to relate the positive knowledge demonstrated by the mothers to the impact of the PHC program in the area, as there was no previous study to show the difference. However, there was demonstrated increase in full vaccination coverage, which is directly related to the program activities. Moreover, considering the fact that most of the mothers interviewed were uneducated rural dwellers it could be argued that the knowledge demonstrated is directly related to the health education conducted in the communities. It should be remembered that change in habit takes time to be demonstrated. The greatest gain of the survey is that it has laid a baseline for future comparison.

**Annexes**

**Annex A: Map of Bualle District**



## **Annex B. Results of the Evaluation of the CHWs, TVAs and CHWs**

### **1. Evaluation of Community Health Workers**

#### **Q1. When were you trained (basic training)?**

##### **CHW**

A total of 12 Community Health Workers participated in the survey. Seven of them had been trained by WV program between 1996 and 2000. The other five were trained before 1996. One of them was trained in 1984.

##### **TBA**

A total of 24 TBAs were interviewed. Seven of them were trained in 2000. Another 8 did not remember their year of training. The rest were trained before WV started activities in the area.

##### **VHC**

Thirteen VHC members participated in the evaluation. All of them were trained between 1997 and 2000. Two of them were recently trained in August 2000.

#### **Q2. Tell us about what you learnt during this training.**

##### **CHW**

It was interesting to analysis their responses to this question. Majority of them responded they had learnt about diseases, their treatment and proper use of drugs. Some of them said they have learnt about environmental sanitation and how to improve the conditions of sanitation of their communities. They have also learnt mobilization of communities for participation in health activities. The need for a clean drinking water was mentioned by one of them as what he had learnt while four others mentioned methods of disease prevention as one of the things they learnt from their training. One of them mentioned nutrition as what he had learnt.

##### **TBA**

More than 60% of the TBAs said they learnt how to conduct a clean and safe delivery. They also said they learnt good nutrition in pregnancy and importance of eating balanced diet during pregnancy. Other things they learnt included how to prevent and treat anemia, care of pregnant mother, care during delivery, benefit of breastfeeding and immunization. Two of the TBAs said they learnt about the harmful effects of the practice of FGM and need to stop the practice.

##### **VHC**

Half of the VHC said they learnt how to prevent disease. Boiling of water before drinking was mentioned also by them as one of the main topics they learnt in their training. The methods to mobilize the communities in participating in health care activities and sanitation campaign. One of them said he learnt how to serve the community.

### **Q3. How has your training helped you?**

#### **CHW**

The training has helped them to know how to conduct health education in the communities and mobilization for environmental cleaning of the community. They have also learnt the proper diagnosis and treatment of diseases. Their acquired knowledge has helped in improving the quality of health and life of the villages. They now drink boiled water instead of raw river water, and prefer to drink well water.

#### **TBA**

The training helped them to increase their knowledge of the needs of pregnant women and how to provide a clean delivery. They also receive delivery kits that help them practice what they have learnt. They have also learnt how to prevent disease.

#### **VHC**

The training has helped them to know how to mobilize the community and create awareness in disease prevention. They have also knowledge of environmental sanitation, personal hygiene and now confident in helping the communities tackle the sanitation issues in the community. They can now mobilize their communities for a better-improved living.

### **Q4. Have you received any refresher training since first training? Y/N**

**How many?**

**When was the last one?**

#### **CHW**

All except two had received refresher training since their basic training. The two who did not receive refresher training were those trained in August 2000. They have received an average of one refresher training per year. The last refresher was in 1999. The one planned for 2000 was not done due to refusal of the CHWs to participate demanding for payment. This followed a training organized by a UN agency that paid their trainees. However, this has been rectified and refresher training has since been conducted in February of 2001 after this survey.

#### **TBA**

Fifteen out of the 24 TBAs had received refresher training. The nine were mostly those recently trained in last August. They have received an average of one refresher training per year. The last training being in March 2000.

#### **VHC**

Almost all the VHC members did not receive any refresher training. No refresher course has not been organized for them since their basic course. This is a deficiency in program planning and would be rectified in the future programs. The refresher training will help them improve their performance and understanding of health issues.

**Q5. Before the establishment of health post in your village how were sick people treated?**

**CHW**

The people used to seek for treatment from the traditional healers. Some of them who had money traveled to Bualle to buy drugs from local pharmacies in town. It was interesting that some people would lie in bed for a long time as to get well and some of them eventually died.

**TBA**

The people used local herbs for treating diseases in their communities. It was very difficult to see drugs and few people had to travel to Bualle town to buy drugs from local pharmacies. It is interesting that they used to travel out to Bualle to get medicine from local drug man but in the KPC study nobody now seek help from the local drug man but from the health posts and clinic.

**VHC**

The majority of the respondent said sick people were treated by traditional healers with local herbs. One of them said the medicine from local herbalists did not work. Some of them who had some money would travel to Bualle to buy from local pharmacies. Other means of treating was by reading of the holy Koran.

**Q6. Before the establishment of a health post what health problems were common in your village and how were they resolved?**

**CHW**

75% of the CHWs interviewed mentioned Malaria as the commonest health problem in their villages before the training and establishment of health posts. Local herbs were used for the treatment. Another 25% said that measles were common in their area. Other health problems mentioned included whooping cough, diarrhea, Bilhazia and conjunctivitis.

**TBA**

Ten of the respondents (42%) mentioned malaria as the commonest health problem in their community. Seven people mentioned measles as the major health problem in their community. Other diseases mentioned included diarrhea, whooping cough, anemia and conjunctivitis. One person mentioned cholera.

**VHC**

Half of the VHC reported malaria as the commonest cause of illness. The other diseases included measles, diarrhea, whooping cough, poliomyelitis, bilhazia and anemia.

**Q7. Where there diseases outbreak in your village, killing people suddenly? What is the name of the diseases? How did you treat them?**

### **CHW**

Majority of them reported there were disease outbreaks in their communities. 58% of them reported Cholera as the disease outbreak. They believed there was no drug for treating cholera which, then resulted in high mortality. Another 25% said outbreak of measles was seen frequently in their communities. There was no treatment for it. Other diseases reported in outbreak proportion included whooping cough, poliomyelitis and dysentery. It is interesting to note that most of these diseases are preventable diseases and were present due to lack of knowledge of prevention and availability and accessibility of vaccination.

### **TBA**

42% of the respondent reported outbreak of cholera in their communities before WV started working with their community. Another common disease was measles mentioned by nine respondents. Other disease was diarrhea. The treatment for these diseases were mostly local herbs. Some gave coconut water and soared milk for diarrhea.

### **VHC**

Outbreaks of Cholera and diarrhea were again mentioned. They had no treatment for them but sometimes gave honey and salt. Other diseases in outbreak proportion included measles and whooping cough.

