**Annexes**

**Annex I: Subject information sheet**

You are invited to participate in research study to be conducted by Jimma University- KOFIH-JZHO MNCH Collaborative Project. Please be patient while the interviewer read the following statement to you and ask any unclear question before you agree to participate.

**Title:** Average time spent between referring and service utilization at receiving health facility and associated factors among clients referred for maternal and child health service, South West Ethiopia, 2019

**Objectiv**e: To determine average time spent by clients between referring and receiving health facilities and factors determining it, Jimma zone, Oromia region, South West Ethiopia, 2019

**Participation Procedures and Guidelines**

1. The information you provide will be keep completely anonymous, that is, your name will not be on any of the form
2. Your information will be kept confidentially
3. The interview will take about 30 to 45 minutes to complete; however, if you don’t want to participate in the study you have full right.

**Participation Benefits and Risks**

* Your participation in this study does not involve any risks.
* You also might experience some benefit from participating in this study. These benefits might be positive feeling from helping with an important research study and your response will assist in development of protocol on Referral Communication System
* No incentive will be given for participants in the study

**Rights to Refuse or Withdraw**

* Your participation is voluntary and there is no penalty for you not wanting to participate
* This means that you are free to stop at any point or to choose not to answer any particular question or all the questions.

If you have questions concerning the study, you may contact **Sena Balina Kitila**

* Phone number +2519-1211-2666

Email: senabalina26@gmail.com

**Annex II: Consent form**

**Informed consent**

**Hello: Good morning /evening?**

 I would like to start by extending a sincere welcome. My name is -------------------I am here today to collect data on the study conducted to **‘**Average time spent between referring and service utilization at receiving health facility and associated factors among clients referred for maternal and child health service, South West Ethiopia, 2019’’**,** at this study setting. Therefore, your honest and genuine response is crucial for the success of this study since this study will help to improve maternal health care and to decrease maternal mortality rate at large. You are going to be interviewed on **average time spent by clients between referring and receiving health facilities and factors determining it;** you are kindly requested to participate and you have a full right not to participate, ask any unclear question before you agree to participate and to withdraw in the meantime. The privacy of your information is also garneted and it is only used for study purpose.

**Do you agree to participate?**

* Yes
* No

If yes, can you please sign up for me here\_\_\_\_\_\_\_\_\_\_

If No, thank you stops here

**Annex III: Patient exit interview questionnaire**

**Woreda:**

1. Omo Beyam
2. Omo Nada

**Part I: Patients Socio demographic characteristics**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N.  | **Item** | **Response** | **Remark** |
| 101 | What is your age  | [ ]in completed year |  |
| 102 | Your role in the household | 1. Wife
2. Head of HH
3. Other (specify)
 |  |
| 103 | Place of residence | 1. Rural
2. Urban
3. Semi urban
 |  |
| 104 | What is your religion?(Do not read list) | 1. Muslim 3. Orthodox
2. Protestant 4.Other (Specify)\_\_\_\_
 |  |
| 105 | What is your ethnicity? | 1. Oromo 4. Amhara
2. Gurage 5. Yemi
3. Dewaro 6. Other (Specify)\_\_\_\_
 |  |
| 106 | What is your current marital status?(Do not read list) | 1. Married 3. Divorced
2. Widowed 4. Single

5. Other specify \_\_\_\_\_\_\_ |  |
| 107 | What is your educational status **[women**] | 1. Can’t read and write
2. Informal education
3. Grade 1-4
4. Grade 5-8
5. Grade 9-10
6. Grade 11-12
7. Vocational & technical training
8. University degree/diploma

99. Don’t Know/remember |  |
| 108 | Educational status [**husband**] | 1. Can’t read and write
2. Informal education
3. Grade 1-4
4. Grade 5-8
5. Grade 9-10
6. Grade 11-12
7. Vocational & technical training [10+1, 2, 3,4]
8. University degree/diploma

