

Evaluation of Community-Based Newborn Care in Ethiopia:

Protocol and Field guide



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Chapter I Background

Introduction

Background to Community-Based Newborn Care (CBNC)

Approximately three million babies are born in Ethiopia every year, but for every 1000 live births 29 babies die before they are a month old (Ethiopian Health Demographic Survey, 2016). A substantial number of these deaths could be prevented by improving the conditions in which women give birth, and the care and treatment which babies receive soon after they are born. 74% of births in Ethiopia happen at home (Ethiopian Health Demographic Survey, 2016), and so improving the birth environment in community facilities is thought to be the most effective approach to improving newborn survival.

Community-based newborn care (CBNC) in Ethiopia is a new national programme which aims to improve community health services for pregnant women and babies; to improve the skills of the people who provide care to pregnant women and babies in communities; and to improve the availability of medications in communities which help prevent serious illness in mothers and babies.

Organisation of health care in Ethiopia

Community health care in Ethiopia centres upon the Primary Health Care Unit (PHCU). Each PHCU comprises one health centre and up to five health posts. The health centre serves around 25,000 people and each health post usually serves around 5,000 people. Health centres provide maternity care, including some emergency care if required. Health centres also provide care to newborn babies, especially if they are premature and of low birth-weight. Pregnant women are encouraged to give birth in health centres if they can, and health centres should provide transport services to enable this.

Health posts provide a lower level of care than health centres. They are usually staffed by Health Extension Workers (HEWs). HEWs provide care to the mother before birth (antenatal care), administer vaccines, provide nutrition counselling and offer family planning services. They should also refer women to health centres for more specialist care. HEWs also provide care for children, including treatment for conditions such as pneumonia, diarrhoea and malaria, and through the introduction of CBNC, newborn sepsis. To date approximately 38,000 HEWs have been trained.

Members of the Women's Development Army (WDA) are usually based in the community. They are volunteers and their main role is to carry out health promotion and awareness in local communities, so that people know how and where to get to the health care that they may need. They refer pregnant women to health posts or health centres, and also assist in the identification of newborns as well as sick newborns.

Since the introduction of CBNC, an evaluation has been underway to measure how well it is meeting its aims. This evaluation is carried out by London School of Hygiene and Tropical Medicine, in collaboration with JaRco Consulting.

Components of CBNC evaluation

To help understand the effect of CBNC, we are carrying out surveys, in which people who use or provide maternal and child-health services will be visited and have face-to-face interviews. The CBNC evaluation is comprised of the following:

1. A baseline survey: this was carried out in November 2013 and provided information on the use of maternal and newborn health services before CBNC implementation.
2. Qualitative survey: this was conducted a year later, in November 2014, to assess how HEWs and WDA leaders deliver the components of CBNC along the continuum of care.
3. Midline survey: this was completed in November 2015 and assessed the quality of care delivered through the CBNC programme.
4. Endline survey: this is scheduled for November 2017 and will measure the change in population level and facility level coverage of CBNC indicators from baseline.

As for the baseline survey, the endline evaluation will be made up of six different tools: woreda Contextual data, Health Centre, Health Post, HEWs, WDA leaders and Household. Further details are provided below.

Contextual Survey

Data on contextual factors will be collected at each sampled woreda. Potential respondents for the different sections of the contextual information include woreda Health Office head, Maternal and Child Health focal person, CBNC focal person, HMIS focal person, woreda budget officer, woreda surveillance officer and woreda disaster prevention and preparedness office.

Modules for the Contextual survey are presented in table 1 below.

Table 1: Composition of the Contextual survey

Woreda Contextual Factor Survey				
Module number	Module Title	Respondent	Data collector	Description
Module 1	Background information of the woreda	Woreda Health Office Head	Supervisor	Background information about the woreda
Module 2	Health facility and population status	Woreda Health Office Head or Deputy Head	Supervisor	Number of HCs, HPs, hospital and HEWs, Ambulances, etc in the woreda, household size, women or reproductive age

Module 3	CBNC and iCCM related activities	Maternal and Child Health focal person CBNC focal person HMIS focal person	Supervisor	Number of IMNCI, iCCM or CBNC trained staff. Drugs and Supplies: based on the last stock out report received at the woreda level. Post Training Follow up visit, PRCMM meeting led by the NGO partner
Module 4	Key Maternal and Newborn Health programmes	Maternal and Child Health focal person CBNC focal person HMIS focal person	Supervisor	Maternal and newborn programs in the woreda including level of activities, name of NGOs, theme, etc.
Module 5	Natural disasters in the past 12 months	Woreda disaster prevention and preparedness office	Supervisor	Natural disaster that occurred in the woreda; Epidemics, Droughts, Floods, Landslide, Heavy Rain, Earthquake
Module 6	Woreda resources and infrastructure	Woreda budget officer, woreda surveillance officer	Supervisor	Overall budget earmarked for the woreda, how much for MCH activities, score card system, major infrastructure projects undertaken

Health Centre Survey

At a sample of health centres within the selected woreda, the head of the centre (or another person who knows the centre well) will be asked questions about facility, equipment, medicine, job aids and the services which it provides for mothers and babies.

Sections of the Health Centre Survey are presented in table 2 below.

Table 2: Composition of the Health Centre Survey

Health Centre survey				
Section number	Section Title	Respondent	Data collector	Description
Section 1	Facility Identifiers	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Facility identifiers such as name, PHCU code, facility ownership

Section 2	PHCU information and health centre staffing	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Information on the primary health care unit as well as health centre staffing
Section 3	Supervision conducted	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Supportive supervision provided by the health centre: visits by health centre staff to health posts to discuss, review and give feedback on HEWs work
Section 4	Supervision received	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Supportive supervision received by the health centre from woreda/zone/region.
Section 5	Facility, equipment, medicines, and job aids at the health centre	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Questions and checking (by walking around the facility) the availability of equipment and stock of medicines, and job aids at this health centre.
Section 6	Availability of diagnostics	Head of the centre (or laboratory department if available at health centre)	Data collector for HC, HP, HEWs and WDAs interview	Questions and checking (by walking around the facility) the availability of laboratory equipment
Section 7	Facility Services	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Questions about services offered at this health centre in the past three months (August to October 2017 or September – November 2017). without any interruption caused by lack of drugs, supplies and/or skilled staff.
Section 8	Register review by the data collector	Head of the centre (or another person who knows the centre well)	Data collector for HC, HP, HEWs and WDAs interview	Questions and looking at the registers to abstract information about the community and the services provided.

Health Post Survey

At a sample of health posts in the selected PHCU the head HEW will be asked questions about facility, equipment, medicine, job aids and the services which it provides for mothers and babies.

Sections of the Health Post Survey are presented in table 3 below.

Table 3: Composition of the Health Post Survey

Health Post Survey				
Section number	Section Title	Respondent	Data collector	Description
Section 1	Facility Identifiers	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Facility identifiers such as name of facility, HP code, ownership
Section 2	Background of the HEW	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Background and training of HEW
Section 3	ALL HEWs knowledge	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions on knowledge on maternal and newborn health
Section 4	ALL HEWs knowledge-continued	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Further questions on knowledge on maternal and newborn health
Section 5	Training of the HEW	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions about services provided in the community and HEW motivation

Section 6	Supervision	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions about supportive supervision received from the region, zone, woreda and/or health center to discuss, review and give feedback on HEW's technical and professional work
Section 7	HEWs services provided in the last 3 months	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions about services HEW provided in the last 3 months as recorded in the HP register book
Section 8	For Health Extension Worker about Woman Development Army (WDA) and Command Post	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions about HEW's work o with the WDA in the kebele
Section 9	Facility, equipment, Medicine and job aids	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions about the facility, equipment, medicine and job aids at this health post Interviewer will walk around the facility with the HEW and personally check the availability of equipment and stock
Section 10	Facility services	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	Questions on services offered at this health post in the past three months without any interruption caused

				by lack of drugs, supplies and/or skilled staff
Section 11	Register review by the data collector	Head of HP	Data collector for HC, HP, HEWs and WDAs interview	The interviewer will look at the registers to abstract information about the community in the kebele and the services provided

Health Extension Workers (HEW) Survey

At a sample of health posts within the selected PHCU, all available HEWs will be interviewed about their training, knowledge, supervision and work in providing maternal and newborn care.

HEW Survey uses sections of the Health Post Survey except from sections 10, 11 and 12. These 3 sections constitute the health post assessment and are destined to the head of the health post.

Sections of the HEW's survey are presented in table 4 below.

Table 4: Composition of the Health Extension Workers (HEW) Survey

Health Extension Workers (HEW) Survey				
Section number	Section Title	Respondent	Data collector	Description
Section 1	Facility Identifiers	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Facility identifiers such as name of facility, HP code, ownership.
Section 2	Background of the HEW	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Background and training of HEW
Section 3	ALL HEWs knowledge	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Questions on knowledge on maternal and newborn health
Section 4	ALL HEWs knowledge-continued	All available HEWs at a health post	Data collector for HC, HP, HEWs	Further questions on knowledge on

			and WDAs interview	maternal and newborn health
Section 5	Training of the HEW	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Questions about services provided in the community and HEW motivation
Section 6	Supervision	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Questions about supportive supervision received from the region, zone, woreda and/or health centre to discuss, review and give feedback on HEW's technical and professional work
Section 7	HEWs services provided in the last 3 months	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Questions about services HEW provided in the last 3 months as recorded in the HP register book
Section 8	For Health Extension Worker about Woman Development Army (WDA) and Command Post	All available HEWs at a health post	Data collector for HC, HP, HEWs and WDAs interview	Questions about HEW's work o with the WDA in the kebele

Women's Development Army (WDA) Survey

Two WDA 1-5 leaders in each sampled health post catchment area will be randomly selected and interviewed about their training, knowledge, supervision and work in providing maternal and newborn care.

Sections constituting the Women's Development Army Survey are presented in table 5 below.

Table 5: Composition of the Women's Development Army (WDA) Survey

Women's Development Army (WDA) Survey

Section number	Section Title	Respondent	Data collector	Description
Section 1	WDA living area characteristics	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	WDA's living characteristics such as region, zone and {HCU code
Section 2	Background of WDA	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	Questions about WDA's background such as age, marital status, occupation
Section 3	Knowledge	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	Questions about WDA's knowledge of maternal and newborn health
Section 4	Training of Woman Development Army	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	Questions about WDA's training on maternal and newborn health
Section 5	Supervision and reporting	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	Questions about supportive supervisions received by WDA from region, zone, woreda, health centre and health post to discuss, review, and give feedback on WDA's work
Section 6	Practice	Two WDA 1-5 leaders in each community	Data collector for HC, HP, HEWs and WDAs interview	Questions about WDA's normal activities and practice

Household Survey

A sample of households in the health post catchment area will be visited, and in each one the household head and all women aged 13-49 will be interviewed. Those women who gave birth in the 3-15 months prior to the interview will be asked about their pregnancy, the care that they received, and the health of their baby(s).

Modules for the Household Survey are presented in table 6 below.

Table 6: Composition of the Household Survey

Household Survey				
Module number	Module Title	Respondent	Data collector	Description
Module 1	Household Identifiers and Characteristics	Household head and all women aged 13-49	Data collector for household interview	Question on household characteristics such as region, zone and woreda names
Module 2	Identification of Eligible Women Family planning Woman's and husband's Educational background Pregnancy history	Household head and all women aged 13-49	Data collector for household interview	Questions about maternal health
Module 3	Antenatal care Delivery care Postnatal care of mother and newborn Care of sick newborns Newborn no longer alive Social support for mothers Cause of stress	Household head and all women aged 13-49	Data collector for household interview	Questions about newborn health

Where CBNC will be evaluated

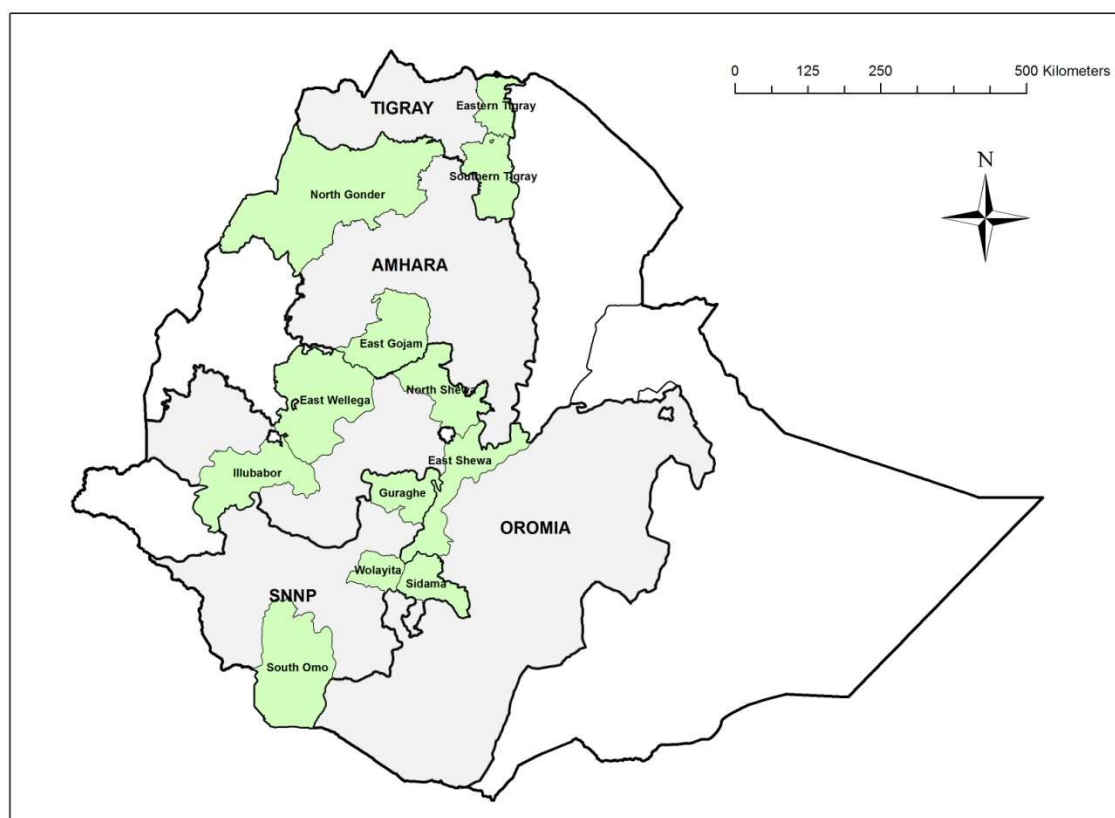
CBNC regions and zones

The CBNC baseline surveys will be carried out in 12 zones in four regions (Figure 1). These are:

- The *East Gojam* and *North Gondar* zones of the **Amhara region**.
- The *Eastern* and *Southern* zones of the **Tigray region**.
- The *North Shewa*, *East Shewa*, *East Wellega* and *Illubabor* zones in the **Oromia region**.
- The *Guraghe*, *Sidama*, *Wolayta* and *South Omo* zones in the **SNNP region**.

All surveys will be conducted in Amharic, Oromifa or Tigrinya.

Figure 1. Map of CBNC survey zones



During the baseline survey, it was not possible to carry out the survey in all of the woreda in these zones, and so a sample of 101 woreda was selected. It was also not possible to carry out the survey in all of the PHCUs in the sampled woreda therefore approximately two PHCUs were sampled from each woreda. A total of 209 PHCUs were selected. However, due to civil unrest, it was not possible to access 3 PHCUs at baseline and 206 out of the 209 were visited PHCUs Therefore PHCUs 35, 48 and 177 will not be visited and we will only survey 206 PHCUs. We have retained the numbering from baseline for consistency. The

health centre survey took place at the health centre of every selected PHCU. One health post was visited in each PHCU. A gote, or equivalent area, which is served by the health post, was then selected, and 50 households in the gote were sampled and visited for interview.

For the endline survey, we will be going to the same woreda, PHCU, health centre, health post and gote sampled at baseline. All available Health Extension Workers at that health post will be interviewed, and two randomly selected WDA 1-5 leaders will also be interviewed. At the selected households, household head, women 13-49 years of age and women who had alive birth in the 3-15 months prior to the date of the survey will also be interviewed.

In total there will be:-

- 101 woreda
- 206 PHCUs or clusters
- 206 health centre interviews (1 health centre in each PHCU)
- 206 HPs (1 health post in each PHCU)
- Approximately 412 Health Extension Worker interviews (2 HEWs in each PHCU)
- 412 Women's Development Army interviews (2 WDA network leaders in each PHCU)
- 10300 household interviews (50 households in each PHCU)

Survey clusters

The health centre, households, Health Extension Workers and Health Development Army 1-5 leaders which are all associated with the same PHCU are collectively referred to as a **cluster**. Each cluster is identified throughout the survey by a unique number between 1 and 209. The clusters have already been selected, and a full listing of these, with details of their regions, woreda, zones, health centres, health posts and gotes are annexed to this field guide. Selecting the WDA 1-5 leaders and households will be part of the fieldwork, and standard operating procedures for doing this are given in section 6.

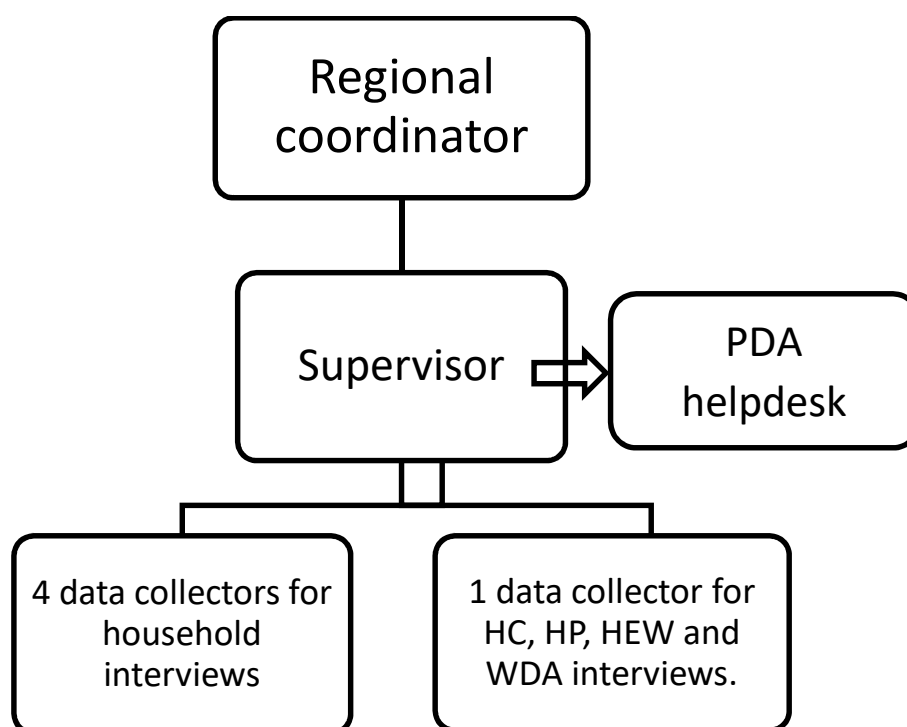
Chapter II Survey Team

1. Roles and responsibilities of supervisors and interviewers

Team structure

The data collection team will be divided into twenty sub-teams. Each sub-team will consist in one supervisor and 5 data collectors spread across all four regions (Figure 2). In each sub-team, one data collector will conduct household interviews while the other four data collectors will conduct interviews for health centres, health posts, HEWs and WDAs.

Figure 2 Team structure for data collection



Supervisor's role and responsibilities before the interview

Supervisors' roles and responsibilities are detailed in Table 7 below.

Table 7 Supervisor's roles and responsibilities in advance of interviews

SUPERVISOR'S ROLES AND RESPONSIBILITIES AHEAD OF INTERVIEW			
In each Zone	In each woreda	At each health centre	At the select
<ol style="list-style-type: none"> 1. Visit the Zone Health Department 2. Show the copy of the letter which has already been written to the zone by the Ministry of Health/JaRco, 3. Obtain a letter giving permission for the survey to be carried out in this zone 	<ol style="list-style-type: none"> 1. Visit the Woreda Health Office 2. Show the letter which has been written by the Zone Health Bureau 3. Obtain a letter from the Woreda Health Office which gives permission for the survey to take place in this Woreda 4. Collect contextual data 	<ol style="list-style-type: none"> 1. Identify the most senior member of staff at the health centre 2. Show this senior person the permission letter which has been written by the Woreda Health Office, and ensure that he/she gives permission to carry out the survey in this PHCU 3. Conduct or take an appointment to carry out the Health Centre interview 4. Identify all available HEWs 5. Conduct or make an appointment to carry out Health Extension Worker interview 	<ol style="list-style-type: none"> 1. Obtain a 2. Randomly 3. Obtain a 4. Obtain a 5. Obtain a
UNFORESEEN EVENTS			
At zone level	At woreda level	At health centre level	At health po
N/A. You will not be able to proceed until you obtain permission from the zonal authorisation.	In the event that the woreda has been subdivided, please obtain data from the woreda where you have arrived and report to the survey coordinator immediately (see table 8).	In the unlikely event that the selected health centre has been upgraded to primary hospital, downgraded (to health post) or is not functional for whatever reason, the supervisor has to contact the survey coordinator immediately (see table 8)..	In the unlikely health post ha health centre for whatever re has to cor coordinator im 8).

Communication streams with JaRco

- It is the supervisor's responsibility to contact JaRco,
- If data collectors have general technical questions (for instance about sampling) or PDA-related questions (for instance problem with skip pattern), they will contact their supervisor.
- The supervisor will then contact JaRco to resolve the identified problem.
- The exact individual to be contacted by the supervisor is shown in Table 8.

Table 8 Contact list of Regional Coordinators and PDA helpdesk

Region	Zone	Regional coordinator contact for questions and problems (unrelated to PDA)	Back up contact for questions and problems (unrelated to PDA)	Contact for PDA related questions and problems
Amhara	East Gojam and North Gondar	Dr Yirgalem Mekonnen Tel: 0911875555 Email: yirgalem@jarrco.info	Dr Della Berhanu Tel: 0926783038 Email: della.berhanu@lshtm.ac.uk	Yordanos Tenaw Tel: 0912487088 Email: yordanos@jarrco.info Eyerusalem Zergaw Tel: 0924468485 Email: eyerus@jarrco.info
Tigray	Eastern and Southern zones	Dr Yirgalem Mekonnen Tel: 0911875555 Email: yirgalem@jarrco.info	Dr Della Berhanu Tel: 0926783038 Email: della.berhanu@lshtm.ac.uk	Yordanos Tenaw Tel: 0912487088 Email: yordanos@jarrco.info Eyerusalem Zergaw Tel: 0924468485 Email: eyerus@jarrco.info
Oromia	North Shewa, East Shewa, East Wellega and Illubabor	Zoma Mesfin Tel: 0967835442 Email: zoma@jarrco.info Seifu Tadesse Tel: 0911315070 Email seifu@jarrco.info	Dr Della Berhanu Tel: 0926783038 Email: della.berhanu@lshtm.ac.uk	Yordanos Tenaw Tel: 0912487088 Email: yordanos@jarrco.info Eyerusalem Zergaw Tel: 0924468485 Email: eyerus@jarrco.info
SNNP	Guraghe, Sidama, Wolyata and South Omo	Betelhem Abebe Tel: 0965195079 Email: betelhem@jarrco.info	Dr Della Berhanu Tel: 0926783038 Email: della.berhanu@lshtm.ac.uk	Yordanos Tenaw Tel: 0912487088 Email: yordanos@jarrco.info Eyerusalem Zergaw Tel: 0924468485 Email: eyerus@jarrco.info

Supervisor's roles and responsibilities during the interviews

Collection of contextual data

- On arrival at each woreda, and after obtaining permission to conduct the study, the supervisor will collect contextual data from different respondents according to each specific module in the tool. The interview tool is the first entry application on the PDA "CBNC_Endline_Contextual". For further details about use of PDA, refer to section 23.
- Within half a day of arrival in a PHCU, the supervisor will lead the listing of all households in the selected gote and randomly select a list of 50 households using Excel.
- Each day, the supervisor will supply the interviewers with all necessary survey equipment. A full list of equipment is annexed to this field guide.
- The supervisor will plan the day's activities to maximise efficiency and effectiveness.
- The supervisor will ensure PDAs are fully charged.
- The supervisor will perform interview quality checks as described in the next section.

Quality check during interviews

It is vital the data collected during the surveys is accurate, and there will be three main ways in which the data you collect will be checked.

Quality check protocol during interviews

Each supervisor should ensure the following during quality check procedure:

1. Check carefully all tools as they are completed, which requires spot-checking interviewer work during the day, checking completed tools, and keeping track of completed and outstanding interviews for each cluster.
2. Check how many households have been completed
3. Check that interviewers are not missing households that are difficult to find.
4. Check how many respondents in households have been completed, and if any have been missed, and understanding why they have been missed
5. Verify the consistency of answers between interviewers
6. Investigate high levels of non-response (i.e. if an interviewer reports many refusals or leaves sections empty when they should be completed)
7. Ensure that you receive the total number of forms that are required to be completed.
8. If any error is identified, the supervisor will discuss the error immediately together with the interviewer
9. Correct the error on the tool and/or in some cases, revisit the household with the interviewer.

Quality check timetable

Table 9 shows the quality check which supervisors will perform every day and at every cluster to ensure quality.