**Q8. Since WV started working with you has such sudden disease occurred again? Y or N  
If yes, when was it and what disease was it?**

### **CHW**

Half of the respondents said there was no more disease outbreak since WV started working with their communities. The other half reported bloody diarrhea to have been seen in their communities. About 70% of this occurred in 1999. This might be aftermath of the flood in 1998. However, it is interesting that none of them reported again outbreak of cholera, measles or whooping cough. This is because the project had done vaccination in the area and mobilized the communities on cholera prevention. No case of measles has been reported in the project area since 1999.

### **TBA**

Half of them said they have not seen any outbreak of diseases since WV started working with them. The other half reported outbreak of cholera but this was in 1995 before WV came to the area. Only one person reported bloody diarrhea but did not remember the year.

### **VHC**

Three quarters of the respondent reported that no outbreak of disease occurred since WV started working with the community. Three of the respondent mentioned outbreak of diarrhea in their communities in 1998. This may be an aftermath of severe flooding of 998.

**Q9. What changes can you say have taken place since the establishment of a health post in your village?**

**CHW**

The greatest change in the communities is the increase in knowledge on disease prevention. Many of them know the importance of washing hands, boiling drinking water and keeping the environment clean. Many of them now understand causes of diseases and ways to prevent them. Also the death rate has reduced as they now have drugs for treating people who are sick.

**TBA**

They reported that many more people now know how to prevent diseases. There is drug available in the villages and people are treated early thereby reducing illness and deaths in the villages. Many people are coming from other villages for treatment. The pregnant women receive safe deliveries.

**VHC**

Increase in health knowledge on disease prevention was mentioned as the main change in the communities. The communities are now better able to practice disease preventive activities. The regular reception of drugs has helped to reduce disease and death in their communities.

**Q10. In your estimation about how many deaths occur in a month?**

**a. Before the establishment of health post**

**b. After the establishment of the health post**

**CHW**

All of the respondents reported high number of deaths in their community before the establishment of the health posts ranging from 2 - 8 persons per month. However, after the establishment of the health posts the death rate has dropped drastically. Most of them reported one death in 3-4 months. This shows that the simple health care provided in the communities through health education and provision of basic drugs can greatly reduce morbidity and mortality in the rural areas without access to health care.

**TBA**

Majority of them reported high death rates before the establishment of health post ranging from 4-8 deaths per month. This has reduced remarkable to about 1-2 deaths in 2-3 months.

**VHC**

There is reduction in deaths in their communities. Before WV started working with the communities they used to have about 2-8 deaths per month but now has about 1-3 per 2-5 months.

**Q11. What comments do you have in ways to improve health in your community?**

**CHW**

The majority of the CHW (75%) identified increase in training as a way to improve health in their communities. The mobilization of the communities is another way identified that can help in improving health of the community. Two of them mentioned to increase the drug supply. One of them wanted supplementary feeding for children identified to be malnourished.

#### **TBA**

Thirteen of them believe that increase in training would help in improving health in their community. Another ten were requesting for more drugs as a way to improve health of the community. One of them said "I can't answer now but let's wait for good a harvest"

#### **VHC**

About half of the respondents said increase in training will help to improve health status in their communities. They also believed that increase in drug supply will help to improve health in their community. Increase in community mobilization and increase supervision to the community volunteers was identified as other ways to improve health in the communities.

#### **Q12. How can your community continue the health activity in your community if there is no external support?**

#### **CHW**

This question was not answered. Most of them said they did not know what to do. One said the community is very poor and depended on the farm for their income and therefore may not be able to continue. Only two of them reported that the CHWs, TBAs and VHCs will be able to continue the activities but would require more training as to be able to do that. There is a lot of mobilization to be done among the CHWs as for them to understand what they would do to sustain activities. This will be included in their next refresher training.

#### **TBA**

More than half of the respondent did not know an answer to the question. Some of them reported they would continue the activities following their training. Others said that they had received some knowledge, which they believe will continue with them and will help them continue the activities. Poor economic power was expressed as a hindrance to continuation of health activities.

#### **VHC**

Most of the people said they did not know how they could sustain health activity in their communities. Only two of them said they will continue activity from the knowledge they gained during their training.

### Annex C: Population estimates of the area

S/N	Name of Village	Total Population	Under five population
1	Afgoye	615	105
2	Anole	960	163
3	Arabow	1380	235
4	Banta	1190	202
5	Bidi	815	139
6	Billey Wein	750	128
7	Billey Yarey	300	51
8	Boho	600	102
9	Bulo Gadud	160	27
10	Bulo Golol	1050	179
11	Bulo Xaar	1465	249
12	Bulo-Garre	750	128
13	Bulo-Iidow	800	136
14	Bulo-yaq	865	147
15	Burfule	905	154
16	Cilmi	210	36
17	Dallehelay	215	37
18	Dalxis	410	70
19	Dhonkal	255	43
20	Dugiyo Madow	305	52
21	Dugiyo Yantar	490	83
22	Dujuma	835	142
23	Farbitow	915	156
24	Gol Jano	535	91
25	Gola	375	64
26	Gubato	945	161
27	Halgan	3200	544
28	Hangole	380	65
29	Hareeri Gudud	550	94
30	Harganti Kusow	2315	394
31	Hawau Olow	410	70
32	Heegan	2300	391
33	Horseed	2400	408
34	Hurufle Dhooble	825	140
35	Jabbi Hose	400	68

36	Jirmo	240	41
37	Kafinge	950	162
<b>S/N</b>	<b>Name of Village</b>	<b>Total Population</b>	<b>Under five population</b>
39	Kaskey	450	77
40	Kurtun	1290	219
41	Malolow	775	132
42	Manane	1500	255
43	MarKabka	350	60
44	Naxaruis	450	77
45	Nimaan	265	45
46	Qarari	420	71
47	Qardale	950	162
48	Qoryale	355	60
49	Raaxole	920	156
50	Sariiro	1130	192
51	Shangani	1610	274
52	Shoondo	315	54
53	Sombe	300	51
54	Sukella	1210	206
55	Teete	600	102
56	Waberi	3100	527
57	Waraba Gube	315	54
58	Waraha Dhobley	1815	309
59	Warmoye	815	139
60	Washaan	255	43
61	Welgadud	1065	181
62	Yagle	260	44
65	<b>Total</b>	<b>52580</b>	<b>8939</b>

