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*Caretakers just go to traditional healers for “millet extraction” whereby they cut and remove some fat from their body, thinking that the illness is ‘oburo’ when it is not. And for diarrhea, they rush there thinking that it is ebiino [milk teeth], so they just go for false teeth extraction whereby they get these canines from both sides removed, thinking that they are causing diarrhea, when they are not.... And for malaria, people have now started to think that it is sorcery—‘amahembe’—not knowing that it is malaria. (KII, health worker, Sheema district).*

*They first go to the drug shops or private clinics, and sometimes they start treatment with herbs. Many of them bring their children covered with herbs. We experience many parents bringing us children who are very sick following their failure to cure them with herbs or drugs bought from private clinics and drug shops. (KII, Health worker, Iganga district)*

*Pneumonia has been challenging because sometimes mothers take their time, they delay bringing the sick children here, and when the condition worsens they come here for treatment. At times you may want to admit this child and put it on IV treatment, but you lack that intravenous supplies for the baby. There you have no alternative other than referral. This means you are unable to treat that child fully, while knowing that you could have if the right equipment was available or maybe if the child had been brought early enough. (KII, Health worker, Apac District).*

Needless to say, the constant flow of such cases—of caretakers not adhering to proper protocol (for whatever reason), coupled with a lack of equipment and resources needed to treat children who are seriously ill—can take their toll on the ability of health workers to maintain the professional, caring demeanor needed to treat patients and secure their trust. The combination of poor facility management, systemic barriers to care-seeking, and a lack of health education on the part of caretakers appears to have created a combustible scenario that increasingly strains the already fragile relationships that exist between health workers and the public they are meant to heal.

## 4.0 Conclusions

From the above findings, it can be deduced that barriers to healthcare seeking among caretakers of children under-five in Uganda are interrelated in multiple and complex ways according to the context in which they occur. Health seeking behaviour among caretakers of children under-five is largely shaped by socio-economic status and gender relations in homes, health facility management and administration as well as the existing systemic issues in the provision of health services.

The household's socio-economic status coupled with gender norms determines caretakers' responsiveness to child's illnesses in terms of timeliness in seeking healthcare. This combination determines when, where and who to seek health services. In the rural setting in most of the study participating districts within patriarchal arrangements, men are regarded as 'bread winners' for their families and this makes them pre-occupied with the responsibilities of looking for money to make ends meet. Consequently, their spouses take-up larger responsibilities of healthcare seeking for the sick children, as long as men manage to provide some money that might be needed for transportation to the health facility. Thus, women can decide when and where to seek health services from.

Distance and associated costs to access a health facility appears to mediate through this combination. Long distance and associated transportation costs to access a public health facility seems to be such a major interlocking factor in the caretakers' health seeking behaviour and a major barrier to seeking health care across study participants in various distance cohorts of study participating districts. Moreover, including those participants who live within the Ministry of Health recommended 5 km radius from a public health facility. With long distances and associated costs to reach public health facilities, most caretakers tend to resort to alternative choices of healthcare including easily accessible traditional healers and use of herbs in treating childhood diseases. Self-medication also becomes inevitable which manifests itself through buying incomplete doses (since most caretakers often cannot afford to buy complete doses) from private clinics / drug shops which are within their proximity, and sharing doses among multiple sick children. Most caretakers especially those from beyond 5 km radius from health facility tend to choose seeking health services for children from hardly accessible public health facilities only for those illnesses that warrant going there - cases of critical condition. Generally, despite encumbrances associated with long distances, caretakers seem to be trusting public health facilities to handle childhood illnesses. At least amidst other alternative choices, a public health facility is always looked at by caretakers as either the first or last choice depending on the many circumstances surrounding seeking healthcare.

They are only disappointed by other interlocking factors such as health facility management and administration issues and other systemic issues.

Health facility management and administration issues notably the courteousness with which health workers ‘treat’ (attend to) patients, and the working relations between health workers and health service users also greatly affect care-seeking among the caretakers. Issues to do with health workers soliciting illegal fees from the poor caretakers who perhaps could have used the little they had to meet high costs of transportation to reach the health facility, poor queue management and absence of triaging mechanisms which makes caretakers including those with children in critical conditions, spend long waiting hours to access the health service they need at a health facility, and health workers’ use of unprofessional / insulting language on caretakers, all largely affect caretakers seeking behaviour. It is observed that when these issues are not adequately addressed by health facility in-charges, health facility management committees (HUMCs), sub-county and district leadership, even when the larger systemic issues seem to improve, health service provision may not correspondingly improve at the service point- health facility.