Table 9 Supervisor’s quality check every day and at every cluster

When	What	Who
Every day	Spot check 1 household interview (modules 1-3)	Randomly pick one data collector <u>Everyone should be observed every 4 days</u>
Every day	Back check 2 household questionnaires	Randomly pick two data collector <u>Everyone should be observed every 2 days</u>
Every cluster	Spot check either health centre, health post or WDA interview	Same interviewer, randomly pick tool to check
Every cluster	Back check either health centre, health post or WDA interview	Same interviewer, randomly pick tool to check

Procedure when respondent is absent

- Check that at least **three** call backs are made to identify any absent respondents (household heads, all resident women aged 13-49, women’s development army -5 leaders, health extension workers)
- Change interviewing times, if necessary, to prevent the need for too many return visits. Meet with the interviewers on a daily basis to discuss performance, distribute additional assignment, answer questions, resolve problems, and give feedback on the progress of the survey.
- Keep the team on schedule and allocate assignments to interviewers.
- Carry a notebook at all times to keep a record of the following:-
 - any sampling procedure problems
 - any other difficulties in the field (also transcribed from interviewers’ notes)
 - ad-hoc decisions made on how to record unexpected answers
 - general observations about the survey
- Compile all PDAs and check them for completeness

- Spot-check some of the households/health facilities selected for interviewing to be sure that the interviewer went to the correct household/health facility, interviewed the correct person(s), and obtained accurate information.
- Help to resolve any problems that interviewers might have with finding the assigned facility, households, understanding the questionnaire, or dealing with difficult respondents.

Prepare a correctly labelled 'cluster envelope' for each survey cluster that contains a summary report of the work and all consent forms

Interviewer's roles and responsibilities

The role of the interviewer is crucial to the survey, as the quality of the data collected will be largely determined by the quality of the interviewer's work. All interviewers should keep in constant contact with their supervisors, informing supervisors of any problems during data collection in the field. Supervisors and interviewers must strictly follow all instructions contained in this guide. Interviewers are required to become sufficiently familiar with all questionnaires **before** starting their interviews.

The daily routine of the every interviewer should include the following:

- Following the instructions of the supervisors to ensure efficient and cost-effective data collection
- Filling in all of the identifying information.
- Properly filling in the responses to all questions.
- Checking completed tools and paper forms to be sure that all are correctly labelled with unique IDs (including consent forms), that all questions were asked and that responses were properly recorded.
- Taking care of PDA and paper forms

Additionally household interviewers should:

- Identifying all eligible women in each household and interviewing them using the household questionnaire.
- Return to households and WDA 1-5 leaders to interview respondents who could not be interviewed at the initial visit.

Additionally health center, health post, HEW and WDA 1-5 interviewers should:

- Identify the appropriate respondents (as indicated in the tool) at the health centre and conduct the health centre interview
- Identify the senior HEW (the HEW who has been at the health post longer) and conduct the health post interview.
- Interview all the HEWs available at the health post for the HEW interview.
- Interview the two WDA network leaders.
- Return to WDA 1-5 leaders' household to interview respondents who could not be interviewed at the initial visit.

CHAPTER III Standard Operating procedure for of field work

1. Selection of health centres, health posts, Health Extension Workers (HEWs) and gotes

List of health centres

Two health centres have been randomly selected from each PHCU in a given woreda and the list of the selected health centres is annexed to this field guide.

List of health posts

A list of randomly selected health posts visited at baseline is annexed to this field guide.

Selection of Health Extension Workers (HEWs)

At each selected health post all available HEWs will be interviewed. If the health post is manned by more than 2 HEWs, only the most senior HEWs will be interviewed.

Selection of gotes

A list of gotes randomly selected at baseline is annexed to this field guide.

Standard Operating Procedures for selecting WDA network leaders

The WDA interviewer will ask the HEW for a WDA 1-30 leader in the gote adjacent to the gote selected for the household interview. The interviewer will then contact the WDA 1-30 leader and ask her to list all WDA 1-5 leaders residing in that gote. Interviewer will then call the supervisor and inform him/her the total number of 1-5 WDA leaders in the adjacent gote (from 1 up to the maximum number). The supervisor will then randomly select two WDA 1-5 leaders to be interviewed from the provided list. These WDA 1-5 leaders will then be interviewed.

Standard Operating Procedures for randomly selecting households

It is the supervisor's responsibility to ensure that households are correctly selected in each cluster.

- On arriving at the gote (or equivalent area) all households should be numbered.
- Identify the general north-western area of the gote, then walk to the house in the north-western area. Starting from 1, write with chalk the number of the house, on an area which is visible and unreachable by children.
- Number all households in a way that would differentiate this survey from other surveys: CBNC-01/ 2017, CBNC-02/ 2017, CBNC-03/2017, etc. This will also help supervisors to identify the households easily while checking interviewers' work.

A minimum of 50 households is required to carry out an interview in one gote. Therefore you will be faced with 3 situations at each gote.

Scenario 1: The gote has more than 50 households

If the gote has **more than 50 households**, give the listing of all households to your supervisor who will do a random selection on a programme on his laptop. A household listing form is annexed to this guide. The supervisor will give you a list of the 50 households selected for the interview. You can return to the gote and start the household interviews.

Scenario 2: The gote has less than 50 households

If the gote has **less than 50 households**, proceed as following:

- First you must list all households in that gote.
- Then go to the nearest neighbouring gote and count all households in that gote even when you have reached 50 gotes. For instance, gote 1 has 39 households. Go to gote 2 and continue counting 40, 41, 42, 43, 44, 45..., until you reach the last household in the second gote.
- Once completed, provide the listing of all households to your supervisor who will do a random selection on a programme on his laptop. A household listing form is annexed to this guide. The supervisor will return the list of the 50 households selected for the interview.
- Return to the gotes for the household interviews, starting from the first gote.

Scenario 3: The gote has exactly 50 households

If the gote has **exactly 50 households**, proceed with the interview. No random selection is needed because we have the exact number of households needed.

If you visit a household and no-one is home, or the household head does not give consent for you to carry out the interviews, it is important that you do **not** visit additional households to bring the total up to 50. To do so would mean that the sample would no longer be random (this is sometimes referred to as *non-replacement*). In cases where no-one is at home, up to three visits should be made.

Dates recording

- All dates should be recorded using the Ethiopian calendar.
- Whenever the respondent makes reference to time, count the dates from the day of the interview. For instance, if your interview takes place on 10th December and the respondent says "in the last three months" record the date as 10th September.
- When the exact date is unknown, mark 00 for the day.
- You should always try to obtain the month and the year by probing the respondent.
- For all children aged less than one year and a half, the year of birth **must** be recorded.

Data processing

PDA user manual

How to charge the PDA

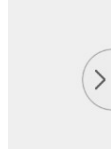
- The PDA are to be used for data collection only
- It is very important to keep PDA charged at all times
- There will be external battery chargers and car chargers for the recharging purpose.
- Supervisors should make sure on daily bases that every PDA in his/her team has enough charge.

How to operate the PDA

- All survey data collection will be done using Huawei PDAs which use the Android operating system. The software used to collect the survey data is CPro 7.
- To turn on a PDA, hold it in the 'portrait' position (long sides vertical), and press and hold down the button on the upper right-hand side. The PDA should display a message 'Huawei Media Pad' and at the bottom "Powered by Android" as it is starting.
- You will then be asked to enter a password to decrypt the data file on the PDA. This file is encrypted to ensure that the personal information about survey participants is kept safe. This password will be given to you during training.
- You will then be asked for the password again, in order to open the tablet home screen.
- If the PDA is not used for a few minutes, the home screen will lock and the password will need to be re-entered.
- To carry out data entry, click the green CSEntry icon on the home screen. This will open a screen which will list the six CBNC Endline Surveys:-
 - CBNC_Endline_Contextual
 - CBNC_Endline_HC
 - CBNC_Endline_HH
 - CBNC_Endline_HP
 - CBNC_Endline_HP_HEW
 - CBNC_Endline_WDA
- Tap on the name of the survey you are conducting to open the relevant entry screens.
- At the top of the next screen will be the option to enter a new case. A household survey case is a complete household and all of its residents. A frontline worker case is a single frontline worker; and a health facility case is a single health facility. Cases are identified by a combination of the cluster number, and then one of either the household number (for household surveys), the frontline worker number (for FLW surveys) or the facility number (for facility surveys). Case numbers cannot be repeated within the same survey in the same tablet. Cases which have already been entered will be listed on this screen, with the newest cases appearing at the top.
- For any of the surveys, when you press 'select new case' you will be taken to a screen where you can select the language in which you wish to carry out the survey. All surveys can be completed in Amharic, Oromifa or Tigrinya.
- When you first open a case you will see a list of all the survey questions down the left-hand side of the screen. This is called the 'case-tree' and we do not advise you using it, as it could cause you to miss important parts of the data entry programme. It also reduces the amount of space to show and answer questions. We advise that you hide this case tree whenever it appears. At the bottom of the tablet, in the casing to the left of the home button, is a 'menu' option. If you press this when the case tree is showing, there is an option called 'Hide Case Tree'. Press this to hide the case tree. Always use this option if the tree appears when you start a new case or return to an existing one.
- Each question on the questionnaire is displayed on its own screen. At the very top of the each screen is the question number. Below this, in a grey box, is the question itself. The question as it should be asked is displayed in black text,

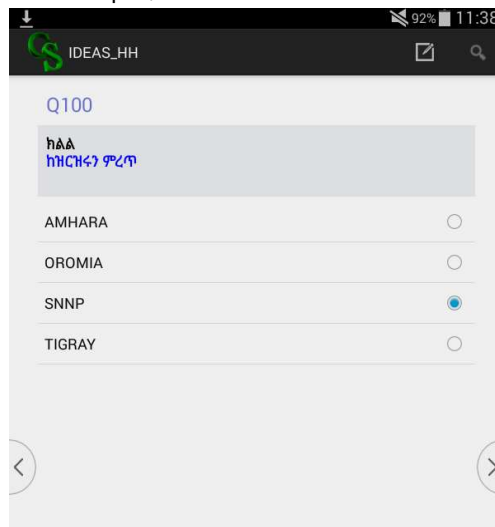
while instructions to the interviewers are displayed in blue text. In the household survey, the name of the individual being interviewed, or the name of a woman's baby, may appear in red text.

- All questions should always be answered before moving to the next question. The forward button to the right of each screen need to be used to move to the next screen.

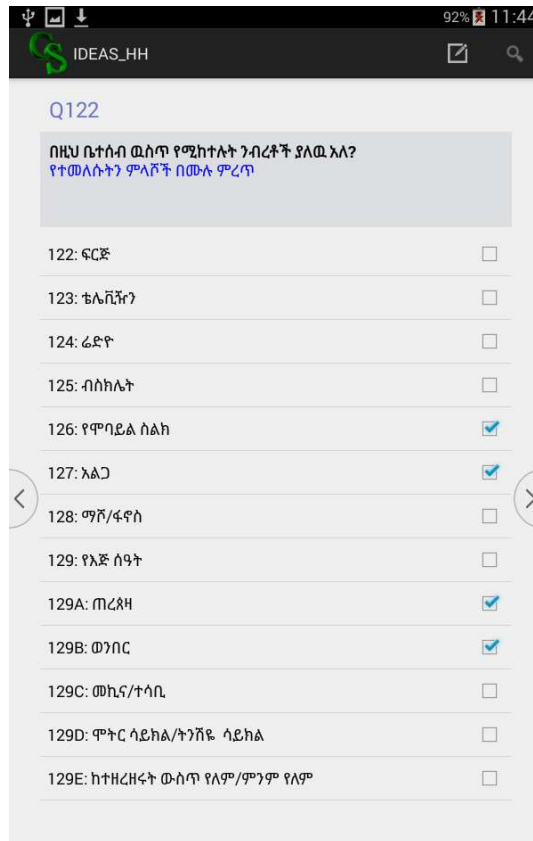


screen forward button.

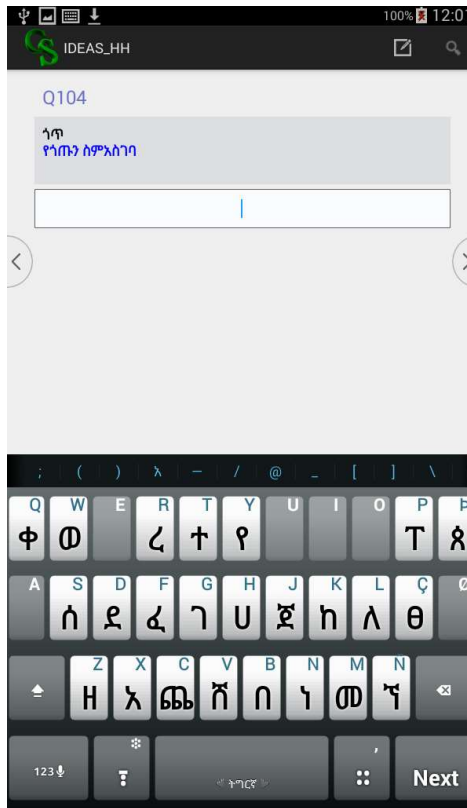
- The answers to questions take can take 3 forms:-
 - Several answers from which ONE choice can be made. In these cases the space to answer is shown with a circle, and the answer is indicated with a blue spot, ie:-



- Several options in which several choices can be made. In these cases the space to answer is shown with a square, and answers are shown with a blue tick, i.e:-



- A box in which numbers, and or text can be entered. For these the keyboard will appear, and the language can be chosen by pressing and holding the space bar:-



- Note that the different parts of date questions (day, month and year) are entered as numbers into separate questions. For each question there is a check to ensure that the number entered is within a valid range.

Field Note:

In case you want to take notes on the interview (not related to the PDA errors), you can select the field note option on the top right hand corner and free type at any point during the interview.

Press "OK" to save or "Clear" to remove text.

You can return to this function at any time during the interview process.

There is no word limit in the field note section and you can keep adding text.

Troubleshooting PDA

In the unlikely event that the PDA is damaged or displays an error which cannot be fixed by the PDA-related issue team, the data collector will return the PDA to her/his supervisor immediately.

The supervisor will securely store the damaged PDA in its case and will inform both the regional survey coordinator and the PDA-related issue team for documentation.

The damaged PDA will be returned to JaRco as soon as data collection is completed.

The supervisor will provide her/his own PDA to the data collector as a replacement.

If more than one PDA are damaged during the course of data collection, the supervisor will contact the regional survey coordinator.

GPS

There will be 2 means for taking the GPS coordinates:

1. On the PDA

A GPS is fully integrated in the PDA and is limited to the zone level.

- The GPS location of the household should be recorded in your PDA when listing the households before the interview.
- To record GPS location of a household, you need to hit the “new case” button.
- This will automatically capture the GPS location of the household.
- To ensure optimal satellite connection, please stand outside of the house to take GPS reading.

2. On an external GPS

In the event that the data collector is unable to take GPS reading, he/she will inform his/her supervisor.

External GPS user guide

Two GPS 72H Garmin will be allocated per supervisor in each team.

Data collectors should inform their supervisor if they are unable to capture GPS reading on their PDA.

GPS reading using GPS 72H Garmin

The supervisor will go to the household to take the GPS reading.

The supervisor will ensure to stand outside the house to take GPS reading.

GPS 72H Garmin will automatically capture the household GPS readings.

The supervisor will enter manually the GPS coordinates in the data collector’s PDA from the GPS application “CBNC_Endline_GPS”.

Table 10 GPS coordinates*

REGION	ZONE	GPS COORDINATES	
		Latitude	Longitude
Amhara	East Gojjam	10° 19' 60.00" N	38° 00' 0.00" E
	North Gondar	12° 44' 59.99" N	37° 00' 0.00" E
Tigray	Eastern zone	14° 09' 60.00" N	39° 29' 59.99" E
	Southern zone	39° 31' 22.01" E	39° 31' 22.01" E

Oromia	North Shewa	9° 29' 59.99" N	38° 39' 59.99" E
	East Shewa	8° 00' 0.00" N	38° 39' 59.99" E
	East Wellega	9° 19' 60.00" N	37° 00' 0.00" E
	Illubabor	8° 14' 60.00" N	36° 00' 0.00" E
SNNP	Guraghe	8° 09' 60.00" N	38° 14' 60.00" E
	Sidama	6° 39' 59.99" N	38° 29' 59.99" E
	Wolayta	6° 49' 59.99" N	37° 44' 59.99" E
	South Omo	5° 29' 59.99" N	36° 29' 59.99" E

*Sourced from Latitude.to (access 1st November 2017)

Standard operating procedures for assigning unique ID numbers

It is **essential** that all survey documents are correctly labelled with the ID number which uniquely identifies the respondent.

This applies to:-

Consent forms

Data correction sheets

Unique ID numbers for households in the household survey

The unique household ID is made up of a combination of the cluster number and a household number within the cluster. Combining these numbers means that every household in the survey can be uniquely identified.

Household unique ID : |_|_|_|_| / |_|_|_|_|

Cluster Household
number number

The cluster number is already allocated before the survey starts (see annex 52). It will be a number between 1 and 209 (Note that we will only surveying 206 PHCUs but we have retained the numbering from baseline for consistency; PHCUs 35, 48 and 177 will not be visited).

Each household will be allocated a number through the selection process described above. Within a cluster the household number will be between 1 and 50 – this is the maximum number of households visited in any one cluster. Each interviewer will be given the numbers of the households that they are to visit by his/her supervisor.

The unique household ID for the first household in cluster 1 would be:-

|_0_|_0_|_1_| / |_|_0_|_1_|

The unique household ID for the 12th household in cluster 75 would be:-

|_0_|_7_|_5_| / |_1_|_2_|

Unique ID numbers for household residents in the household survey

Within each household we also want to be able to uniquely identify each person who lives within the household. The PDA will provide a unique identification number once you populate details for each household resident.

In the unlikely event that the PDA fails, you will use paper questionnaire. In this case unique ID for household residents is achieved by allocating a number to each person who lives in the household (as identified from interviewing the household head) and adding this to the cluster number. Numbering household residents will take place on the household roster of the household survey questionnaire.

The unique person ID of the 5th person listed in the 12th household of cluster 75 would be:-

|_0_|_7_|_5_| / |_1_|_2_| / |_0_|_5_|

If this person is also a woman aged 13-49 who is interviewed about her pregnancies, this number **must** be written onto the different sections of the questionnaire. It is particularly important that this is done where there are several eligible women or pregnancies in one household, which will mean that there are several parts to one household questionnaire.

Unique ID numbers for health centres in the health centre survey

There is one health centre at each PHCU, and so the health centre ID will be the same as the cluster ID. This number **must** be written on the health centre consent form.

Unique ID numbers for Health Extension Workers in the HEW survey

At each health post all Health Extension Worker will be interviewed. Each one should be given a unique ID which will be a combination of the cluster ID and then either 1, 2 or 3 (i.e. however many HEWs here are in the health post). This number **must** be written on the Health Extension Worker consent form. The unique number for the **third** HEW in **cluster 20** would be:-

|_0_|_2_|_0_| / |_3_|

Unique ID numbers for Women's Development Army workers in the HDA survey

Each WDA worker must be given a unique ID which will be a combination of the cluster ID and then either 1 or 2 to identify the WDA worker within the cluster. So the unique number for the second WDA worker in cluster 75 would be:-

|_0_|_7_|_5_| / |_2_|

Preparing the cluster envelope

The cluster envelope is the responsibility of the Supervisor. One cluster envelope must be completed for each survey cluster. The outside of the cluster envelope should be clearly labelled with the woreda name, health centre name, the Kebele name, the cluster number, the supervisor name, and the date. The Cluster Envelope should contain the following for each cluster:

- A cluster summary sheet, as shown in the annex
- All completed consent forms
- Data correction forms
- WDA listing form
- Household listing form

The cluster envelope must be closed and kept in a safe place until it can be returned to the JaRco office

Interview protocol

To collect accurate data it is crucial that the interviewer creates an atmosphere in which the respondents feel comfortable enough to answer questions honestly and thoroughly. The best atmosphere for an interview is one in which the respondents see the interviewer as a friendly and responsive person who cares about their situations and concerns. Hence, it is important that interviewers follow the list of interviewer protocols as follows:-

Dress neatly and appropriately

The respondent's first impression of you is based upon your appearance. Dress in a way that is appropriate to the situation and is culturally acceptable in the locality so that the respondent will feel comfortable during the interview. The way you dress will influence whether you have a successful interview or not.

Establish a good relationship with the respondent

Establishing positive relationships with the respondent involves ensuring the following protocol is followed:-

- Make a good first impression. Before conducting an interview, greet all household members politely and establish a friendly and respectful relationship with the respondent.

- When first approaching the respondent, do your best to make him/her feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and a polite greeting and then proceed with your introduction.
- Make sure to introduce yourself in detail and explain the study and why you wish to conduct the interview. After initial greetings, a good introduction should start with something like: "My name is _____. I am a representative of JaRco Consulting and the London School of Hygiene and Tropical Medicine. We are conducting a study on measurement, learning, and evaluation for the improvement of health and survival of mothers and babies in Ethiopia and we are interviewing throughout the country. We are very interested in your knowledge and experiences and would like to ask you some questions if that is OK." Then proceed with explaining the purpose of the study in more detail and obtaining a signature on the informed consent form.
- Avoid inconvenient times for interviewing, such as meal times. Try to arrive when the respondent will not be too busy to answer questions. If the respondent refuses to be interviewed, politely ask for the reasons for the refusal and note the reasons on the questionnaire. Inform your supervisor immediately.
- Remain calm and polite at all times.
- Do **not** take personal calls while you are interviewing! Put your personal phone on 'silent' mode while at the interview and wait until you are finished with the interview to return calls.

Obtain informed consent and answer respondents' questions honestly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or about how he/she has been selected to be interviewed. Be direct, honest, and polite in your answers. In particular, if the respondent asks about the length of the interview, provide your best estimate and assure the respondent that all of the information he/she provides is very important and that you appreciate his/her time. Do not underestimate the length of the interview since respondents may become restless or irritated when the interview takes longer than this.

However, if the respondent asks questions about intervention schemes, medicines, or any other information that we are trying to gather from him/her, then tell him/her that you will try to answer the questions after you have finished the interview.

Encourage honesty and cooperation through your attitudes and behaviours

The quality of the information you collect will depend to a large extent on your attitudes and behaviours. The interaction between yourself and the respondent is very important; make sure that you are treating respondents respectfully and that you are showing interest in their responses. The respondents should know that you appreciate their cooperation and the time they are taking to help make the survey successful.

If respondents feel that the information they are providing is important and that you are sympathetic to their situations, they will be more straightforward with responses and will be more likely to answer questions to the best of their ability. If they feel that you do not care about their responses, are pressured to respond or think that the interview is a burden, their answers will not be thorough or honest.

Ask the questions as they are written in the questionnaires

Each question will have been discussed thoroughly during training to ensure that the wording conveys the question clearly; any changes to the questionnaires will be made during training. Make sure that you ask all questions exactly as they are written on the questionnaire.

During interviews, speak slowly and clearly so that the respondent(s) will have no difficulty in hearing or understanding the question. If you need to repeat the question, do not paraphrase it but repeat it as it is written. If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question, but be very careful when you change the wording that you do not alter the meaning of the original question.

Never suggest answers or offer opinions to the respondents for specific questions

It is human nature for the respondent to want to give the 'right' answers by telling you what they think you want to hear. Make sure you avoid leading respondents towards certain responses or giving the respondent an impression that you are looking for a specific answer.

It is also human nature for the interviewer to want to make the respondent feel comfortable. However, if the respondents' answers are not relevant to a question do not re-phrase their answers or guide them by saying something like "I suppose you mean...Is that right?" In many cases, the informants will agree with your interpretation of their answer, even when that is not what they meant. Rather, in most cases, you should probe in such a manner that the informants themselves come up with the relevant answer. For instance, ask for more information by saying "Can you please explain a little more?" or "There is no hurry, take a moment to think about it."

******Specific questions for which it may be necessary to provide additional clarification will be discussed in the detailed instructions for completing the survey tools. Even in these cases, you should provide only the minimum amount of information required for an appropriate response. Also, even if respondents have trouble answering a question, never read aloud the list of coded answers unless you are specifically instructed to do so in the survey tool or during training.

If the respondent asks for your opinion or advice, simply respond that you are interested in their knowledge and opinions. Explain this by simply stating "I'm sorry but I am not in a position to provide any advice or opinions." If the respondent informs you about practices that you believe to be wrong, do **not** say this to the respondent or provide any indication that you feel this way. Remember that the purpose of the survey is to collect accurate information about respondents' knowledge and experiences. If respondents feel that you disagree with them or are placing judgment on them, they will be less likely to answer other questions honestly.

Ask all applicable questions

In most cases you will ask questions in the sequence in which they appear in the survey questionnaire. Make sure that no questions are left blank, unless you have been specifically instructed to do so because they are not applicable. Make sure that you carefully follow all instructions, as incomplete questions can disqualify entire sections or sometimes even the whole questionnaire.

Handle hesitant respondents carefully

There may be situations where the respondent simply says, "I don't know", gives an irrelevant answer, acts very bored or detached, contradicts something they have already said, or refuses to answer the question. In these cases you must try to re-gain their interest in the conversation. For example, if you sense that they are growing restless, reassure them that there are not many more questions or suggest that you take a short break from the interview and continue in a few minutes. Another option is to wait silently when respondents provide short or insufficient answers - try slowly counting to ten in your

head without saying anything while maintaining eye contact. In many cases, the respondent will fill the silence by elaborating upon their initial response.

