P(M)HC RESEARCH Assessment on access to Primary (Mental) Health Care in Kassala

NOTES FOR ENUMERATORS

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Summary

Introduction

Sudan's health indicators reveal that the deficiency of the health system is identifiable, to a large extent, with the poor supply of services, due, in large part, to the scarcity of human resources and the inadequacy of their professional training. It should also be noted that there is a lack of capacity to develop health strategies developed at central level, due to insufficient financial resources and the difficulties in coordinating action between the different levels of government (competences and powers at central and of individual states).

Sudan defined a "National Health Policy" in 2007, which proposes reforms to strengthen PHC services, with particular attention to their accessibility even by the poorest populations.

The state of Kassala, where this initiative will be implemented boasts a total population of about 2.4 million people, with an annual growth rate of 2.5%. The average family size in the state is 6.2 people, with a high number of families with a female head of household, particularly in rural areas, due to the increase in male exodus from the countryside to the cities. Due to its border position, the state of Kassala has received numerous refugees and displaced persons in recent decades, mainly from Eritrea and Ethiopia, fleeing famine and conflict. Both inflows have increased the pressure on already fragile health facilities.

Besides the ratio of Medical and Health Cadres to population shows encouraging figures concerning non-professional health staff (nurses, general practitioners, medical assistants), the No. of the specialized health consultants is significatively under the standard level (1:50,000 population). Particularly, concerning one of the less considered health care intervention areas, the mental health, the rate of professionals deployed on the ground is dramatically low, with only 2 psychiatrists serves the whole Kassala State (data extrapolated from the database of the MoH of Kassala, 2019).

According to the WHO, "*Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing*". Although no national neither regional prevalence study has been conducted across the whole country, many articles have been published addressing the psychological and psychiatric needs of specific sectors or groups, but mental health is still kept emarginated in the panorama of the PHC services.

Furthermore, the hospitals and PHC facilities operating in the Kassala States are dislocated within an area of 55,374 km2. Certain barriers can make gaining access to the health care system difficult. Lack of transportation, inadequate trained professionals, professionals' workload, opening hours of the facilities, impossibility in accessing documents stating your legal status, and language difficulties are a few of the many constraints that may stand between needs of a sick person and

the health care system. More broadly, barriers can create inequitable circumstances for the poor, certain minority populations, and vulnerable people with disabilities incapable to be fully autonomous in seeking care, or conscious enough of their own conditions. This sector of the population that normally faces more difficulty in getting services, is in general the less healthy. This may be due to not only the amount of care they receive but also the content, quality, and continuity of what care they do receive.

The P(M)HC RESEARCH here presented wants to respond to the lack of data concerning both i) the accessibility to PHC services for the population in need, especially for the vulnerable part of it; ii) and the consistency of the services provided by the health structures.

In this frame, **the Ministry of Health of Kassala (MOH), through its Mental Health Directorate, aims at performing an assessment study of the health facilities within the capital Kassala City and its peri-urban suburbs, with the specific goal to delve into the mental health care support provided in the State**.

Under this mandate, the P(M)HC RESEARCH is oriented in identifying rooms of improvement for the primary health sector in Kassala, in defining proposal for future interventions i) boosting the accessibility to basic health services as for, but not exclusively, psychological and psychiatric needs, ii) encouraging and enhancing the health seeking behaviour of the local communities, and iii) integrating the principles of the Family Medicine within the PHC facilities' ordinary practice.

Furthermore, the focus on the accessibility by vulnerable people, especially those affected from mental health disabilities, represents an opportunity to **sensitize the target facilities and the Ministry of Health itself on the importance of considering mental health as part of the basic health services**, as for WHO definition of the primary health care and as for the Family Medicine approach.

1. WHY YOU HAVE BEEN HIRED AND STAFF TEAM

The Kassala MoH in collaboration with AICS, has set a digital tool for a simplified data collection in four different areas of the region. For this purpose, it has been hired a team of enumerators who has the essential role of collecting information relative to the Primary Health Care facilities and to patients' perceptions.