99. Don’t Know/remember |  |
| 109 | What is your Occupation **[woman**]? | 1. Farmer
2. Merchant
3. Government employee
4. Daily laborer
5. Others (specify) \_\_\_\_\_\_\_\_
 |  |
| 110 | What is your spouse’s occupation [**husband**]? | 1. Farmer
2. Merchant
3. Government employee
4. Daily laborer
5. Others (specify) \_\_\_\_\_\_\_\_
 |  |
| 111 | **Housing and ownership** |
| 111.1 | The house wall is made of:  | 1. Mud 2. Mud with cement plastered 3. Brick/stone 4. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 111.2 | The house floor is made of: | 1. Soil 2. Cement 3. Wood 4. Ceramic tiles 5 Plastic tiles 6. Other\_\_\_\_\_\_\_\_ |  |
| 111.3 | The house your family living in is:  | 1. Owned by the family 2. Rented 3. Others (specify) \_\_\_\_\_\_\_\_ |  |
| 111.4 | Do you have separate kitchen from the main house? | 1. Yes
2. No
 |  |
| 111.5 | What is the main source of drinking water for members of your household? | 1. Piped water
2. Protected well
3. Unprotected well
4. Protected spring
5. Unprotected spring
6. Surface water
7. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 111.6 | What kind of toilet facility your family owned? | 1. Flush latrine
2. Ventilated improved pit latrine
3. Pit latrine
4. Open field
5. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Not owned
 |  |
| 111 | **Of the following objects, which ones do you and your family own** | Yes=1 | If yes, how many? | No=0 |
| 111.7 | Farm Land (in Fechassa) |  |  |  |
| 111.8 | Cattle (cows and oxen) |  |  |  |
| 111.9 | Sheep or goat |  |  |  |
| 111.10 | Pack animals (donkey, mule, horse) |  |  |  |
| 111.11 | Motorcycle |  |  |  |
| 111.12 | Car |  |  |  |
| 111.13 | Truck |  |  |  |
| 111.14 | TV |  |  |  |
| 111.15 | Computer (Desktop or laptop) |  |  |  |
| 111.16 | Refrigerator  |  |  |  |
| 111.17 | Sofa set  |  |  |  |
| 111.18 | Table  |  |  |  |
| 111.19 | Chairs |  |  |  |
| 111.20 | Cell/Mobile phone |  |  |  |
| 111.21 | Electric Mitad |  |  |  |
| 111.22 | Jipaz/Functional Radio/Tape Recorder |  |  |  |
| 111.23 | Bicycle |  |  |  |
| 111.24 | Electric stove |  |  |  |
| 111.25 | Have electricity/solar  |  |  |  |
| 111.26 | Sponge Mattress |  |  |  |
| 111.27 | Monthly family income | [ ]in in birr |  |
| 112 | Total family size  | 1. Total\_\_\_\_\_
2. Male \_\_\_\_
3. Female\_\_\_\_\_\_
 |  |
| 113 | Number of under-five children in your family? | 1. Total \_\_\_\_\_\_\_
2. Male \_\_\_\_\_\_\_
3. Female \_\_\_\_\_\_\_
 |  |
| **Part II: Referral Process and time taken between referring and receiving health facility**  |
| 201 | What is the purpose of this visit?  | 1. For ANC services
2. For delivery services
3. For PNC services
4. For FP services
5. For curative child health services
6. For preventing child health care
 |  |
| 202 | If your response for Q201 is 5 or 6 What is the sex of the child | 1. Male
2. Female
 |  |
| 203 | If your response for Q201 is 5 or 6 What is the age of the child | \_\_\_\_\_\_\_\_\_\_ |  |
| 204 | Are you referred for this service? **[Confirmatory question]** | 1. Yes
2. No
 |  |
| 205 | If yes to Q#204, Site of referral [from where referred] | 1. From Jimma zone
2. Out of Jimma zone
 |  |
| 206 | If yes to Q#204, Site of referral [to where referred]  | 1. To Jimma zone
2. Out of Jimma zone
 |  |
| 207 | If yes to Q#204, what was the reason  | 1. Complicated case that our facility cannot mgt
2. For further evaluation and management
3. Self-referral
4. Other(specify)\_\_\_\_\_\_\_\_
 | If \_\_ skip to |
| 208 | Which health facility referred you? | 1. Health post
2. Health center
3. Primary hospital
4. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 209 | To what level health facility you referred to?  | 1. Health center
2. Primary hospital
3. General hospital
4. Tertiary hospital
5. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 210 | Distance between your home and referring health facility  | [\_\_\_\_\_\_\_\_\_]in estimated Km |  |
| 211 | Means of transportation from home to referring health facility? | 1. On foot
2. Ambulance
3. Motorcycle
4. Private Transport
5. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 212 | Time taken to arrive to receiving health facility with the selected means of transportation  | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min  |  |
