

# The Quality of Child Health Care Services in Community Health Centers in Urban Indonesia: Health Workers' Perspectives

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## Research article

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# Abstract

## Background

The quality of health delivery in primary care is crucial to improve the health status of sick children. The purpose of this study is to explore the experience of health workers in providing health care services to children under five years old in community health centre in Depok, Indonesia. The viewpoint of these professionals can provide the necessary information for improving the quality of these services at the community health centers.

## Method

The study utilizes a qualitative study design with a phenomenological approach. Twelve health care professionals from the community health centers in the city of Depok were interviewed. The data were analyzed using the Colaizzi approach.

## Results

The result of the study covers three major themes, i.e. (1) the significance of health workers in delivering health care services to children under five years old, (2) factors affecting the delivery of health care services to children under five years old, (3) the continuing efforts in providing health care services to children under five years old.

## Conclusion

The perception of health care professional with regard to their responsibility in delivering health care services to children under five years old becomes an input for improving the quality of the services. The best efforts to reduce the mortality and morbidity of children under five is by optimizing the primary and secondary preventive measures.

# Background

Currently, the trend of child mortality has declined compared to the last decade. In the last five years the number of children under-five deaths has been 32 deaths per 1,000 live births, a slight drop from the previous figure (last ten years), which was 36 deaths per 1,000 live births (1). This is the result of several factors, such as better access to health care, education level of the parents, and improved socio-economic status. The simple fact is that mortality and childbirth rates are influenced by health services factors (2). The Indonesian government is committed to increasing the number of primary health centers and revitalizing the community health centers to improve access to health services (3). Health care services at the local community health centers are the main factor that supports the quality of health care services to children under five years old and it is carried out in accordance with the Healthy Indonesia Program (Program Indonesia Sehat) (4). Unfortunately, the government's effort to increase the number of primary health centers is not always accompanied with an increase in the quality of the service provided. This situation may create a gap in the quality of health care. Indonesian Health and Demographic Survey reveals that the under-five mortality rate in communities with a low socio-economic status may go as high as 52 deaths per 1,000 live births (1). This condition gives a clear indication that an increase in the number of health centers should also be followed by a better quality health care that can be accessed by those with a low economic status (5).

Primary health care in Indonesia has been revitalized to improve public access to the services. Health care services to children under five at the community health centers cover programs such as integrated services for children under five (posyandu balita), immunization services, and the integrated management for sick children under five years old (6). Primary health care is a reflection of priorities on the essential elements, one of which is providing health care for mothers and their children (7). This is done to achieve the level of equality in access to health care that is in line with the basic human rights (8). If the health care provided at the community health centers matches the maximum prescribed quality, then it may lower the gap in health care that still occurs until today. The availability of health care at the primary level can improve the efficiency of health care budget and make the health care budget more effective (9). This view is in line with the findings from previous studies that show a better health care at the primary level will ultimately lead to a healthier community investment and a sound budget (10–12). The programs in health care are highly dependent on the role of the health workers in carrying out their duties. Therefore, the number of qualified health workers should be proportional to the population as a whole. The 2017 Indonesian Health Profile Report shows that there are 136,203 health workers consisting of 17,954 doctors and 118,249 nurses spread over the community health centers throughout the nation (13). The figure shows that based on quantity alone, the proportion still leaves a lot to be desired, i.e. the number of health workers in the community health centers is still inadequate. Moreover, as it turns out, the revitalization of community health centers is also at odd with the projected quality of health care resources serving in primary health care centers. The fact is revealed in Volpintesta's study that shows there is only a limited funding to train medical personnel (14). The role of health workers is clearly an important factor in achieving quality health care services to children under five years old. Consequently, the perception or viewpoint of health workers with regard to health care services to children under five years old is crucial as an input for improving the services at the primary or community health centers.

# Method

## Research Design

This study employs a descriptive phenomenological approach. The implementation of health care services to children under five years old at the community health centers is one of the complex phenomena in Indonesia. At present, the implementation of health care for children under five years old is still a cause for

concern because we have not been able to suppress the morbidity rate among these children down to 24 per 1,000 live births (4). Complexity of an issue is a character of the phenomena that can be described in a qualitative study (15).