Lastly but not least, systemic issues which are largely a preserve of the central government (Ministry of Health) are great barriers to health care-seeking among caretakers of under-five children in multiple ways. The frequent drug stock-outs in public health facilities, understaffing, poor and untimely payment for health workers, and inadequate facility infrastructure (working space, staff accommodation, equipment, and amenities) appear to be greatly jeopardizing not only service delivery at the service point (health facility) but also service utilization by caretakers of children under five by compelling them to use alternative choices of care and other risky health seeking behaviour as earlier mentioned above. Compared to health facility management and administration issues appear to be a “low-hanging fruit”- can be addressed with minimal resources, addressing systemic issues require substantial amount of resources from the central government. This implies that appropriate national-level health sector planning and budgeting is crucial.

## 5.0 Policy Recommendations

The findings from this study lend themselves to a number of priorities that should be considered by policy makers, the Ministry of Health, and technical and political leaders at the district and national level. The most urgent of these issues are put forward below:

- 1. Increase Budget Allocations for the Ministry of Health:** While there are many gains in efficiency that can and should be made within the health sector (especially in the realm of administration and management), until the most serious systemic barriers to care-seeking are properly alleviated, improvements in health outcomes will continue to occur at a much more modest rate than would otherwise be possible. To its credit, the Ministry has made a noticeable push to improve staffing levels within facilities, but such improvements cannot stop there. Continued improvements in drug supplies and the building of health facilities must be prioritized, along with meaningful funding for health education outreach efforts at the community level, which can alleviate some of the barriers to access that are brought on by long distances.
- 2. Timely remittance of emoluments of Health Workers:** It is important for policy makers to appreciate the role of timely payment of health workers. Instances in which health workers go without remuneration for months on end must stop, and district technical and political leaders need to mobilize whatever political muscle is necessary to ensure that it does. Health workers also mentioned cases in which, after having gone for months without pay, remuneration would suddenly begin again, but would not include compensation for time worked during months when emoluments disappear. Study participants unanimously believed that what happens to such money ought to be a subject of investigation. If individual districts show little interest in pursuing these issues, civil society organizations—with the help of the media—should step in.
- 3. Prioritize Districts with Few Health Facilities per Capita for Infrastructural Improvements:** Some districts have more health facilities per capita than others. In districts where facility coverage is relatively low—which means that a larger proportion of the population must rely on fewer numbers of facilities—ensuring that those facilities are well stocked and supported with sound infrastructure becomes extremely important. Additionally, in instances where a single facility must cover a wide geographical area, ensuring that that facility is well outfitted could go far in encouraging caretakers to seek its services in a timely manner, despite some of the hardships associated with

transportation and physical access. As some caretakers made clear during the study, the perception of low drug stocks and inadequate infrastructure deters a number of people from “gambling” on public facilities in the first place.

- 4. Issue Policy Directives that Require Health Workers to Treat Children under Five Who Live Outside a Facility’s Catchment Area:** Ensuring that the health of children under five is prioritized throughout the country means allowing caretakers to visit facilities outside their respective sub-counties and districts when seeking services for young children. Given the hardships related to distance that many families must endure, allowing caretakers that reside outside a given area to seek treatment at the nearest facility should be a policy priority of the Ministry of Health, even if that facility is not located within the caretaker’s precinct. To implement such a policy will also require additional resources to those facilities that can document that a certain to-be-determined proportion of the services they offer go to children who reside outside the facilities’ designated geographical catchment areas.
- 5. Integrate Men in Health Education Outreach Efforts Related to Children under Five:** As the findings on gender show, men are often involved in decision-making about care-seeking on behalf of children under five. Because of this, they should be included in all health-related outreach efforts undertaken through health facilities and NGOs. Oftentimes, women are prioritized in such efforts, usually because of their outsized role in the physical care provided to small children. However, given the involvement of many men in financing treatment, and even determining where and when to seek medical care, they cannot be deprioritized during health-related outreach initiatives designed to sensitize caretakers on ways to improve the health of children under five.
- 6. Prioritize Quick Wins within the District:** Within Uganda’s health system, there exist a number of quick wins that district leaders can and should prioritize. Policies to strengthen queue management, for instance, could go far in ensuring that children who come to public health facilities in critical condition are prioritized for care. Similarly, serious commitments to crack down on abusive behaviour and the solicitation of illegal fees ought to be prioritized. However, as with many desirable managerial improvements in service provision, prioritizing such changes is one thing; implementing them quite another. Although on the surface they appear to be “low-hanging fruit”—cheap to implement relative to other supply-side interventions such as ending the problem of stock-outs—they pose additional challenges that are linked to incentives such as pay and whether it is adequate and timely, and whether supervisors are facilitated and prevailed upon to carry out their functions.

**7. Publicize Efforts at Improving Service Provision:** The Ministry has made a number of investments over the past couple years to improve the quality of services provided within public health facilities. The hiring of more health workers is perhaps one of the most consequential of these investments. However, long periods of time in which public facilities have been inadequately staffed have allowed negative perceptions of public provision to take root. Efforts to bring about much-needed change therefore require not simply laying the ground for improving service quality, but public sensitization campaigns that inform end-users about what is being done and, consequently, what they should expect and not expect, let alone accept, when they go public health facilities in search of care. Such campaigns would also put health workers on notice regarding what, in terms of their personal conduct, they should not expect to get away with. This is likely to curtail the rampant abuse that members of the public suffer along with health workers' sense of impunity.