| 213 | Did you go back to your home after being referred? | 1. Yes
2. No
 | No > 216 |
| 214 | If your response for **Q2013 is Yes**, what was the reason? | [Text]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 215 | If your response for **Q2013 is Yes,** Distance between referring facility and home | [\_\_\_\_\_\_\_\_\_]in estimated Km or[\_\_\_\_\_\_\_\_\_\_\_] minute |  |
| 216 | If your response for **Q2013 is Yes,** Distance between home and receiving health facility | [\_\_\_\_\_\_\_\_\_]in estimated Km or[\_\_\_\_\_\_\_\_\_\_\_] minute |  |
| 216 | Distance between referring and receiving health facility  | [\_\_\_\_\_\_\_\_\_]in estimated Km or[\_\_\_\_\_\_\_\_\_\_\_] minute  |  |
| 217 | Is there any means of transportation/s in the area between referring and receiving health facilities? | 1. Yes
2. No
 |  |
| 218 | What type of transport did you use to arrive at referred site? | 1. On foot
2. Ambulance
3. Motorcycle
4. Private Transport
5. Other (specify)
 | If #1 >222 |
| 219 | Did you pay for this transportation? | 1. Yes
2. No
 | No > 222 |
| 220 | If yes to Q #219, how much did it cost you for transportation? | [\_\_\_\_\_\_\_\_\_\_\_\_]in Birr |  |
| 221 | At what time did you arrive at referring facility? | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min [day time] or [ night] | LT |
| 222 | At what time were you referred?  | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min [day time] or [ night] | LT |
| 223 | At what time did you depart from the referring health facility? | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min [day time] or [ night] | LT |
| 224 | At what time did you reach the referred site? | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min [day time] or [ night] | LT |
| 225 | Do you have referral paper?  | 1. Yes 2. No 3. Lost | No > 229 |
| 226 | If **YES** to Q225, is the referral paper formal? (to be checked by data collector) | 1. Yes 2. No |  |
| 227 | If **YES** to Q225, is the referral paper is complete? (to be checked by data collector) | 1. Yes 2. No |  |
| 228 | Once you reach the referral site, how long it took you to contact HCP for the first assessment? | [\_\_\_\_\_\_]hour, [\_\_\_\_\_]min  |  |
| 229 | Was/were there accompanying person? | 1. Yes 2. No |  |
| 230 | If your response for **Q229 is YES**, who is the person? | 1. HCP
2. Family member
3. Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| **Part III: Barriers in reaching and receiving the care** |
| 301 | In your opinion how do you think the time between referring and arriving is: | 1. Timely arrival
2. Delayed
3. Unknown
4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 302 | Was there a contributory factor for the delay in arriving and receiving care? | 1. Yes
2. No
3. Unknown
 |  |
| 303 | **First Delay:** Delay in seeking care related with socio-demographic and economic factors.(Delay at home) | 1. Poverty of the family
2. Unaware of the danger signs of the new-born
3. Unaware of the danger sign of the pregnancy
4. Did not know where to go
5. Had no one to take care of other children
6. Family/Husband negatively influenced
7. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Yes YesYesYesYesYes | NoNoNoNoNoNo |
| 304 | **Second Delay**: Delay in reaching care(Delay on the way) | 1. Transport was not available
2. Transport was too expensive
3. No facility within reasonable distance
4. Lack of road access
5. Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Yes YesYesYes | NoNoNoNo |
| 305 | **Third Delay:** Delay in receiving care(Delay at health facility) | 1. Delayed arrival to next facility from another referring facility
2. Providers’ refusal to wake during the night
3. Lack of supplies or equipment in the facility
4. Lack of medicine
5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | YesYesYesYesYes | NoNoNoNoNo |
| **Part IV: Client exist interview:** In your opinion, how do you evaluate the length of waiting time you spent at each service point? |
| 401 | How much time it takes you from arrival to exist? |  |
| 402 | How much time it takes from referring site to this health facility? |  |
| 403 | How do you see the amount of time you spent here today?1. Short time