### **Population and Study Setting**

The current study was carried out in six community health centers in Depok, an urban city in Indonesia where the university is located. The participants consist of 6 doctors, 5 nurses, and 1 midwife. The inclusion criteria cover, among others, (1) the participants must have worked in a primary health center for at least six months, (2) the participants are responsible for providing health care for children under five years old. The participants were selected using a purposive sampling technique, wherein the samples are selected based on the stated research objectives (16).

### **Data Collection**

The data collection process employs in-depth semi-structured interviews with open-ended questions about the health workers' perceptions with regard to delivering health care for children under five years old (Table 1). The participants were interviewed for 30-45 minutes and the interviews were recorded on a recording media.

### **Data Analysis**

The data were analyzed using the Colaizzi approach with the following stages (1) the researcher reviewed the interviews 3-5 times; (2) after reviewing the transcripts several times, the researcher searched and noted the key and important points from the interviews; (3) next, the researcher grouped these key points into themed categories; (4) afterwards, the researcher prepared a description of the results of analyzed data; (5) then, the researcher prepared a definition based on the structured phenomena; (6) last but not least, the researcher validated the result of the research description with the participants (15, 16). The data are valid if the results of the analysis possess the characteristics of data validity, i.e. credible, dependable, confirmable, and transferable.

### **Ethical Aspects**

The study was endorsed by the Ethical Committee of the Faculty of Nursing, Universitas Indonesia whilst taking into account the prevailing research ethics, i.e. the principle of expediency, the principle of risk mitigation, the principle of fairness for all participants, and the willingness of each participant to be involved in the study by signing the informed consent form.

## **Results**

Table 2 shows the characteristics of the health workers' demographic variables as participants in the study. Health workers' personal opinions are described in the perception of the factors and efforts that have been taken to improve the quality of health care for children under five years old.

Health workers' perception is part of the section on the significance of health workers in delivering health care services to children under five years old. Six health workers describe the meaning of delivering health care, which they see as part of their responsibilities and their efforts to prevent the death of children under five years old. The health workers realize that delivering health care for children under five is part of their main duty, and they function as health care professionals.

One of the health workers reiterates the perception with regard to delivering health care for children under five years old by acknowledging the patient's right to receive the best care possible.

*"Provide the best service...until the family understands what they should or should not do to the patient (children under five)", (P2, a doctor).*

Health workers acknowledge that delivering health care for children under five years old means providing information on how to access health services to the parents.

*"Caring for them or satisfying their needs for information", (P7, a midwife).*

The viewpoint of these two workers with regard to health care services to children under five years old should be seen as an effort in early detection. Health workers assigned to a community health center are aware that health services to children under five years old at a community health center are part of the preventive measures to minimize the occurrence of severe illness and child mortality in a specific area.

*"We are making a judgment call, we can assess whether something is wrong with a child or not", (P1, a nurse).*

The perspective of the health workers with regard to the factors affecting the quality of health care for children under five years old is to provide professional care with supporting facilities. Professional services are delivered as follows: (1) the services shall be delivered in accordance with standard operating procedures; (2) the flow of services (from registration all the way down to the queuing process to have their prescription filled) should be clear and easily understood; (3) establishing priority services for patients under five years old; (4) aspects associated with health workers' competence; and (5) health workers' commitment to improve the quality of health care for children under five years old.

According to the health workers, an aspect of the standard operating procedures, which is also a factor in the delivery of health care for children under five years old, is the wait before a patient receives the care he/she needs.

*"Quality service...waiting hours", (P2, a doctor)*

Operational standards should also encompass wide-ranging and comprehensive services. Moreover, it is crucial that the health workers possess the necessary competency when providing health care for children under five years old.

*"Children health care is holistic in nature", (P8, a doctor).*

*"Competent health workers", (P7, a nurse)*

Evaluating the patients by providing clear information during the patient's visit to the community health center is an important factor in the effort to improve the quality of health care for children under five.