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# Appendices

## Socio-Demographic Profile of Focus Group Discussion Participants

Demographics	120 participants in FGDS located 3-5 km from nearest facility	119 participants in FGDS located 5-7 km from nearest facility	118 participants in FGDS located 8-10 km from nearest facility	Total
<b>Age</b>				
15-24	32	29	18	79
25-34	55	55	69	179
35-44	25	25	20	70
45+	7	8	11	26
Age not given	1	2	0	3
Average number of living children per woman	4	4.5	4.3	--
<b>Education</b>				
None	7	7	10	24
Primary	87	89	89	265
Secondary	21	17	18	56
Tertiary	0	0	0	0
Education not given	5	6	1	12
<b>Occupation</b>				
Farming	109	111	103	323
Housewife	6	3	4	13
Commerce/Trade	3	2	10	15
Other	2	3	1	6

## Baseline Study Guides/Protocols

### Focus Group Discussion Guide

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#### I. Introduction - [1 minute]

Welcome and thank you for taking time to participate in this discussion today. My name is [MODERATOR] and this is [NOTE-TAKER] and we are working on behalf of the Advocates Coalition for Development and Environment (ACODE) for a project supported by the Ministry of Health. We're here to understand better the challenges that parents and caretakers of children under the age of 5 face when it comes to the health of their children. Your comments and those of other participants will help us create strategies to improve health services for children under five in [DISTRICT].

#### II. Ground Rules - [1 minute]

We are interested in all of your opinions and feelings. There are no right or wrong answers. We need your ideas, including any criticisms you may wish to express. We encourage you to be frank in your comments because it is important for our study. Some of you may agree or disagree with each other. That is perfectly normal. So do not feel shy to share your ideas openly. Do not wait for the moderator to ask for your opinion; feel free to speak at any time. However, please try to avoid interrupting others while they are talking. Everyone will have a chance to speak and all ideas, concerns, and opinions are of value. The session will last approximately 1 to 1.5 hours.

#### III. Confidentiality - [1 minute]

Everything said in this room is confidential. We will not tell anyone that you participated in this discussion. All the information that we collect is kept in confidence by our office, ACODE. A tape recorder will record what is said so that we have an accurate account of your views. However, we will never use your name in any reports we write. My partner will also take some notes to help us in this task. Do you have any concerns about the discussion being tape-recorded? Does anyone have any questions?

#### IV. Introduction of Participants (Warm-Up) - [2 minute]

We would like each of you to introduce yourself. Also, please tell us how many children you have and how old your youngest child is.

#### V. Expectations and Fears (Warm-Up) – [3-5 minutes]

Do you have any questions about this focus group discussion?

THEMES	QUESTIONS	PROBES
<b>Most common health problems affecting children in the community?</b>	<ul style="list-style-type: none"> <li>• What health problems do you most worry about? Why?</li> <li>• What health problems affect children under 5 years most in your community?</li> </ul>	<ul style="list-style-type: none"> <li>• If diarrhoea, pneumonia, and malaria are not mentioned: How about [diarrhoea, pneumonia, malaria]—are they common also? What causes [diarrhoea, pneumonia, malaria] in young children?</li> </ul>
<b>CHILDHOOD ILLNESSES: DIARRHOEA, PNEUMONIA, AND MALARIA</b>		
<b>Initial utilization: barriers to initial use of/access to medical facilities</b>	<ul style="list-style-type: none"> <li>• What do parents in this community do when their children are sick? (Diarrhoea, Malaria, Pneumonia)</li> <li>• <u>Where</u> do you seek treatment when your child is sick with diarrhoea, malaria, or pneumonia):                         <ul style="list-style-type: none"> <li>○ A relative?</li> <li>○ Pharmacist / drug seller / shop?</li> <li>○ VHT?</li> <li>○ Public health facility?</li> <li>○ Private doctor or nurse/ paramedic?</li> <li>○ Traditional healer?</li> <li>○ I look for and use herbs.</li> </ul> </li> <li>• Do some families fail to provide treatment outside the home when they want it? Why? Do their children get treated in other ways? Please explain.</li> </ul>	<ul style="list-style-type: none"> <li>• Are there other things that parents would like to do when they think their children are sick, but do not for some reason? [If yes] What are they? Why don't they do these things?</li> </ul>