**Annex D: Villages (clusters) where the survey was done**

S/N	Name of Village	Total cumulative population	Clustering	# of Clusters	Cluster #
1	Anole	960	129	129	1
2	Arabow	2340	1421	1421	2
3	Banta	3530	2713	2713	3
4	Billey Wein	4280	4005	4005	4
5	Bulo Golol	5330	5297	5297	5
6	Bulo-Garre	6080	6589	6589	6
7	Bulo-Iidow	6880	7881	7881	7
8	Burfule	7785	9173	9173	8
9	Dalxis	8195	10465	10465	9
10	Dujuma	9030	11757	11757	10
11	Gola	9405	13049	13049	11
12	Halgan	12605	14341	14341, 15633,16925	12, 13, 14
13	Heegan	14905	15633	18217, 19509	15, 16
14	Horseed	17305	16925	20801, 22093	17, 18
15	Jabbi Kore	17866	18217	23385	19
16	Kafinge	18816	19509	24677	20
17	MarKabka	19666	20801	25969	21
18	Naxaruis	20616	22093	27261	22
19	Qarari	21536	23385	28553	23
20	Qardale	22486	24677	29845	24
21	Raaxole	23406	25969	31137	25
22	Sukella	24616	27261	32429	26
23	Waberi	27716	28553	33721, 35013, 36305	27, 28, 29
24	Waraha Dhobley	29531	29845	37597	30

Annex E: English version of Questionnaire

**WORLD VISION SOMALIA  
HEALTH AND NUTRITION PROGRAM  
KNOWLEDGE, PRACTICE AND COVERAGE SURVEY  
QUESTIONNAIRE**

REGION: \_\_\_\_\_ DISTRICT \_\_\_\_\_

NAME OF VILLAGE: \_\_\_\_\_

CLUSTER # \_\_\_\_\_ RECORD #: \_\_\_\_\_

**All questions are to be addressed to the mother with a child less than 24 months (0 - 23 months of age)**

Interview date ___/___/___ (dd/mm/yy)	Reschedule interview ___/___/___ (dd/mm/yy)
Interviewer name _____	
Supervisor _____	
Community _____	

1. Name and age of the mother

Name \_\_\_\_\_ Age (years) \_\_\_\_\_

2. Name and age of the child 0- 23 months of age

Name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Age in months \_\_\_\_\_

**Mother's Education/Occupation**

3. What was the highest educational level you attained?

1. none..... [ ]

- 2. primary **does not** read ..... [ ]
- 3. primary reads ..... [ ]
- 4. secondary & higher ..... [ ]
  
- 4. Do you work away from home?
  - 1. yes ..... [ ]
  - 2. no..... [ ]
  
- 5. Do you do any "income generating work"?  
**(multiple answers possible; record all answers)**
  - a. nothing..... [ ]
  - b. handicraft, weaving, rugs, etc ..... [ ]
  - c. harvesting, fruit picker ..... [ ]
  - d. selling agricultural products..... [ ]
  - e. selling foods, dairy products ..... [ ]
  - f. servant/household services ..... [ ]
  - g. shop keeper, street vendor..... [ ]
  - h. salaried worker..... [ ]
  - I. other (specify) \_\_\_\_\_..... [ ]
  
- 6. Who takes care of **(name of child)** while you are away from home?  
**(multiple answers possible; record each one)**
  - a. mother takes child with her ..... [ ]
  - b. husband/partner..... [ ]
  - c. older children ..... [ ]
  - d. relatives/parents ..... [ ]
  - e. nursery school/creech..... [ ]
  - f. neighbors/friends ..... [ ]
  - g. maid..... [ ]
  - h. others (specify).....

**Breastfeeding/Nutrition**

- 7. Are you breastfeeding **(name of child)**?
  - 1. yes. .... [ ] ---> go to 9
  - 2. no. .... [ ]
  
- 8. Have you ever breast-fed **(name of child)**?
  - 1. yes. .... [ ]
  - 2. no. .... [ ] ---> go to 10
  
- 9. After the delivery, when did you start breast-feeding **(name of child)** for the first time?
  - 1. during the first hour after delivery ..... [ ]

- 2. from 1 to 8 hours after delivery ..... [ ]
- 3. more than 8 hours after delivery ..... [ ]
- 4. do not remember ..... [ ]

10. a. Are you giving **(name of child)** water (or herbal teas)?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- b. Are you giving **(name of child)** cow milk, goat milk, or formula?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- c. Are you giving **(name of child)** semisolid foods such as gruels, porridge or semolina?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- d. Are you giving **(name of child)** fruits?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- e. Are you giving **(name of child)** dark green leafy vegetables, such as spinach?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- f. Are you giving **(name of child)** meat or fish?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- g. Are you giving **(name of child)** lentils, peanuts, or beans?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- h. Are you adding honey or sugar to **(name of child)**'s meals?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
- i. Are you adding fat (lard) or oil to **(name of child)**'s meals?  
1. yes ..... [ ]  
2. no..... [ ]  
3. doesn't know ..... [ ]
11. When should a mother start adding foods to breastfeeding?  
1. start adding earlier than 4 months of age ..... [ ]

- 2. start adding between 4-6 months of age ..... [ ]
- 3. start adding about 6 months of age ..... [ ]
- 4. start adding later than 6 months of age ..... [ ]
- 5. doesn't know ..... [ ]

12. When should a mother stop breastfeeding

- 1. I do not know
- 2. After six months
- 3. When child is one year
- 4. When child is 18 months
- 5. When child is two years
- 6. Others (specify)

13. Which foods contain vitamin A to prevent "night blindness"?

**(multiple answers possible; record all answers)**

- a. doesn't know or other ..... [ ]
- b. green leafy vegetables..... [ ]
- c. yellow type fruits..... [ ]
- d. meat/fish..... [ ]
- e. breast milk..... [ ]
- f. egg yolks..... [ ]

**Diarrheal Diseases**

14. Has **(name of child)** had diarrhea during the last two weeks?

- 1. yes. .... [ ]
- 2. no. .... [ ] ---> **go to 21**
- 3. doesn't know ..... [ ] ---> **go to 21**

15. During **(name of child)**'s diarrhea did you breast-feed

**(read choices 1-4 to the mother) .....**

- 1. more than usual?** ..... [ ]
- 2. same as usual?** ..... [ ]
- 3. less than usual?** ..... [ ]
- 4. stopped completely?**..... [ ]
- 5. child not breastfed..... [ ]

16. During **(name of child)**'s diarrhea, did you provide **(name of child)** with fluids other than breast-milk .....

**(read choices 1-4 to the mother)**

- 1. more than usual?** ..... [ ]
- 2. same as usual?** ..... [ ]
- 3. less than usual?** ..... [ ]
- 4. stopped completely?** ..... [ ]
- 5. exclusively breastfeeding** ..... [ ]