Specifically, enumerators are expected to conduct filed visit to the target PHC facilities for the collection of data concerning two areas:

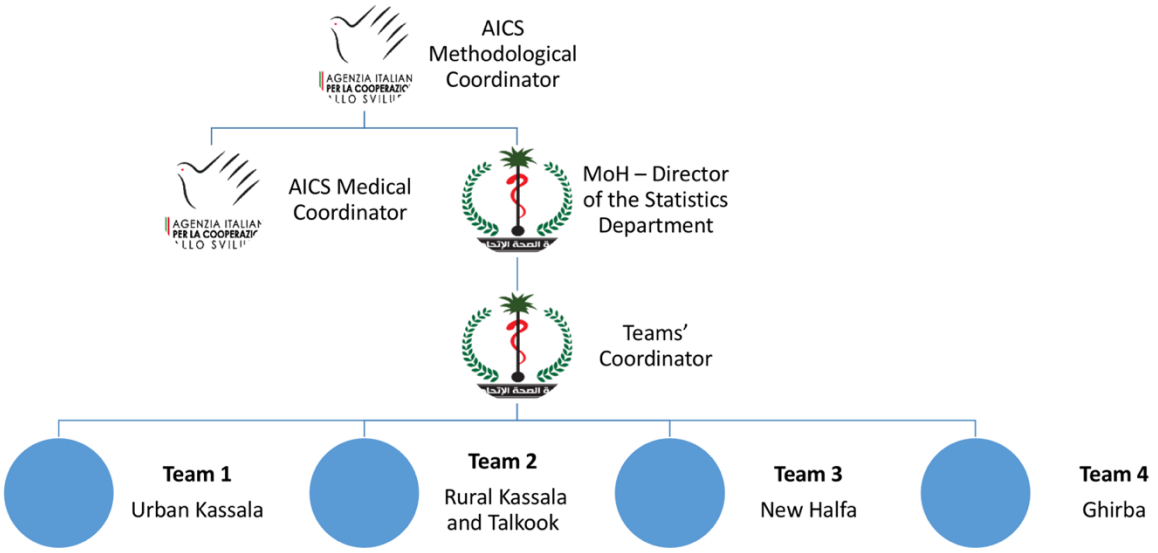
- Assess the current level of access to PHC services among a sample of (at least) **90 Service Providers** in the Kassala area, by collecting data on accessibility to PHC services offered by in the urban and peri urban Kassala:

- staff and professionals
- services offered
- equipment
- reached patients
- finance monitoring system
- mobility factors
- distance from health care resources
- health information system
- facilities for disability
- *and* due to the current situation, COVID-19 compliance.

- Assess the current level of access to PHC services among the population (demand side, alias the patients) by interviewing a sample of at least **200 persons** seeking health care.

In the following paragraphs enumerators will find specific instructions about their responsibilities, and instructions to accomplish their duties.

Organigram



Enumerators should always refer to Mr. _____, the Coordinator of the enumerator Teams.

Contact details

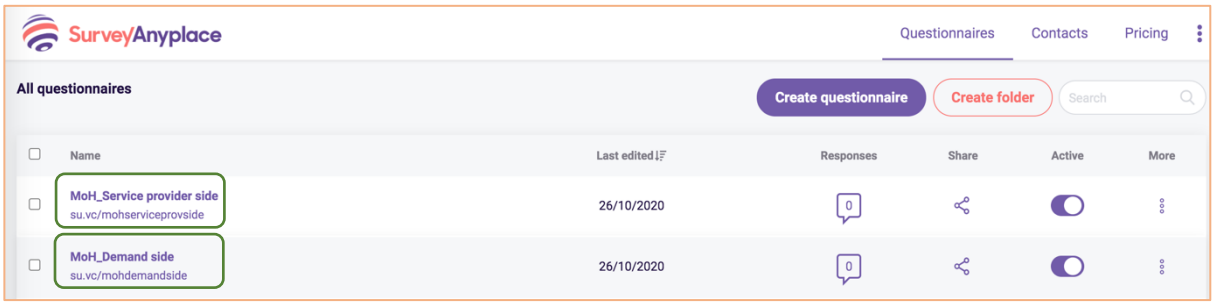
Mobile: xxxxxxxxxx

Mail: xxxxxxxxx@gmail.com

Mr. _____ (Coordinator) will keep regular contact with the AICS Medical Coordinator Mr. _____, the Director of Statics Department Mr. _____, and the AICS Methodological Coordinator.