THEMES	QUESTIONS	PROBES
<p><b>Continuous utilization: barriers to continuous usage of a treatment in response to child’s visit to a VHT or facility.(Includes issues of access to services at health facilities, access to information, health care providers.)</b></p>	<ul style="list-style-type: none"> <li>• [If VHTs are mentioned; if not, probe] Do VHTs help when your child is sick?</li> <li>• [If facilities are mentioned; if not, probe] Do you have access to PUBLIC health facilities in your area? Yes/ No.</li> <li>• What is your experience with public health facilities when your child is sick?</li> <li>• If price is mentioned, is it costly to treat children when they have diarrhoea, pneumonia, or malaria? What are the costs of treating a child? Please explain.</li> </ul>	<ul style="list-style-type: none"> <li>• Can health care providers help you when you need help? Is there anything you wish they’d do that they currently don’t?</li> </ul>
<p><b>Quality: barriers to completing a treatment within a proscribed timeframe</b></p>	<ul style="list-style-type: none"> <li>• How do parents know when the child is getting better? What are the first signs that show that the child is getting better?</li> <li>• If you’ve ever received medicine for your child’s illness, when do you stop giving medicine?</li> <li>• [If they’ve ever gotten medicine to treat a childhood illness] Is timing important when taking medicine for a child’s illness?             <ul style="list-style-type: none"> <li>○ PROBE: Is it important <u>when</u> a child gets treatment?</li> </ul> </li> <li>• How do you tell that it is time to give the next dose to your child?</li> </ul>	

THEMES	QUESTIONS	PROBES
<b>MALE INVOLVEMENT</b>		
<b>Male involvement in family health-seeking behavior</b>	<ul style="list-style-type: none"> <li>• What do fathers / husbands in this community do when one of their children falls sick?                             <ul style="list-style-type: none"> <li>○ Who decides when and where to take children when they fall sick?</li> </ul> </li> </ul>	
<b>IMMUNIZATIONS</b>		
<b>Attitudes toward immunization</b>	<ul style="list-style-type: none"> <li>• Do parents in this community get their children immunized?                             <ul style="list-style-type: none"> <li>○ Why or why not?</li> </ul> </li> <li>• How do parents feel about immunizations?</li> <li>• Are there questions about immunisation that you want answered but have never asked anyone?                             <ul style="list-style-type: none"> <li>○ If so, how come you have never asked?</li> <li>○ If you have asked, what happened? Did you find the answer helpful?</li> </ul> </li> <li>• Would you say that health workers help you understand what immunization is about? Why or why not?</li> <li>• Do some parents not immunize for other reasons?</li> <li>• Does anyone here ever worry that health workers will do things that you may not want them to do?                             <ul style="list-style-type: none"> <li>○ Do other parents worry?</li> <li>○ If so, what kind of things are they/could they be?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fears or concerns about immunizations?</li> <li>• How do health workers treat you?</li> </ul>

THEMES	QUESTIONS	PROBES
<b>General attitudes towards disease testing</b>	<ul style="list-style-type: none"> <li>• Do health workers ever give your children blood tests before treating them?                             <ul style="list-style-type: none"> <li>○ [IF YES] for which diseases?</li> <li>○ How do you feel about that?</li> </ul> </li> <li>• Do you ever worry that your children might be tested for diseases that you don't want them tested for? Do other parents worry about it?                             <ul style="list-style-type: none"> <li>○ [IF YES] for which diseases?</li> </ul> </li> <li>• What do parents do about it?</li> </ul>	
<b>HEALTH SERVICES</b>		
<b>Availability and access</b>	<ul style="list-style-type: none"> <li>• What kinds of health units are available in your community?</li> <li>• Do you prefer to go to particular health units when your child is sick?</li> <li>• How do you get to different health units?</li> </ul>	<ul style="list-style-type: none"> <li>• Health units: probe for public clinics drug shops, traditional health services</li> <li>• Transportation: probe for type, availability, and cost</li> </ul>
<b>Perception of the quality of health services</b>  <b>Quality of health workers</b>	<ul style="list-style-type: none"> <li>• What is your experience with VHTs in your community?</li> <li>• How do health workers treat you?</li> </ul>	<ul style="list-style-type: none"> <li>• Are facilities helpful? Are there times when they're not helpful?</li> </ul>
<b>Public versus private facilities</b>	<ul style="list-style-type: none"> <li>• Do parents in this community seek services from private facilities?</li> <li>• Are there differences in the quality of care between public and private facilities? Differences in cost?</li> <li>• Do you like to go to private facilities or public facilities?</li> </ul>	<ul style="list-style-type: none"> <li>• Who goes to private facilities? Who goes to public facilities?</li> </ul>