If the informant gives an irrelevant response, a response that is much too lengthy, or complains about something, do not stop them abruptly or rudely. Listen to what they have to say and then try to steer them gently back to the original question. You can also write down what they say and tell them that it is duly noted. Remember that a positive and respectful atmosphere must be maintained throughout the interview.

Stay 'neutral' throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. **Never** allow the respondent to think that she has given the 'right' or 'wrong' answer to the question, either by your body language (e.g. expression on your face) or your words (e.g. the tone of your voice or response to their answer). Further, **never** appear to approve or disapprove of any of the respondent's replies.

A respondent may ask you certain questions during the interview about certain schemes related to the study. Tell him/her that we are interested in their opinions and that you will answer their questions at the end of the interview.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as: "Can you explain a little more?" or "I did not quite hear you, could you please tell me again?" or "There is no hurry, take a moment to think about it."

Consent forms

There are two consent forms used in this study:

- Quantitative informed consent-household
- Quantitative informed consent-Frontline workers for interviews with contextual authorities (at woreda level), health centre, health posts, HEWs and HDAs.

Each consent form should be fully read and accurately completed before starting each interview.

Data collectors should not interview selected informants who do not give their consent. This should be fully documented in the consent form.

In case the informant cannot write (due to illiteracy, disability, etc.), the data collector will proceed as following:

The section on informant date and signature should be left blank.

The data collector will identify a witness who is able to write.

The consent form will be read to the informant in the presence of the witness.

The informant should give their consent in the presence of the witness.

The witness will sign the declaration.

When consent is refused, this will be documented in the PDA.

CHAPTER IV Data management

This section outlines steps of systematically managing quantitative data once it has been collected from the field and transferred to the data managers for onward analysis at the office level. Steps are detailed in each of the two phases. Portable Digital Assistants (PDAs) will be used to collect data for tools in electronic format.

1. Data management at field level by field supervisors

1. Supervisors maintain a checklist to track tools and forms returned by data collectors on each day
2. All completed tools and consent forms should be returned to the supervisor
3. After data is collected, the supervisor conducts quality checks to identify all errors in the field on the day of data collection
4. Any inconsistencies identified must be taken back to the field with the team on the same day for clarification
5. Any errors identified and changes made by the team leader document the changes in the Error correction sheet
6. Completed and checked tools and data sign out forms are then ready to be sent to JaRco
7. Survey coordinator must ensure that these procedures and guidelines are followed by supervisors
8. For data collection using PDAs, supervisors will send to the Jarco Secured Server or email (password protected) the raw data in CSPRO Format to the data manager
9. Any errors identified by the data management team will be reverted to the field team for correction in the field with in two days
10. The supervisors upload zipped file of the data set to the Jarco Secured Server and the data management team will download the data and export it to SPSS to check the data quality

Data management at the office level by the data management team

1. Data manager receives completed tools and confirm as received
2. " Other/specify" response options should be translated and double-checked by the survey supervisor for main themes
3. Any missing data identified by the data manager is then discussed by the research team consisting of the data manager, survey supervisor and country coordinator
4. Survey supervisor will check with team leaders to correct any outstanding queries for missing data
5. The reconciled data should be documented to specify what changed, who made the changes and the date of change. This is then signed off by the survey supervisor in consultation with the data review team and handed back to the data manager
6. Processed data is verified by the data manager and sent to the IT expert to be stored in the database
7. For PDA data: at the office level the final data is extracted from the PDA and the cleaning process begins for correcting any issues on the data set by the data management team.
8. The data manager exports data (cleaned) to SPSS for onward analysis
9. The data manager hands over the cleaned data to the statistician for analysis

Archiving of data (paper copies/PDA)

1. Paper copies of questionnaires and consent forms should be clearly marked and archived in a secured storage room for future reference
2. Store all paper forms in envelop

3. Data manager should ensure any paper form are stored for at least 5 years in a secured place where they are protected from moisture, rodents and direct sunlight
4. Data manager should ensure that all raw data files are extracted from the PDAs after the end of the survey process and stored securely on the JaRco server
5. Data manager to ensure that all PDA devices are free of memory space and ready to be used for the next survey process
6. Data manager should ensure that all the necessary data management protocols are being followed by everyone

Data Checking During Collection

The data being collected in the field will be checked periodically during the collection process for two main reasons:

- 1) To allow any irregularities in the data to be queried while the data collection team are still in the field and therefore in a better position to resolve the issue.
- 2) To identify and problems with the data collection method which can be resolved by providing additional training or, if necessary, modifying the questionnaire.

The process of data checking will be as follows:

1) Data Submission by Field Team

This is to be carried out by the supervisor. The data sending processes are:

- First, copy the CSPRO data file from the PDA to your laptop.
- Second, rename the file name by the current date.
- Third, ZIP the data folder.
- And finally, send the zipped data file to Jarco Secured Server.

For the first week data should be submitted at the end of **every day** to the data management team at JaRco via the Internet. If the data management team are happy with the quality of the data at the end of the first week then data will be submitted at the end of every cluster for the rest of the data collection period.

In the event that there is no Internet connection the supervisor should still contact the data management team to inform them of the delay in submitting the data.

2) Data Checking

This will take part in two stages.

Firstly, the data management team will review the data as it is submitted for checking the following:

- Inconsistencies
- The skip patterns are working correctly
- IDs matchup between different datasets, for example between HEW and HP questionnaires or between household and the external GPS collection form.
- Translate the other responses.
- Split multiple responses in diff. Variables. Example:- Q100

1234

Q100A	Q100B	Q100C	Q100D
-------	-------	-------	-------

1	2	3	4
---	---	---	---

- Change the dates from Ethiopian Calendar to Gregorian
- Fix the errors found from the error correction sheet.

Any issues identified should be logged on the data query form which should include the record, question number, details of the issue and what was done to correct it (if anything). Where possible JaRco will resolve any issues with the data collectors within 24 hours of the data being submitted.

Secondly, after the first round of checking JaRco will upload the data to MyFiles, labelled with the date of submission, along with the data query form. This will serve as a back up of the data and allow Emma to access it in LSHTM. Emma will perform a second round of data checks specifically looking for:

- Duplicate IDs
- Checking HP & HEW match & there is no HEW without a HP and visa versa
- Summaries – number of Questionnaires (inc mod1,2,3) per cluster
- mod1/2/3 ratios
- mod1/2/3 are filled out when necessary
- clusters match with the correct dates

Any issues will be detailed on a data query form and returned to the data management team at JaRco to resolve. A summary of the data collection progress will also be circulated to the team.

3) Resolving issues

This will depend on the nature of the issue. In simple cases this will involve the data management team at JaRco contacting the data collection team to clarify a point. The answer should be recorded on the data query form and if necessary the data corrected.

If re-training is required JaRco will provide the supervisor with details of the issue and who needs to be retrained on what area.

Storage of Data in the JaRco Office

Paper forms

- The contents of the cluster envelope will be stored centrally at JaRco office and logged by the data team when received at the office. Cluster envelopes will be received through delivery by Senior Supervisors after field visits, or upon completion of the survey. The cluster envelope will contain the following forms that will all be filed and kept in a secure office location:
 - Consent forms
 - Cluster summary sheets
 - Data correction forms
 - WDA listing forms

- Household listing forms

Digital data

- Data will be stored centrally in JaRco's server with back-up and external back-up. Additionally, the IT staff will create three folders with specific file names on the JaRco server: one for the Data Manager, one for Data Clerks (one sub-folder for each), and one for update reporting.
- Computerized Database Storage has been developed using appropriate software. The database and the computer holding the database will be password-protected; the data entry clerks will only have data cleaning privileges, whereas the data manager will have full access to the server for data correction and cleaning. Electronic data checked for errors and extreme values will be corrected by Data Clerks through using the editing guideline provided by the Data Manager.
- Data cleaning will be carried out with reference to the data correction forms (described under paper forms) Both original and cleaned data will be backed up by the IT Assistant on the server and by external hard disk drive with full application programs.
- The Data Manager will use frequency checks of indicators to examine the database entries for clear documentation and identifying data outliers supported by data clerks on a daily basis.
- The Data Manager will send query reports about the exemptions and errors found in database entries to the survey team for any clarification and correction to be carried out.
- Database entry will consist predominantly of numeric data (except for 'other specify fields and personal names) that don't contain personal identifiers.

Data Validation in the Survey Database and Final Survey Data Checking

Any errors or discrepancies found during data validation in the central data management centre should be checked against the raw data and updated in the validated file. The validation procedure includes checking and cleaning for outliers. In particular, the data manager will check sex, age, and a range of other indicators in the database using to find out if there are outlier values and other errors made by the data collectors. If the error made was not due to electronic data entry, the data manager will communicate with the Survey Team Leader in order to rectify the problem and to improve subsequent data checking procedures. This will be done repeatedly for each data collector until the errors are entirely fixed.

Annexes

Annex 1 Survey team materials needed in the field each day

Each person [supervisor and data collectors]
1 PDA
1 Charger
1 Pens
1 Field guide
2 Chalk
1 WDA listing form
Each data collector:
200 Consent forms
3 Data correction sheets (if unable to correct errors in PDA)
1 Set of master copies of questionnaires as back-up
Each supervisor:
11 Cluster envelopes
30 household listing forms
11 Cluster summary sheets
1 Set of master copies of questionnaires as back-up
1 Clipboard
1 Notebook
1 Divider
2 External GPS 72H Garmin
1 laptop
1 power bank for charging the PDA
1 Dongle for Internet connection

			Sect D: last 1 year	
C1.11	Module 3 respondent designation	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		C1.11
C1.12	Module 4 respondent name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Current activity	C1.12
C1.13	Module 4 respondent designation	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		C1.13
C1.14	Module 5 respondent name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	For last 1 year	C1.14
C1.15	Module 5 respondent designation	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		C1.15
C1.16	Module 6 respondent name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Sect A: current fiscal year Sect B: last 1 year	C1.16
C1.17	Module 6 respondent designation	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		C1.17

MODULE 2: HEALTH FACILITY AND POPULATION STATUS

Primary respondent for this section is the Woreda Health Office Head and or deputy head and or HMIS person

For questions C2.1-C2.3 should be asked for a time period starting from date and month of interview on |_|/|_|/|_| up to the exact date and month on |_|/|_|/|_| in the past one year period

In case of "don't know" fill all the digits with "9" for this module

S.no	Questions	Response	Instruction for Interviewer	S.no
Section A				
C2.1	How many health centers do you have in this woreda that have been open and providing health services at least for the past one year?	_ _ _		C2.1
C2.2	How many health posts do you have in this woreda that have been open and providing health services at least for the past one year?	_ _ _		C2.2
C2.3	How many hospitals do you have in this woreda that have been open and providing health services at least for the past one year?	_ _ _		C2.3
C2.4	What is the total number of currently employed health officers at the Health Center level in the woreda?	_ _ _		C2.4
C2.5	What is the total number of currently employed professionally trained nurses at the health center level in this Woreda?	a.2 year diploma nurse _ _ _ b. BSC nurse _ _ _		C2.5
C2.6	AMONG THEM (number entered C2.5), How many of are PRIMARILY doing clinical work at the Health Center in this woreda?	_ _ _		C2.6
C2.7	AMONG THEM (number entered C2.5), How many are doing PRIMARILY administrative work at	_ _ _		C2.7

	the health center level in this woreda?			
C2.8	What is the total number of currently employed midwives at the health center level in the woreda?	<i>a. 3 year midwifery diploma.</i> _ _ _ _ <i>b. 3 year nurse+1year midwifery training</i> _ _ _ _ <i>c.BSC midwifery</i> _ _ _ _		C2.8
C2.9	What is the total number of currently employed Health Extension Workers at the Health Posts in the woreda?	_ _ _ _		C2.9
C2.10	What is the total number of FUNCTIONAL ambulances in this woreda that are currently providing services to transport patients and pregnant women?	_ _ _ _		C2.10
SECTION B NOTE: Below section is about the current year Please specify the interviewee the Start date : _ _ - _ _ _ _ (mm-yyyy) End date= _ _ - _ _ _ _ (mm-yyyy) And repeatedly refer it during the questions				
C2.11	According to the Central Statistical Agency (CSA) based woreda statistics what is the total Woreda population for the specified year?	_ _ _ _ _ _ _ _ _		C2.11
C2.12	According to the Central Statistical Agency (CSA) based woreda statistics what is the average households' size in this woreda for the specified year?	_ _ _ _ _ _ _		C2.12
C2.13	According to the Central Statistical Agency (CSA) based woreda statistics what is the total number of women of reproductive (15-49 years) age in the woreda for the specified year?	_ _ _ _ _ _ _		C2.13
C2.14	According to the Central Statistical Agency (CSA) based woreda statistics what is the total number of expected	_ _ _ _ _ _ _		C2.14

	pregnancy in the woreda for the specified year?			
	<p>SECTION C</p> <p>NOTE: Below section is about the last fiscal year Please specify the interviewee the Start date : _ _ - _ _ (mm-yyyy) End date= _ _ - _ _ (mm-yyyy) And repeatedly refer it during the questions</p>			
C2.15	And what is the actual number of pregnancies reported by the health center and health post in the woreda for the specified year?	_ _ _ _ _		C2.15
C2.16	According to reports from Health Centers and Health Posts what is the total number of live birth in the woreda for the specified year? <i>This all birth excluding still births.</i>	_ _ _		C2.16
C2.17	According to reports from health centers and health posts, what is the total number of sepsis cases identified amongst children under-2 months for the specified year? By sepsis or very severe disease I mean newborns under 2 months old that had a blood infection as indicated by clinical symptoms of high or low temperature, fast breathing, chest in-drawing, convulsions, reduced feeding, and movement only on stimulation or no movement even after stimulation.	<p>a. Under 2 months</p> <p> _ _ _ </p> <p>b. Under one month</p> <p> _ _ _ </p>		C2.17
C2.18	According to reports from health centers and health posts, what is the incidence rate of sepsis amongst	<p>a. Under 2 months</p> <p> _ _ _ </p>		C2.18

	<p>children under 2 months in this woreda for the specified year?</p> <p><i>By incidence I mean the number of new sepsis cases in newborns < 2 months, among the total number of live births for the specified one year</i></p>	<p>b. Under one month</p> <p> _ _ _ _ </p>		
C2.19	<p>According to reports from the health centers and health posts what is the total number of sepsis cases initiated treatment amongst children under-2 months in this woreda for the specified year? (those who got first dose antibiotic)</p>	_ _ _ _ _ _ _		C2.19
C2.20	<p>According to reports from health posts and health centers what is the total number of sepsis cases completed treatment amongst children under 2 months in this woreda for the specified year?</p>	_ _ _ _ _ _ _		C2.20
C2.21	<p>According to reports from health posts and health centers, what is the total number of sepsis cases referred from health post to health center amongst children under-2 months in this woreda for the specified year?</p>	_ _ _ _ _ _ _		C2.21
C2.22	<p>According to reports from Health Posts and Health Centers, of those women attending ANC what is the HIV prevalence of pregnant mothers in the woreda for the specified year?</p> <p><i>By prevalence I mean the number of pregnant women who tested HIV positive among all pregnant women who received an ANC visit and tested for HIV in the specified year.</i></p>	_ _ _ _ _ _ _		C2.22

MODULE 3: CBNC RELATED ACTIVITIES

Section A:

Primary respondent for this module is the CBNC Focal Person or MNCH focal person

In case of “don’t know” fill all the digits with “9” for this module

S.no	Questions	Response	S.no
a. Training			
C3.1	In the last 2 years has any CBNC training for the woreda been provided?	1.Yes 2. No (Skip to module 4)	C3.1
C3.2	When was the Last training in CBNC for the Woreda Health Bureau and Health Center staff held? (Gregorian Calendar)	- Month Year	C3.2
C3.3	How many days was the training?		C3.3
C3.4	How many staff were trained from the woreda health bureau ?		C3.4
C3.5	Among the CBNC trained woreda staff (c.3.4 no--) how many had IMNCI training?		C3.5
C3.6	Among the woreda staff trained in CBNC (c.3.4 no--), have any left the woreda?	1. Yes 2. No (Skip to C3.9)	C3.6
C3.7	IF YES , then how many (from c.3.4 no--)?		C3.7
C3.8	IF YES , how many of Among the CBNC trained woreda bureau staff who left (c.3.7 no--) how many have been replaced with a CBNC trained staff member?		C3.8
C3.9	How many staff were trained from the health centers in this woreda?		C3.9

C3.10	Among the CBNC trained health center staff (c.3.9 no--) how many had IMNCl training in this woreda?	_ _ _ _		C3.10
C3.11	Of the health center staff trained in CBNC (c.3.9 no--), have any left the woreda?	1. Yes 2. No (Skip to C3.14)	_	C3.11
C3.12	IF YES , then how many (from c.3.9 no--)?	_ _ _ _		C3.12
C3.13	Among the CBNC trained health center staff who left (c.3.11 no--) how many have been replaced with a CBNC trained staff member?	_ _ _ _		C3.13
C3.14	When was the training for Health Extension Workers in this woreda? (Gregorian Calendar)	_ _ - _ _ Month Year		C3.14
C3.15	How many days was the training for health Extension Workers on CBNC?	_ _ _ _		C3.15
C3.16	How many Health Extension Workers were trained for CBNC in this woreda?	_ _ _ _		C3.16
C3.17	Of those HEWs trained, have any left the woreda?	1. Yes 2. No (Skip to C3.20)	_	C3.17
C3.18	IF YES , then how many (from c.3.16 no--)?	_ _ _ _		C3.18
C3.19	Among the CBNC trained HEWs who left (c.3.18 no--) how many have been replaced with a CBNC trained staff member?	_ _ _ _		C3.19
Section B: Drugs and Supplies : based on the last stock out report received at the woreda level Note – the availability/unavailability refers to the last one year/12 months				
C3.20	Do you currently have amoxicillin tablets (250 mg dispersible tablets) for the Health Posts for CBNC?	1. Yes 2. No (Skip to C3.22)	_	C3.20
C3.21	IFYES- for how many months have you had Amoxicillin	_ _ _ Months (Skip to C3.23)		C3.21

	tablet (250 mg dispersible tablets) available - for the health posts?		
C3.22	IF NO- for how many months has amoxicillin tablet (250 mg dispersible tablets) not been available?	_ _ Months 99 if never in stock	C3.22
C3.23	Do you currently have amoxicillin tablets (125 mg dispersible tablets) for health posts for CBNC?	1. Yes 2. No (Skip to C3.25)	C3.23
C3.24	IF YES- for how many months have you had amoxicillin tablet (125 mg dispersible tablets) available for the health posts?	_ _ Months (Skip to C3.26)	C3.24
C3.25	IF NO- for how many months has amoxicillin tablet (125 mg) not been available?	_ _ Months 99 if never in stock	C3.25
C3.26	Do you currently have amoxicillin syrup (125mg/5ml) at health posts for CBNC?	1. Yes 2. No (skip to C3.28) _	C3.26
C3.27	IF YES- for how many months have you had amoxicillin syrup (125mg/5ml) available for the health posts?	_ _ Months (skip to C3.29)	C3.27
C3.28	IF NO – for how many months has amoxicillin syrup (125mg/5ml) not been available?	_ _ Months 99 if never in stock	C3.28
C3.29	Do you currently have Gentamycin (Injectable 20mg/2ml) for health posts for CBNC?	1. Yes 2. No (skip to C3.31) _	C3.29
C3.30	IF YES- for how many months have you had Gentamycin (Injectable 20mg/2ml) available - for the health posts?	_ _ Months (skip to C3.32)	C3.30
C3.31	IF NO – for how many months has Gentamycin (Injectable 20mg/2ml) not been available?	_ _ Months 99 if never in stock	C3.31

C3.32	Do you currently have Tetracycline eye ointment (ophthalmic ointment 1%)?	1. Yes 2. No (skip to C3.34)	_	C3.32
C3.33	IF YES- for how many months have you had Tetracycline eye ointment (ophthalmic ointment 1%) available –for the health posts?	_ _ Months (skip to 3.35)		C3.33
C3.34	IF NO - for how many months has Tetracycline eye ointment (ophthalmic ointment 1% not been available?	_ _ Months 99 if never in stock		C3.34
<p>Section C: 4-6 Week Post Training Follow up Visit : when NGO partner and woreda and health center representatives go to each health post to observe the performance of Health Extension Workers on CBNC to provide them with feedback 4-6 weeks after CBNC training</p>				
C3.35	Within six weeks after CBNC training how many health posts from the _____ (Interviewer state total number of health posts from C2.2 and state here) total number of health posts in the woreda received post training follow up?	_ _ _ If 0 skip to C3.37		C3.35
C3.36	In how many of these visits reported in the above question (C.3.35) was the woreda and/or health center office representative (s) involved in?	_ _ _		C3.36
<p>Section D: PRCMM(Performance Review and Clinical Mentoring Meeting): a meeting led by the NGO partner and involves the woreda, HEW supervisors, and HEWs to review registers and assess performance on activities and provide refresher training in CBNC Below section is about the last one year Please specify the interviewee the start date (current) : _ _ - _ _ _ (mm-yyyy) And end date= _ _ - _ _ _ (mm-yyyy)</p>				

	And repeatedly refer it during the questions			
C3.37	How many PRCMM meetings were held for CBNC since training in the past year?	_ _ If 0 Skip to Module 4		C3.37
C3.38	When was the last PRCMM held?	_ - _ _ _ Moth Year		C3.38
C3.39	In the last CBNC –PRCMM meeting, was zonal level staff present?	1. Yes 2. No	_	C3.39
C3.40	In the last CBNC –PRCMM meeting, was a Woreda level staff present?	1. Yes 2. No	_	C3.40
C3.41	Is there documentation of the proceedings of the last PRCMM?	1. Yes 2. No	_	C3.41
<p>What are the contents covered in the last meeting?</p> <p>Please read all to the respondent</p>	C3.42.	ICCM registration book review	_	C3.42.
	C3.43.	Summary of previous iCCM follow up visit findings	_	C3.43.
	C3.44.	Discussion on strength, weakness, challenge and solutions	_	C3.44.
	C3.45.	Exercise on case scenario	_	C3.45.
	C3.46.	Clinical practice at health facility or household	_	C3.46.

	C3.47.	Develop Planning for the quarter	_	C3.47.
	C3.48.	Distribution of supplies	_	C3.48.

MODULE 4: KEY MATERNAL & NEWBORN HEALTH PROGRAMMES

Specify duration : (currently active)

Primary respondent for this section is the Woreda Health Office Head or MNCH Officer

Please indicate the name of the non-governmental organization (NGO) , and code for each relevant primary activity, themes and level of activity. For each NGO please select only one category for primary activity, theme and level of activity. If there is other significant themes and activities for the same NGO, please write them in the comments section.

	Name of NGO	Themes: 1) FP/Reproductive Health 2) ANC, delivery, 3) newborn care 4) nutrition, 5) other	Primary activities : 1) Implementation 2) Training 3) Supplies / commodities 4) Other	Level of activity At the woreda level 1. None 2. > 50% 3. About 50% 4. < 50% 5. All	Instructions comments
C4.1		C4.1a	C4.1b	C4.1c	
C4.2		C4.2a	C4.2b	C4.2c	
C4.3		C4.3a	C4.3b	C4.3c	

C4.4		C4.4a	C4.4b	C4.4c	
C4.5		C4.5a	C4.5b	C4.5c	

MODULE 5: NATURAL DISASTERS IN THE PAST 12 MONTH:

Start date : |_|_|-|_|_|_|_| (mm-yyyy)

End date= |_|_|-|_|_|_|_| (mm-yyyy)

Sources of information: a) Woreda surveillance office, b) Woreda disaster prevention and preparedness office

Please indicate the natural disaster code that occurred in the woreda in each line

Definitions of natural disasters

Epidemics: The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time. The population may be all the inhabitants of a given geographic area, or of a certain age or sex

Droughts: rainfall shortage (moisture stress), erratic rainfall, uneven distribution of rain, late on-set and early cessation of rain and water shortage (both surface and underground). It leads to other root cause for other disaster risks such as biological hazards (crop diseases and pests, human diseases, livestock diseases, weeds and wild animal attack)

Floods: it is a great flowing or overflowing of water, especially over land not usually submerged. A given community may be affected by flooding as a result of high rainfall in the locality or due to high rainfall in some other area (usually upstream area).