*"He should be monitored, he should see the doctor every two weeks", (P10, a doctor).*

Professional services are a form of obligation for every health worker in carrying out their duties. One part of a professional service is creating a clear service path.

*"Should be here (showing where the path should be), yes, that is the effect of service path" (P6, a nurse).*

Health workers are aware that child health care should be a priority. This is one of the factors that must be considered in improving the health of children under five years old.

*"We must stay in course...we must put the interest of the child first", (P9, a nurse).*

Good commitment from the health workers is part of the efforts to improve the quality of health care for children under five years old.

*"If you could manage it well (i.e. delivering a good care), actually if you were committed, then everything would be all right", (P8, a doctor).*

The commitment itself is a factor in improving the quality of health care for children under five years old, which is shown by collaboration between health workers.

*"Perfect collaboration (i.e. collaboration between health workers)", (P9, a nurse)*

The qualities of health care for children under five years old at the community health centers do not only depend on the competence of the health workers, but they are also affected by other factors. These factors include facilities that support the delivery of quality health care for children under five years old. From the perspective of the health workers, these supporting facilities may include setting up children's playroom in the primary health center/community health center.

*"Build a children's play room, with books and toys for them" (P9, a nurse).*

Some of the examination rooms for children at the primary health centers in Indonesia are not separated from other facilities. The health workers are all in favor for establishing separate examination facilities for children under five years old to prevent contamination or transmission of viruses and bacteria from adult patients while the children are waiting to be examined.

*"The children should have their own examination room equipped with facilities to measure their height and weight, everything should be there", (P12, a nurse).*

Nursing room is one of the important facilities in improving the quality of health care for children under five years old.

*"There should be a nursing room located close to the examination room", (P10, a doctor).*

One of the health workers realizes the importance of feedback from the patients with regard to their satisfaction. Therefore, health care facilities should provide suggestion boxes so the patients could provide their feedback with regard to the services they have received.

*"There should be a suggestion box", (P9, a nurse).*

The health workers have taken numerous efforts to improve the quality of health care for children under five years old. Their involvement in the care of these children covers, among others, providing education, coordinating, and actively participating in training programs. Speaking of education, most of the time, it is delivered through a method most commonly used by health care professionals, i.e. through counseling.

*"We held a counseling session every Wednesday and Thursday, right here in the building (inside the community health center)", (P11, a doctor).*

Patient counseling is not only done on location, but some of the health workers also provide counseling outside the building.

*"For the public, we go to posyandu (integrated health services), for weighing and immunization, which may be done outside the building, every month", (P3, a midwife).*

Some of the health workers admit that sometimes they are overwhelmed by their duties, so when it comes to providing education, it is mostly limited to handing out leaflets. However, in addition to the traditional printed media, some health workers also use social media to disseminate health information to the public.

*"We use communication media, we often hand out leaflets to the public", (P12, a nurse).*

*"We provide information (health information)...through the media...we use Facebook", (P6, a nurse).*

One way to improve the quality of health care for children under five years old is through coordination. Coordination is set up between the relevant parties who are involved in the efforts to improve health care for children under five years old. For example is coordination between the various stakeholders, including community figures, cadres, and local hospitals.

*"We are collaborating with community figures, involving community figures, especially the mothers, they in a sense are cadres", (P6, a nurse).*

Another form of cooperation is also formed with the local health workers, in this case the midwives. This type of cooperation is quite effective as a medium for disseminating information on issues related to public health or medical emergency involving a child under five years old in a specific area.

*"We have an area of responsibility, so when a medical emergency occurs, we will refer to the appropriate department", (P5, a doctor).*

Coordination is also carried out across programs that generally require collaboration from other departments to manage health related issues involving children under five years old.

*"When a child is suffering from malnutrition, we will refer that child to a nutritionist consultant", (P12, a nurse).*

Good coordination is not limited to inter profession or across programs, but it should also include coordination with leaders or heads of departments in charge of delivering health care for children under five years old. Such coordination is usually in the form of supervision and coaching.

*"There will be a coaching session with the department's head", (P8, a doctor).*

In the effort to improve the quality of the health workers, they should be allowed to attend the relevant training on health care for children under five years old.