THEMES	QUESTIONS	PROBES
<p><b>How could quality of health services be improved?</b></p> <p><b>User satisfaction?</b></p> <p><b>Community demand for services / accountability?</b></p>	<ul style="list-style-type: none"> <li>• What do you have to say about the quality of health services available in your community?                             <ul style="list-style-type: none"> <li>○ [If complaints are voiced]: What can make the quality of health services better?</li> </ul> </li> <li>• Are there things that you wish were different? If so who should do it?</li> <li>• Do you feel you have the capacity to influence the posting of health workers?</li> </ul>	
RANKING		
<p><b>Ranking barriers to care</b></p>	<ul style="list-style-type: none"> <li>• As a group, I'd like you to rank the five biggest challenges that parents and caretakers face in your community when they try and seek health care for their children.</li> </ul> <p><i>Have group rank in order, with one being the greatest barrier to seeking care.</i></p>	<ul style="list-style-type: none"> <li>• These should be the top five things that may cause some parents to delay taking their children for treatment.</li> </ul>

## In-Depth Interview Guide for Caretakers of Children under Five

### I. Introduction - [1 minute]

Good morning/afternoon. My name is [INTERVIEWER]. Thank you for taking time to participate in this interview today. I am working on behalf of the Advocates Coalition for Development and Environment for a project supported by the Ministry of Health. I'm here to understand better some of the challenges that you may face as a parent of children under the age of 5 when it comes to the health of your children. Your comments will help us create strategies to improve health services for children under five in [DISTRICT].

### II. Ground Rules - [1 minute]

I am interested in your opinions and feelings. There are no right or wrong answers. I need your ideas, including any criticisms you may wish to express. We encourage you to be frank in your comments because it is important for our study. Do not wait for me to ask for your opinion; feel free to speak at any time. This interview will last between 45 minutes to one hour.

### III. Confidentiality - [1 minute]

Everything said during this interview is confidential. I will not tell anyone that you participated in this discussion. Everything that you say is kept in confidence at our office, ACODE. A recorder will document what you said so we have an accurate account of your views. However, we will never use your name in any reports we write. Do you have any concerns about the discussion being tape-recorded?

Do you have any questions for me before we start the interview? If you have any additional questions or if you want to get more information about this study, you can contact our project director Elizabeth Allen at 0787-621-132.

Do you have any questions for us?

### IV. Introduction of Interviewee (Warm-Up) - [1 minute]

Can you introduce yourself? Also, please state how many children you have and how old your youngest child is.

### V. Expectations and Fears (Warm-Up) – [2 minutes]

Do you have any questions about this interview?

<b>District:</b>	
<b>Supervision Area:</b>	
<b>Sub-county:</b>	
<b>Village:</b>	
<b>Name of the mother (optional):</b>	
<b>Age:</b>	
<b>Number of children ever born:</b>	
<b>Education level:</b>	
<b>Occupation:</b>	

THEMES	QUESTIONS	PROBES
<b>General</b>	<ul style="list-style-type: none"> <li>• What health problems do you most worry about? Why?</li> <li>• What health problems affect children under 5 years most in your community?</li> <li>• Have you had to deal with these problems with your own children?                             <ul style="list-style-type: none"> <li>○ How has that been?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If diarrhoea, pneumonia, and malaria are not mentioned: How about [diarrhoea, pneumonia, malaria]—are they common also? What causes [diarrhoea, pneumonia, malaria] in young children?</li> </ul>
<b>CHILDHOOD ILLNESSES: DIARRHOEA, PNEUMONIA, AND MALARIA</b>		
<b>Differences in care-seeking behavior</b>	<ul style="list-style-type: none"> <li>• What do you do when your children are sick? What do other parents do?</li> <li>• Which of these illnesses worries you most: diarrhoea, pneumonia, and malaria?                             <ul style="list-style-type: none"> <li>○ What do you do when your child catches the illness that worries you most?</li> <li>○ What do you do when the child catches one of the others?</li> </ul> </li> </ul>	

THEMES	QUESTIONS	PROBES
<p><b>Initial utilization: barriers to initial use of/access to medical facilities</b></p>	<ul style="list-style-type: none"> <li>• <u>Do you</u> seek treatment outside the home if your child is sick?</li> <li>• Where do you seek treatment when your child is sick with diarrhoea, malaria, or pneumonia):               <ul style="list-style-type: none"> <li>○ A relative?</li> <li>○ Pharmacist / drug seller / shop?</li> <li>○ VHT?</li> <li>○ Public health facility?</li> <li>○ Private doctor or nurse/paramedic?</li> <li>○ Traditional healer?</li> <li>○ I look for and use herbs.</li> </ul> </li> <li>• Are there times when you are not able to get treatment outside the home when you want it? Why? Do your children get treated in other ways? Please explain.</li> </ul>	<ul style="list-style-type: none"> <li>• Are there other things that you would like to do when you think your children are sick, but do not do for some reason? [If yes] What are they? Why don't they do these things?</li> </ul>
<p><b>Continuous utilization: barriers to continuous usage of a treatment in response to child's visit to a VHT or facility. (Includes issues of access to services at health facilities, access to information, health care providers.)</b></p>	<ul style="list-style-type: none"> <li>• [If VHTs are mentioned; if not, probe] Do VHTs help when your children are sick?</li> <li>• [If facilities are mentioned; if not, probe] Do you have access to PUBLIC health facilities in your area? Yes/No.</li> <li>• What is your experience with public health facilities when your child is sick?</li> <li>• If cost is mentioned, is it costly to treat children when they have diarrhoea, pneumonia, or malaria? What are the costs involved?</li> </ul>	<ul style="list-style-type: none"> <li>• Can health care providers help you when you need help? Is there anything you wish they'd do that they currently don't?</li> </ul>