17. During **(name of child)**'s diarrhea, did you continue to provide **(name of child)** with solid/semisolid foods.....  
**(read choices 1-4 to the mother)**
- 1. more than usual? ..... [ ]
  - 2. same as usual? ..... [ ]
  - 3. less than usual? ..... [ ]
  - 4. stopped completely? ..... [ ]
  - 5. exclusively breastfeeding ..... [ ]
18. When **(name of child)** had diarrhea, what treatments, if any, did you use?  
**(multiple answers possible; record all answers)**
- a. nothing ..... [ ]
  - b. ORS sachet..... [ ]
  - c. sugar-salt solution ..... [ ]
  - d. cereal based ORT ..... [ ]
  - e. infusions or other home available fluids ..... [ ]
  - f. anti-diarrhea medicine or antibiotics ..... [ ]
  - g. other specify \_\_\_\_\_ ..... [ ]
19. When **(name of child)** had diarrhea, did you seek advice or treatment for the diarrhea?
- 1. yes. .... [ ]
  - 2. no. .... [ ] ---> go to 21
20. From whom did you seek advice or treatment for the diarrhea of **(name of child)**?  
**(multiple answers possible; record each answer)**
- a. general hospital ..... [ ]
  - b. health center/clinic/post ..... [ ]
  - c. private clinic/doctor ..... [ ]
  - d. pharmacy..... [ ]
  - e. village health worker..... [ ]
  - f. traditional healer..... [ ]
  - g. traditional birth attendant..... [ ]
  - h. relatives & friends..... [ ]
  - i. other (specify) \_\_\_\_\_ ..... [ ]
21. What are important actions you should take if **(name of child)** has diarrhea?  
**(multiple answers possible; record all answers)**
- a. doesn't know ..... [ ]
  - b. initiate fluids rapidly ..... [ ]
  - c. give the child more to drink than usual ..... [ ]
  - d. give the child smaller more frequent feeds ..... [ ]
  - e. proper mixing and administration of ORS ..... [ ]
  - f. take child to the hospital/health center ..... [ ]
  - g. feed more after diarrhea episode so that child can re-gain weight ..... [ ]
  - h. withhold fluids ..... [ ]

- i. withhold foods ..... [ ]
  - j. other (specify) \_\_\_\_\_ [ ]
22. What are important actions a mother should take when a child is recovering from diarrhea?  
(multiple answers possible; record all answers)
- a. doesn't know ..... [ ]
  - b. give the child smaller more frequent feeds ..... [ ]
  - c. more foods than usual ..... [ ]
  - d. give foods with high caloric content ..... [ ]
  - e. other (specify) \_\_\_\_\_ [ ]

**Respiratory Illness**

23. Has (name of child) been ill with cough or difficult breathing in the last two weeks?
- 1. yes. .... [ ]
  - 2. no. .... [ ] ---> go to 27
24. Did (name of child) experience rapid (fast) and difficult breathing (dyspnea) when ill?
- 1. yes ..... [ ]
  - 2. no ..... [ ] ---> go to 27
  - 3. doesn't know. .... [ ] ---> go to 27
25. Did you seek treatment when (name of child) was ill with these respiratory problems?
- 1. yes. .... [ ]
  - 2. no ..... [ ] ---> go to 27
26. From whom did you seek treatment for (name of child) when ill with rapid and difficult breathing? (multiple answers possible; record all answers)
- a. general hospital ..... [ ]
  - b. health center/clinic/post ..... [ ]
  - c. private clinic/doctor ..... [ ]
  - d. village health worker ..... [ ]
  - e. traditional birth attendant ..... [ ]
  - f. traditional healer ..... [ ]
  - g. pharmacy/chemist/shop keeper ..... [ ]
  - h. relatives & friends ..... [ ]
  - i. other (specify) ..... [ ]
27. What are the signs/symptoms of respiratory infection that would cause you to take (name of child) to a health facility?  
(Multiple answers possible; record all answers)
- a. doesn't know ..... [ ]

- b. fast or difficult breathing ..... [ ]
- c. chest in-drawing ..... [ ]
- d. loss of appetite ..... [ ]
- e. fever..... [ ]
- f. cough ..... [ ]
- g. other (specify) \_\_\_\_\_ [ ]

**Malaria**

28. Has (**name of child**) had fever (malaria) during the past two weeks ?

- 1. yes..... [ ]
- 2. no ..... [ ] -----> go to 30
- 3. doesn't know ..... [ ] -----> go to 30.

29. During (**name of child**)'s fever, what did you do ?

(multiple answers possible; record each answer)

- a. Gave child antimalarials (chloroquin, fansidar) at home ? [ ]
- b. Gave child traditional or herbal medicine at home [ ]
- c. Gave child antibiotics at home [ ]
- d. Took child to health centre, clinic [ ]
- e. Took child to hospital [ ]
- f. Took child to private pharmacy [ ]
- g. Got treatment from (trained) CHW [ ]

30. How can you prevent (**name of child**) contacting malaria?

(multiple answers possible; record each answer)

- a. Doesn't know [ ]
- b. Burn grasses around the house [ ]
- c. make the child sleep under mosquito net [ ]
- d. use mosquito sprays [ ]
- e. clean the environment [ ]
- f. other (specify) [ ]

**Immunizations**

31. Has (**name of child**) ever received any immunizations?

- 1. yes ..... [ ]
- 2. no ..... [ ]
- 3. doesn't know ..... [ ]

32. At what age should (**name of child**) receive measles vaccine?

- 1. specify in months ..... [\_\_ / \_\_]
- 2. doesn't know ..... [ ]

33. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
1. to protect both mother/newborn against tetanus ..... [ ]
  2. to protect **only** the woman against tetanus..... [ ]
  3. to protect **only** the newborn against tetanus ..... [ ]
  4. doesn't know or other ..... [ ]
34. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
1. one..... [ ]
  2. two..... [ ]
  3. more than two ..... [ ]
  4. none..... [ ]
  5. doesn't know ..... [ ]
35. Do you have an immunization card for **(name of child)**?
1. yes ..... [ ] **(must see card)**
  2. lost it..... [ ] ----> **go to 37**
  3. never had one ..... [ ] ----> **go to 37**

36. Look at the vaccination card and record the dates of all the immunizations in the space below

**(dd/mm/yy)**

BCG    \_/\_/\_/\_

OPV 1st   \_/\_/\_/\_

      2nd   \_/\_/\_/\_

      3rd   \_/\_/\_/\_

DPT 1st   \_/\_/\_/\_

      2nd   \_/\_/\_/\_

      3rd   \_/\_/\_/\_

Measles   \_/\_/\_/\_

           \_/\_/\_/\_

**MATERNAL CARE**

37. Do you have a maternal health card?
1. yes ..... [ ] **(must see card)**
  2. lost it ..... [ ] ---> **go to 41**
  3. no ..... [ ] ---> **go to 41**

38. Look at the maternal health card and record the number of TT vaccinations in the space below:
- 1. one
  - 2. two or more
  - 3. none

39. Does the card have space to record ante-natal care visits?
- 1. yes
  - 2. no ----> **go to 41**

40. If yes, record whether the mother ever made any ante-natal visit?
- 1. one
  - 2. two or more
  - 3. none

41. Are you pregnant now
- 1. yes  ---**go to 45**
  - 2. no

42. Do you want to have another child in the next two years?
- 1. yes  ....**go to 45**
  - 2. no
  - 3. doesn't know

43. Are you or your husband currently using any method to avoid/postpone getting pregnant?
- 1. yes
  - 2. no  .....**go to 45**

44. What is the main method you or your husband are using now to avoid/postpone getting pregnant?
- 1. tubal ligation
  - 2. vasectomy
  - 3. Norplant
  - 4. injections
  - 5. pill
  - 6. IUCD
  - 7. barrier method/diaphragm
  - 8. condom
  - 9. foam/gel
  - 10 lactational amenorrhea method (exclusive breast-feeding)
  - 11 rhythm method
  - 12 abstinence.....