*"A medical worker should keep his/her knowledge and skills up to date" (P11, a doctor).*

## Discussion

Health workers' perception with regard to health care services to children under five years old is seen as a form of responsibility to their duties as caregivers. A health worker's responsibility is realized by ensuring that the patients' rights are fulfilled. As stated by a mother of a child under five years old, to have a caring health worker is a solution for everything (18). Furthermore, a health worker's responsibility does not end at delivering curative care inside a health center building; if necessary, it will be followed through with consultation outside the premises. A number of programs on health care for children under five years old are actually carried out at primary health centers, which help reduce the mortality rate among children under five years old (3). Disease prevention is carried out using a community-based approach or *posyandu*. *Posyandu* is a program whose objective is to reduce the mortality rate among children under five years old through immunization and early detection of diseases (19). It has been proven as an effective way to monitor children's nutritional status and provide access to vaccination to protect children under five years old (20). Participants in the current study believe that providing health care for children under five years old is by focusing on early detection of diseases as an elucidation of their responsibilities as health care professionals. In addition to the community based preventive measures, the health workers also believe that health care for children under five should be supported by the integrated management for sick children under five years old (*Manajemen Terpadu Balita Sakit/MTBS*) at the primary level. It is part of the early detection process before a medical emergency occurs. An effective implementation of the program at the primary level may actually help lower the state budget for medical care.

A successful early detection program can be a cost-saver because prevention is less expensive than treatment (21). Implementation of the program at primary level should not be limited to early detection; it could also cover special programs to improve the quality of health care for children under five years old. Some of the services available for children under five years old at the community health centers include weighing the children's weight, which is done monthly, vaccination, and integrated management for sick children. These programs are implemented as preventive measures at the primary and secondary level. This will literally restore the community health centers' function as health service providers at the basic level. Findings from previous studies show that a better health care at the primary level will ultimately lead to a healthier community investment and a sound budget (11, 22).

Health workers describe that their professional services are carried out based on prescribed standards, such as clear service pathway, duration of waiting for examinations, competent health workers, and prioritizing health care for children under five years old. Improving the quality of health care for children under five years old is closely linked to the facilities that support the delivery of health care for these children, including among others, the availability of children's playroom and nursing room. The health workers skills when delivering the care to the children and their parents are the crucial factors that determine a successful management of sick children at the community health centers (23). Health care for children under five years old should also allow ample time for the parents to have a consultation with the health workers. Allowing ample time for the parents for consultation will ultimately lead to satisfied parents and will give them with the necessary knowledge to provide certain care that should be done by parents (24).

The immune system of a child under five years old is different from that of an adult; therefore, it is only appropriate that the children are given a priority at the primary health center. The high number of patients' visits at the community health centers increases the risk of disease transmission due to the shared waiting room for adult and child patients. This should be taken as an input by the policy makers to prioritize health care for children under five years old at the primary health centers. Moreover, the policy makers should also take the necessary steps to separate the waiting room for adults and child patients. Providing an adequate playroom for children in health facilities will also help to achieve quality health care centers for children under five years old (18). The availability of a nursing room in primary health care facilities will also help to promote the Exclusive ASI program. Nursing room in a health facility will support the creation of child-friendly environment in public facilities. This will ultimately boost the level of satisfaction among mothers of children under five years old with regard

to the care they receive at the health centers (25). The health workers in the current study are fully aware that the availability of good facilities will lead to a quality health care for children under five years old.

Health workers' efforts to deliver health care for children under five years old are implemented through health education, establishing close coordination and across-programs, and improving the capacity of health workers through training. Health education by health workers is delivered through health counseling intervention and disseminating health related leaflets. Most of the participants employ an outreach or counseling session outside the building targeting the parents who have brought their children to the community-based health services or *posyandu*. The counseling is delivered to the healthy people in the community-based health services (26). In addition to the outdoor education session in the community-based health services, health workers also provide counseling to parents who are accompanying their children in the health centers' waiting room. Besides that, health related information is also disseminated through promotional media to educate the public. These promotional media are useful to educate the public and promote healthy way of life (27).