THEMES	QUESTIONS	PROBES
<p><b>Quality: barriers to completing a treatment within a proscribed timeframe</b></p>	<ul style="list-style-type: none"> <li>• How do mothers know when the child is getting better? What are the first signs that show that the child is getting better?</li> <li>• If you've ever received medicine for your child's illness, when do you stop giving medicine?</li> <li>• [If they've ever gotten medicine to treat a childhood illness] Is timing important when taking medicine for a child's illness?                             <ul style="list-style-type: none"> <li>○ How do you tell <u>when</u> it is time to give the next dose to your child?</li> </ul> </li> <li>• Have you always done things this way?</li> <li>• Are there things you've learned over time that help you care for your children?                             <ul style="list-style-type: none"> <li>○ IF YES: Can you tell us about what you've learned?</li> <li>○ Are there any experiences you've had that have helped you learn how to care for your children?</li> </ul> </li> </ul>	
<p><b>MALE INVOLVEMENT</b></p> <p><b>Male involvement in family health-seeking behavior</b></p>	<ul style="list-style-type: none"> <li>• What do fathers / husbands in this community do when one of their children falls sick?                             <ul style="list-style-type: none"> <li>○ Who decides when and where to take children when they fall sick?</li> </ul> </li> </ul>	

THEMES		QUESTIONS	PROBES
<b>IMMUNIZATIONS</b>			
<b>Attitudes toward immunization</b>	<ul style="list-style-type: none"> <li>• Have all your children been immunized?                             <ul style="list-style-type: none"> <li>◦ Why or why not?</li> </ul> </li> <li>• How do you feel about immunizations?</li> <li>• Are there questions about immunisation that you want answered but have never asked anyone?                             <ul style="list-style-type: none"> <li>◦ If so, how come you have never asked?</li> <li>◦ If you have asked what happened? Did you find the answer helpful?</li> </ul> </li> <li>• Would you say that health workers help you understand what immunization is about? Why or why not?</li> <li>• Do you ever worry that health workers will do things that you don't want them to do?                             <ul style="list-style-type: none"> <li>◦ If so, like what?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fears or concerns about immunizations?</li> <li>• Do health workers answer your questions?</li> <li>• How do health workers treat you?</li> </ul>	
<b>General attitudes towards disease testing</b>	<ul style="list-style-type: none"> <li>• Do health workers ever give your children blood tests before treating them?                             <ul style="list-style-type: none"> <li>◦ [IF YES] for which diseases?</li> <li>◦ How do you feel about that?</li> </ul> </li> <li>• Do you ever worry that your children might be tested for diseases that you don't want them tested for?                             <ul style="list-style-type: none"> <li>◦ [IF YES] for which diseases?</li> </ul> </li> <li>• What do you do about it?</li> </ul>		
<b>HEALTH SERVICES</b>			
<b>Availability and access</b>	<ul style="list-style-type: none"> <li>• What kinds of health units are available in your community?</li> <li>• Do you prefer to go to particular health units when your child is sick?</li> <li>• How do you get to different health units?</li> </ul>	<ul style="list-style-type: none"> <li>• Health units: probe for public clinics drug shops, traditional health services</li> <li>• Transportation: probe for type, availability, and cost</li> </ul>	

THEMES	QUESTIONS	PROBES
<b>Perception of the quality of health services</b>	<ul style="list-style-type: none"> <li>• What is your experience with VHTs?</li> <li>• What about public facilities in your community: are they helpful?</li> </ul>	
<b>Quality of health workers</b>	<ul style="list-style-type: none"> <li>• How do health workers treat you?</li> </ul>	
<b>Public versus private facilities</b>	<ul style="list-style-type: none"> <li>• Do you ever seek services from private facilities?</li> <li>• Do you like to go to private facilities or public facilities?</li> </ul>	
<b>RANKING</b>		
<b>Ranking barriers to care</b>	<ul style="list-style-type: none"> <li>• What are the five biggest challenges that you face, as a parent, when you try to seek health care for your children? <i>Have person rank in order, with one being the greatest barrier to seeking care.</i></li> <li>• What do you do when these challenges come up?</li> </ul>	<ul style="list-style-type: none"> <li>• Has anything bad ever happened because of these challenges?</li> </ul>
<b>QUALITY AND SATISFACTION</b>		
<b>How could quality of health services be improved?</b>	<ul style="list-style-type: none"> <li>• What do you have to say about the quality of health services available in your community?</li> </ul>	
<b>User satisfaction?</b>	<ul style="list-style-type: none"> <li>• IF COMPLAINTS ARE RAISED: What can make the quality of health services better?</li> </ul>	
<b>Community demand for services / accountability?</b>	<ul style="list-style-type: none"> <li>• Are there things that you wish were different? If so, who should do it?</li> </ul>	
<b>What can make planning and implementation better?</b>	<ul style="list-style-type: none"> <li>• Do you feel you have the capacity to influence the posting of health workers?</li> <li>• Are there other things that you would like to talk about regarding this topic?</li> </ul>	