2. Acceptable time
3. Long time
 |  |
| 404 | After arriving this facility how much time did you spent to get the whole services? |  |
|  | Service point  | Very much short  | Considerably short  | Undecided  | Considerably Long  | Very much long |
| 405 | **Time spent at Registration process** |
| 1. Reception on arrival
 |  |  |  |  |  |
| 1. Wait time before registration
 |  |  |  |  |  |
| 1. Entire registration process
 |  |  |  |  |  |
| 406 | **Time spent with Health care provider** |
| 1. Time being allowed to speak of your problems
 |  |  |  |  |  |
| 1. The time taken during history taking
 |  |  |  |  |  |
| 1. Thetime taken during physical examination process
 |  |  |  |  |  |
| 1. **Time** taken to explain your illness/condition
 |  |  |  |  |  |
| 1. Reception & instructions on investigation (at lab)
 |  |  |  |  |  |
| 1. Reception & instructions on prescription (at pharmacy)
 |  |  |  |  |  |
| 1. Waiting time before the examination room
 |  |  |  |  |  |
| 1. Time spent at the examination room with HCP
 |  |  |  |  |  |
| 1. Total waiting time in the current health facility
 |  |  |  |  |  |
| **Part V: Time spent related questions (Time motion study through observation)** |
| **Specific activity Time** | **Time spent** |
| **Section I. Registration**  |  |
| 501 | At what time did the patient report to the reception desk  |  |
| 502 | How many patients are there in the waiting area when the clientreach at the holding room before registry? |  |
| 503 | At what time did the patient reach the registration desk to start the registration process?  |  |
| 504 | How long it takes the client to complete the registration process? |  |
| **Section II. Triage** |
| 505 | As soon as the patient moves into the waiting area, how many patients are there in the waiting area waiting to be called? |  |
| 506 | At what time was the patient called to receive his/her registration form |  |
| **Section III. Examination** |
| 507 | At what time did the patient reach the waiting room just outside the examination room? |  |
| 508 | How many patients are there in the queue waiting to get into the examination rooms? |  |
| 509 | At what time did the patient enter the examination room?  |  |
| 510 | At what time did the patient leave the examination room? |  |
| 511 | At examination room, what was the decision? 1. Sent to pharmacy for treatment and left the health facility
2. Left the health facilitywith appointment for another time
3. Left the health facilitywith appointment for afternoon/just after few hours
4. Sent to laboratory
5. Referred for further treatment
 | Encircle [multiple response is possible] |
| **Section IV. Diagnostics (Laboratory)** |
| 512 | Has the patient gone to the laboratory? 1. Yes 2. No | No skip > 318 |
| 513 | After how long did the patient reach the laboratory waiting area? |  |
| 514 | How many patients are there when the patient reached the Laboratory**?** |  |
| 515 | After how long did the patient hand in his/her laboratory request to the lab technician?  |  |
| 516 | In the lab room, what was the decision? 1. Received lab result and sent back to examination room
2. Left the health facilitywith appointment for another time
3. Left the health facilitywith appointment in the afternoon/just after few hours
4. Sent for further laboratory tests
 | Encircle [multiple response is possible ] |
| **Section V: Pharmacy [Dispensary room]** |
| 517 | At what time did the patient reach the pharmacy? |  |
| 518 | How many patients are there when the patient reached thePharmacy? |  |
| 519 | After how long did the patient hand in his/her prescription to the pharmacist? |  |
| **Part VI: The availability of legal referral forms in health facilities (Document review)** |
| 601 | Is there formal referral form paper in this health facility? | 1. Yes 2. No  |  |
| 602 | Is there referral out registry book in this health facility? | 1. Yes 2. No  |  |
| 603 | Is there referral in registry book in this health facility? | 1. Yes 2. No  |  |
| 604 | Is there service directory in this health facility? | 1. Yes 2. No  |  |
| 605 | Is there a registration book to record feedback or follow-up in this health facility? | 1. Yes 2. No
 |  |

**Thank you for your time!**