2. WHAT ARE YOUR RESPONSIBILITIES AND DUTIES

The **P(M)HC RESEARCH** leans on two main tools:



TOOL 1

MoH_Service providers' side

TOOL 2

MoH_Demand side

Each team of enumerators is in charge of eight (8) main different tasks:

1. **Contact all the target PHC facilities (divided by geographical areas) and introduce them to the P(M)HC RESEARCH** (composed of TOOL 1. *MoH_Service providers' side* and TOOL 2. *MoH_Demand side*). The PHC facilities must be aware of both i) the purpose of the assessment, ii) the data we aim to collect.

2. **Collect name, surname, mail and mobile phone number of the reference persons you will interview.** Ideally, you should interview 1 medical staff and 1 administrative staff (better if gender balanced), *See Annex* I. This template must be filled and sent to the Coordinator by 1 week from the beginning of the assessment.

3. **Recall and notify the PHC facility of your visit, <u>at least 2 days before the visit</u>.** You must be sure that your counterparts will be available and ready to welcome you at the PHC centre. Movements inside the Region are already quite tough. It is your responsibility to coordinate with them in order to avoid losing time, energy and last but not least, fuel.

4. **Submit to target PHC facilities the *MoH_Service providers' side***, on the accessibility to health services.

5. **Carefully choose in the waiting room of the PHC facilities, a small sample of patients who might be available and, most of all, able to answer to the *MoH_Demand side.*** Keep in mind that the participation to the survey is on voluntary basis; no person should be forced to participate.

6. **Submit to patients the *MoH_Demand side***, on the accessibility to health services.

7. **Regularly control if data have been uploaded on the platform,** on a daily basis, to avoid losing data of already surveyed PHC facilities.

8. **Regularly report to the MoH Teams Coordinator** (through the agreed methods).

Every enumerator is furthermore responsible for reporting to the AICS Medical Coordinator Mr. _____, any incongruency in the tool and/or any sort of issues registered by the households.

3. WHO YOU ARE GOING TO INTERVIEW - P(M)HC RESEARCH's TARGET

PHC facilities will be located in four areas within the Kassala State:

- **Kassala Rural**
- **Kassala Urban and Talkook**
- **New Halpha**
- **Ghirba**

Total PHC facilities to be interviewed in Kassala urban (*Team 1*)	34	**Total 100***
Total PHC facilities to be interviewed in Kassala rural and Talkook (*Team 2*)	26	
Total PHC facilities to be interviewed in New Halpha (*Team 3*)	28	
Total PHC facilities to be interviewed in Ghirba (*Team 4*)	12	

** The goal is to collect data from at least 90 facilities. Hence, we have considered 10 extra facilities due to the pandemic and / or logistical challenges enumerators might face along the data collection.*

Total patients to be interviewed in Kassala urban (*Team 1*)	68	**Total 200**
Total patients to be interviewed in Kassala rural and Talkook (*Team 2*)	52	
Total patients to be interviewed in New Halpha (*Team 3*)	56	
Total patients to be interviewed in Ghirba (*Team 4*)	24	

At least 40% of the persons to be interviewed shall be women.