## Key Informant Interview Guide for Health Care Professionals

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### Target: In-Charge and MCH Health Worker

#### I. Introduction - [1 minute]

Thank you for taking time to participate in this interview today. My name is [INTERVIEWER] and I am working on behalf of the Advocates Coalition for Development and Environment (ACODE) for the CODES project. You may already be familiar with CODES. But if you're not, CODES is a multi-year effort developed by the Ministry of Health in partnership with UNICEF, my organization ACODE, and ChildFund International. CODES stands for "Community and District Empowerment for Scale-up." The goal of CODES is to support and strengthen the Ministry's and district's strategies for child survival.

In keeping with that goal, I'm here today to understand better some of the challenges that you've seen as a health care professional serving parents and caretakers of children under the age of 5. Your comments will help us create strategies to improve health services for children in [DISTRICT].

#### II. Ground Rules - [1 minute]

I am interested in your opinions and assessments. There are no right or wrong answers. I encourage you to provide frank comments that will improve our work. This interview will last between 45 minutes to one hour.

#### III. Confidentiality - [1 minute]

Everything you say is kept in confidence at our office, ACODE. If you consent to it, a recorder will document what you say so we have an accurate account of your views. While we will never use your name in any reports we write, it may be possible for individuals at the district level to identify you, given the fact that we will be interviewing a small number of health workers in [DISTRICT]. However, our questions mainly focus on care-seeking behavior among parents and caretakers of children under five. We will not ask you to comment on the management of health services at the district or national levels. Do you have any concerns about the discussion being tape-recorded?

Do you have any questions for me?

#### IV. Introduction of Interviewee (Warm-Up) - [1 minute]

Can you introduce yourself? Also, please state your occupation, how many years you've served in that role, and the health facility to which you are attached.

<b>District:</b>	
<b>Supervision Area:</b>	
<b>Sub-county:</b>	
<b>Village:</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Health Facility:</b>	

THEMES	QUESTIONS	PROBES
<b>General</b>	<ul style="list-style-type: none"> <li>• What are some of the biggest health problems that affect children under 5 years in this area?</li> <li>• Are there unique challenges that exist within your district, when compared with the rest of the country?                             <ul style="list-style-type: none"> <li>○ Within the population?</li> <li>○ Geography?</li> <li>○ History?</li> <li>○ Health facilities?</li> </ul> </li> <li>• What are some of the challenges you face as a [ROLE/TITLE] at this facility when it comes to treating children?</li> </ul>	

THEMES	QUESTIONS	PROBES
<b>CHILDHOOD ILLNESSES: DIARRHOEA, PNEUMONIA, AND MALARIA</b>		
<b>Utilization of services</b>	<ul style="list-style-type: none"> <li>When it comes to diarrhoea, pneumonia, and malaria, which of the three ailments has been most challenging for the facility to deal with, and why?</li> <li>Are there things you would like to do when it comes to treating these three ailments that you aren't able to do? If so, what are they, and why?</li> </ul>	
<b>MALE INVOLVEMENT</b>		
<b>Male involvement in family health-seeking behaviour</b>	<ul style="list-style-type: none"> <li>What do fathers / husbands in this community do when one of their children falls sick?                             <ul style="list-style-type: none"> <li>Who decides when and where to take children when they fall sick?</li> </ul> </li> </ul>	
<b>HEALTH SERVICES</b>		
<b>Quality of services</b>	<ul style="list-style-type: none"> <li>Based on your experience, <u>where</u> do parents usually seek treatment when their children are sick with diarrhoea, malaria, or pneumonia):                             <ul style="list-style-type: none"> <li>A relative?</li> <li>Pharmacist / drug seller / shop?</li> <li>VHT?</li> <li>Public health facility?</li> <li>Private doctor or nurse/paramedic?</li> <li>Traditional healer?</li> <li>Herbs?</li> </ul> </li> <li>Can you comment on the <u>quality</u> of pharmacists/drug sellers/shops in this area?</li> <li>Can you comment on the <u>quality</u> of different private services in this area?</li> <li>Is it generally true that the poorest of the poor rely on public facilities?</li> </ul>	