Landslide: A collapse of a mass of earth or rock from a mountain, cliff or elevated area causing damage on lives, properties and physical assets (including infrastructure, land and water sources)

Heavy Rain: any rain with high intensity of precipitation which results in flash flooding and damage on crops, animals, humans, properties and infrastructures

Earthquake: it is a sudden violent shaking of the ground, typically causing great destruction, as a result of movements within the earth's crust or volcanic action

	Type of Natural Disaster	Extent affecting the woreda	Start Time: MM/YY	End Time: MM/YY	Comments: Specific detail of the event		
MODULE 6: WOREDA RESOURCES AND INFRASTRUCTURE							
Primary respondent for this section is the Woreda Health Office Head or Woreda Health Office Budget Officer							
Section A :							
S. no	Questions		Response		Instructions	S. no	
C6.1	Epidemics	What is the start date of your current fiscal year: (Gregorian Calendar : month and year)	C5.1a	C5.1b	C5.1c	C5.1d	C6.1
C5.2	Droughts		C5.2a	C5.2b	C5.2c	C5.2d	
C6.2	Floods	What is the end date of your current fiscal year: (Gregorian Calendar : month and year)	C5.3a	C5.3b	C5.3c	C5.3d	C6.2
C5.4	Landslide		C5.4a	C5.4b	C5.4c	C5.4d	
C6.3		What is the overall budget in					C6.3
C5.5	Earthquake	How much Ethiopian birr is earmarked for the woreda health office in this fiscal year?	C5.5a	C5.5b	C5.5c	C5.5d	
C5.6	Other	Specify...	C5.6a	C5.6b	C5.6c	C5.6d	
C6.4		Among your woreda health budget, how much Ethiopian birr is earmarked for MCH activities in this fiscal year?					C6.4
Section B: Major infrastructure projects undertaken the past 1 year in the woreda							
Start date : _ - _ - _ - _ (mm-yyyy)							
End date= _ - _ - _ - _ (mm-yyyy)							

					C6.5
C6.6	Any new main roads (i.e connecting villages, towns or cities) built in the last one year?	1. Yes 2. No	__		C6.6
C6.7	Any new major water supplies roads (i.e. for entire village, town or city) setup in the last one year?	1. Yes 2. No	__		C6.7
C6.8	Any new major electricity connections (i.e. for entire village, town or city) setup in the last one year?	1. Yes 2. No	__		C6.8
C6.9	Other major infrastructure (i.e. bridge, hospital, etc.)?	1. Yes 2. No-end interview	__		C6.9
C6.10	Specify				C6.10

ENGLISH Health Centre Survey Questionnaire

HEALTH CENTER QUESTIONNAIRE

The in-charge is the first choice for all sections unless otherwise specified. If another member of the staff -such as the senior MCH nurse, laboratory, pharmacy- is able to answer all questions (staffing, supervision, medicine & supplies, services provided, and record reviews), this is also acceptable.

Section 1. Facility Identifiers			
100	Date (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _	
101	Region	_ _ _ _ _ _ _ _ _ _	
102	Zone	_ _ _ _ _ _ _ _ _ _	
103	Woreda name	_ _ _ _ _ _ _ _ _ _	
104	PHCU code	_ _ _ _	
105	Health Center name	_ _ _ _ _ _ _ _ _ _	
106	GPS Latitude Take coordinates of health center	_ _ : _ _ _ _ _	
107	GPS Longitude Take coordinates of health center	_ _ : _ _ _ _ _	
108	Interviewer Initials	_ _	
109	Facility Ownership	1 = Government 2 = NGO/Mission 3 = other	_
110	<i>Did you read the consent form?</i>	1 = Yes 2 = No	_
111	<i>Did the official agree to be interviewed?</i> If YES go to section #2 and continue with interview	1 = Yes 2 = No	_
110 112	If not Why not?	_____	
End interview			

Section 2. PHCU information and health center staffing			
Ask head of health Center for the information below			
Interviewer: <i>Thank you very much for agreeing to respond to this survey. I first would like to ask some questions about the primary health care unit as well as health center staffing.</i>			
200a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	
200	How many health posts are under this health center?	Enter number	
201	How many Health Extension Workers (HEWs) in total work under this health center?	Enter number	
Currently, How many of each of the following staff work in this health center? Read list		Enter number for each one	
	202	Nurse	
	203	Midwife	
	204	Health officer	
	205	Urban Health Extension Worker	
	206	Pharmacist/druggist	
	206a	Lab technician	
207a	Have the staff members in this health center been trained specifically in Community Based Newborn Care (CBNC)?	1 = Yes 2 = No – GO TO 207r	
207	How many of the staff in this health center have been trained	Enter number	

	specifically in Community Based Newborn Care (CBNC)?			
Which staffs have been trained in CBNC? (Currently employed)		Enter for each one		
		207b	Nurse	
		207c	Midwife	
		207d	Health officer	
207e	Since taking the CBNC training, have any of them left this Health Center?	1 = Yes 2 = No – GO TO HC 207r		
If YES, how many of trained staffs have left this Health Center? (Currently not employed)		Enter number for each one		
		207 f	Nurse	
		207 g	Midwife	
		207 h	Health officer	
If YES, How many of the CBNC trained staff that left were transferred, promoted or have moved to another organization?		207 i	Transferred	
		207 j	Promoted	
		207 k	Moved to another organization	
		207 l	Other ,specify—GO TO 207m	
		207 m	Specify _____	
207 n	Have you replaced the CBNC trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO 207r		
If YES, how many CBNC trained staffs were replaced?		Enter number for each one		
		207 o	Nurse	
		207 p	Midwife	
		207 q	Health officer	
207 r	Have the HEWs in the health center’s catchment area been trained specifically in Community Based Newborn Care (CBNC)? (excluding urban HEWs)	1 = Yes 2 = No – GO TO 207aa		
207 s	How many of the HEWs in the health center’s catchment have been trained specifically in Community Based Newborn Care (CBNC)? (excluding urban HEWs)	Enter number		
207 t	Since taking the CBNC training, have any of the HEWs left among the HPs in this Health Center catchment or PHCU? (excluding urban HEWs)	1 = Yes 2 = No – GO TO 207aa		

207 u	If YES, how many of the trained HEWs have left this Health Center's catchment?	Enter number	_ _	
207 v	Have you replaced the CBNC trained HEWs who left by other trained HEWs?	1 = Yes 2 = No – GO TO 207aa	_	
207 w	If YES, how many of trained HEWs were replaced?	Enter number	_ _	
207aa	Have the staff members in this health center been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	1 = Yes 2 = No – GO 208	_	
207 bb	How many of the staff in this health center have been trained specifically in Integrated Management of Neonatal and Childhood Illnesses (IMNCI)?	Enter number	_ _	
Which staffs have been trained in IMNCI?		Enter number for each one		
		207 cc	Nurse	_ _
		207 dd	Midwife	_ _
		207 ee	Health officer	_ _
207 ff	Since taking the IMNCI training, have any of them left this Health Center?	1 = Yes 2 = No – GO TO 208		
If YES, how many of trained staffs have left this Health Center?				
		207 gg	Nurse	_ _
		207 hh	Midwife	_ _
		207 ii	Health officer	_ _
If YES, how many of the IMNCI trained staff that left were transferred, promoted or have moved to another organization?		Enter number for each one		
		207 jj	Transferred	_ _
		207 kk	Promoted	_ _
		207 ll	Moved to another organization	_ _
		207 mm	Other, specify (GO TO 207nn)	_ _
		207 nn	Specify _____	
207oo	Have you replaced the IMNCI trained staffs that left by other trained staffs?	1 = Yes 2 = No – GO TO 208	_	
If YES, how many IMNCI trained staffs were replaced?		Enter number for each one		
		207 pp	Nurse	_ _

		207 qq	Midwife	_ _
		207 rr	Health officer	_ _
208	Are there any non-governmental organizations maternal and newborn health initiatives happening at this health center?	1 = Yes 2 = No (GO TO Section 3)		_
209	If YES , what is the name of the organization that is supporting this work?	Specify _____		
If YES , what is the focus area? Read list			For each: 1 = Yes 2 = No	
	210	ANC	_	
	211	Delivery	_	
	212	PNC for baby	_	
	213	Maternal post-partum	_	
	214	Sick newborn care	_	
	215	Other – Go to 215a	_	
		215a	Specify: _____	
216	If YES , what is the name of the initiative?	Specify _____		
217	Is there a second non-governmental organization maternal and newborn health initiative happening at this health center?	1 = Yes 2 = No (Go to Section 3)	_	
218	If YES , what is the name of the organization that is supporting this work?	Specify _____		
If YES , what is the focus area? Read list			For each: 1 = Yes 2 = No	
	219	ANC	_	
	220	Delivery	_	
	221	PNC for baby	_	
	222	Maternal post-partum	_	
	223	Sick newborn care	_	
	224	Other – Go to 224a	_	
		224a	Specify: _____	
225	If YES , what is the name of the initiative?	Specify _____		
226	Is there a third non-governmental organization maternal and newborn health	1 = Yes 2 = No (Go to Section 3)	_	

	initiative happening at this health center?		
227	If YES , what is the name of the organization that is supporting this work?	Specify _____	
If YES , what is the focus area? Read list		For each: 1 = Yes 2 = No	
	228	ANC	<input type="checkbox"/>
	229	Delivery	<input type="checkbox"/>
	230	PNC for baby	<input type="checkbox"/>
	231	Maternal post-partum	<input type="checkbox"/>
	232	Sick newborn care	<input type="checkbox"/>
	233	Other – Go to 233a	<input type="checkbox"/>
	233a	Specify: _____	
234	If YES , what is the name of the initiative?	Specify _____	
	235	xxxx	
	236	xxxx	
	237	xxxx	
	238	xxxx	
	239	xxxx	
	240	xxxx	
	241	xxxx	
242	xxxx		

Section 3. Supervision conducted

Interviewer:
Please find a health extension supervisor to answer the following questions if not ask the under-five focal person

I would now like to ask you some questions about supportive supervision provided by the health center. By supportive supervision, I mean visits by health center staff to health posts to discuss, review and give feedback on HEWs work.

300a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	
300b	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 6 months (Jun – November 2017)? By supportive supervision we mean a visit to a health post where staff from this health center provided assessed the performance of HEWs and provided technical support to HEWs.	1 = Yes 2 = No (SKIP TO 321) 3 = Don't know	
300c	If 300b is yes: How many of the health posts in your PHCU have been visited for supportive supervision in the last 6 months?	Enter number of health posts, 99 if don't know.	
300	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 3 months (Nehase 2009 – Hidar 2010)?	1 = Yes 2 = No (SKIP TO 304) 3 = Don't know	_
301	If 300 is yes: How many of the health posts in your PHCU have been visited for supportive supervision in the last 3 months?	Enter number of health posts, 99 if don't know.	_ _
301a	Has anyone in the health center conducted a supportive supervisory visit to a health post in the last 1 month (Tikmet or Hidar 2010)?	1 = Yes 2 = No (SKIP TO 304) 3 = Don't know	_
301b	If 301a is yes: How many of the health posts in your PHCU have been visited for supportive supervision in the last 1 month?	Enter number of health posts, 99 if don't know.	_
302	xxxx		
303	xxxx		
		For each: 1 = Yes 2 = No	

<p>If yes to any supervision in the past six months (Jun – November 2017), did that supportive supervision visit include any of the following?</p> <p>Read list</p>	304	Discussing on the reporting of early identification of pregnancy	<input type="checkbox"/>
	305	Discussing provision of Focused ANC	<input type="checkbox"/>
	306	Discussing promotion of institutional delivery	<input type="checkbox"/>
	307	Discussing safe and clean delivery	<input type="checkbox"/>
	308	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	309	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="checkbox"/>
	310	Discussing prevention and management of hypothermia	<input type="checkbox"/>
	311	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	312	Discussing management of very severe disease in newborns	<input type="checkbox"/>
	313	Discussing HEW activities with WDA	<input type="checkbox"/>
	314	Observing record keeping and reporting	<input type="checkbox"/>
	314a	Checking the register for consistency and completeness	<input type="checkbox"/>
	315	Checking supplies/training manuals. job aides, request forms	<input type="checkbox"/>
	315a	Delivering supplies/training manuals. job aides, request forms	<input type="checkbox"/>
	316	Observing client interaction	<input type="checkbox"/>
	317	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>
	318	Providing feedback to the HEWs on their work	<input type="checkbox"/>
	318a	Checking if they visited a sick neonate under treatment or that has been treated	<input type="checkbox"/>
	319	Other (CBNC related), specify – Go to 320	<input type="checkbox"/>
	320	Specify _____	

321	Have you provided supportive supervisory visits to HEWs in the last 3 months (Nehase 2009 to Hidar 2010) specifically for iCCM?	1 = yes 2 = no	<input type="checkbox"/>
321a	Have you provided supportive supervisory visits to HEWs in the last one month (Tikmet or Hidar 2010) specifically for CBNC?	1 = yes 2 = no	<input type="checkbox"/>
<p>Interviewer: Ask the head of the health center or MCH head for this set of questions I would now like to ask you some questions about performance review and clinical mentoring (PRCMM). By performance review and clinical mentoring, I mean when health center and health post staff meet together to discuss performance, targets, and ways to achieve targets?</p>			
322a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
322	In the past 6 months (Gimbot 2009 to Tikmet 2010), have the health center and health post staff met together to discuss performance, targets, and ways to achieve targets (PRCMM)?	1 = Yes 2 = No (SKIP TO Section 4)	<input type="checkbox"/>
<p>Did that meeting cover performance and targets on the following?</p> <p>Read list</p>		For each:1 = Yes 2 = No	
	323	Early identification of pregnancy	<input type="checkbox"/>
	324	Focused ANC	<input type="checkbox"/>
	325	Promotion of institutional delivery	<input type="checkbox"/>
	326	Safe and clean delivery	<input type="checkbox"/>
	327	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	328	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>
	329	Prevention and management of hypothermia	<input type="checkbox"/>

	330	Cover management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	331	Management of neonatal/very severe disease	<input type="checkbox"/>
	331a	Management of diarrhea among neonate	<input type="checkbox"/>
	331b	Breast feeding among neonate	<input type="checkbox"/>
	331c	Immunization among neonate	<input type="checkbox"/>
	331d	Register review	<input type="checkbox"/>
	331e	Community level observation	<input type="checkbox"/>
332	Did that meeting extract data from HEW's 0- 2 month (newborn) registers?		1 = Yes 2 = No <input type="checkbox"/>
333	At that meeting, did your health center staff get a chance to offer mentoring directly to the HEWs under this health center?		1 = Yes 2 = No <input type="checkbox"/>

Section 4. Supervision received

Interviewer:

I would now like to ask some questions about supportive supervision received by the health center from woreda/zone/region.

Ask the head of health center

400a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
400	Have you received a supportive supervision visit in the last 3 months (Nehase 2009 to Hidar 2010)?	1 = Yes 2 = No (SKIP TO Section 5)	<input type="checkbox"/>
If Yes: Who from? Select all mentioned		For each: 1 = Yes 2 = No	
	401	Federal Ministry of Health	<input type="checkbox"/>

	402	Region	_
	403	Zone	_
	404	Woreda health office	_
	405	NGO	_
	406	Other (specify)	_
	407	Specify _____	
408	If 400 is yes: How many times did you receive a supportive supervision visit in the last 3 months?		Enter number of visits, 99 if don't know.
		For each: 1 = Yes 2 = No	
If 400 yes, did that supportive supervision visit include the following? Read list	409	Discussing on the reporting of early identification of pregnancy	_
	410	Discussing provision of Focused ANC	_
	411	Discussing promotion of institutional delivery	_
	412	Discussing safe and clean delivery	_
	413	Discussing immediate newborn care including cord care (chlorohexidine)	_
	414	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	_
	415	Discussing prevention and management of hypothermia	_
	416	Discussing management of pre-term and/or low birth weight neonates	_
	417	Discussing management of very severe disease in newborns	_
	418	Discussing HEW activities with HDA	_
	419	Observing record keeping and reporting	_
	420	Checking/delivering supplies/training manuals. job aides, request forms	_
	421	Observing client interaction	_
	422	Conducted household visits together	_
423	Providing feedback to you on your work	_	
424	Other, specify	_	

	425	Specify _____	
426	Can you tell us whether or not you were satisfied with the supportive supervision received? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 428) 3 = Neither satisfied nor dissatisfied (Go to 429)	<input type="checkbox"/>

428	IF NO , then what was the level of dissatisfaction? Read both options		1 = Fully dissatisfied (Go to 428a) 2 = Somewhat dissatisfied (Go to 429)	<input type="checkbox"/>
What were the reasons for your dissatisfaction? Read list Select all that apply		428a	Insufficient visits	<input type="checkbox"/>
		428b	Insufficient crash trainings	<input type="checkbox"/>
		428c	Insufficient technical supervision	<input type="checkbox"/>
		428d	Other GO TO 428e	<input type="checkbox"/>
		428e	Specify _____	<input type="checkbox"/>
427	IF YES , then what was the level of satisfaction? Read both options		1 = Fully satisfied (Go to 427a) 2 = Somewhat satisfied (Go to 429)	<input type="checkbox"/>
What were the reasons for your satisfaction? Read list Select all that apply		427a	Sufficient visits	<input type="checkbox"/>
		427b	Sufficient crash trainings	<input type="checkbox"/>
		427c	Sufficient technical supervision	<input type="checkbox"/>
		427d	Other GO TO 427e	<input type="checkbox"/>
		427e	Specify	

How can the quality of the supervision be further improved: Read list Select all that apply	For each: 1 = Yes 2 = No		
	429	More visits	<input type="checkbox"/>
	430	More crash trainings	<input type="checkbox"/>
	431	More technical supervision	<input type="checkbox"/>
	432	Other GO TO 433	<input type="checkbox"/>
	433	Specify _____	<input type="checkbox"/>

Section 5. Facility, equipment, medicines, and job aids at the health center

For the first part of this section, speak with the head of the health center. Walk around the facility with the respondent and personally check the availability of equipment and stock.

For 500-513 ask head of health center

Interviewer:

I would now like to ask you questions about the facility, equipment, medicines, and job aids at this health center.

500a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
500	What is the main source of drinking water? Do not prompt	1 = Piped connection into house 2 = Piped connection into yard 3 = Public standpipes 4 = Boreholes 5 = Protected dug wells 6 = Protected springs 7 = Rainwater collection 8 = Surface water 9 = Open dug wells 10 = Unprotected springs 11 = Vendor provided water	<input type="checkbox"/>

		12 = Bottled water 13 = Tanker		
501	Water supply [for hand-washing and drinking purposes] available on day of survey?	1 = Yes 2 = No	<input type="checkbox"/>	
Does the health center have:		For each: 1 = Yes 2 = No		
		502	Electricity connection or other power sources (example, gas/solar generator) If no, skip to 506	<input type="checkbox"/>
		503	Electricity supply on day of survey	<input type="checkbox"/>
		504	Functional sterilizer, cooker or stove	<input type="checkbox"/>
		505	Functional fridge	<input type="checkbox"/>
		506	Toilets accessible to facility users	<input type="checkbox"/>
507	Is there a cell phone signal at the health center?	1 = Yes 2 = No	<input type="checkbox"/>	
508	Is there a cell phone signal at the health center today? Check a phone to ensure there is signal on that day	1 = Yes 2 = No	<input type="checkbox"/>	
508a	Does the health center have access to computer with e-mail and Internet	1=Yes 2=No	<input type="checkbox"/>	
508b	Are the health center rooms with auditory and visual privacy for patient consultations?	1=Yes 2=No	<input type="checkbox"/>	
509	Does the health center have functional motorised transport for incoming referrals? If the motorized transport is not functional the answer is no	1 = Yes 2 = No (go to 514)	<input type="checkbox"/>	
510	If YES: How many motorbikes are available?	Enter number of motorbikes	<input type="checkbox"/>	
511	If YES: How many three-wheelers are available? (<i>eg. Bajaj</i>)	Enter number of three-wheelers	<input type="checkbox"/>	
512	If YES: How many cars/ambulances are available?	Enter number of cars/ambulances	<input type="checkbox"/>	
513	If YES: Is the vehicle for referral in the facility now?	1 = Yes 2 = No	<input type="checkbox"/>	
514	The last time there was an obstetric referral from a health post to the health center which transport was used?	1 = Facility owned vehicle 2 = Woreda office owned vehicle 3 = own personal vehicle 4 = Public transport 5 = Non-motorised vehicle 6 = Red Cross (NGO) ambulance 7 = Don't know	<input type="checkbox"/>	
		For each:1 = Yes 2 = No		

Which means of communication do you have to speak to another facility? (SELECT ALL)	515	Facility landline/OFFICIAL mobile phone	<input type="checkbox"/>
	516	Staff member [PERSONAL] mobile phone	<input type="checkbox"/>
	517	Phone outside the facility	<input type="checkbox"/>
	518	Radio	<input type="checkbox"/>
	519	In person communication	<input type="checkbox"/>
	520	No means of communication	<input type="checkbox"/>
	521	Other – Go to 521a	<input type="checkbox"/>
	521a	Specify _____	

Ask the MCH head for the questions below

522a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	<input type="checkbox"/>
522	The last time a woman was referred from a health post to the health center for obstetric care did a health center staff member speak to the health post HEW directly?	1 = Yes 2 = No (go to 524) 3 = Don't know	<input type="checkbox"/>
523	If YES, Which means of communication was used?	1 = Facility landline/mobile phone 2 = Staff member mobile phone 3 = Phone outside the facility 4 = Radio 5 = In person communication	<input type="checkbox"/>
524	The last time a woman was referred from a health post to the health center for obstetric care did an HEW accompany her?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
525	The last time a woman was referred from a health post to the health center for obstetric care did an HDA accompany her?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
526	The last time a neonate was referred from a health post to the health center for neonatal care did a health center staff member speak to the health post directly?	1 = Yes 2 = No (go to 528) 3 = Don't know	<input type="checkbox"/>

527	If YES, Which means of communication was used?	1 = Facility landline/mobile phone 2 = Staff member mobile phone 3 = Phone outside the facility 4 = Radio 5 = In person communication	<input type="checkbox"/>	
528	The last time a neonate was referred from a health post to the health center for neonatal care did an HEW accompany them?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>	
529	The last time a neonate was referred from a health post to the health center for neonatal care did an HDA accompany them?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>	
530	When referring for further maternal and newborn care do you use referral forms? Probe: Check to see an official woreda referral form	1 = Yes 2 = No	<input type="checkbox"/>	
531	Do you receive any back referral forms for maternal and newborn care on cases you have referred?	1 = Yes 2 = No	<input type="checkbox"/>	
531a	When referring to Health Posts for maternal and newborn care, do you use referral forms? Probe: Check to see an official woreda/zonal/regional referral form	1 = Yes 2 = No	<input type="checkbox"/>	
531b	Do you receive any referral forms for maternal and newborn care for cases referred from Health Posts?	1 = Yes 2 = No	<input type="checkbox"/>	
531c	Do you conduct pregnant women conference in the community?	1 = Yes 2 = No GO 532	<input type="checkbox"/>	
531d	How regularly do you conduct the pregnant women's conference?	1 = Once a week 2 = Every two weeks 3 = Once a month 4 = Every other month	<input type="checkbox"/>	
531e	Have you, had a planning meeting with a HEWs and 1-30 WDA leaders in the last 3 months (Nehase 2009 to Hidar 2010)?	1 = Yes 2 = No Go to 532	<input type="checkbox"/>	
531f	How many times did you have a planning meeting as a group in the last 3 months?	Enter number Enter 99 if don't know	<input type="checkbox"/>	
Does the facility have the following functional equipment today? Walk around the facility with the respondent and personally check the availability of equipment (OBSERVATION BASED)		For each: 1 = Yes 2 = No		
		532	Ambu bag (full size 0 and 1)/Face mask	<input type="checkbox"/>
		533	Clinical Thermometer - digital	<input type="checkbox"/>
		533a	Any thermometer	<input type="checkbox"/>
		534	Infant scale	<input type="checkbox"/>
	534a	Child scale	<input type="checkbox"/>	

	534b	Adult scale	<input type="checkbox"/>
	535	xxxx	
	536	Blood pressure cuff	<input type="checkbox"/>
	537	Stethoscope	<input type="checkbox"/>
	538	Watch/ clock /mobile phone clock	<input type="checkbox"/>
	539	Tape measure	<input type="checkbox"/>
	540	Examination couch	<input type="checkbox"/>
	541	Drape	<input type="checkbox"/>
	542	Washable mackintosh	<input type="checkbox"/>
	543	Dustbin	<input type="checkbox"/>
	544	xxxx	
	545	xxxx	
	546	Sharps container	<input type="checkbox"/>
	547	Chlorine bleach	<input type="checkbox"/>
	548	Bucket for decontamination solution	<input type="checkbox"/>
	549	Contaminated waste container	<input type="checkbox"/>
	550	Soap and towel or handrub	<input type="checkbox"/>
	550a	Alcohol-based hand rub	<input type="checkbox"/>
	551	Suction bulb for newborn care	<input type="checkbox"/>
	552	Warmer for newborn care	<input type="checkbox"/>
	553	Bed (for KMC)	<input type="checkbox"/>
	554	Water for injection	<input type="checkbox"/>
	555	NG tube (small)	<input type="checkbox"/>
	556	IV cannula (butterfly)	<input type="checkbox"/>
	557	IV fluid 5% DW	<input type="checkbox"/>
	558	IV fluid 5% NS	<input type="checkbox"/>
	559	Surgical glove	<input type="checkbox"/>
	560	Clean glove	<input type="checkbox"/>
	561	Syringe with needle	<input type="checkbox"/>
	561a	Single-use, standard disposable or auto-disable syringes	<input type="checkbox"/>
	561b	Excluding any delivery beds designated to child birth in delivery room (delivery bed), how many overnight/inpatient beds in total does this facility have, both for adults and children?	<input type="checkbox"/> <input type="checkbox"/>

	561c	Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? (THIS DOES NOT INCLUDE DELIVERY BEDS)	_ _ _
	561d	How many delivery beds does this facility have? (beds designated to child birth in delivery rooms)	_ _ _