TEAM 1 (Kassala based, 1 Psychologist + 1 Statistician)

1. Kassala urban health centers

No	Name of health center
1	West mokram
2	Elshaabia
3	Wawo noor
4	Elbarno and bargo
5	Eltadamon
6	Kadogli
7	Tarawa
8	Elmansora
9	Elsawagi (elnahda)
10	Elkormota
11	Elroman
12	Hamid wakeel
13	Banet shamal
14	North sawagi
15	Elsalam
16	mastora
17	Elshaheed raiba
18	East inkaaz
19	Jamaa
20	Eltora
21	Elsikka hadeed
22	South halanga
23	Elhidaya
24	Elmorganiya (dialysis)
25	Diagnostic center
26	North inkaaz
27	Yahya elhussain
28	West gash
29	Elmorabaat (Red Crescent)
30	Elthora
31	Banet block 42
32	Mokram elderwa
33	baryay
34	Elsoreeba

100 TOTAL FACILITIES

TEAM 2 (Kassala based, 1 Psychologist + 1 Statistician)

2. Rural kassala health centers

No	Health centers
1	Alderman
2	Hafarat
3	Wadsharefy elmasjed
4	Awaad
5	Fadayeab
6	Elshokria
7	Fato
8	Elsabdarat
9	Golsa
10	Amara
11	North Elhomadab
12	Elmobasher
13	Jossy
14	Kartyay
15	Ellafa
16	Wadsharefy wasat

3. Talkook locality health centers

No	Health centers
1	Maman elmasjed
2	Tahday osees
3	Elatyot elmasjed
4	Yedaroot
5	Tahjar
6	Tawayeet wasat
7	Darasta
8	Jabal haboob
9	Baryay
10	Balhistaf

TEAM 3 (New Halfa based, Local Health Authority appointed)

4. New halfa locality health centers

No	Health centers
1	Elhara elola
2	El hara elrabaa
3	Elsofya eljadeda
4	Gely
5	Om reka
6	Omraho
7	Shakely
8	Hey Osman
9	Elabbasia
10	Elmoasasa
11	Elmahalij
12	Elthora moraba 2
13	Dabarosa elgadeema
14	26 eskan
15	22 eskan
16	24 eskan
17	19 eskan
18	12 eskan
19	4 eskan
20	33 eskan
21	3 eskan
22	13 eskan
23	2 eskan
24	8 eskan
25	Elthora moraba 1
26	Dabarosa elgadeema (abdalmonam salih)
27	Elray
28	Elsaha elmadrasia

TEAM 4 (Ghirba based, Local Health Authority appointed)

5. Girba locality health center

No	Health centers
1	Elraaya
2	1 arab janoob
3	Ard elhajar
4	2 arab ellahaween janoob
5	2 arab elshokria shamal
6	Dar elsalam
7	Elgorashi
8	Khor ellaben
9	Elmonabaa
10	Elrobat
11	Elrayan
12	Arab shamal

4. WORK SCHEDULE, TOOLS AND DATA RECORDING

1. WORK SCHEDULE

Enumerators are split in couple (one male and one female). Each couple is assigned to a geographical area and a relative pool of PHC facilities, as for the above shown list.

Awareness raising to target beneficiaries will be conducted per groups upon the following indicative workplan:

Team / Area	Schedule
Team 1 Kassala urban	• 17 phone calls on the first day of job, each enumerator, before starting the assessment • 2 telephone interview per day (recalls for the forthcoming day) • 2 physical interviews per day to PHC facilities' staff • 4 physical interviews per day to patients (2 patients per PHC facility) Total physical interviews in one month (service providers' side): **34** Total physical interviews in one month (demand side): **68**
Team 2 Kassala rural and Talkook	• 13 phone calls on the first day of job, each enumerator, before starting the assessment • 2 telephone interview per day (recalls for the forthcoming day) • 2 physical interviews per day to PHC facilities' staff • 4 physical interviews per day to patients (2 patients per PHC facility) Total physical interviews in one month (service providers' side): **26** Total physical interviews in one month (demand side): **52**
Team 3 New Halpha	• 14 phone calls on the first day of job, each enumerator, before starting the assessment • 2 telephone interview per day (recalls for the forthcoming day) • 2 physical interviews per day to PHC facilities' staff • 4 physical interviews per day to patients (2 patients per PHC facility) Total physical interviews in one month (service providers' side): **28** Total physical interviews in one month (demand side): **56**
Team 3 Ghirba	• 6 phone calls on the first day of job, each enumerator, before starting the assessment • 2 telephone interview per day (recalls for the forthcoming day) • 2 physical interviews per day to PHC facilities' staff • 4 physical interviews per day to patients (2 patients per PHC facility) Total physical interviews in one month (service providers' side): **12** Total physical interviews in one month (demand side): **24**

Each visit should be **preceded by a phone call**, with at least 2 days of advance, and the day right before the meeting, to ensure that the Team as the PHC facility agree on day, time and address of the meeting.