<b>QUESTIONS</b>		<b>PROBES</b>	
<b>Parents' perceptions of facility</b>	<ul style="list-style-type: none"> <li>• Based on your expertise, how do parents perceive health services at this facility?                             <ul style="list-style-type: none"> <li>○ Why do parents perceive services in this way?</li> <li>○ Are these perceptions accurate?</li> </ul> </li> <li>• IF PERCEPTIONS ARE NEGATIVE: What can be done to change these perceptions?</li> </ul>	<ul style="list-style-type: none"> <li>• Are there particular complaints that you hear from community members about health care at this facility?                             <ul style="list-style-type: none"> <li>○ Are those complaints fair?</li> </ul> </li> </ul>	
<b>Parents' perceptions of health workers</b>	<ul style="list-style-type: none"> <li>• Based on your professional experience, how do parents perceive health workers at this facility?                             <ul style="list-style-type: none"> <li>○ IF PROBLEMS ARE MENTIONED: Are there things you would like to do to improve things, but haven't been able to do? If so, what things, and why?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ IF PROBLEMS ARE MENTIONED: Are these complaints fair?</li> </ul>	
<b>Health worker challenges</b>	<ul style="list-style-type: none"> <li>• What challenges do health workers face in this facility?</li> </ul>		
<b>VHTs</b>	<ul style="list-style-type: none"> <li>• Are there things that could be done to help health workers?</li> <li>• What is your opinion of the VHTs who operate in this area?                             <ul style="list-style-type: none"> <li>○ Are VHTs helpful in this area?</li> </ul> </li> <li>• Are there any changes that you would like to make when it comes to VHTs, but can't? If so, why?</li> </ul>	<ul style="list-style-type: none"> <li>• Do you oversee any VHTs?</li> </ul>	
<b>IMMUNIZATIONS</b>			
<b>Attitudes toward immunization</b>	<ul style="list-style-type: none"> <li>• What are the challenges to immunizing children in this area?                             <ul style="list-style-type: none"> <li>○ PROBE: attitudes of parents towards immunizations in this community?</li> </ul> </li> <li>• Are there things that you would like to do, but aren't able to do, when it comes to immunizations in this area?</li> </ul>		

THEMES	QUESTIONS	PROBES
<p><b>General attitudes towards disease testing</b></p>	<ul style="list-style-type: none"> <li>• What is this health facility's policy towards testing children for HIV/AIDS?                             <ul style="list-style-type: none"> <li>◦ How has the policy worked so far?</li> </ul> </li> <li>• Do some parents ever worry that their children might be tested for diseases that they don't want them tested for?                             <ul style="list-style-type: none"> <li>◦ [IF YES] Does this ever have an effect on some parents' willingness to bring their children to the health center to be treated?</li> </ul> </li> </ul>	
<p><b>RANKING</b></p>		
<p><b>Ranking barriers to care</b></p>	<ul style="list-style-type: none"> <li>• What are the five biggest challenges or barriers to care that parents of children under five face when they try to seek health care for their children? <i>Have person rank in order, with one being the greatest barrier to seeking care.</i></li> <li>• Given your role at the facility, is there anything you can do that would have an affect on these challenges or barriers?                             <ul style="list-style-type: none"> <li>◦ Are there things that you would like to do, but can't do for some reason?</li> </ul> </li> </ul>	
<p><b>SATISFACTION</b></p>		
<p><b>How could quality of health services be improved?</b></p>	<ul style="list-style-type: none"> <li>• What do you have to say about the quality of health services available in your community?                             <ul style="list-style-type: none"> <li>◦ IF CRITIQUES ARE VOICED: Can services be improved to help health workers address the needs of patients?</li> </ul> </li> </ul>	
<p><b>User satisfaction?</b></p>	<ul style="list-style-type: none"> <li>• Are there other things that you would like to talk about?</li> </ul>	
<p><b>What can make planning and implementation better?</b></p>		

## Verbal Informed Consent Form

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### Your Part in the Study

If you agree to participate in the study the discussion will take about one hour. By taking part in this discussion/interview, you consent to being a participant in this study.

### If You Decide Not to Participate in the Study

Your participation in the study is voluntary and there is no penalty for refusing to take part. If you do not wish to participate, you may stop at any time. There will be no cost to you as a result of participating in this study.

### Confidentiality

The information you provide will be confidential. Responses will be completely anonymous, your name will not appear anywhere in the final write up of the research findings.

### Benefits

There will be no direct personal rewards from participating in the study. However, you will receive a transport refund of 5,000 shillings.

### Risks or Discomfort

People will respond to questions differently, and you may feel uncomfortable with some questions that we will ask. If you experience any personal discomfort during the discussion you may, as stated above, ask to move on to another question or stop the discussion (withdraw from the study) at any time.

### Contact Person for Questions

If you have any questions about the study or any problems with the study you may contact Elizabeth Allen, who oversees the study, at the following telephone number: 0787-621-132.

Thank you again for your participation.