If possible ask a druggist or pharmacist for the questions below

562a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	_
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Does the facility have the following medicines today? Walk around the facility with the respondent and personally check the availability of medicine		For each:1 = Yes 2 = N	
	562	Vitamin k 1 mg	_
	562a	Vitamin K 10 mg	_
	563	Vitamin A 200,000 IU	_
	564	Vitamin A 100,000 IU	_
	565	TTC eye ointment	_
	566	Chlorohexidine	_
	567	xxxx	
	567a	Gentamycin 20 mg/2ml, box of 50 amp	_
	567b	Gentamycin 80mg/2ml	_
	568	Amoxicillin suspension (125 mg/5 ml)	_
	569	Amoxicillin tab 250 (dispersible)	_
	569a	Amoxicillin tab 125 mg (dispersible)	_
	570	Ampicillin powder for inj, 500 mg	_
	570a	Cotrimoxazole tab	_
571	Paracetamol	_	
572	Iron	_	

	573	Folate	<input type="checkbox"/>
	573a	Iron-folate	<input type="checkbox"/>
	574	Anthelmintics	<input type="checkbox"/>
	574a	Amlodipine tablet or alternative calcium channel blocker	<input type="checkbox"/>
	574b	Aspirin (capsules/tablets)	<input type="checkbox"/>
	574c	Beclomethasone inhaler	<input type="checkbox"/>
	574d	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	<input type="checkbox"/>
	574e	Carbamazepine tablet	<input type="checkbox"/>
	574f	Ceftriaxone injection	<input type="checkbox"/>
	574g	Diazepam injection	<input type="checkbox"/>
	574h	Enalapril tablet or alternative ACE inhibitor (e.g. lisinopril, Ramipril, perindopril)	<input type="checkbox"/>
	574i	Fluoxetine tablet	<input type="checkbox"/>
	574j	Glibenclamide tablet	<input type="checkbox"/>
	574k	Haloperidol tablet	<input type="checkbox"/>
	574l	Insulin regular injection	<input type="checkbox"/>
	574m	Magnesium sulfate injectable	<input type="checkbox"/>
	574n	Metformin tablet	<input type="checkbox"/>
	574o	Omeprazole tablet or alternative (e.g. pantoprazole, rabeprazole)	<input type="checkbox"/>
	574p	Oral rehydration solution (ORS)	<input type="checkbox"/>
	574q	Oxytocin injection	<input type="checkbox"/>
	574r	Salbutamol inhaler	<input type="checkbox"/>
	574s	Simvastatin tablet or other statin (e.g. atorvastatin, pravastatin, fluvastatin)	<input type="checkbox"/>

	574t	Thiazide (e.g. hydrochlorothiazide)	<input type="checkbox"/>
	574u	Zinc sulphate (tablet or syrup)	<input type="checkbox"/>
	575	BCG	<input type="checkbox"/>
	576	Polio vaccine	<input type="checkbox"/>
	576a	Penta	<input type="checkbox"/>
	576b	PCV	<input type="checkbox"/>
	576c	Measles	<input type="checkbox"/>
	576d	Rota	<input type="checkbox"/>
	576e	Tetanus Toxoid	<input type="checkbox"/>
Modern Family Planning Methods			
	576f	Combined estrogen progesterone oral contraceptive pills	<input type="checkbox"/>
	576g	Progestin-only contraceptive pills	<input type="checkbox"/>
	576h	Combined estrogen progesterone injectable contraceptives	<input type="checkbox"/>
	576i	Progestin-only injectable contraceptives	<input type="checkbox"/>
	576j	Male condoms	<input type="checkbox"/>
	576k	Female condoms	<input type="checkbox"/>
	576l	Intrauterine contraceptive device (IUCD)	<input type="checkbox"/>
	576m	Implants	<input type="checkbox"/>
	576n	Cycle beads for standard days method	<input type="checkbox"/>
	576o	Emergency contraceptive pills	<input type="checkbox"/>
	576p	Male sterilization	<input type="checkbox"/>
	576q	Female sterilization	<input type="checkbox"/>
Infection Prevention			
	576r	Safe final disposal of sharps	<input type="checkbox"/>
	576s	Safe final disposal of infectious wastes	<input type="checkbox"/>
	576t	Guidelines for standard precautions	<input type="checkbox"/>
577	xxxx		
577a	In the past three months (Nehase 2009 to Hidar 2010), the last time you received gentamycin (20mg/2ml) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO 579a	<input type="checkbox"/>
578	xxxx		

578a	In the past three months, the last time you received the gentamycin did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>
579	xxxx		
579a	In the past three months, the last time you received amoxicillin syrup (125mg/5ml) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO 580b	<input type="checkbox"/>
580	xxxx		
580a	In the past three months, the last time you received the amoxicillin syrup (125 mg/5ml), did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>
580b	In the past three months, the last time you received amoxicillin tab, 250 mg (dispersible) to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 = Have not received in the last 3 months – GO TO 581a	<input type="checkbox"/>
580c	In the past three months, the last time you received the amoxicillin tab, 250 mg (dispersible) , did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>
581	xxxx		
581a	In the past three months, the last time you received chlorhexidine to be distributed to the health posts, who delivered it to you?	1 = PFSA 2 = Woreda Health Office 3 = NGO (ex. L10K, IFHP, Save the Children) 4 = UNICEF 5 = Other 6 =Have not received in the last 3 months – GO TO 583	<input type="checkbox"/>
582	xxxx		
582a	In the past three months, the last time you received chlorhexidine , did you receive it before stock-out?	1 = Yes 2 = No 3 = Last time was the first delivery	<input type="checkbox"/>
Ask HMIS, record keeping or HEW supervisor department			
583a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor	<input type="checkbox"/>

		5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	
<p>Does the facility have the following job aids and forms today?</p> <p>Walk around the facility with the respondent and personally check the availability of job aids and forms</p>	For each:1 = Yes 2 = No		
	583	Family health cards	<input type="checkbox"/>
	584	Vaccination cards	<input type="checkbox"/>
	585	Stock card/bin card	<input type="checkbox"/>
	586	HMIS forms (monthly and quarterly reporting)	<input type="checkbox"/>
	587	Request and re-supply form	<input type="checkbox"/>
	588	Supervision checklist	<input type="checkbox"/>
	589	Chart booklet (ICCM)	<input type="checkbox"/>
	590	Birth Preparedness and Complication Readiness (BPCR) form	<input type="checkbox"/>
	591	xxxx	
	591a	PNC registration book	<input type="checkbox"/>
	592	IMNCI registration book for 0- under 2 months	<input type="checkbox"/>
	593	IMNCI registration book 2 -59 months	<input type="checkbox"/>
594	Pregnant woman and outcome registration book	<input type="checkbox"/>	

Section 6. Availability of diagnostics			
Current availability of diagnostics			
Ask laboratory department			
Walk around the facility with the respondent and personally check the availability of laboratory equipment			
600a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= Pharmacist/Druggist 6= HMIS/Record Keeping Focal Person 7= Laboratory Technologist/Technician	<input type="checkbox"/>

		8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	
600	Are pregnancy test kits available at this facility today?	1 = Yes 2 = No	__
601	Are proteinuria test kits available at this facility today?	1 = Yes 2 = No	__
601a	Are Urine dipsticks – glucose available at this facility today?	1=Yes 2= No	__
602	xxxx		
603	xxxx		
603a	Does the facility have HIV rapid test- Wanita in stock today?	1 = Yes 2 = No	__
603b	Does the facility have HIV rapid test- Unigold in stock today?	1 = Yes 2 = No	__
603c	Does the facility have HIV rapid test- Vikia in stock today?	1 = Yes 2 = No	__
604	xxxx		
605	Does the facility have syphilis RPR/VDRL syphilis tests in stock today?	1 = Yes 2 = No	__
606	Does the facility have syphilis rapid tests in stock today?	1 = Yes 2 = No	__
607	Does the facility have anemia test kits today? e.g. Hémoglobine/Hématocrite	1 = Yes 2 = No	__
608	Does the facility offer glucose level tests to assess gestational diabetes as part of ANC or diabetes in non-pregnant?	1 = yes 2 = no	__
609	Malaria diagnostic capacity (RDT or smear)?		__

Section 7. Facility Services

For this section, the head of Maternal and Child Health (usually a nurse or midwife) is the first choice to answer the questions. If this is not possible, the in-charge is the second choice.

Interviewer:

I would now like to discuss which services have been consistently offered at this health center in the past three months (Nehase 2009 to Hidar 2010). By consistently we mean without any interruption caused by lack of drugs, supplies and/or skilled staff.

700a	Respondent Designation	1= Health Center Head 2= MNCH Head/Focal Person 3= Under-five Head/Focal Person 4= HEW Supervisor 5= 6= 7= 8= Member of staff not currently available - skip this section and go back to it later when the member of staff is available	__
700	Has skilled delivery with surgical gloves been consistently offered in the past three months?	1 = Yes 2 = No	__
701	Has immediate newborn care including cord care been consistently offered in the past three months?	1 = Yes 2 = No	__
702	Has chlorhexidine been used for cord care consistently in the past three months?	1 = Yes (go to 704) 2 = No	__
703	IF NO , was it because chlorhexidine was not available?	1 = Yes 2 = No	__
704	Has recognition of asphyxia, initial stimulation and resuscitation of newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	__
705	Has prevention and management of hypothermia for newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	__
706	Has management of pre-term and/or low birth weight neonates been consistently offered in the past three months?	1 = Yes 2 = No	__
707	Has treatment of neonatal very severe disease been consistently offered in the past three months?	1 = Yes 2 = No (GO to 709)	__
708	IF YES: is treatment of neonatal very severe disease available today?	1 = Yes 2 = No	__
709	Is treatment of neonatal very severe disease available every day of the week, if needed?	1 = Yes 2 = No	__
710	Have post-natal health checks for mothers been consistently offered in the past three months?	1 = Yes 2 = No	__
711	Have post-natal health checks for newborns been consistently offered in the past three months?	1 = Yes 2 = No	__
712	If maternity/delivery care services are offered: How many days per week are delivery services available 24 hours/day?	Enter number of days from 1-7	__

713	Are there ever any meetings where service statistics for delivery services are discussed with staff working at this facility?	1 = Yes 2 = No	_
714	Has Kangaroo Mother Care (KMC) been consistently offered in the past three months?	1 = Yes 2 = No	_

Section 8. Register review by the data collector

Interviewer:

I would now like to look at your registers to abstract information about the community and the services provided.

Please look at the registers to collect the following information for the previous 3 months (Nehase 2009 – Hidar 2010)

).

For questions 800- 803 collect the most up to date information using the health center data (in the last 12 months: Hidar 2009 – Hidar 2010)

For questions 804 onwards collect information for three months (Nehase 2009 – Hidar 2010) preceding the date of the interview

Write number for each. Write 9999 if not available

800	xxxx	
800a	Current number of people living in the health center's catchment area?	_ _ _ _
801	xxxx	
801a	Current number of households living in the health center's catchment area?	_ _ _ _
802	xxxxx	
802a	Current total number of women of reproductive age living in the health center's catchment area?	_ _ _ _
803	xxxx	
803a	Current total number of under-5 children living in the health center's catchment area?	_ _ _ _

804	xxxx	
805	xxxx	
806	xxxx	
807	xxxx	
808	xxxx	
Obtain data for the following from ANC register		
809	xxxx	
810	xxxx	
811	xxxx	
812	xxxx	
813	xxxx	
814	xxxx	
815	xxxx	
815a	Expected number of pregnancies in the health center catchment area in the last 3 months? (Nehase 2009 to Hidar 2010)	_ _ _ _
816	Number of women receiving 1 st ANC visit at the health center	_ _ _ _
817	Number of women receiving 2 nd ANC visit at the health center	_ _ _ _
818	Number of women receiving 3 rd ANC visit at the health center	_ _ _ _
819	Number of women receiving 4 th ANC visit at the health center	_ _ _ _
820	xxxx	
Obtain data on expected facility deliveries for the last quarter from MCH department wall records and delivery information from the delivery register in MCH department		

821	xxxx	
822	xxxx	
822a	Expected number of facility births in the health center in the last three months (Nehase 2009 to Hidar 2010) . ?	_ _ _ _
823	Number of total deliveries in the health center <i>[Include all birth outcomes- still and alive]</i>	_ _ _ _
824	Number of live births in the health center	_ _ _ _
825	Number of still births in the health center	_ _ _ _
		xxxx
826	xxxx	
827	xxxx	
828	xxxx	
829	xxxx	
830	xxxx	
831	xxxx	
832	xxxx	
833	xxxx	
834	xxxx	
835	xxxx	
836	xxxx	
Obtain data for the following from PNC register in MCH Department		
837	xxxx	

838	XXXX	
839	XXXX	
840	XXXX	
841	XXXX	
842	XXXX	
843	XXXX	
844	XXXX	
845	XXXX	
846	XXXX	
847	XXXX	
848	Number receiving 1 st PNC visits for the mother at the health center	_ _ _ _
849	Number receiving 2 nd PNC visits for the mother at the health center	_ _ _ _
850	Number receiving 3 rd PNC visits for the mother at the health center	_ _ _ _
851	Number receiving 4 th PNC visits for the mother at the health center	_ _ _ _
852	XXXX	
853	Number receiving 1 st PNC visits for the child at the health center	_ _ _ _
854	Number receiving 2 nd PNC visits for the child at the health center	_ _ _ _
855	Number receiving 3 rd PNC visits for the child at the health center	_ _ _ _
856	Number receiving 4 th PNC visits for the child at the health center	_ _ _ _
If information is not available from register books on the following, enquire from the health center or staff where to obtain the following information for the past 3 months (Nehase 2009 to Hidar 2010).		
857	XXXX	

858	xxxx	
859	Number of live births with birth weight <2500 grammes (or <2.5kg) in the health center	_ _ _ _
860	xxxx	
861	Number of newborns treated for asphyxia, initial stimulation, or resuscitation in the health center	_ _ _ _
862	xxxx	
863	xxxx	
864	xxxx	
865	xxxx	
866	xxxx	
867	Number of pre-term and/or low birth weight neonates treated at the health center – Kangaroo-mother-care (KMC)	_ _ _ _
Obtain data for the following from IMNCI register books		
868	xxxx	
869	xxxx	
870	xxxx	
871	xxxx	
872	xxxx	
873	xxxx	
874	xxxx	
875	xxxx	
876	xxxx	
877	xxxx	

878	XXXX	
879	XXXX	
880	XXXX	
881	XXXX	
882	XXXX	
883	XXXX	

Obtain data for the following from 0-2 IMNCI register books in the Under 5 department

884	Number of sick newborns from 0-2 months seen at the health center in the last 3 months Nehase 2009 to Hidar 2010	_ _ _ _
-----	---	---------

For each of the newborn less than 2 months old seen at the health center (recorded above) complete a separate record review.

Record 1

885	Name of child	<p align="center">_____ First name</p> <p align="center">_____ Last name</p>
886	Address of child	<p align="center">_____ Keble name</p>
887	Date Seen Gregorian calendar	_ _ / _ _ / _ _ (DD/MM/YY)
888	Age of baby at the time of consultation in weeks	_____ weeks

	Record age of baby in weeks ranging from 1-8 weeks	If unknown 9
889	Gender of baby	1 = Male 2 = Female
890	Weight on the day of consultation in grams If weight is given in KGs record in grams <i>e.g 3.5 KG = 3500 grams.</i>	_ _ _ _ grams If unknown 9999
891	Birth Weight (Written for those less than 7 days)	1. < 1,500 grams 2. 1,500 - < 2,500 grams 3. >/= 2,500 grams 4. Unknown
892	Gestational Age (in weeks)	1. < 32 weeks 2. 32 – 36 weeks 3. >/= 37 weeks 4. Unknown
893	Temperature on the day of consultation in degree Celsius Record temperature to one decimal place e.g. 34.3 °C	_ _ _ . _ °C If unknown 99.9
894	Respiratory Rate per minute on the day of consultation	_ _ _ If unknown 999
Signs and symptoms of the newborn at the time of consultation? Record all that apply		For each:1 = Yes 2 = No
		895 Reduced feeding/unable to feed _
		896 Convulsion _
		897 Severe Chest in-drawing _
		898 Vomiting _
		899 Fever _
		900 Diarrhea _
		901 Fast breathing _
		902 Coughing _
		903 Grunting _
		904 Skin pustules _
905 Yellow palms and soles _		

	906	Yellow eyes and skin	<input type="checkbox"/>
	907	Red umbilicus or draining pus	<input type="checkbox"/>
	908	Movement only when stimulated or no movement even when stimulated	<input type="checkbox"/>
	909	Lethargic/Unconscious	<input type="checkbox"/>
	910	Bulging fontanelle	<input type="checkbox"/>
	911	Restless/Irritable	<input type="checkbox"/>
	912	Sunken eyes	<input type="checkbox"/>
	913	Skin pinch goes back slowly	<input type="checkbox"/>
	914	Skin pinch goes back very slowly	<input type="checkbox"/>
	915	Diarrhea lasting 14 days or more	<input type="checkbox"/>
	916	Blood in the stool	<input type="checkbox"/>
	917	Not suckling well	<input type="checkbox"/>
	918	Less than 8 breast feeds in 24 hours	<input type="checkbox"/>
	919	Switching to another breast before one is emptied	<input type="checkbox"/>
	920	Not breast feeding more frequently and longer during sickness	<input type="checkbox"/>
	921	Poor positioning during breast feeding	<input type="checkbox"/>
	922	Not well attached during breast feeding	<input type="checkbox"/>
	923	Receives other foods or drinks (even water)	<input type="checkbox"/>
	924	Low weight for age	<input type="checkbox"/>
	925	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>
	926	Signs and symptoms not given	<input type="checkbox"/>
	927	Other. Go to 929	<input type="checkbox"/>
	928	Specify_____	
Disease classification of the newborn Record all that apply	For each:1 = Yes 2 = No		
	929	Very Preterm and/or very low birth weight	<input type="checkbox"/>

	930	Preterm and/or low birth weight	<input type="checkbox"/>	
	931	VSD	<input type="checkbox"/>	
	932	Local bacterial infection	<input type="checkbox"/>	
	933	Severe Dehydration	<input type="checkbox"/>	
	934	Some Dehydration	<input type="checkbox"/>	
	935	No Dehydration	<input type="checkbox"/>	
	936	Severe Persistent Diarrhea	<input type="checkbox"/>	
	937	Dysentery	<input type="checkbox"/>	
	938	Jaundice	<input type="checkbox"/>	
	939	Severe Jaundice	<input type="checkbox"/>	
	940	Malaria	<input type="checkbox"/>	
	941	Feeding problem or low weight	<input type="checkbox"/>	
	942	Classification not given	<input type="checkbox"/>	
	943	Other, specify -- Go to 944 _____	<input type="checkbox"/>	
	944	Specify		
Treatment given to the newborn (if treatment not provided write none)		945	Specify _____	
946	Was newborn referred to a higher facility?	1 = Yes – GO TO 948 2 = No	<input type="checkbox"/>	
947	If newborn had VSD and was treated at health center, was gentamycin injection treatment for seven days completed?	1 = Yes 2 = No 3 = Not VSD case	<input type="checkbox"/>	
Outcome of the newborn treatment		For each: 1 = Yes 2 = No		
		948	Health improved/healed	<input type="checkbox"/>
		949	Same	<input type="checkbox"/>
		950	Worsened	<input type="checkbox"/>
		951	Died	<input type="checkbox"/>
	952	Unknown	<input type="checkbox"/>	

Thank the respondent for taking the time to take part in the survey.

117	What is the primary ethnic group of the household head?	1 = Agew 2 = Amhara 3 = Bench 4 = Burji 5 = Dizi 6 = Gedeo 7 = Gurage 8 = Hadiya 9 = Keficho 10 = Kembata 11 = Konta 12 = Me'enite 13 = Oromo 14 = Silt'e 15 = Tigray 16 = Welayita 17 = Other Ethiopian National Groups 18 = Afar 19 = Sidama 20 = Somali	_
117a	What is the main religion of the household?	1 = Orthodox 2 = Catholic 3 = Protestant 4 = Muslim 5 = Other	

Now I want to ask you some questions about the characteristics of your household

Interviewer: In this section and throughout the questionnaire, please read out all the options to the interviewer UNLESS it is clearly stated 'Do not read list'.

119	What is the main material of the walls of the house?	<p>1 = No walls 2 = Natural materials (cane, wood, mud, straw) 3 = Stone with mud 4 = Stone/bricks with cement 5 = Other</p>	<input type="checkbox"/>
120	What is the main floor material for this house?	<p>1 = Natural floor (earth/sand/dung) 2 = Rudimentary floor (wood/palm/bamboo) 3 = Finished floor (polished wood/vinyl/tiles/cement/carpet) 4 = Other</p>	<input type="checkbox"/>
121	What is the main material of the roof for this house?	<p>1 = Thatch/grass or leaves 2 = Iron sheets or tiles 3 = Other</p>	<input type="checkbox"/>
122	<p>What kind of toilet facilities does your household have?</p> <p>Explain choices from the manual</p>	<p>1 = No facility/bush/field 2 = Pit toilet/latrine 3 = Flush toilet 4 = ventilated pit latrine 5 = traditional pit latrine with a slab 6 = composting toilet</p>	<input type="checkbox"/>
122a	How many households share this toilet?		<input type="checkbox"/>
122b	Do you have children under three years old in your household?	<p>1 = Yes 2 = No Go to 122d</p>	<input type="checkbox"/>
122c	The last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?	<p>1= Child used toilet/latrine; 2= Put/rinsed into toilet or latrine 3= Buried 4= Thrown into garbage 5= Put/rinsed into drain or ditch 6= Left in the open 7=Other (specify) _____</p>	<input type="checkbox"/>
122d	<p>INTERVIEWER: Can we observe human feces around the house – in the compound?</p> <p><i>Look around the house and compound prior to responding to this question.</i></p>	<p>1 = Yes 2 = No 3= Cannot observe</p>	<input type="checkbox"/>
122e	Can we observe animal feces (cattle, chicken, dogs, cats, etc.) Around the house or in the compound?	<p>1 = Yes 2 = No 3= Cannot observe</p>	<input type="checkbox"/>

122f	Can we observe garbage around the house (open garbage can, garbage on the ground) or in the compound?	1 = Yes 2 = No 3 = Cannot observe	
123	What is the main source of drinking water for the household? Do not read list	1 = Piped connection into house 2 = Piped connection into yard 3 = Public standpipes 4 = Boreholes 5 = Protected dug wells 6 = Protected springs 7 = Rainwater collection 8 = Surface water 9 = Open dug wells 10 = Unprotected springs 11 = Vendor provided water tanker 12 = Bottled water 13 = Tanker	
123a	How long does it usually take you to go to your main water source, get water, and come back?	1 = On premises 2 = Less than 30 minutes 3 = More than 30 minutes 8 = Don't know	
123b	Are you satisfied with the water supply?	1 = Yes 2 = No	
124	Do you do anything to the water to make it safer to drink?	1 = Yes 2 = No - GO to 127 3 = Don't know - GO to 127	
125	If yes, what is the main thing you do? Do not read list	1 = Let it stand and settle 2 = Strain through a cloth 3 = Use water filter (ceramic/sand/composite/etc) 4 = Boil 5 = Solar disinfection 6 = Add bleach/chlorine 7 = Other (Go to 126) 8 = Don't know	
126	If OTHER, specify	Specify _____	

127	What type of fuel does your household mostly use for cooking? Do not read list	1 = Dung 2 = Firewood/straw 3 = Charcoal 4 = Kerosene 5 = Gas 6 = Electricity 7 = Other		
128	Is the house connected to electricity?	1 = Yes 2 = No		
In total, how many of the following items are owned by residents of this household? Add the household total for each item		Enter number of items (zero if none)		
		129	Wrist watch	
		130	Gold (in grams)	
		131	A kerosene lamp/pressure lamp/solar lamp	
		132	A bed with cotton/Sponge	
		132a	Table	
		132b	Chair	
		133	Non-Mobile phone	
		134	Mobile phone	
		134a	Animal-Drawn Cart	
		135	Bicycle	
		135a	Motorcycle/scooter	
		136	Car	
		137	Radio	
		138	TV	
139	Fridge			
139a	Electric Mitad			
140	Do you own this house?	1 = Yes 2 = No		
141	Does any member of the household own any agricultural land?	1 = Yes 2 = No-GO to 143		
142	How many hectares of agricultural land do members of this household own?	Enter total number of hectares (If less than 1, Enter in decimals (example 0.5) Enter 9999 if hectares are not known		
143	Does this household own any livestock, herds, other farm animals, or poultry?	1 = Yes 2 = No-Go to Section 153		
How many of the following animals do this household own?		For each: Enter number. If none, enter 0		
		144	Chickens	
		145	Goats	
		146	Sheep	
		147	Donkeys	

	148	Horses	<input type="checkbox"/>
	149	Mules	<input type="checkbox"/>
	150	Camels	<input type="checkbox"/>
	151	Cows	<input type="checkbox"/>
	152	Bulls/Oxen	<input type="checkbox"/>

153 Does your family/household have a bank account (Micro finance account)? 1 = Yes
2 = No

If there are no eligible women 13-49 in the household listing end interview.

MODULE 2

2. Identification of Eligible Women

Interviewer: These questions are to be asked of all resident women aged 13-49 who were listed. Ask to see eligible women from household listing in question 118. Start with the oldest eligible woman.

For each woman listed by the household head you must first complete the consent procedure (up to 204) before proceeding with the interview.

If unable to interview or complete the interview, state the reason and next appointment

Result Codes:

1. Completed
2. Partly completed
3. Postponed
4. Not at home
5. No-one competent to respond
6. Refused

Visits	1 st	2 nd	3 rd
Date (dd/mm/yyyy)	□□/□□/□□□□	□□/□□/□□□□	□□/□□/□□□□
Interviewer's name			
Result (Enter relevant code below)	□	□	□
If not completed, next visit appointment date (dd/mm/yyyy)		□□/□□/□□□□	□□/□□/□□□□
If not completed, next visit appointment time		□□:□□	□□:□□

If at the third visit, you are unable to complete the interview, please move on to the next woman in the household or the next household.