Each couple of enumerators will visit **2 PHC facilities per day, every working day** for the whole period of the **P(M)HC RESEARCH** until they reach their goal.
Enumerators shall explain to PHC facilities the rationale of the **P(M)HC RESEARCH**, the operating methods (the tools we are using for data collection, the duration of the interview), and make sure recipients understand exactly what is required from them and the specific timing of the proposed activities.

!!! COVID-19 pandemic / movement restrictions

PHC facilities that could not be visited due to the COVID-19 pandemic or movement restrictions declared by formal authorities, will be interviewed by phone calls.
A linear follow-up between the Teams, the Coordinator, and the supervisors is deemed necessary to ensure we are proceeding with the correct compilation of the tools, and to ensure assistance to the Team if they are facing troubles in compiling tasks.

Possible alternative solutions will be explored in case of exceptional need.

2. TOOLS

In each geographical area enumerators deal with two main sub-groups of the M&E population, the PHC facilities and people seeking for healthcare, the patients. Based on the sub-group, enumerators will collect data with the two different tools above mentioned, as suggested by the table below:

	TOOL 1 MoH_Service providers' side	**TOOL 2** MoH_Demand side
Service providers (*PHC facilities*)	*	-
Demand side (*patients*)	-	*
Methodology of collection	Digitally, through a Tablet 	Digitally, through a Tablet 

Let's take a detailed look at each tool.

TOOL 1. MoH_Service providers' side

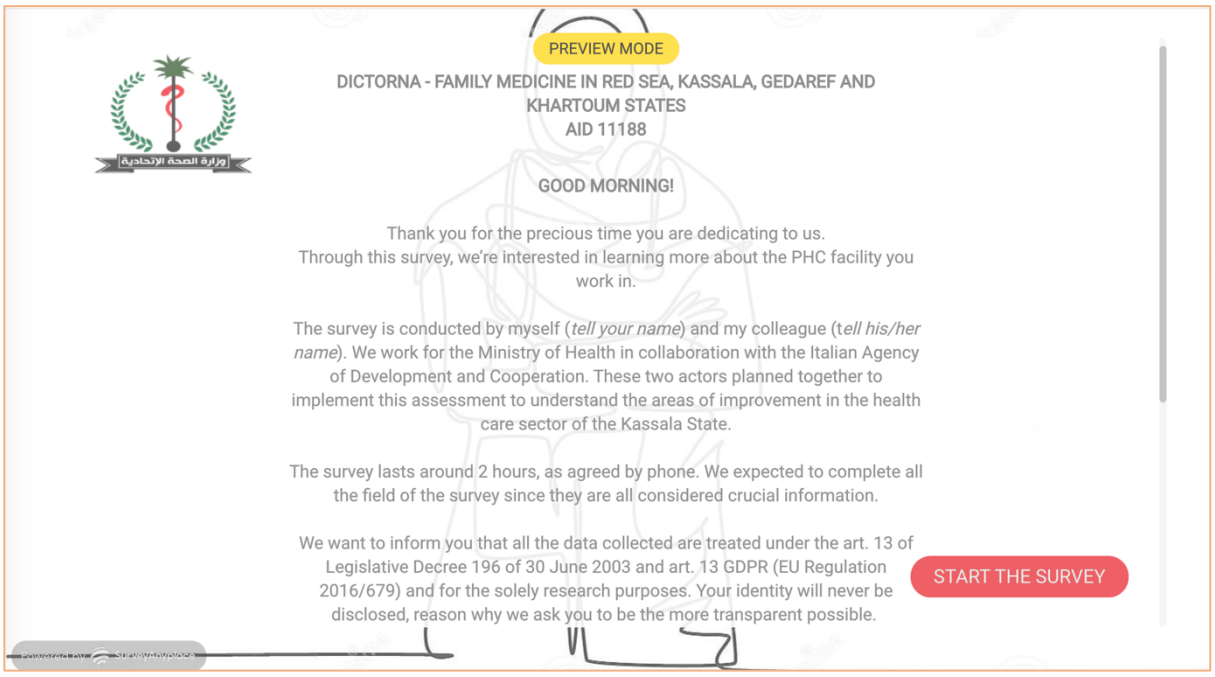
The tool is already installed inside the tablets that are given to the Teams (**1 tablet per Team**). The enumerators are personally responsible to keep the tablet in good function and safe conditions.