13. coitus interruptus

45. When should a pregnant woman first see a health professional ( physician, nurse, midwife) (**probe for months**)

- 1. first trimester, 1-3 months
- 2. middle of pregnancy, 4-6 months
- 3. last trimester, 7-9 months
- 4. no need to see health worker
- 5. does not know

46. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?

**(multiply answers possible; record all answers)**

- a. does not know
- b. protein rich in iron (eggs, fish, meat)
- c. leafy green vegetables, rich in iron
- d. other (specify) \_\_\_\_\_

47. When you were pregnant with (**name of child**) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?

- 1. yes .....
- 2. no .....

48. When you were pregnant with (**name of child**) was the amount of food you ate .....

**(read the choices to the mother)**

- 1. more than usual?
- 2. same as usual ?
- 3. less than usual?
- 4. Does not know

49. At the delivery of (**name of child**), who tied and cut the cord?

- 1. yourself. ....
- 2. family member .....
- 3. traditional birth attendant .....
- 4. health professional (physician, nurse or midwife) .....
- 5. other (**specify**) \_\_\_\_\_ .....
- 6. doesn't know .....

### HEALTH POSTS

50. When last you were sick or any member of your family was sick, did you visit the health post?

- 1. yes
- 2. no. ....> go to 53

51. When you visited the health post did you receive treatment/medicines?

1. Yes .....**go to 53**
2. no

52. If you did not receive treatment, why?

1. CHW was absent
2. No drugs in the health post
3. Did not have money to pay for treatment/drugs
4. Others specify

### HIV/AIDS

53. Have you ever heard of AIDS?

- |        |     |
|--------|-----|
| 1. yes | [ ] |
| 2. no  | [ ] |

54. How does somebody contact the disease?

**(multiple answers possible. Record all answers)**

- |                        |     |
|------------------------|-----|
| 1. eating together     | [ ] |
| 2. shaking hands       | [ ] |
| 3. sexual relations    | [ ] |
| 4. contact with blood  | [ ] |
| 5. mother to baby      | [ ] |
| 6. do not know         | [ ] |
| 7. others specify..... |     |

55. AIDS can be prevented by

**(multiple answers possible. Record all answers)**

- |                              |     |
|------------------------------|-----|
| 1. have one sexual partner   | [ ] |
| 2. be careful with blood     | [ ] |
| 3. do not share razor blades | [ ] |
| 4. do not know               | [ ] |
| 5. others specify            | [ ] |

Thank you

**\*\*\*\*\* END OF QUESTIONNAIRE \*\*\*\*\***

**Annex F: Somalia Version of questionnaire**

**WORLD VISION SOMALIA  
HEALTH AND NUTRITION PROGRAM  
KNOWLEDGE, PRACTICE AND COVERAGE SURVEY  
QUESTIONNAIRE**

GOBOL:

DEGMADA

MAGACA TUULADA

CLUSTER # \_\_\_\_

RECORD #: \_\_\_\_

Taariikhda lawareystey ____/____/____ (m/ b/ s)	Dib- u jadwaleyn wareeysi ____/____/____ (m/b/s)
Magaca Wareytaha _____	
Magca Kormeeraha _____	
Magaca Tuulada _____	

**Su'aalaha oo dhan waxaa laweydiinayaa hooyo heysata ilmo jira inta u dhaxeysa 0 - 23 Bilood**

1. Magca iyo Da'da hooyada

magaca \_\_\_\_\_ Da'da (sanad) \_\_\_\_\_

2. Magca iyo Da'da ilmaha jira 0 - 23 bilood

Magaca \_\_\_\_\_

Taariikhda dhalashada \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/b/s)

Da'da oo bilo ah \_\_\_\_\_

**Heerka Tacliinta Hoovada iyo Shaqo**

3. Halkee ayey gaarsiisantahay tacliinta (waxbarasho) hooyada?

1. malaha ..... [ ]
2. dugsi hoose oo aan wax aqrin karin ..... [ ]
3. dugsi hoose oo wax aqrin kara..... [ ]
- ..... 4. dugsi sare iyo wax ka sareeya..... [ ]

5. wax kale (cadee) ..... [ ]
4. Hooyada maka shaqeysaa meel kale oo aan aheyn guriga?  
 1. Haa.....[ ]  
 2. Maya ..... [ ]
5. Hooyada ma sameysaa wax daqli soo gelin ah qoyska"?  
**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)**  
 a. malaha ..... [ ]  
 b. farshaxan, daabacada sawirada, iwm ..... [ ]  
 c. Xoogsade..... [ ]  
 d. fasal sandeedka miyeye hooyada gadaa..... [ ]  
 e. suuqley, caano gado ..... [ ]  
 f. shaqaale guri/guri joogto ..... [ ]  
 g. dukaanle, warato ..... [ ]  
 h. shaqaale mushaarle ah..... [ ]  
 I. kuwo kale (cadee) ..... [ ]
6. Yaa xanaaneeya (**ilmahan magaciisa qoran**) marka aad ka maqan tahey guirga?  
**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)**  
 a. hooyada ayaa horey uqaadato ilmaha ..... [ ]  
 b. aabaha guriga/qoyska..... [ ]  
 c. cunuga ugu weyn guriga ayaa ilaaliyo ilmaha ..... [ ]  
 d. qaraabada ..... [ ]  
 e. iskuulka xanaanada caruurta ..... [ ]  
 f. deriska/saaxiibada..... [ ]  
 g. booyeeso ..... [ ]  
 h. kuwo kale (cadee) ..... [ ]

### **Naasnuujinta/Nafaqada**

7. hada naaska miyaa nuujisaa (**ilmahan magaciisa qoran**)?  
 1. haa. .... [ ] ---> **ugudub su'aasha 9aad**  
 2. maya. .... [ ]
8. Weligaa naas manuujiisey (**magaca ilmaha**)?  
 1. haa. .... [ ]  
 2. maya. .... [ ] ---> **ugudub su'aasha 10aad**
9. Dhalmada kadib, goorma ayaad ku bilaawdey naaska (**ilmahaan magaciisa qoran**)  
 markii kuugu horeysey?  
 1. Saacadii ugu horeysey ee dhalmada ka dib..... [ ]  
 ..... 2. inta u dhaxeysey 1 ilaa iyo 8 saacadood dhalmada ka dib..... [ ]