If possible please conduct the interview alone with the interviewee.

200	Interviewer: Write name of the woman	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
201	Interviewer: Write unique ID of the woman (Obtain from: cluster ID = Q107 /household ID = Q108 /Person (woman) number = Q118)	_ _ _ _	_ _ _
		cluster	household
			_ _ _
			woman
202	Interviewer's name	Name _____	
203	Interviewer: Have you read her the consent form?	1 = Yes 2 = No	<input type="checkbox"/>
204	Interviewer: Does the woman agree? If no, end the interview here. Interview other eligible women in the household (if there are any). Start with Section 2 using a new questionnaire.	1 = Yes 2 = No (Go to the next eligible woman)	<input type="checkbox"/>
<i>Thank you for agreeing to participate in this interview. I would like to first ask you about your involvement in the Woman development army (WDA)</i>			
205	Are you a WDA 1-5 leader?	1 = Yes 2 = No (Go to 206a)	<input type="checkbox"/>
206	Are you a 1 to 30 development team leader?	1 = Yes 2 = No	<input type="checkbox"/>

Now I would like to ask you some questions about FAMILY PLANNING methods.

206a	Are you currently doing something or using any method to delay or avoid getting pregnant?	1 = Yes 2 = No - Go to 206o	<input type="checkbox"/>	
	Which method are you using? if more than one method mentioned, please tick all the methods being used	206b	Female Sterilization	<input type="checkbox"/>
		206c	Male Sterilization	<input type="checkbox"/>
		206d	Intra Uterine Device	<input type="checkbox"/>
		206e	Injectable	<input type="checkbox"/>
		206f	Implant	<input type="checkbox"/>
		206g	Oral Pill	<input type="checkbox"/>
		206h	Condom	<input type="checkbox"/>
		206i	Standard Date Method	<input type="checkbox"/>
		206j	Lactational Amenorrhea Method	<input type="checkbox"/>
		206k	Withdrawal	<input type="checkbox"/>
		206l	Other modern method (material)	<input type="checkbox"/>
206m	If any option was selected at 206b to 206h and 206l, where did you obtain the method last time?	1 = Health Post 2 = Health Center 3 = Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
206ma	Were any of your contraceptive methods (material) used in the first 40 days after child delivery?	1 = Yes 2 = No - Go to 206o	<input type="checkbox"/>	
206n	Please specify how long after the delivery did you use the contraceptive method/material?	1 = _ _ _ Hours 2 = _ _ _ _ Days If contraception is received before 24 hrs enter in number of hours and put in 00 days.		

		If it is received after 24 hours, enter 00 for hours enter number of days If don't know write 999 – Go to 206p	
206o	What is the main reason for not using a contraceptive method?	1 = Did not receive information at the hospital 2 = Fear of health concerns 3 = Husband opposition 4 = Financial Problem 5 = Other	_

Now I would like to ask you a few questions about your educational background.

206p	Have you ever attended school?	1 = Yes 2 = No – Go to 206r	_
206q	How many years of education have you had?	Enter number	_
206r	Are you gainfully employed?	1 = Yes 2 = No – Go to 206t	_ _
206s	What is nature of your work? Select ONLY one	1 = Professional/technical/managerial 2 = Clerical 3 = Sales and services 4 = Skilled manual/Unskilled manual 5 = Agriculture 6 = Entrepreneur/trading 7 = Other	_

Now I would like to ask you a few questions about your husband's educational background.

206ta	Are you married or in a union?	1 = Yes 2 = No- Go to 206z	_
206t	What is your husband's age?	Enter age 99 if don't know If not married, widowed or divorced skip to 206z	_ _
206u	Does he know how to read or how to write?	1 = Yes 2 = No	_
206v	Has he ever attended school?	1 = Yes 2 = No – Go to 206x	_
206w	How many years of education has he had?	Enter number 99 if don't know	
206x	Is he gainfully employed?	1 = Yes 2 = No – Go to 206z	_
206y	What is the main nature of his work? Select ONLY one	<ol style="list-style-type: none"> 1. Professional/technical/managerial 2. Clerical 3. Sales and services 4. Skilled manual Unskilled manual 5. Agriculture 6. Entrepreneur/trading 7. Other 	_
206z	Family Type Select ONLY One	1 = Nuclear (parents and children only) 2 = Joint (and in-laws only) 3 = Extended (and other people)	_

The next few questions are about how often you have been bothered by any of the following problems in the last 2 weeks.

In the last 2 weeks, how often have you been bothered by any of the following problems?

		<ol style="list-style-type: none"> 0. None 1. About a day 2. Less than one week 3. More than one week but not every day 4. Almost everyday
206aa	Feeling tired or having little energy	_

206ab	Poor appetite or overeating.		_
206ac	Trouble falling or staying asleep, or sleeping too much		_
206ad	Moving speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual		_
206ae	Trouble concentrating on things, such as reading the newspaper or watching television		_
206af	Little interest or pleasure in doing things.		_
206ag	Feeling down, depressed, or hopeless		_
206ah	Feeling bad about yourself or that you are a failure or have let yourself or your family down		_
206ai	Thoughts that you would be better off dead, or of hurting yourself		_
If the value is "0" for all 206aa-206ai, go to 207.			
206aj	If you checked off any problems (206aa-ai), how difficult have these problems made it for you to do your work, take care of the things at home, or get along with other people	1. Not at all difficult 2. Somewhat difficult 3. Very difficult 4. Extremely difficult	_

<i>Now I would like to ask you about your pregnancy history.</i>			
207	Are you currently pregnant?	1 = Yes 2 = No	_
208	Have you ever been pregnant before?	1 = Yes 2 = No (end interview)	_
209	Have you ever given birth to a child?	1 = Yes 2 = No (Go to 211)	_
210	How many children have you given birth to in total?	Enter number	_ _

211	<p><i>I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.</i></p> <p>Have you ever had a pregnancy that didn't end up in a live birth?</p>	<p>1 = Yes 2 = No (Go to 213)</p>	<p>┌┐</p>
212	<p>How many pregnancies have you had that did not end in a live birth?</p>	<p>Enter number</p>	<p>┌┐</p>
213	<p><i>Now I would like to ask about the information regarding pregnancies beginning of 2008 (Ethiopian calendar/).</i></p> <p>Were you pregnant at the time of Hidar 2008 or any time afterwards even if the pregnancy didn't end in a live birth?</p>	<p>1 = Yes 2 = No (end interview)</p>	<p>┌┐</p>
213a	<p>In the last two years (October 2015 – November 17) how many pregnancies did you have that did not end in a live birth?</p>	<p>Enter Number</p>	<p>┌┐</p>

214a. Now I would like to ask you about information on pregnancies at the time of Hidar 2008 or afterwards. By this I mean all the pregnancies whether they ended up born alive, dead or even lost before full term pregnancy, was born before its due date, without woman going into labor whether they are still living or not, and whether they live with you or somewhere else.

Interviewer: start interview with a) asking the women to bring all the birth cards, if she has any, b) start with the birth outcome of the most recent pregnancy and work back to Hidar 2008 (Ethiopian calendar). If the woman is currently pregnant do not include her – enter only pregnancies that have already ended.

For twin birth or two births, please record each baby separately (different lines, with different ID numbers)

A) ID Number of pregnancy	B) Outcome of pregnancy	C) Date of birth/Date Pregnancy ended	D)Sex	E) Born as a twin?	F) Baby's name	G) Still alive?	H) If still alive, how old in completed months?	I) Did your child die at less than 59 days?
Start with most recent pregnancy	1 = Live birth 2 = Baby born Dead 3= Lost before full term	Enter 01 for day if not known. Probe for months/years if not known	1 = Male 2 = Female 3=Don't know	1 = Yes 2 = No 3=Don't know For baby born dead or lost before	Enter "not given" if not given a name	1 = Yes 2 = No (skip to I)	If less than a 59 days enter number of days	1 = Yes 2 = No

				full term skip to 214			If greater than 59 days round to the nearest month	
1	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	_
2	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
3	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
4	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
5	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
6	_	dd _ _ mm _ _ yyyy _ _ _ _	_	_		_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _

According to the given pregnancy history since Hidar 2008 (Ethiopian), I would like to confirm that you have:

214	Total number of live births = XX	1 = Yes 2 = No	_
215	Total number born dead = XX	1 = Yes 2 = No	_
216	Total number pregnancy loss before full term = XX	1 = Yes 2 = No	_
217	Total number of <2yrs dead = XX	1 = Yes 2 = No	_

Note: In case of discrepancy, the interviewer will revisit the pregnancy history with the respondent women

Continue with interview for each reported pregnancy since Hidar 2008 (Ethiopian Calendar).

MODULE 3

SECTION 3. PREGNANCY ID		
Interviewer: Please obtain child information from the pregnancy event table 214a.		
300	Write name of the child (if live birth)/or Pregnancy number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Enter 99 if not live birth or name not given
301	Write unique ID of the pregnancy Obtain from = cluster ID = Q107 /household ID = Q108 /Person (woman) number = Q118/pregnancy = 214a/ pregnancy history table	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ cluster household woman pregnancy

SECTION 4. ANTENATAL CARE (ANC)

Interviewer: In instances where the birth ended in a stillbirth or pregnancy was lost, please use the pregnancy number to refer to the birth (instead of baby name)

Now I want to talk to you about your pregnancy with the birth of [Child name / pregnancy number] (write no name if name was not given)

Abbreviation code
WDA = Women Development Army
HEW = Health Extension Worker

400	When pregnant with CHILD NAME / PREGNANCY NUMBER, did you inform anyone outside your family?	1 = Yes 2 = No - GO to 404	_
401	If yes, who did you first inform about your pregnancy?	1 = WDA leader 2 = HEW 3 = Other health staff (i.e. nurse) at the health center 4 = Other	_
402	IF OTHER	Specify _____	
403	What was the duration of your pregnancy when you informed a HEW, WDA leader or other health workers?	Write number of weeks 99 if don't know	_ _
404	Do you have a family health card with information about that pregnancy and birth?	1 = Yes 2 = No - GO to 406a	_
405	If yes: May I see your family health card? Interviewer: Is a family health card available?	1 = Yes 2 = No	_

INTERVIEWER: PLEASE USE THE LAMINATED FAMILY HEALTH CARD IMAGES WHEN ASKING THE FOLLOWING SET OF QUESTIONS. SHOW THE STUDY PARTICIPANT THE COVER OF THE FAMILY HEALTH CARD WHEN ASKING THE FIRST QUESTIONS.

Now I would like to ask you some questions on the Family Health Card

406a	Have you ever used the family health card?	1 = Yes 2 = No	<input type="checkbox"/>
		For each: 1 = answered correctly 2 = answered incorrectly 3 = no response or don't know	
406b	What does image show? Figure 3	Pregnant women taking iron tablet (low red blood cell count/Anemia reducing medication)	<input type="checkbox"/>
406c	What does image show? Figure 3	Tablet for eliminating intestinal parasites	<input type="checkbox"/>
406d	What does image show? Figure 6	HIV testing for the couple	<input type="checkbox"/>
406e	What does image show? Figure 7 4 th Picture	Swelling of face and hands (Edema) in pregnant women	<input type="checkbox"/>
406f	What does image show? Figure 7 5 th Picture	High temperature for pregnant women/Fever	<input type="checkbox"/>
406g	What does this image show? Figure 9	Birth preparedness	<input type="checkbox"/>
406h	What does image show? Figure 12	Reporting home delivery to HEW immediately	<input type="checkbox"/>
406i	What does image show? Figure 14	Washing hands with soap	<input type="checkbox"/>
406j	What does image show? Figure 19_	Not to bathe baby for 24 hours (1 day)	<input type="checkbox"/>
406k	What does this image show? Figure 20	Not to apply cow dung and grease/butter to the cord	<input type="checkbox"/>
406l	Why is it that you do not put cow dung and grease/butter to the cord?	To prevent cord infection	<input type="checkbox"/>

406m	What does image show? Figure 25_ 2 nd picture	A baby that is lethargic/unconscious	<input type="checkbox"/>
406n	What does this image show? Figure 25 4 th picture_	A baby that has breathing problem/grunting or fast breathing	<input type="checkbox"/>
406o	What does this image show? Figure 25 5 th picture	Umbilical puss/infection of newborn	<input type="checkbox"/>
406p	What does this image show? Figure 30 1 st picture	Baby that is being vaccinated	<input type="checkbox"/>
406q	What does this image show? Figure 29 2 nd picture	Mother breastfeeding baby at night time	<input type="checkbox"/>
406r	What does image show? Figure 32	Baby that is being given vitamin A	<input type="checkbox"/>
406s	How old is the baby? Figure 32	Baby that is 6 months old	<input type="checkbox"/>
406t	What does image show? Figure 44	Mother to <u>increase</u> breastfeeding frequency when the baby is ill and is <u>less than 6 months old</u>	<input type="checkbox"/>
406u	What does image show? Figure 45	Parents to <u>increase</u> feeding (breast milk and other food) frequency when the baby is ill and is <u>older than 6 months old</u>	<input type="checkbox"/>
406v	What does this image show? Figure 31	Baby's certificate of vaccination completion given to parents	<input type="checkbox"/>

406	When pregnant with [CHILD NAME / PREGNANCY NUMBER], did you receive any care during pregnancy? Probe: care at the HP, at a health facility, or visits at home from a HEW/WDA leader If no, skip ANC questions	1 = Yes 2 = No - GO to Section 5	<input type="checkbox"/>	
If YES , where did you get for ANC visits? Please select all that apply		For each: 1= Yes 2 = No		
		407	Home	<input type="checkbox"/>
		408	Health Post	<input type="checkbox"/>
		409	Health Center	<input type="checkbox"/>
		410	Hospital	<input type="checkbox"/>
		411	Other	<input type="checkbox"/>
412	(Specify) _____			
Antenatal care from a health post				
413	Did you receive pregnancy care from a health post?	1 = Yes 2 = No – GO to 422		
414	How many times did you attend the health post for pregnancy care in that pregnancy?	Enter the number of times 99 if don't know	<input type="checkbox"/>	
415	When did your first visit to the health post take place? If this information is available from the family health card, use it.	dd __ __ mm __ __ yyyy __ __ __ __ Write 99/99/9999 if not available		
416	Interviewer: did Q415 information come from the woman or the card?	1 = Woman 2 = Card		
417	How old was your pregnancy at the first visit?	Record number of weeks 99 if don't know	<input type="checkbox"/>	
418	Interviewer: record gestation of the pregnancy at first ANC visit from family health card if available	Record number of weeks 99 if not available	<input type="checkbox"/>	
419	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health post? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 421) 3 = Neither satisfied nor dissatisfied (Go to 422)	<input type="checkbox"/>	

420	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied-Go to 420a 2 = Somewhat satisfied-Go to 422		
What was the reason for satisfaction? Select all that apply		420a	I have received the service on time	
		420b	The facility was clean	
		420c	I have received the service with compassion (by compassionate professional)	
		420d	I have received the service with care (by caring professional)	
		420e	I have received the service with respect (by respectful professional)	
		420f	Other – Go to 420g	
		420g	Specify	
421	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied Go to 421a 2 = Somewhat dissatisfied – Go to 422		
What was the reason for dissatisfaction? Select all that apply		421a	I didn't receive the service on time	
		421b	The facility was not clean	
		421c	I didn't receive the service with compassion (by compassionate professional)	
		421d	I didn't receive the service with care (by caring professional)	
		421e	I didn't receive the service with respect (by respectful professional)	
		421f	Other – Go to 421g	

	421g	Specify	
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Antenatal care from a health center

422	Did you receive pregnancy care from a health center?	1 = Yes 2 = No- GO to 434	
423	Was your first ANC visit at a health center?	1 = Yes 2 = No	
424	How many times did you attend the health center for pregnancy care in that pregnancy?	Enter the number of times Enter 99 if not known	

425	When did your first visit to the health center take place? Interviewer: Probe date of visit; record month and year if she does not remember date	dd __ __ mm __ __ yyyy __ __ Write 99/99/9999 if not available
426	Interviewer: Record from family health card if available.	dd __ __ mm __ __ yyyy __ __ Write 99/99/9999 if not available from
427	How old was your pregnancy at the first visit? Record from family health card if available	Record number of weeks 99 if day is not known
428	Interviewer: did this information come from the woman or the card?	1 = Woman 2 = Card
429	Who saw you at that first visit?	1 = Nurse 2 = Midwife 3 = Health officer 4 = Other 5 = I don't know
430	If OTHER please specify	Specify _____

431	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health center? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 433) 3 = Neither satisfied nor dissatisfied (Go to 434)	
432	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied -Go to 432a 2 = Somewhat satisfied-Go to 434	
What was the reason for satisfaction?		432a	I have received the service on time
Select all that apply		432b	The facility was clean

		432c	I have received the service with compassion (by compassionate professional)	
		432d	I have received the service with care (by caring professional)	
		432e	I have received the service with respect (by respectful professional)	
		432f	Other – Go to 432g	
		432g	Specify	
433	IF NO, then what was the level of dissatisfaction Read both options		1 = Fully dissatisfied – Go to 433a 2 = Somewhat dissatisfied– Go to 434	
	What was the reason for the dissatisfaction? Select all that apply	433a	I didn't receive the service on time	
		433b	The facility was not clean	
		433c	I didn't receive the service with compassion (by compassionate professional)	
		433d	I didn't receive the service with care (by caring professional)	
		433e	I didn't receive the service with respect (by respectful professional)	
		433f	Other – Go to 433g	
		433g	Specify	

Antenatal care at home				
434	Did you receive pregnancy care from a health worker in your own home?		1 = Yes 2 = No – GO to 445	
435	How many times were you visited at home by a health worker for pregnancy care in that pregnancy?		Enter the number of times	

436	When did the first visit to you at home take place? Record from family health card if available	dd __ __ mm __ __ yyyy __ __ __ __ Write 99/99/9999 if not available	
437	Interviewer: did Q436 information come from the woman or the card?	1 = Woman 2 = Card	
438	How old was your pregnancy the first time that you were visited at home for pregnancy care?	Record number of weeks Enter 99 if not available.	
439	Interviewer: Record from family health card if available.	Record number of weeks Enter 99 if not available.	
440	Who was it that came to visit you the first time?	1 = HEW 2 = WDA leader 3 = Other	
441	If OTHER please specify:	Specify _____	
442	Can you tell us whether or not you were satisfied with the pregnancy care you received at home? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 444) 3 = Neither satisfied nor dissatisfied (Go to 445)	
443	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied -Go to 443a 2 = Somewhat satisfied-Go to 445	
What was the reason for satisfaction? Select all that apply		443a	I have received the service on time
		443b	I have received the service with compassion (by compassionate professional)
		443c	I have received the service with care (by caring professional)
		443d	I have received the service with respect (by respectful professional)
		443e	Other – Go to 443f
		443f	Specify
444	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied – Go to 444a 2 = Somewhat dissatisfied– Go to 445	
What was the reason for dissatisfaction? Select all that apply		444a	I didn't receive the service on time
		444b	I didn't receive the service with compassion (by compassionate professional)
		444c	I didn't receive the service with care (by caring professional)
		444d	I didn't receive the service with respect (by respectful professional)
		444e	Other – Go to 444f
		444f	Specify

Interviewer: I would now like to ask you about who provided specific elements of pregnancy care.

In instances where birth was a still birth or pregnancy was lost, use the pregnancy number instead of name.

When you were pregnant with CHILD NAME / PREGNANCY NUMBER, did you have the following at any time

Interviewer: this applies to cares at home, health post or health centre

445	Was your weight measured?	1 = Yes 2 = No – GO to 448	
446	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
447	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
448	Was your height measured?	1 = Yes 2 = No – GO to 451	
449	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
450	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
451	Did you receive information about breastfeeding?	1 = Yes 2 = No – GO to 454	
452	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
453	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
454	Was your blood pressure tested? (PROBE: when a strap was put around your upper arm and a measure taken)	1 = Yes 2 = No – GO to 457	
455	Which was the provider who did this the first time?	1 =	

	Put 9 if not known	2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
456	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
457	Did you give a urine sample for a test?	1 = Yes 2 = No – GO to 460	
458	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
459	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
460	Did you give blood for any test for syphilis?	1 = Yes 2 = No – GO to 463 3 = Don't know – GO to 463	
461	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
462	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
463	Did you receive iron Folate tablets or iron syrup?	1 = Yes 2 = No – GO to 467	
464	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
465	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
466	If yes: For how many days did you take the tablets or syrup?	Enter number of days Enter 999 if not known	

467	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1 = Yes 2 = No – GO to 469	
468	If yes: How many times did you get a tetanus injection?	Write number of times If 2 or more XXXX	
469	If less than 2 times: At any time before this pregnancy did you receive any tetanus injections in your life time?	1 = Yes 2 = No – GO to 473	
470	If 469 is answered YES: Before this pregnancy, how many times did you receive a tetanus injection?	Enter number of times Enter 99 if not known	
471	If 469 is answered YES: How many years ago did you receive the last tetanus injection before this pregnancy?	Write number of years ago	
472	In which health facility was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
473	Did you receive HIV information?	1 = Yes 2 = No – GO to 476	
474	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
475	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
476	Did you receive HIV testing?	1 = Yes 2 = No – GO to 479	
477	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
478	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
479	Did you receive STI testing?	1 = Yes 2 = No – GO to 482	

480	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
481	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
482	Did you receive any STI treatment?	1 = Yes 2 = No – GO to 485	
483	Which was the provider who did this the first time? Put 9 if not known	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
484	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
485	Did you receive information on nutrition?	1 = Yes 2 = No – GO to 488	
486	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
487	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
488	Did you receive information on danger signs?	1 = Yes 2 = No – GO to 491	
489	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
490	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
491	Were you advised on birth preparedness and complication readiness?	1 = Yes 2 = No – GO to 501	

	Probe: for finances, for help during delivery, for transport, for emergencies?		
492	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
493	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	
494	Was your birth preparedness and complication readiness plan recorded?	1 = Yes 2 = No – GO to 500	
495	Which was the provider who did this the first time? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	
496	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	

Section 5. Antenatal care continued (Mothers Knowledge and Practices)

500	Is there a record in family health card about her birth preparedness and complication plan? Ask to see Family Health Card, if available.	1 = Yes 2 = No 3 = No family health card	
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<p>Can you tell me danger signs during pregnancy?</p> <p>Do not read list. Do not probe. This is about knowledge of danger signs, not about her own specific experience.</p>	For each: 1 = Yes 2 = No	
	501	Vaginal bleeding
	502	Severe abdominal pain
	503	Offensive discharge from the birth canal
	504	Fever
	505	Headache, dizziness, or blurred vision
	506	Convulsions
506a	Unconsciousness	

	507	Swollen hands and face	
<p>Can you tell me the components of birth preparedness and complication readiness plan?</p> <p>Do not read list. Do not probe. This is about knowledge, not about her own specific experience with planning.</p>	For each: 1 = Yes 2 = No		
	508a	None	
	508	Financial	
	509	Transport	
	510	Nutritious and sufficient food	
	511	Identify birth attendant	
	512	Identify facility where you would give birth	
	513	Identification of blood donor, if required	
	514	Clean clothes	
	515	Cover to deliver on	
	516	Gloves	
	517	Cotton gauze	
	518	Soap	
	519	New razor blades	
520	Sterilized scissors		
521	Sterilized thread		
522	<p>Did you make any preparations for your delivery?</p> <p>Probe: for finances, for help during delivery, for transport, for emergencies</p>		<p>1 = Yes 2 = No – GO to 539</p>
<p>If YES: What preparations did you make for your delivery?</p> <p>Probe but do not read out the list. Select all that apply.</p>	For each: 1 = Yes 2 = No		
	523	Financial	
	524	Transport	
	525	Nutritious and sufficient food	
	526	Identify birth attendant	
	527	Identify facility where you would give birth	
	528	Identification of blood donor, if required	
	529	Clean clothes	
	530	Cover to deliver on	
	531	Gloves	

	532	Cotton gauze		
	533	Soap		
	534	New razor blades		
	535	Sterilized scissors		
	536	Sterilized thread		
	537	Other		
	538	Specify _____		
539	During this pregnancy have you attended a pregnant women's conference/Forum?		1 = Yes 2 = No- GO to 554a	
540	If yes, how many times did you attend pregnant women's forum in your last pregnancy?		Enter number of times Enter 99 if not known	
What was discussed in the pregnant women's forum? Probe but do not read out the list. Select all that apply.		For each: 1 = Yes 2 = No		
		541	Birth preparedness	
		542	Importance of ANC	
		543	Institutional delivery	
		544	Importance of post-natal checks	
		545	Seeking newborn care	
		546	Other (specify)	
547	Specify _____			
548	Who informed you about the pregnant women's forum?		1 = WDA leader 2 = HEW 3 = Other (Specify)	
549	If OTHER , specify		Specify _____	
550	Where did the pregnant women conference take place?		1 = at WDA's place 2 = at gote/kebele meeting place 3 = health post 4 = health centre 5 = Other	
551	If OTHER , specify		Specify _____	
552	Can you tell us whether or not you were satisfied with the pregnant woman's conference you attended? Do not read list of options		1 = Yes was satisfied 2 = No was not satisfied (GO to 554) 3 = Neither satisfied nor dissatisfied (Go to 554a)	
553	IF YES , then what was the level of satisfaction Read both options		1 = Fully satisfied -Go to 553a 2 = Somewhat satisfied-Go to 554a	

	553a	It was participatory	
	553b	It was conducted on regular bases (as planned)	
What was the reason for satisfaction? Select all that apply	553c	It provided enough information	
	553d	The educator had sufficient knowledge	
	553e	The meeting place was comfortable	
	553f	Other – Go 553g	
	553g	Specify	
554	IF NO , then what was the level of dissatisfaction Read both options		1 = Fully dissatisfied (Go to 554aa) 2 = Somewhat dissatisfied
What was the reason for dissatisfaction? Select all that apply	554aa	It was not participatory	
	554ab	It was not conducted on regular bases (as planned)	
	554ac	It didn't provide enough information	
	554ad	The educator didn't have sufficient knowledge	
	554ae	The meeting place was not comfortable	
	554af	There were too many people in the conference	
	554ag	I had heard the same information before	
	554ah	Go to – 554ai	
	554ai	Specify	
554a	Is there a benefit of attending the pregnant women conference?		1 = Yes 2 = No- GO to 555
If yes, then please specify Do not read list out loud. Select all that apply	554b	Provides information on pregnancy care	
	554c	Provides information on delivery care	
	554d	Provides information on newborn care	
	554e	Provides information on postnatal care	
	554f	Provides information on HIV/AIDS and mother-to-child transmission of the virus	

	554g	Provides information on exclusive breast feeding	
	554h	Provides information on child nutrition	
	554i	Provides information on immunization	
	554j	Provides information on hygiene and preventable communicable diseases	
	554k	Other	
	554l	Specify _____	

Interviewer:

If the interviewee has reported having facility based care for ANC for this birth, ask the following questions(569)

<p>When having a pregnancy related medical examination at a health facility, did you experience any of the following with someone?</p> <p>Select all that apply</p>	For each: 1 = Yes 2 = No	
	555	Encourage you to ask questions about delivery
	556	Give you the choice for choosing any specific option (date of delivery, normal or operative delivery, etc.)
	557	Unnecessarily motivating you for having C-section
	558	Give explanation on the procedure s/he is going to use (e.g. normal delivery or c-section or time that is going to take)
	559	Maintain privacy while examining you (e.g. placed a curtain/separator before examination)
	560	Use non-dignified language (for example passing insulting and/or degrading statements about you/family/community/ethnicity) during examination
	561	The primary care provider (e.g. senior doctor, HEW, nurse, etc.) denies to provide you services because you belong to any specific ethnic group/community
	562	Use harsh tone or shouted on you during examination
	563	Use abusive language with you during examination
	564	Threaten you e.g. if you do not cooperate I will do the caesarean operation during delivery/I will not provide you care or medicine during pregnancy
	565	Leave you abandoned during examination
	566	Share results/diagnosis of medical reports with you during examination
	567	Share the results when others could easily hear
	568	Assure you that your medical information/records will be kept confidential
569	Deny you providing any specific services (that you asked for) due to lack of money	

If yes to any of the above, where did you experience one or more of the above mentioned aspects?