Before moving at the PHC facility, make sure you put the device in *Offline mode* (airplane icon). Data collection is conducted offline.

SurveyAnyplace

Once you are ready to start the assessment, unlock the tablet and access the survey through the application **SurveyApp** already set on the desktop of the device (refers to the icon concerning the **MoH_Service providers' side**).

Before starting the interview, make sure you read the *Intro screen* and that people understand and agree to proceed further:



'Start the survey' with the first question and follow the instruction on the screen until the end of the questionnaire.

Once concluded, be thankful to interviewees for giving you their precious time.

!!! Remember: the data you collect offline must be uploaded by switching off the airplane mode once you get a wi-fi stable internet connection.

TOOLS 2. MoH_Demand side

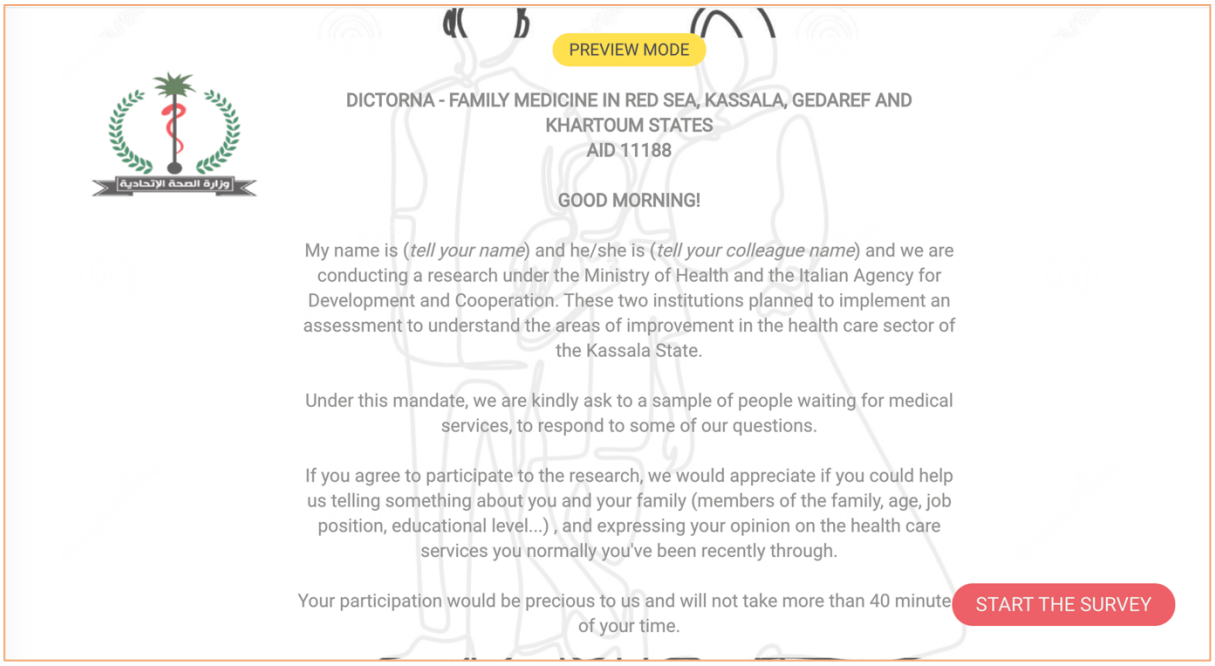
The tool is already installed inside the tablets that are given to the Teams (**1 tablet per Team**).