3. in kabadan 8 saacadood dhalhada ka dib ..... [ ]
4. maxasuussato ..... [ ]
10. a. Masiisa (**magaca ilmahan**) biyo (ama shaah)?
1. haa ..... [ ]
2. maya ..... [ ]
3. Maataqaan ..... [ ]
- b. Masiisaa (**ilmahan**) caano lo' caano ari, caano geel ama caano nido?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- c. Masiisa (**ilmahaan**) cunto yara adag sida mushaaryo?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- d. Masiisaa (**ilmahaan**) miro?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- e. Masiisaa (**ilmahaan**) ambaqo, raasoow?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- f. Masiisaa (**ilmahaan**) hilib ama malaay/kaluun?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- g. Masiisa (**ilmahaan**) misirs, loos, ama digir?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- h. Ma ugu dartaa malab ama sokor (**ilmahaan**)'cuntadiisa?
1. haa ..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]
- i. Ma ugu dartaa dufin ama saliid (**ilmahaan**) cuntadiisa?
1. haa ..... [ ]
2. maya ..... [ ]

3. mataqaan ..... [ ]
11. Goorma ayey hooyada ku bilaabi kartaa cunto ilmaha xilliga naasnuujinta?  
 1. waxay ku bilaabi kartaa ilmaha inta uu gaarin ka hor 4 bilood ..... [ ]  
 2. waxay ku bilaabi kartaa ilmuhu in ta u dhaxeysaa 4-6 bilood ..... [ ]  
 3. waxay ku bilaabi kartaa markuu gaaro 6 bilood ..... [ ]  
 4. waaxay ku bilaabi kartaa 6 bilood ka dib..... [ ]  
 5. mataqaan ..... [ ]
12. Goorma ayey hooyada ka joojinneysaa ilmahan naas nuujinta ?  
**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha )**  
 a. mataqaan ..... [ ]  
 b. lix bilood ka dib ..... [ ]  
 c. marka uu cunuga gaaro hal sano ..... [ ]  
 d. marka cunuga uu gaaro 18 bilood..... [ ]  
 e. marka cunuga uu gaaro 2 sano ..... [ ]  
 f. kuwo kale (**cadee**) ..... [ ]
13. Cuntadee ayaa laga helaa vitamin A si aad ugu bad-baadisid (**magaca ilmahan**) cudurka hamiimisowga "night blindness"?  
**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha )**  
 a. mataqaan ..... [ ]  
 b. qudrada cagaaran (ambaqo) ..... [ ]  
 c. Babaayga, cambe..... [ ]  
 d. hilibka/malaayga..... [ ]  
 e. caanaha naaska ..... [ ]  
 f. ukunta qeybteeda gaduudan..... [ ]

**Cudurka Shubanka**

14. ilmahaan (**magaca ilmaha**) ma lahaa shubmaayey labadii sitimaan ee la soo dhaafey?  
 1. haa. .... [ ]  
 2. maya. .... [ ] ---> **ugud su'aasha 21aad**  
 3. mataqaan ..... [ ] ---> **ugud su'aasha 21aad**
15. Goortii (**magaca ilmahaan**)'uu shubmaayey ma nuujineysey naaska?  
**( u aqri doorana 1-4tan qodobood hooyada ee soosocda) .....**  
 1. si aad ah miyaad u siinayseyl naaska? ..... [ ]  
 2. sidii hore ee caadiga miyaad u siineysey naaska ? ..... [ ]  
 3. si fiican naaska ma u sii neynin naaska miyaa? ..... [ ]  
 4. mise waad ka joojisey naaska? ..... [ ]  
 5. ilmahaan ma ma nuugin miya naaska ..... [ ]
16. Goortii (**magaca ilmahaan**) uu shubmayey, ma siisey (**name of child**) wax cabitaan ah aan ka eheen caanahanaaska

(u aqri doorana 1-4tan qodobood hooyada ee soosocda)

1. si aad ah miyaad biyo u siineysey? ..... [ ]
2. mise si caadi ah ayaad biyaha u siineysey? ..... [ ]
3. mise aan fiicneyn ayaad biyaha usiineysey? ..... [ ]
4. mise waad ka joojisey ? ..... [ ]
5. mise si aad ah ayaad usiineysey naaska ..... [ ]

17. Goortii (**magacmagaca ilmaha**) uu shubmayey, miyaad si joogto ah u siineysey (**magaca ilmahaan**) wax mishaaryo ah ama cunto fudud.

(u aqri doorana 1-4tan qodobood hooyadad ee soosocda)

1. si aan caadi aheyn miyaad u siineysey? ..... [ ]
2. si iska caadi ah? ..... [ ]
3. si kayar sidii caadiga aheyd? ..... [ ]
4. waad ka joojisey? ..... [ ]
5. mise si aad ah ayaad u siineysey naaska ..... [ ]

18. Goortii (**magaca ilmahaan**) uu shubmaayey, wax daawo ah masiisey, hadii ay jirto nooc ee?

(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)

- a. waxba ..... [ ]
- b. ORS (shifo) ..... [ ]
- c. sokor, cusbo iyo biyo leysku darey ..... [ ]
- d. biyo bariiseed ama biyo moordi (ORT) ..... [ ]
- e. Faleebo ..... [ ]
- f. kaniiniga shubanka ama antibiyotik ..... [ ]
- g. kuwo kale cadee \_\_\_\_\_ ..... [ ]

19. Goortii (**magaca ilmahaan**) ee shubmayey, ma u raadisey wax waano ah oo daaweed oo shubanka aad ug daaweysid?

1. haa. .... [ ]
2. maya ..... [ ] --> **Ugudub su'asha 21aad**

20. yaad u geeysey ilmaha markii uu shubmaayeyf (**magaca ilmahaan**)?

(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)

- a. isbitaalka guud ..... [ ]
- b. xarunta cccfimaadka ..... [ ]
- c. sheybaar (priviti) ..... [ ]
- d. farmashiye..... [ ]
- e. daryeelaha tuulada..... [ ]
- f. odeyga daawo dhaqameedka tuulada ..... [ ]
- g. umiliso dhaqameedka tuulada..... [ ]
- h. ehelka iyo saaxiibada ..... [ ]
- i. kuwo kale (cadee) \_\_\_\_\_ ..... [ ]

21. waa maxey talaabooyinka muhiimka ah oo aad qaadi hadii (**magaca ilmahaan**) ee shubmaya?

