

## **MCE DRAFT TABLES FOR SUMMARIZING CONTEXTUAL FACTORS**

Revised Oct 14, 2003

### **Notes:**

These draft tables include some of the variables that may be relevant to consider when examining the impact of IMCI on child health and when planning the MCE. The local team should add other relevant variables. Data availability will vary from country to country, and thus information may not be available on some of these variables.

These tables should be updated annually (although some characteristics are fixed such as environment, geography, etc).

The MCE district-level tool (see MCE Resource Notebook) provides additional information on how to measure some of the relevant variables in the Table, but local adaptation will be needed.

We propose that these tables should be initially filled in for all study areas (states, provinces, districts, etc). It may be impossible to obtain detailed information on many of these variables for the smaller areas (e.g. mortality or nutrition), but the table should be completed with the data that are available.

**TABLE 1. GEOGRAPHICAL, ENVIRONMENTAL AND BASIC HEALTH FEATURES**

FEATURES	STATES/PROVINCES			
	a	b	c	d
Main Geographic Characteristic (vegetation, cultures, location)				
Altitude				
Annual Rainfall mm				
Significant Land Area Devoted to Nature Reserves or Uninhabitable				
Population Density / km <sup>2</sup>				
Population				
% Population Under 5				
% Urban				
Number of Villages				
Average Household Size				
Malaria Transmission & Endemicity				
Socioeconomic information (poverty map) – female education, land tenure, Human Development Index, etc.				
Under Five Mortality Rate				
Infant Mortality Rate				
Other available health indicators (Causes of death? Age at death? Endemic diseases? Malnutrition prevalence? Etc)				
OTHER RELEVANT GEOGRAPHICAL/ ENVIRONMENTAL CHARACTERISTICS				

**TABLE 2. HEALTH CARE INFRASTRUCTURE AND ACTIVITIES IN THE STUDY DISTRICTS**

FEATURES	PROVINCES			
	a	b	c	d
Government (all*) Hospitals				
Government (all*) Health Centres				
Government (all*) Dispensaries				
Total Government (all*) facilities				
Population / facility				
Government (Total*) health staff, by category of worker				
Training activities, by type				
Supervision activities (no. of supervisors, no. of visits, etc)				
Health Management Information System				
Number of attendances (government/total) of under-five children by population				
Total number of attendances (government/total) by population				
Number of vaccinations, by type (EPI delivery system)				
Vehicles available for health sector				
Province health plan updated last year				
Province budget allocations and expenditures for child health				
Province budget allocations and expenditures for drugs				
OTHER RELEVANT INFORMATON?				

\* Please provide a detailed description of NGO and private health facilities, separately for each province.

**TABLE 3. OTHER PROGRAMMES OR ACTIVITIES THAT MAY AFFECT KEY MCE INDICATORS.**

Feel free to insert additional rows in this table if there have been other interventions that may have affected child health, nutrition or survival.

Category	Indicator(s)	Link*with IMCI as implemented in study area?	Link* with another intervention?	Details of that intervention
Breastfeeding	CP1. Child under 4 months of age is exclusively breastfed CP2. Child aged 6-9m receives breastmilk & complementary feeding			
Nutritional status	CP4. Low weight for age CS2-JP. Stunting prevalence in children aged 24-59 months (modified by Habicht) CS3-JP. Wasting prevalence in children aged 12-23 months (modified by Habicht)			
Anaemia	CP6. Anemia prevalence in children $\geq 6m$ (Hb<11.0 g/dL)			
Vitamin A	CP14. Vitamin A supplementation coverage			
Nutrition counselling	CP8. Use of mother's card for children<2y			
Vaccination	AI10. Measles vaccine coverage (informed or registered) AI11. DPT vaccine coverage (informed or registered)			
Caretaker Knowledge	CP17. Caretaker knows at least two signs for seeking care immediately AI15. Caretaker knowledge of feeding during illness			
Mosquito net use	CP10. Child sleeps under treated net (treated in the last 6m) AI36. Child sleeps under net			
Home management	CP15. Sick child (today) receives increased fluids and continued feeding CP16. Child with fever receives appropriate treatment			
Morbidity	AI19. Proportion of children admitted to hospital in the last year			

Correct treatment	AI33. ORS use among children with diarrhoea AI34 Antibiotic use among children with probable pneumonia
Careseeking	CS28. Appropriate care-seeking

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\* Please complete each cell in the third and fourth rows with “likely”, “unlikely” or “possible”. If a fourth row cell is completed with “likely” or “possible”, please provide details of that intervention in row five.