For each: 1 = Yes 2 = No	
570	Health post

Select all that apply	571	Health centre	
	572	Hospital	

If outcome of pregnancy is "Lost before full term" (Outcome #3 in pregnancy history) stop interview and Check for other pregnancy

6. Delivery care			
Now I have some questions to ask you about what happened to you during and after the delivery of CHILD / PREGNANCY NUMBER			
600	Where did you give birth?	1 = Home- GO to 602 2 = Health post – GO to 609 3 = Health centre – GO to 609 4 = Hospital – GO to 609 5 = Other (specify)	
601	If OTHER, please specify:	Specify _____ Go to 618	
If delivered at home, why? Select all that apply	For each: 1 = Yes 2 = No		
	602	Always delivered at home	
	603	Husband/mother/mother-in-law does not allow	
	604	Don't like health facilities	
	605	Expensive to go to health facilities	
	606	Tradition/religious reason	
	607	Other	
	608	Specify _____ Go to 618	
If delivered in health post, health centre or hospital, why? Select all that apply	For each: 1 = Yes 2 = No		
	609	Always delivered at a health facility	
	610	Due to existing complications	
	611	Referred by WDA/HEW	
	612	Advised at pregnant women's forum	

	613	Taken to health facility due to prolonged labor or delivery related risks	
	614	Convenient	
	615	Affordable (free)	
	616	Other	
	617	Specify _____	
618	Who was the primary person that assisted you with the delivery?	1 = Doctor 2 = Nurse/midwife 3 = Health extension worker 4 = WDA leader 5 = traditional birth attendant 6 = Relative/friend 7 = Nobody- Go to 633 8 = Other	
Who else was present at the delivery? Select all that apply	For each: 1 = Yes 2 = No		
	619	Doctor	
	620	Nurse/midwife	
	621	Health extension worker	
	622	WDA leader	
	623	Traditional birth attendant	
	624	Relative/friend	
	625	Nobody	
626	Other		
627	When you gave birth, did the main person assisting you wash her/his hands with soap before the delivery?	1 = Yes 2 = No 3 = Don't know	
628	When you gave birth, did the main person assisting you wear gloves during delivery?	1 = Yes 2 = No 3 = Don't know	
629	When you gave birth, did the delivery take place on a clean surface? (Clean surface: clean space or carpet or mat)	1 = Yes 2 = No 3 = Don't know	
630	Were you given a drug called <u>Misoprostol</u> to help control bleeding? These are pills given during delivery to enhance contractions and minimize bleeding.	1 = Yes 2 = No 3 = Don't know	
631	Interviewer: ask the following if the woman gave birth at a health facility, if no, SKIP to 633	Enter number of days.	

	After giving birth, how many days did you stay at the health facility in total?	Enter in hours if the woman left within a day after delivery		
632				
	<p>During the delivery of [CHILD NAME / PREGNANCY NUMBER] did you experience any of the following?</p> <p>Read out the list</p>	For each 1 = Yes 2 = No		
		633	Heavy bleeding	<input type="checkbox"/>
		634	Labor more than 12 hours	<input type="checkbox"/>
		635	Loss of consciousness	<input type="checkbox"/>
		636	Premature labor	<input type="checkbox"/>
		637	Foul discharge	<input type="checkbox"/>
		638	Baby in abnormal position	<input type="checkbox"/>
638a	What was the mode of delivery?	1 = Normal vaginal delivery 2 = With episiotomy 3 = C-section 4 = Vacuum extraction 5 = Forceps delivery	<input type="checkbox"/>	
639	During delivery were you advised to go to a higher health facility to get special care?	1 = Yes 2 = No – GO to 646	<input type="checkbox"/>	
640	What was the reason for which you were referred? Interviewer: please check if there is a record on referral; danger signs = see the list	1 = Due to existence of one or more danger signs 2 = Due to lack of equipment/space 3 = Due to lack of trained human resources 4 = Other	<input type="checkbox"/>	
641	If OTHER , please specify	Specify _____		
642	When you were referred to a higher health facility, did you go to the higher health facility?	1 = Yes – GO to 645 2 = No	<input type="checkbox"/>	
643	If NO , why? Select all that apply	643a Facility was too far 643b Cost too much money 643c Don't like going to different facility 643d No permission to go 643e Don't like the quality of care provided 643f lack of transport 643g Other - go to 644	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
644	If OTHER please specify	Specify _____		
645	Was ambulance made available for you for that referral?	1 = Yes 2 = No	<input type="checkbox"/>	
646	Can you tell us whether or not you were satisfied with the delivery care you received? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 648) 3 = Neither satisfied nor dissatisfied (Go to 649)	<input type="checkbox"/>	

647	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied – Go to 647a 2 = Somewhat satisfied – Go to 649		
What was the reason for satisfaction? Select all that apply		647a	I have received the service on time	
		647b	The facility was clean	
		647c	I have received the service with compassion (by compassionate professional)	
		647d	I have received the service with care (by caring professional)	
		647e	I have received the service with respect (by respectful professional)	
		647f	Other – Go to 647g	
		647g	Specify	
648	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied – Go to 648a 2 = Somewhat dissatisfied– Go to 649		
What was the reason for the dissatisfaction? Select all that apply		648a	I didn't receive the service on time	
		648b	The facility was not clean	
		648c	I didn't receive the service with compassion (by compassionate professional)	
		648d	I didn't receive the service with care (by caring professional)	
		648e	I didn't receive the service with respect (by respectful professional)	
		648f	Other – Go to 648g	

	648g	Specify	L
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Interviewer		
Only ask if participant reported having given a birth at a health facility (649– 670)		
<p>During a birth at a health facility, did you experience any of the following with someone?</p> <p>Select all that apply</p>	For each: 1 = Yes 2 = No	
	649	Regularly explain and inform you about the progress or procedure/examination being performed during delivery
	650	Cover you while taking to the delivery room
	651	Delay in providing care after a decision has been made to provide certain care e.g. caesarean section
	652	Use abusive language with you during the delivery
	653	Leave you abandoned during the delivery
	654	Perform any procedure/examination without your consent or informing you (like caesarean sections, blood transfusion, sterilization etc.)
	655	Ignore you while asking pain relief/medication during delivery
	656	Use harsh tone or shouted on you during the delivery
	657	Slap you during the delivery
	658	Pinch you irritably during the delivery
	659	Beat you during the delivery
	660	Push you badly to change your position during the delivery
<p>Soon after giving birth at a facility, did you experience any of the following with someone?</p> <p>Select all that apply</p>	For each: 1 = Yes 2 = No	
	661	Encourage you to ask questions post-delivery
	662	Cover you after the delivery
	663	Ignore you while asking pain relief/medication after the delivery
	664	Leave you abandoned immediately after the delivery
	665	Use harsh tone or shouted on you after the delivery
	666	Use abusive language with you after the delivery
	667	Ask you to clean delivery couches post-delivery
	668	Ask you to clean dirty bathroom/toilets post-delivery
669	Detain for non/partial-payment (e.g. keep you or your child in custody for full payment)	
670	Did you know where to go to lodge a complaint for an inappropriate behavior or care?	1 = Yes 2 = No

7. Postnatal care of the mother (PNC)

Now I want to ask you about any postnatal checks you had for your own health after the birth of the child and after leaving the facility

700	Did anyone check on your <u>own</u> health within 6 weeks (42 days) of giving birth? Probe to see if check was done by HEW/Health Centre staff/WDA/Nurse/Doctor.	1 = Yes 2 = No – GO to Section 8	
701	How many days after giving birth did you have your first health check? Clarify that this is a health check for the mother	Enter number of days Enter 99 if not known	
702	Where did the first check take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	
703	By whom? Put 9 if not known	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	
704	Was a second visit conducted within the first 6 weeks of delivery?	1 = Yes 2 = No – GO to 712a	
705	How many days after giving birth did you have your second health check? Clarify that this is a health check for the mother.	Enter number of days Enter 99 if not known	
706	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	
707	By whom? Put 9 if not known	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	
708	Was a third visit conducted within the first 6 weeks of your delivery?	1 = Yes 2 = No – GO to 712a	
709	How many days after giving birth did you have your third health check? Clarify that this is a health check for the mother.	Enter number of days Enter 99 if not known	

710	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
711	By whom?	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="checkbox"/>
711a	Was a fourth health check conducted?	1 = Yes 2 = No – GO to 712a	<input type="checkbox"/>
711b	How many days after delivery did you get your 4 th health check? Clarify that this is a health check for the mother.	Enter number of days Enter 99 if not known	<input type="checkbox"/>
711c	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
711d	By whom? Put 9 if not known	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="checkbox"/>

712a	During visits after giving birth, what was done to check your health?						
	Read List out loud Mark all that apply If the visit did not happen at specified time, leave that column of answers blank						
	For each: 1 = Yes 2 = No						
	(Question #)	Visit 1	(Question #)	Visit 2	(Question #)	Visit 3	(Question #)
Checked breasts	712	<input type="checkbox"/>	713	<input type="checkbox"/>	714	<input type="checkbox"/>	714a
Advised breast feeding	715	<input type="checkbox"/>	716	<input type="checkbox"/>	717	<input type="checkbox"/>	717a
Oriented about danger signs	718	<input type="checkbox"/>	719	<input type="checkbox"/>	720	<input type="checkbox"/>	720a
Educated on family planning	721	<input type="checkbox"/>	722	<input type="checkbox"/>	723	<input type="checkbox"/>	723a
Information given on nutrition	724	<input type="checkbox"/>	725	<input type="checkbox"/>	726	<input type="checkbox"/>	726a
Referred to a health facility	727	<input type="checkbox"/>	728	<input type="checkbox"/>	729	<input type="checkbox"/>	729a
Measured Blood Pressure	730	<input type="checkbox"/>	731	<input type="checkbox"/>	732	<input type="checkbox"/>	732a
Checked/treated birth-related	733	<input type="checkbox"/>	734	<input type="checkbox"/>	735	<input type="checkbox"/>	735a

wound (if applicable)							
Other	736	_	737	_	738	_	738a
Specify	738b	_____	738c	_____	738d	_____	738e

739	Can you tell us whether or not you were satisfied with the post-natal care you received? Interviewer: explain that this is care for the mother, not the newborn. Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 741) 3 = Neither satisfied nor dissatisfied (Go to Section 8)
740	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied (Go to 740a) 2 = Somewhat satisfied(Go to Section 8)
What was the reason for the Satisfaction? Select all that Apply	740a	I have received the service on time
	740b	The facility was clean
	740c	I have received the service with compassion (by compassionate professional)
	740d	I have received the service with care (by caring professional)
	740e	I have received the service with respect (by respectful professional)
	740f	Other – Go to 740g
	740g	Specify
741	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied (Go to 741a) 2 = Somewhat dissatisfied(Go to Section 8)
What was the reason for dissatisfaction? Select all that Apply	741a	I didn't receive the service on time
	741b	The facility was not clean
	741c	I didn't receive the service with compassion (by compassionate professional)

Did anyone do any of the following to [CHILD NAME] immediately after birth? Select all that apply	For each: 1 = Yes 2 = No		
	805	Rubbing/stimulating	_
	806	Mouth-to-mouth/resuscitation	_

807	Where was [CHILD NAME] placed immediately after delivery?	1 = Alone on a bed 2 = On the mother's belly/chest 3 = Beside the mother 4 = With someone else 5 = Other 6 = Don't know 7 = Alone on the floor	_
808	How long after [CHILD NAME] was born was s/he dried/wiped? Check for time after the baby was born, not time after the placenta came out.	Enter in minutes, 999 if don't know.	_ _
809	How long after [CHILD NAME] was born was s/he wrapped in a cloth? Check for time after the baby was born, not time after the placenta came out.	Enter in minutes, 999 if don't know.	_ _
810	What was used to tie the cord?	1 = New string/thread 2 = Boiled string/thread 3 = Any string/thread 4 = Clamp 5 = Nothing 6 = Don't know 7 = Other	_
811	What was used to cut the cord? Prompt to see if it was old or new	1 = new razor blade 2 = any razor blade 3 = sterilized scissors 4 = any scissors 5 = don't know 6 = other	_
812	Was anything applied to the cord after cutting and tying?	1 = Yes 2 = No – GO to 824	_

If yes: What was applied to the cord just after cutting the cord? Do not prompt, select all that apply	For each: 1 = Yes 2 = No		
	813	Butter	_
	814	Ash	_
	815	Ointment (non-medicinal) This could be Holy Water or other spiritual powders, Vaseline etc...	_

		816	Animal dung		
		817	Oil		
		818	Cold water		
		819	Other		
	820	Was an antiseptic applied to the cord? An Antiseptic is a chemical used to clean and protect the cord from infections		1 = Yes 2 = No – GO to 824 3 = Don't know– GO to 824	
	821	If yes, was this chlorhexidine?		1 = Yes 2 = No– GO to 824 3 = Don't know– GO to 824	
	822	If YES, for how many days was chlorhexidine applied?		Enter number of days Enter 99 if not known	
	823	If YES, how many times per day was chlorhexidine applied?		Enter number of times applied per day Enter 99 if not known	
	824	Did [CHILD NAME] receive TTC eye ointment soon after delivery?		1 = Yes 2 = No 3 = Don't know	
825	When [CHILD NAME] was born, how soon after birth did you bathe him/her?		1 = In the first hour 2 = After one hour – GO to 827 3 = After one day– GO to 828		
826	If in the first hour: After how many minutes would you say?		Write number of minutes. Enter 99 if don't know.		
827	If after one hour: After how many hours would you say?		Write number of full hours. e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1, if response is 'after two and a half hours' enter 2. Enter 99 if don't know.		
828	If after one day: After how many days would you say?		Write number of full days. e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1. Enter 99 if don't know.		
829	In the first week of life, did you hold [CHILD NAME] skin to skin against your breasts during the daytime and night-time?		1 = Yes, 1-7 times a day 2 = Yes, 8-12 times a day 3 = Yes, more than 12 times a day 4 = Never 5 = Don't know		
830	In the first week of life, did you sleep with [CHILD NAME] against you at night, or did you lay him/her alone on the bed or elsewhere?		1 = Slept with mother 2 = Baby slept alone 3 = Baby slept with another person		
831	Did you ever breastfeed [CHILD NAME]?		1 = Yes 2 = No – GO to 839		
Question 832-838 are about the first 28 days of life					
832	Did you exclusively breastfed [CHILD NAME] during the first 28 days of life?		1 = Yes – GO to 837 2 = No		
833		833a	Water		

	If No, what did you give [CHILD NAME], other than breast milk? (READ all options and accept multiple response)	833b	formula milk	
		833c	Butter	
		833d	Sugar/glucose/salt water solution	
		833e	Juice	
		833f	Tea/infusions	
		833g	animal milk	
		833h	Spiritual fluid or ointments	
	833i	Other		
834	If OTHER, specify	Specify _____		
835	And, why did you provide other drinks besides your breast milk?	835a	My breast milk is not enough	
		835b	I do not stay with [CHILD NAME] throughout the day	
		835c	Advised by friends or relatives to do so	
		835d	Tradition or culture	
		835e	Other	
836	If OTHER, specify	Specify _____		
837	How long after birth did you first put [CHILD NAME]'s to your breast (even if the child did not get any breast milk)?	1 = In the first hour 2 = After one hour but during the first day 3 = After the first day of life		
837a	And how long after you put the child to the breast did the child get breast milk?	_ _ minutes _ _ hours _ _ days If less than 1 hour write in minutes If less than 24 hours write in hours If greater 24 hours write in days		
838	Did you squeeze out and throw away the first milk?	1 = Yes 2 = No		
Questions 838a-838c are about the first 6 months of life				
838a	Did you breastfeed [CHILD NAME] during the first 6 months of life? (if less than 6 months state the actual age)	1 = Yes (go to 838b) 2 = No (go to 838c)		
838b	Did you give to the [CHILD NAME], anything other than breast milk during the first 6 months of life? (if less than 6 months state the actual age)	1 = Yes (go to 838c) 2 = No (go to next section)		
838c	What did you mainly give [CHILD NAME] for feeding, drinking or eating during the first 6 months of life? (if less than 6 months state the actual age)	838d	Water	
		838e	Juice	
		838f	Tea/infusions	
		838g	Sugar/glucose solution	
		838h	ORS solutions	
		838i	Spiritual fluids or ointments	

	(READ all options and accept multiple response)	838j	animal milk	
		838k	Formula milk	
		838l	Butter	
		838m	Any other solid/semi solid foods	
839	In the first 6 weeks after [CHILD NAME] was born, did any health care provider excluding traditional birth attendant check on his/her health? Probe for checks done at the place of birth on the same day as birth, and checks after.			
			1 = Yes 2 = No - GO to 892	
840	If YES, how many days after birth was [CHILD NAME]'s first health check?		Enter number of days Enter 99 if not known	
841	If YES, where did the health checks on [CHILD NAME] take place?		1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	
842	If YES, who checked on the health of [CHILD NAME]? Probe for most qualified person		1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6=Don't know	
843	Was a second check conducted?		1 = Yes 2 = No - GO to 855	
844	If YES, how many days after birth was [CHILD NAME]'s second health check?		Enter number of days Enter 99 if not known	
845	If YES, Where did the health checks on [CHILD NAME] take place?		1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	
846	If YES, Who checked on the health of [CHILD NAME]? Probe for most qualified person		1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6 = Don't know	
847	Was a third check conducted?		1 = Yes 2 = No - GO to 855	
848	If YES- how many days after birth was [CHILD NAME]'s third health check?		Enter number of days Enter 99 if not known	
849	If YES, Where did the health checks on [CHILD NAME] take place?		1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	
850	If YES, Who checked on the health of [CHILD NAME]? Probe for most qualified person		1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	

		6 = Don't know	
851	Was a forth check conducted?	1 = Yes 2 = No - GO to 855	<input type="checkbox"/>
852	If YES, how many days after birth was [CHILD NAME]'s forth health check?	Enter number of days Enter 99 if not known	<input type="checkbox"/>
853	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
854	By whom? Probe for most qualified person	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6=Don't know	<input type="checkbox"/>

At any of the health checks, what was done to check the health of [CHILD NAME]?

Interviewer: Read list out loud. Mark all that apply

If the visit did not happen at the specified time, leave that column of answers blank

	For each: 1 = Yes 2 = No						
	(Question #)	Visit 1	(Question #)	Visit 2	(Question #)	Visit 3	(Question #)
Generally examined /looked at baby's body	855	<input type="checkbox"/>	856	<input type="checkbox"/>	857	<input type="checkbox"/>	857a
Weighed baby	858	<input type="checkbox"/>	859	<input type="checkbox"/>	860	<input type="checkbox"/>	860a
Checked cord	861	<input type="checkbox"/>	862	<input type="checkbox"/>	863	<input type="checkbox"/>	863a
Advised breastfeeding	864	<input type="checkbox"/>	865	<input type="checkbox"/>	866	<input type="checkbox"/>	866a
Observed breastfeeding	867	<input type="checkbox"/>	868	<input type="checkbox"/>	869	<input type="checkbox"/>	869a
Advised skin-to-skin contact/warmth	870	<input type="checkbox"/>	871	<input type="checkbox"/>	872	<input type="checkbox"/>	872a
Checked baby for danger signs (including sepsis)	873	<input type="checkbox"/>	874	<input type="checkbox"/>	875	<input type="checkbox"/>	875a
Educated on danger signs	876	<input type="checkbox"/>	877	<input type="checkbox"/>	878	<input type="checkbox"/>	878a
Referred to a health facility	879	<input type="checkbox"/>	880	<input type="checkbox"/>	881	<input type="checkbox"/>	881a
Provided information on washing hands before touching baby	882	<input type="checkbox"/>	883	<input type="checkbox"/>	884	<input type="checkbox"/>	884a
Advised keeping the cord clean	885	<input type="checkbox"/>	886	<input type="checkbox"/>	887	<input type="checkbox"/>	887a

Advised not to bathe the baby within 24 hours after birth	888	<input type="checkbox"/>					
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889	Can you tell us whether or not you were satisfied with the immediate newborn care? Do not read list of options		1 = Yes was satisfied 2 = No was not satisfied (GO to 891) 3 = Neither satisfied nor dissatisfied (Go to 892)	<input type="checkbox"/>
890	IF YES, then what was the level of satisfaction Read both options		1 = Fully satisfied Go to 890a 2 = Somewhat satisfied Go to 892	<input type="checkbox"/>
	What was the reason for the Satisfaction? Select all that Apply	890a	I have received the service on time	<input type="checkbox"/>
		890b	The facility was clean	<input type="checkbox"/>
		890c	I have received the service with compassion (by compassionate professional)	<input type="checkbox"/>
		890d	I have received the service with care (by caring professional)	<input type="checkbox"/>
		890e	I have received the service with respect (by respectful professional)	<input type="checkbox"/>
		890f	Other – Go to 890g	<input type="checkbox"/>
		890g	Specify	<input type="checkbox"/>
891	IF NO, then what was the level of dissatisfaction Read both options		1 = Fully dissatisfied – Go to 891a 2 = Somewhat dissatisfied– Go to 892	<input type="checkbox"/>
	What was the reason for the dissatisfaction? Select all that Apply	891a	I didn't receive the service on time	<input type="checkbox"/>
		891b	The facility was not clean	<input type="checkbox"/>
		891c	I didn't receive the service with compassion (by compassionate professional)	<input type="checkbox"/>

	891d	I didn't receive the service with care (by caring professional)	_
	891e	I didn't receive the service with respect (by respectful professional)	_
	891f	Other – Go to 891g	_
	891g	Specify	_
892	When [CHILD NAME] was born, did you keep him/her at home for several days or weeks without taking the baby out?		_
	1 = Yes 2 = No – GO to 894		
893	IF YES, what is the number of days that you kept him/her in the house?		_
	Enter number of days Enter 999 if not known		
894	When [CHILD NAME] was born, how many days passed before you had visitors come to your house to see him/her? <i>This includes visitors for any reason: health care workers, extended family, or friends.</i>		_
	Enter number of days Enter 999 if not known		
895	When [CHILD NAME] was born, how many days passed before someone other than you had physical contact with the baby? <i>Physical contact means any kind of touching, even if the person did not hold the baby.</i>		_
	Enter number of days Enter 999 if not known		

9. Care of sick newborns			
900			
Interviewer: Now I want to talk to you about any sickness [CHILD NAME] experienced in the first 59 days of			
901	Has [CHILD NAME] ever been sick during first 59 days of life?	1 = Yes 2 = No – Go to Section 10	_
901a	How many times?	_ _	
Can I just check, has [CHILD NAME] ever had any of the following symptoms during the first 59 days of life?			
Read list of symptoms out loud			