(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha )

- a. ma taqaan ..... [ ]

- b. si deg-deg ah ugu biloow cabitaan..... [ ]
- c. sii ilmahan cabitaan badan (biyo) oo aan caadi aheyn..... [ ]
- d. sii ilmaha ama si tartiib tartiib ah ug biloow quudin oo isku xig-xiga ..... [ ]
- e. sii ilmaha shubmaya had iyo goor ORS si fiican loo diyaariyey ..... [ ]
- f. uqaad ilmaha cusbitaalka kuugu dhow..... [ ]
- g. quudi ilmaha mar walba uu saxaroodo si uu u xoogeysto ..... [ ]
- h. ka jooji cabiteen ..... [ ]
- i. ka jooji cunto ..... [ ]
- j. wax kale (cadee) \_\_\_\_\_ [ ]

22. waa maxey talaabooyinka muhiimka ah ee hooyo qadi laheyd ilmo ka soo bogsanaya shuban

**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)**

- a. ma taqaan ..... [ ]
- b. sii ilmaha xoogaa cunto ah oo is daba joog ah..... [ ]
- c. sii ilmaha cunto badan oo aan caadi aheyn ..... [ ]
- d. sii cunto badan ilmaha ..... [ ]
- e. wax kale (cadee) \_\_\_\_\_ [ ]

**Cudurada Neef Mareenka**

23. Mas (**magaca ilmaha**) ilmahaan labadii sitimaan ee lasoo dhaafey ama ma dhibeysey neefsashada?

- 1. haas. .... [ ]
- 2. maya ..... [ ] ---> **Ugu dub su'aasha 27aad**

24. ma (**magaca ilmahan**) ku aragtey neef lur (deg-deg) neefsasha madhibeysey markii uu jiranaa?

- 1. haas ..... [ ]
- 2. maya ..... [ ] ---> **Ugu dub su'aasha 27aad**
- 3. ma taqaano. .... [ ] ---> **Ugu dub su'aasha 27aad**

25. ma uraadisey wax daawo ah markii (**magaca ilmaha**) uu qabey cudurka neef marenka?

- 1. haa. .... [ ]
- 2. maya. .... [ ] ---> **Ugu dub su'asha 27 aad**

26. yaa ugu raadisey daaweynta markii uu jiranaa ilmahan (**magaca ilmaha**) o neefsashada dhibeysey ama ay deg-deg aheyd?

**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha )**

- a. cusbitaalka guud ..... [ ]
- b. xarunta caafimaadka..... [ ]
- c. sheybaar ..... [ ]
- d. daryeele dhaqameedka tuulada..... [ ]
- e. umiliso dhaqameedka tuulada ..... [ ]
- f. odeyga daawo dhaqmameedka tuulada..... [ ]
- g. farmashiye/dukaanle..... [ ]

- h. qaraabada & saaxiibada..... [ ]
- i. meelo kale (cadee)..... [ ]
27. maxey ahaayeen calaamadihii kuugu kalifey markii uu qabey curada neef mareenka in aad u qaado xarunta caafimaadka (**magaca ilmaha**)?
- (**jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha**)
- a. mataqaan ..... [ ]
- b. neef lur(deg-deg) ama neefta oo dhibeysey ..... [ ]
- c. hafasho (feero qaad-qaad)..... [ ]
- d. hamuunta oo kadhuntey (abitaat)..... [ ]
- e. xumad ama qandho ..... [ ]
- f. qufac ..... [ ]
- g. wax kale (cadee) \_\_\_\_\_ ..... [ ]

### Duumo

28. ma lahaa (**magca ilmahan**) qandho laabdii sitimaan ee lasoo dhafeyr (Duumo) ?
1. haa..... [ ]
2. maya.....[ ] -----> **Ugu dub su'aasha 30 aad.**
3. mata qaan .....[ ] -----> **Ugu dub sua'aasha 30 aad.**

29. Xilligii (**magaca il mahan**)'ay qandhada heysy maxaad ku sameysey ?

(**jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha**)

- a. ma waxaad siisey ilmaha daawada malaariyada(duumada) sida (chloroquin, fansadar) guriga? [ ]
- b. ma waxaad ilmaha ku daaweysey daawo dhaqameed oo dhay ayaad madaxa kasaartey? [ ]
- c. ma guriga ayad ilmaha ku siisey daawo antibiyotik [ ]
- d. ma waxaad uqaadey ilmaha xarunta caafimaadka [ ]
- e. ma waxad uqaadey cusbiltaal ilmaha [ ]
- f. ma waxaad u qaadey ilmaha sheybaar (oo uu joogo dhaqtar taba baran) [ ]
- g. Ma waxad daawo ka heshey daryeelaha tuulada (tababaran) CHW [ ]

30. Sidee ayaad uguhortegi kartaa ia ilmaha ay kudheicia duumo?

(**jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha**)

- a. Matagaan [ ]
- b. Qashinka ama cowska agagaarka guriga oo la gubo [ ]
- c. Ilmaha la hoos geliyo maro kaneeco [ ]
- d. Isticmaa buutiska Daawada ama sunta kaneeco [ ]
- e. Nadiifi deeyaanka [ ]
- f. Wax kale (cadee) [ ]

### Tallaal

31. Weligiis (**magaca ilmahan**) ma la talaaley?

1. haa..... [ ]
2. maya ..... [ ]
3. mataqaan ..... [ ]

32. Da'dee ayaa lagu siiyey (**magaca ilmaha**) talaalka jadeecada?
1. cadee bilaha.....
  2. mataqaan .....
33. Ma iisheegi kartaa sababta hooyada uurka leh loo siiyo talaalka teetanada?
1. si looga hortago ama loo badbaadiyo labadoodaba(hooyada/cunuga cudurka kojiyaha ah(teetano).....
  2. si looga hortago oo **kaliya** hooyada cudurka tetanada.....
  3. si looga hortago oo **kaliya** cunuga cudurka teetanada.....
  4. mataqaan ama wax kale .....
34. imisa talaal teetana ayaa hooyo uur leh ubaahan tahay si ay ugu badbaadiso ilmaha cudurka teetanada?
1. halmare.....
  2. labo mar .....
  3. ka badan labo jer .....
  4. waxnae .....
  5. mataqaan .....
35. Ma leeyahey kaarka talaalka ilmahaan (**magaca ilmaha**)?
1. haa .....  (waad inaad aragtaa)
  2. waa dhumeyt .....  ----> **Ugu dub su'aasha 37 aad**
  3. weligii lama talaalin.....  ----> **Ugu dub su'asha 37aad**

36. Fiiri kaarka talaalka kuna qor dhamaan taariikhaha talaalka meelahaan banaan ee soo socda

**(m/b/s)**

BCG    \_ / \_ / \_ \_

OPV    1aad    \_ / \_ / \_ \_  
           2aad    \_ / \_ / \_ \_  
           3aad            \_ / \_ / \_ \_