Health workers are working together with the policy makers to improve the delivery of health care for children under five years old. Establishing partnership with relevant organizations and the community is crucial in the efforts to improve the quality of health care (28). Coordination with local cadres is one way to improve the quality of health care for children under five years old. Involving local cadres in the services is a preventive step in minimizing the death of children under-five. The socio-ecological model also highlights the behaviors related to disease prevention, which is influenced by organizational, community, and population factors (29). Increasing the quality of human resources in this sector is done by providing relevant trainings to the health workers. The types of training health workers may take to increase their capacity and competence to provide health care for children under five years old are Stimulation of Detection, Growth and Intervention training, HIV in children, and other trainings on infectious diseases.

## Conclusion

The perception of health workers with regard to ways for improving health care for children under five years old should be seen as an input to increase the quality of the services. The viewpoints of these health workers can be easily understood because they are based on their day-to-day experiences in carrying out their duties and responsibilities. The quality of health care for children under five years old is affected by a number of factors, such as the competence of the health workers delivering the care, adequate facilities, and mutual commitment with the local community. Health care for children under five years old should not be limited to the care and services delivered in the building (the community health center), but it should also cover care and services delivered outside the building. Delivering a quality health care for children under five years old requires cooperation from other sectors because the first and foremost effort in reducing child mortality and morbidity is by improving the care at the primary and secondary level.

## Declarations

### *Ethics approval and consent to participate*

We obtained ethics approval from the ethical committee faculty of Nursing Universitas Indonesia. Informed consent was sought from the participants prior to data collection.

### *Consent for Publication*

All authors agreed to publish this manuscript.

### *Availability of data and material*

Yes

### *Competing interests*

There is no competing interest involved in this study.

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### *Authors' contributions*

Agus Setiawan: Principal investigator; Poppy Fitriyani: Data collection and analysis; Rizkiyani Istifada: Data collection and analysis, report writing.

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## Tables

**Table 1. Question Script**

- 
- How would you rate the quality of services provided to the child patients and their families?
  - What factors would influence the delivery of quality services?
  - What efforts have been made to achieve the quality services to the child patients and their families?
- 

**Table 2. Characteristics of the Participants**

| Characteristics  | n (%)          |
|--|----------------|
|  | Health Workers |
| <b>Sex</b>   |                |
| Male   | 0 (0)          |
| Female   | 12 (100)       |
| <b>Age range</b>   |                |
|  | 26 - 54 years  |
| <b>Profession</b>  |                |
| Doctor   | 6 (50)         |
| D3 Nurse   | 5 (41.7)       |
| D3 Midwife   | 1 (8.3)        |
| <b>Attended training(s) on child health in the last year</b> |                |
| Yes  |                |
| No   | 10 (83)        |
|  | 2 (17)         |

**Table 3. Health Workers' Perceptions on the Quality of Health Care for Children Under Five Years Old (n = 12)**

| Theme   | Category  | Definition  | Example   |
|---|---|---|---|
| The significance of providing health care for children under five years old     | It is a form of responsibility as a health care professional    | The meaning of providing health care for children under five years old to a health worker | <i>"delivering care to sick or healthy patients in this matter and improving their nutrition"</i> (P11)   |
|   | As an early detection   |   | <i>"integrated management for sick children under five years old has been proven as a life saver"</i> (P10)   |
| Factors affecting the delivery of health care for children under five years old | Professional services   | Circumstances affecting the delivery of health care for children under five years old     | <i>"the care is delivered by a competent staff and it is done according to an established SOP"</i> (P7)<br>4<br><i>"a good location and meets the community health centers' standards"</i> (P7) |
|   | Supporting facilities   |   |   |
| Efforts made in delivering health care for children under five years old        | Providing health education                                      | Efforts to achieve quality health care for children under five years old                  | <i>"if it is necessary to educate the parents, we will educate the parents"</i> (P11)   |
|   | Establishing coordination                                       |   | <i>"we begin by approaching religious and community figures"</i> (P3)   |
|   | Providing support for health workers to participate in training |   | <i>"...improving their quality through these trainings..."</i> (P8)   |