Before moving towards the PHC facility, make sure you put the device in *Offline mode* (airplane icon). Data collection is conducted offline.

SurveyAnyplace

Once you are ready to start the assessment, unlock the tablet and access the survey through the application **SurveyApp** already set on the desktop of the device (refers to the icon concerning the **MoH_Demand side**).

Before starting the interview, make sure you read the *Intro screen* and that people understand and agree to proceed further:



Start the survey with the first question and follow the instruction on the screen until the end of the questionnaire.

Once concluded, be thankful to interviewees for sharing personal experiences and time with you.

Always remember you are entering a private sphere of a household, touching delicate topics such as medical needs, economic status (revenues and expenses) and eventual difficulties in getting themselves food. **Act respectfully and politely.** ALWAYS remember them that all the collected information will be treated in respect of their privacy.

!!! Remember: the data you collect offline must be uploaded by switching off the airplane mode once you get a wi-fi stable internet connection.

UPLOAD OF DATA

Once every two days, Teams must communicate by phone or by person with the MoH Coordinator to follow up that the data collection process is proceeding smoothly. The MoH is be responsible for the correct uploading of data collected in the SurveyAnyPlace online platform.

Enumerators are recommended to proceed with the exercise of uploading data periodically (every day). Do not to wait until the accumulation of data became unmanageable.

Please note, any detachment from the expected result (collection of data concerning at least 90 PHC facilities) depending on a deficient management of the teamwork, will be quantified in monetary terms and deducted from the contract.

Further note: when entering numbers, do not include coma "," nor dots ".":

E.g. 200.000 SDG → 200000
374.500 SDG → 374500

5. SURVEY SESSIONS – PRACTICAL TIPS FOR INTERACTION

TIPS FOR INTERACTING WITH PEOPLE DURING THE SURVEY

Introduce yourselves. We are working for the Kassala MoH and the Italian Cooperation under the project *"DICTORNA - Family Medicine in the Red Sea, Kassala, Gedaref and Khartoum States*". We are conducting the training today with the support of the Italian Government.

Explain why you are there. Our mission is to support the MoH to understand the current consistency of the health services available for the population of Kassala, and to explore paths of improvement. With your collaboration, we want to record the PHC facilities' data through an assessment study in which you will be able to record your income, expenses and monthly savings. We would like you to take this opportunity as an insightful exercise that could allow you to improve your understanding of the PHC facility where your work in, and also to assist the PHC management unit to improve the PHC planning strategies.
Please note your personal data will be treated confidentially and will not be disclosed to any institution/person outside the research, nor published anywhere.

We would like for you to feel completely free to share your ideas and opinions. The activity we are going to undertake is not a test and all the information you will share with us will be treated as strictly confidential – we will not share your personal data with anyone else outside the research and we will not use your names in reports of outwardly documents.

Your participation is entirely voluntary.

Explain the timing.

Speak slowly and repeat if necessary.

Stimulate people to spontaneously interact with you.

Use the tablet for visual support without limiting yourself in reading the questions – show them what you are doing on it. Deepen the questions that the participants show difficulties in understanding. Talk to people and let them talk to you.

Team 1 Enumerator 1 : _____ Enumerator 2 : _____

	PHC facility name	Location	Referent person's name	Surname	Telephone n.	Role
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Team 2 Enumerator 1 : _____ Enumerator 2 : _____

	PHC facility name	Location	Referent person's name	Surname	Telephone n.	Role
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Team 4 Enumerator 1 : _____ Enumerator 2 : _____

	PHC facility name	Location	Referent person's name	Surname	Telephone n.	Role
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Team 3 Enumerator 1 : _____ Enumerator 2 : _____

	PHC facility name	Location	Referent person's name	Surname	Telephone n.	Role
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