DPT    1aad    \_ / \_ / \_ \_  
           2aad    \_ / \_ / \_ \_  
           3aad    \_ / \_ / \_ \_

Measles            \_ / \_ / \_ \_  
                           \_ / \_ / \_ \_

**XANAANADA UUREYDA**

37. ma leedahey kaarka xanaada uureyda/kaarka tallaalka?  
1. haa ..... [ ] (**waad inaad argtaa kaarka**)  
2. waa lumeyt ..... [ ] ---> **Ugu dub su/aasha 41aad**  
3. malaha ..... [ ] ---> **Ugu dub su'aasha 41aad**

38. Fiiri kaarka xanaada uureyda kuna cade inta talaalka teetanda lasiiyey meelahaan soo socda:  
1. hal mar [ ]  
2. labo mar [ ]  
3. malaha [ ]

39. Kaarka ma leeyahey meel lgu qorey boqashada xanaada urka?  
1. haa [ ]  
2. maya [ ]----> **Ugu dub su'asha 41aad**

40. hadii ay leedaehys,qor hadii ay hooyada weligeed sameyseyboqashada xanaada uuureyda?  
1. hal mar [ ]  
2. labo mar kabadan [ ]  
3. malaha [ ]

41. Hada uur miyaad leedahey  
1. haa [ ] ---**Ugu dub su'aasha 45aad**  
2. maya [ ]

42. Madooneysaa in aad yeelato uur labada sano ee soosocoto?  
1. haa [ ] **Ugu dub su'aasha 45aad**  
2. maya [ ]  
3. mataqaan [ ]

43. adiga ama odeygaada ma isticmaashaan wax ama hab ad ugu hortageysaan uuroobid?  
1. haa [ ]  
2. maya [ ] .....**Ugu dub su'aasha 45aad**

44. Habkee ayaa ugu weyn oo aad isticmaashaan adiga iyo ninkaaga oo aad hada isticmaashaan si aad ugu fogaataan uuroobid?  
1. tubo xirid (makaanka tubooyinkiisa oo laxira) [ ]  
2. qalin lagu sameyey tubo kamid ah tubooyinka shahwada raga qaada [ ]  
3. dhir (Norplant) [ ]  
4. cirbid ama daawo laysku duro [ ]  
5. kaniini [ ]  
6. min dhex yaal [ ]  
7. Aneele ama faranti [ ]

8. cinjir (salbatiibo)
9. boomaato
- 10 Naas nujin joogto ah (exclusive breast-feeding)
- 11 safe period
- 12 ka joogid galmo .....
13. Isha qubid
- 14 wax kale
45. Goorma ayaa ugu horeysa oo ay hooyada uurka leh arki kartaa saraakiisha caafimaadka (dhaqtar, kalkaaliye/liso, umuliso) (**qalabka baaritaanka bilaha**)
6. Xilliga walaca, 1-3 bilood
7. Mudada uurka bilaha dhexe ee, 4-6 bilood
8. Sedexda bilood ee ugu dambeysa ee, 7-9 bilood
9. Mua ubaahno in ay aragto shaqaale caafimaadeed
10. Ma taqaan
46. Cuntooyinke ayaa u wanaagsan in ay hooyada uurka leh isticmaasho mudada uurka si ay ugu dhicin dhig la'aan (anemia)?  
(**jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha**)
- e. Mataqaan
- f. Cuntada borotiinka irona ku badan sida (ukun, kaluun, hilib meat)
- g. Qudrada cagaaran, kuwaas oo ku badan irona
- h. Wax kale (cadeey) \_\_\_\_\_
47. Markii aad uurka ilmahan laheyd (**magaca ilmaha**) ma booqan jirtey xarumaha caafimaadka ee xanaaneynta uureyda sida MCHyada?
1. haa .....
2. maya .....
48. markii aad uurka (**ilmahan**) qiyaasta cuntada aadcuni jirtey .....
- (**aqrihooyooyin aad ddratey**)
5. si aad ah miyaad wax u cuni jirtey?
6. ma sidii caadiga aheyd ayaad ucuni jirteysame as usual ?
7. kayar sidi caadiga aheyd?
8. mataqaan
49. Xiligii dhalmada ee ilmahaan, yaa xerey xuduntiisa yaana gooyey?
1. adiga nafsadaada.....
2. qof ka tirsan qoyskaada .....
3. umuliso dhaqameed .....
4. qof ah shaqaale caafimaadeed (dhaqtar, kal-kaaliye/liso ama umuliso tababaran)...
5. dad kale (**cadeey**) \_\_\_\_\_ .....
6. mataqaan .....

## HEALTH POSTS

50. Goorma ayey aheyd marki kiigu dambeysey ee aad xanuunsato, ama qof ka mid ah qoyskiina xanuunsado, ma booqateen ama daawo ma uraadsateen xarunta caafimaadka ee tuulada (health post)?

3. haa

4. maya. ....> **Ugu dub su'aasha 53aad**

51. Markii aad daawo ka raadsateen xarunta caafimaadka ee tuulada ma ka hesheen wax daawo ah?

3. haa ..... **Ugu dub su'aasha 53aad**

4. maya.....

52. hadii aadan daawo kahelin , maxey tahey sababta aad ugu helin weysey?

5. Daryeelah miyaa maqnaaa

6. Wax dawo ah ma yaalin xarunta caafimaadka tuulada

7. Ma aanan heysan wax lacag ah ee aan ku gato daawo

8. Wax kale (cadee)

### **HIV/AIDS**

53. Wligaa maqashey cudurka la yiraahdo AIDS?

1. haa

[ ]

2. maya

[ ]

54. Sidee ayuu qofka ugu dhici karaa ama kuqaadi karaa cudurkan?

**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha)**

8. Wax oo leysla wada cuno

[ ]

9. Iyada ool.leysa salaamo

[ ]

10. Qof qaba cudurka oo lala sameyo galmo

[ ]

11. Adiga oo nabar oogada kaaga yaala oo la kulma dgiiga qofka qabo cudurka

[ ]

12. Hooyo uur laheyd o ugudbisa cunuga caloosha ku joirey

[ ]

13. Mataqam

14. Wax kale (cadee)

55. AIDSka waxaaa loogaaga hortegi karaa

**(jawaabo kala duwan oo suuro gal ah; qor dhamaan jawaabaha )**

6. Idiga oo ku ekaatid xaaskaaga xalaasha ah

[ ]

7. Adiga oo iska ilaalisid taabashada dhiigyada

[ ]

8. Adiga oo ku ekaatid isticmaalka sakiinada garka lagu xirto

[ ]

9. Mataqam

10. Wax kale (cadee)

### **MAHADSANIDIIN**

**\*\*\*\*\* DHAMAADKA SU'AALAHHA \*\*\*\*\***