<p>Enter 1 if Yes and continue along row</p> <p>Enter 2 if No and go to next symptom (row)</p> <p>If no symptoms, go to Section 10</p>			Age at first episode		Was care sought for?		If YES, who did you seek care from?		If care was sought, who cared for (CHILD NAME)?		If care was sought, why?	
			Enter age in number of days		1 = Yes 2 = No – skip to - last column		1 = Health post 2 = Health centre 3 = Hospital 4 = WDA leader 5 = Traditional Healers 6 = Pharmacy		1 = HEW 2 = Nurse 3 = Health Officer 4 = Pharmacist 5 = Doctor 6 = Traditional healer 7 = Other		1 = Expected him/her to g better 2 = Health fa too far 3 = Cost of treatment to expensive 4 = Don't tru facility 5 = Family member did allow 6 = Commun advisor advised a it 7 = Other	
Reduced feeding	902	<input type="checkbox"/>	903	<input type="checkbox"/>	904	<input type="checkbox"/>	905	<input type="checkbox"/>	906	<input type="checkbox"/>	907	
Child was underweight	908	<input type="checkbox"/>	909	<input type="checkbox"/>	910	<input type="checkbox"/>	911	<input type="checkbox"/>	912	<input type="checkbox"/>	913	
Difficult or fast breathing	914	<input type="checkbox"/>	915	<input type="checkbox"/>	916	<input type="checkbox"/>	917	<input type="checkbox"/>	918	<input type="checkbox"/>	919	
Chest in-drawing	920	<input type="checkbox"/>	921	<input type="checkbox"/>	922	<input type="checkbox"/>	923	<input type="checkbox"/>	924	<input type="checkbox"/>	925	
Unusually hot or cold (fever)	926	<input type="checkbox"/>	927	<input type="checkbox"/>	928	<input type="checkbox"/>	929	<input type="checkbox"/>	930	<input type="checkbox"/>	931	
Less active than usual	932	<input type="checkbox"/>	933	<input type="checkbox"/>	934	<input type="checkbox"/>	935	<input type="checkbox"/>	936	<input type="checkbox"/>	937	
Yellow palms/soles/eyes	938	<input type="checkbox"/>	939	<input type="checkbox"/>	940	<input type="checkbox"/>	941	<input type="checkbox"/>	942	<input type="checkbox"/>	943	
Had diarrhea	944	<input type="checkbox"/>	945	<input type="checkbox"/>	946	<input type="checkbox"/>	947	<input type="checkbox"/>	948	<input type="checkbox"/>	949	
Convulsions	950	<input type="checkbox"/>	951	<input type="checkbox"/>	952	<input type="checkbox"/>	953	<input type="checkbox"/>	954	<input type="checkbox"/>	955	
Skin pustules	956	<input type="checkbox"/>	957	<input type="checkbox"/>	958	<input type="checkbox"/>	959	<input type="checkbox"/>	960	<input type="checkbox"/>	961	
Cord red or draining puss	962	<input type="checkbox"/>	963	<input type="checkbox"/>	964	<input type="checkbox"/>	965	<input type="checkbox"/>	966	<input type="checkbox"/>	967	
Other (specify)	968	<input type="checkbox"/>	969	<input type="checkbox"/>	970	<input type="checkbox"/>	971	<input type="checkbox"/>	972	<input type="checkbox"/>	973	
Vomiting	968a	<input type="checkbox"/>	968b	<input type="checkbox"/>	968c	<input type="checkbox"/>	968d	<input type="checkbox"/>	968e	<input type="checkbox"/>	968f	
Grunting	968g	<input type="checkbox"/>	968h	<input type="checkbox"/>	968i	<input type="checkbox"/>	968j	<input type="checkbox"/>	968k	<input type="checkbox"/>	968l	
Bloody stool	968m	<input type="checkbox"/>	968n	<input type="checkbox"/>	968o	<input type="checkbox"/>	968p	<input type="checkbox"/>	968q	<input type="checkbox"/>	968r	
Yellowish discoloration of the eyes/skin	968s	<input type="checkbox"/>	968t	<input type="checkbox"/>	968u	<input type="checkbox"/>	968v	<input type="checkbox"/>	968w	<input type="checkbox"/>	968x	

Specify	
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Interviewer: fill in questions 974-983 only if in the above table the interviewee mentioned that care was sought for any one of the symptoms mentioned

974	If any of the above symptoms occurred After how many days did you seek care the first time?	Write number of days from the onset of illness; if first day of illness, write 0; If possible use the medical record to confirm 99 if care not sought	_
975	Was the [CHILD NAME] diagnosed with very severe disease by a health worker? Interviewer: list the signs for very severe disease for the mother	1 = Yes 2 = No	_
976	Was [CHILD NAME] prescribed medicine for his/her illness?	1 = Yes 2 = No	_
977	Did [CHILD NAME] receive 7 consecutive days of Gentamycin injection?	1 = Yes 2 = No	_
978	Did [CHILD NAME] receive 7 consecutive days of Amoxicillin tablet? Interviewer: explain Amoxicillin tablet as an oral antibiotic tablet that is dissolved and taken as a liquid.	1 = Yes 2 = No	_
978a	Did [CHILD NAME] receive 7 consecutive days of Amoxicillin syrup? Interviewer: explain Amoxicillin as an antibiotic that comes in a liquid.	1 = Yes 2 = No	_
979	At any time during the illness, did [CHILD NAME] take any other drugs for the illness? For example: Zinc (a nutritional supplement given during diarrheal episodes)	1 = Yes 2 = No	_
979a	If yes, what kind?	1 = other Antibiotic 2 = Zinc (a nutritional supplement) 3 = Oral Rehydration Salt 4 = Other - Go to 979b	_
979b	Other	Specify = _____	_
980	Was [CHILD NAME] managed with expressed breast milk?	1 = Yes 2 = No	_
981	Can you tell us whether or not you were satisfied with the care for the sick newborn? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 983) 3 = Neither satisfied nor dissatisfied (Go to Section 10)	_

982	IF YES , then what was the level of satisfaction Read both options	1 = Fully satisfied (Go to 982a) 2 = Somewhat satisfied (Go to Section 10)	<input type="checkbox"/>
What was the reason for the satisfaction? Select all that Apply	982a	I have received the service on time	<input type="checkbox"/>
	982b	The facility was clean	<input type="checkbox"/>
	982c	I have received the service with compassion (by compassionate professional)	<input type="checkbox"/>
	982d	I have received the service with care (by caring professional)	<input type="checkbox"/>
	982e	I have received the service with respect (by respectful professional)	<input type="checkbox"/>
	982f	Other – Go to 982g	<input type="checkbox"/>
	982g	Specify	<input type="checkbox"/>
983	IF NO , then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied (GO to 983a) 2 = Somewhat dissatisfied(Go to Section 10)	<input type="checkbox"/>
What was the reason for the dissatisfaction? Select all that Apply	983a	I didn't receive the service on time	<input type="checkbox"/>
	983b	The facility was not clean	<input type="checkbox"/>
	983c	I didn't receive the service with compassion (by compassionate professional)	<input type="checkbox"/>
	983d	I didn't receive the service with care (by caring professional)	<input type="checkbox"/>
	983e	I didn't receive the service with respect (by respectful professional)	<input type="checkbox"/>
	983f	Other – Go to 983g	<input type="checkbox"/>
	983g	Specify	<input type="checkbox"/>

Section 10. Children no longer alive (and died before reaching 59 days)

Interviewer: if child is no longer alive and died before reaching 59 days, ask the following questions around symptoms, care-seeking, and cause of death

I understand that it is not easy to talk about children who have died and so please do let me know if you need time to answer the questions. This information is important and will allow the government to develop programs to improve children's health.

		For each: 1 = Yes 2 = No	
Which symptoms did you observe in (CHILD NAME'S) immediately before death? Select all that apply	1000	Difficult or fast breathing	_
	1001	Chest in-drawing	_
	1002	Unusually hot or cold (fever)	_
	1003	Less active than usual	_
	1004	Yellow palms/soles/eyes	_
	1005	Had diarrhea	_
	1006	Convulsions	_
	1007		
	1008	Skin pustules	_
	1009	Cord red or draining puss	_
	1009a	Vomiting	_
	1009b	Grunting (a continuous interruption in breathing due to an obstruction in the upper airway)	_
1010	Other	_	
1011	If OTHER, please specify	Specify _____	
1012	If CHILD NAME died due to an illness, was care sought for that illness?	1 = Yes 2 = No- Go to Section 11	
1013	If yes, who provided that care? Put 9 if not known	1 = WDA leader 2 = HEW 3 = Nurse 4 = Doctor 5 = Health Officer 6 = Pharmacist 7 = Other	

1014	If care was sought before [CHILD NAME] died, what was the cause of death diagnosed by the health providers	1 = Pneumonia 2 = Diarrhea 3 = Severe infections 4 = Other (Specify) 5 = Asphyxia 6 = Don't know (go to 1016)	<input type="checkbox"/>
1015	If OTHER	(Specify)_____	
1016	If "Don't know", why? Unprompted	1 = Not informed by the health care worker 2 = Was not interested to know 3 = Other	<input type="checkbox"/>
1017	If OTHER	(Specify)_____	

Section 11. SOCIAL SUPPORT for Mothers

Part I

- Explain purpose of next set of questions: *we are interested to know about the people give person support to you. By supportive person we mean a person who is helpful, who will listen to you, or back you up when you are in trouble.*
- *We will read out from a list one by one and you have to decide how much each person (or group of persons) is supportive for you AT THIS TIME IN YOUR LIFE.*
- Interviewer: circle the codes of the responses

	Description	Source	Level of Support			Score
			None	Some	A Lot	
1100	Do you have a husband?	1 = Yes 2 = No - Go to 1102				<input type="checkbox"/>
1101	How supportive is your husband now-a-days?		0	1	2	<input type="checkbox"/>
1102	Do you have elder children/child than the index child?	1 = Yes 2 = No - Go to 1104				<input type="checkbox"/>
1103	How supportive are your elder children/child now-a-days?		0	1	2	<input type="checkbox"/>
1104	Are your parents (mother/father) alive?	1 = Yes 2 = No - Go to 1106				<input type="checkbox"/>

1105	How supportive are your parents (mother and father) now-a-days?		0	1	2	<input type="checkbox"/>
1106	Do you have siblings?	1 = Yes 2 = No - Go to 1108				<input type="checkbox"/>
1107	How supportive are your siblings now-a-days?		0	1	2	<input type="checkbox"/>
1108	Do you have other maternal and paternal relatives (Uncles, Aunts and cousins)?	1 = Yes 2 = No - Go to 1110				<input type="checkbox"/>
1109	How supportive are your other maternal and paternal relatives (Uncles, Aunts and cousins) now-a-days?		0	1	2	<input type="checkbox"/>
1110	Do you have relatives by marriage (e.g., mother-in-law, father-in-law, sister-in-law, and brother-in-law)?	1 = Yes 2 = No - Go to 1112				<input type="checkbox"/>
1111	How supportive are our relatives by marriage they now-a-days?		0	1	2	<input type="checkbox"/>
1112	Do you have neighbors (other than relatives)?	1 = Yes 2 = No - Go to 1114				<input type="checkbox"/>
1113	How supportive are your neighbors now-a-days?		0	1	2	<input type="checkbox"/>
1114	Are you visited by workers of any government or non-government organization?	1 = Yes 2 = No - Go to 1116				<input type="checkbox"/>
	How supportive are these workers now-a-days?		0	1	2	<input type="checkbox"/>
1115a	HEW		0	1	2	<input type="checkbox"/>
1115b	WDA		0	1	2	<input type="checkbox"/>
1115c	Others		0	1	2	<input type="checkbox"/>
1116	Are you a member of any local welfare committee / religious gatherings?	1 = Yes 2 = No - Go to 1118				<input type="checkbox"/>
1117	How supportive are these groups now-a-days?		0	1	2	<input type="checkbox"/>
1118	Do you have other friends?	1 = Yes 2 = No - Go to 1120				<input type="checkbox"/>
1119	How supportive are your other friends now-a-days?		0	1	2	<input type="checkbox"/>

1120	Do you have one particular person whom you trust and to whom you can go with personal difficulties?	1 = Yes 2 = No – Go to 1122		<input type="checkbox"/>
1121	IF Yes , which of the above types of person is he or she?	1 = Parents 2 = Neighbors 3 = Husband 4 = In-laws 5 = Siblings 6 = local welfare committee/religious gathering 7 = Relatives (Maternal/Paternal) 8 = Other Friends		<input type="checkbox"/>

Part II

- Explain purpose of the next set of questions: *we are interested to know about the people who cause stress to you. By Stress causing person we mean a person who stresses you, who causes problems for you or makes your life more difficult.*
- *We will read out from a list of questions one by one and you have to decide how much each person or group of persons is causing stress for you AT THIS TIME IN YOUR LIFE.*

Note: Go to 'b' series, provided their respective 'a' questions are noted down as "Yes".

	Description	Source	Level of Stress			Score
			None	Some	A Lot	
1122	Do you have a husband?	1 = Yes 2 = No - Go to 1124				<input type="checkbox"/>

1123	How stressed do you feel by your husband now-a-days?		0	1	2	
1124	Do you have elder children/child than the index child?	1 = Yes 2 = No - Go to 1126				
If the response was no for question 1102, do not ask question 1125 and go to 1126						
1125	How stressed do you feel by your elder children/child now-a-days?		0	1	2	
1126	Are your parents (mother/father) alive?	1 = Yes 2 = No - Go to 1128				
1127	How stressed do you feel by your parents (mother and father) now-a-days?		0	1	2	
1128	Do you have siblings?	1 = Yes 2 = No - Go to 1130				
1129	How stressed do you feel by your siblings now-a-days?		0	1	2	
1130	Do you have other maternal and paternal relatives (Uncles, Aunts and cousins)?	1 = Yes 2 = No - Go to 1132				
1131	How stressed do you feel by your other maternal and paternal relatives (Uncles, Aunts and cousins) now-a-days?		0	1	2	
1132	Do you have relatives by marriage (e.g., mother-in-law, father-in-law, sister-in-law, and brother-in-law) ⁱⁱ ?	1 = Yes 2 = No - Go to 1134				
1133	How stressed do you feel about your relatives by marriage now-a-days?		0	1	2	
1134	Do you have neighbors (other than relatives)?	1 = Yes 2 = No - Go to 1136				
1135	How stressed do you feel by your neighbors now-a-days?		0	1	2	
1136	Are you visited by workers of any government or non-government organization?	1 = Yes 2 = No - Go to 1138				
	How stressed do you feel by these workers now-a-days?		0	1	2	
1137a	HEW		0	1	2	
1137b	WDA		0	1	2	
1137c	others		0	1	2	
1138	Are you member of any local welfare committee / religious gatherings?	1 = Yes 2 = No - Go to 1140				

1139	How stressed do you feel by these groups now-a-days?	0	1	2	_
1140	Do you have other friends?	1 = Yes 2 = No - Go to 1142			_
1141	How stressed do you feel by your other friends now-a-days?	0	1	2	_
1142	Do you have one particular person who causes stress for you?	1 = Yes 2 = No---Go to end			_
1143	IF Yes , which of the above types of person is he or she?	1 = Parents 2 = Neighbors 3 = Husband 4 = In-laws 5 = Siblings 6 = local welfare committee/religious gathering 7 = Relatives (Maternal/Paternal) 8 = Other Friends			_

Interviewer: Please double check:

- 1. Is there another woman aged 13-49 in this household who has not been interviewed?**
- 2. Is there another woman in this household who has been pregnant between [DATE] and [DATE] and has not been interviewed?**
- (3) Is there another woman in this household who has given birth between [DATE] and [DATE] and has not been interviewed?**
- (4) Is there another woman with a newborn who has not been interviewed?**

If yes to any of them, please make sure you interview them

If No, end of interview – thank the participant for their time.

ENGLISH Health Post and Health Extension Worker Survey Questionnaire

HEALTH POST QUESTIONNAIRE

Interviewer

All the modules will be asked from the HEW who is working at the HP continuously for at least last months or Senior at the HP

Modules 2-5 will be asked from the HEW who is not working at the HP continuously for last months or Junior at the HP

Assessment of HEW based on this criteria can added at the end of section.

Section 1: Facility Identifiers			
	Date (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _ Ethiopian Calendar	
	Region	_ _ _ _ _ _ _ _ _ _ _ _ _ _	
	Zone	_ _ _ _ _ _ _ _ _ _ _ _ _ _	
	Woreda name	_ _ _ _ _ _ _ _ _ _ _ _ _ _	
	PHCU (cluster) code	_ _ _	
	xxxx		
	Health Post Code	_ _	
	Unique HEW ID number	_ _ _ / _ _ / _ _ PHCU (Q104) / HP (Q106) / HEW	
	xxx		
	xxxx		

	<i>GPS Longitude</i> Take coordinates of health post	_ _ : _ _ _ _ _ _	
	<i>GPS Latitude</i> Take coordinates of health post	_ _ : _ _ _ _ _ _	
	xxxx		
	Interviewer Initials	_ _	
	Did you read the HEW the consent form?	1 = yes 2 = no	_
	Did the HEW agree to be interviewed?	1= yes (Go to Module 2) 2 = no	_
	<i>If not, why not?</i>	_____ <i>END Interview</i>	

MODULE 2: BACKGROUND OF HEW			
<i>Interviewer: Thank you very much for agreeing to respond to this survey. I would first like to ask you about background and training</i>			
200a	What is your name?		
200b	What is your marital status?	1 = Currently married 2 = In a union	_

		3 = Never married 4 = Divorced 5 = Widowed	
200c	What is your religion?	1 = Orthodox 2 = Catholic 3 = Protestant 4 = Muslim 5 = Other	
200d	What is your ethnic group?	1 = Agew 2 = Amhara 3 = Bench 4 = Burji 5 = Dizi 6 = Gedeo 7 = Gurage 8 = Hadiya 9 = Keficho 10 = Kembata 11 = Konta 12 = Me'enite 13 = Oromo 14 = Silite 15 = Tigray 16 = Welayita 17 = Other Ethiopian National Groups 18 = Afar 19 = Sidama	

		20 = Somali	
	How old are you?	_ _ _ Years	
	What is the number of years you attended school?	Enter number of years	_ _ _ Years
	For how long have you worked as an HEW (including work at other kebeles)?	Write number of years, If less than one year, enter number of months only	_ _ _ Years _ _ _ Months
	For how long have you worked as an HEW in this health post?	Write number of years, If less than one year, enter number of months only	_ _ _ Years _ _ _ Months
	Do you reside in this kebele?	1 = Yes 2 = No	_
	Does the kebele provide you with housing?	1 = Yes 2 = No Go to 206	_
205a	How many days a week do you live in this house?	_ Days	
	How many HEWs work in this health post?	Enter number, including the person being interviewed	_ _ _
	Is there a health extension worker available every day of the week? Probe: even when the health post is closed.	1 = Yes 2 = No	_
	How many days a week is the health post functionally open by at least 1 HEW?	Enter number of days	_

		For each: 1 = Yes 2 = No	
--	--	--------------------------	--

<p>During the weekend and public holidays- where do the residents of the kebele seek medical care?</p> <p>Select all that apply</p>		Health center	<input type="checkbox"/>
		Health Post	<input type="checkbox"/>
		With HEW (at her house or elsewhere)	<input type="checkbox"/>
		Pharmacy	<input type="checkbox"/>
	212a	Private Clinic	<input type="checkbox"/>
		Traditional Healers	<input type="checkbox"/>
		Other – GO TO 215	<input type="checkbox"/>
		Specify _____	

SECTION 3. ALL HEWs KNOWLEDGE			
INTERVIEWER: <i>I would now like to ask you some questions that relate to maternal and newborn health.</i>			
INTERVIEWER: FOR ALL UNPROMPTED KNOWLEDGE QUESTIONS, DO NOT READ THE OPTIONS.			
<p>What are the primary aspects of focused antenatal care?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
		Minimum of 4 consultations	<input type="checkbox"/>
	300	First consultation at Health Center	<input type="checkbox"/>
	301	Ensure woman has a birth plan	<input type="checkbox"/>

	302	Promote institutional delivery	
	303	Prevent illness and promote health	<input type="checkbox"/>
	304	Detect illnesses and manage complications (this includes STI/HIV infections)	<input type="checkbox"/>
	305	Educate danger signs (pregnancy, childbirth, and post-partum)	<input type="checkbox"/>
	306	Promote breastfeeding	<input type="checkbox"/>
	307	Education on family planning	<input type="checkbox"/>
	308	Nutrition education	<input type="checkbox"/>
<p>What are the main components of the ANC visits?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	309	Calculate EDD	<input type="checkbox"/>
	310	Check presence of danger signs	<input type="checkbox"/>
	311	Measure blood pressure	<input type="checkbox"/>
	312	Measure weight	<input type="checkbox"/>
	313	Inject TT vaccine if women is eligible	<input type="checkbox"/>
	314	Provide iron and folate to be taken for 6 months	<input type="checkbox"/>
	315	Education on nutrition	<input type="checkbox"/>
	316	Education on ITN use	<input type="checkbox"/>
	317	Education on PMTCT	<input type="checkbox"/>
	318	Education on HIV testing and STI	<input type="checkbox"/>
	319	Managing STI	<input type="checkbox"/>
	320	Education on Birth Preparedness Complication Readiness (BPCR)	<input type="checkbox"/>
	321	Link mother with WDA network	<input type="checkbox"/>
	322	Provide HEW telephone number to family	<input type="checkbox"/>
	323	Encourage women to visit Health Centre during first trimester	<input type="checkbox"/>
	324	Check history for past pregnancies with difficulties	<input type="checkbox"/>
	325	xxxx	
	326	Encourage use of Iron and folate	<input type="checkbox"/>
	327	Check for danger signs	<input type="checkbox"/>
	328a	Refer if danger sign is identified	<input type="checkbox"/>

<p>What are the major danger signs or identification of high risk pregnancies?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	328	Severe abdominal pain	<input type="checkbox"/>
	329	Offensive discharge from birth canal	<input type="checkbox"/>
	330	Fever	<input type="checkbox"/>
	331	Headache, dizziness or blurred vision	<input type="checkbox"/>
	332	Convulsions	<input type="checkbox"/>
	333a	Unconsciousness	<input type="checkbox"/>
	333	Swollen hands and face	<input type="checkbox"/>
334	Vaginal bleeding	<input type="checkbox"/>	
335	Have you received training on safe birth delivery?	1 = Yes 2 = No (GO TO 346)	<input type="checkbox"/>
<p>For a woman in labour, what are the main observations that you make as you monitor her progress?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	336	Fetal heartbeat	<input type="checkbox"/>
	337	Colour of amniotic fluid	<input type="checkbox"/>
	338	Degree of moulding (skull bone overlap)	<input type="checkbox"/>
	339	Dilation of the cervix	<input type="checkbox"/>
	340	Descent of the head	<input type="checkbox"/>
	341	Uterine contractions	<input type="checkbox"/>
	342	Maternal blood pressure	<input type="checkbox"/>
343	Maternal temperature	<input type="checkbox"/>	
344	Maternal pulse	<input type="checkbox"/>	
<p>What are the main danger signs that might occur after birth?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	345	Vaginal bleeding	<input type="checkbox"/>
	346	Severe abdominal pain	<input type="checkbox"/>
	347	Fever	<input type="checkbox"/>
	348	Severe headache	<input type="checkbox"/>
	349	Abnormal body movement (fits/spasms)	<input type="checkbox"/>
	350	Loss of consciousness	<input type="checkbox"/>
	351	Foul smelling discharge	<input type="checkbox"/>
352	Sever pain in calf with or without swelling	<input type="checkbox"/>	
<p>What are the main components of immediate newborn care?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	353	Deliver baby onto mother's abdomen	<input type="checkbox"/>
	354	Dry and wrap baby	<input type="checkbox"/>

	355	Assess breathing	<input type="checkbox"/>
	356	Delay cord clamping for three minutes	<input type="checkbox"/>
	357	Tie and cut cord appropriately	<input type="checkbox"/>
	358	Skin to skin contact	<input type="checkbox"/>
	359	Initiate breastfeeding	<input type="checkbox"/>
	360	Apply TTC eye ointment	<input type="checkbox"/>
	361	Apply chlorohexidine on cord	<input type="checkbox"/>
	362	Give Vitamin K	<input type="checkbox"/>
	363	Weight baby	<input type="checkbox"/>
<p>What are the main signs for birth asphyxia?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	364	No breathing	<input type="checkbox"/>
	365	Gasping	<input type="checkbox"/>
	366	Breathing poorly (less than 30 breaths per minute)	<input type="checkbox"/>
<p>When the newborn presents signs of birth asphyxia, what initial steps do you take?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	367	Position baby on back	<input type="checkbox"/>
	368	Clear the airways with gauze	<input type="checkbox"/>
	369	Ventilate with appropriate size ambu bag / face mask	<input type="checkbox"/>
	370	Refer to health center/hospital if baby remains weak or has irregular breathing after 20 min	<input type="checkbox"/>
	371	Provide three follow up visits in the first 24 hrs	<input type="checkbox"/>
372	How many PNC home visits should you conduct in the first 6 weeks after birth?	Enter number of visits If 0 then skip to 378	<input type="checkbox"/>
<p>In the first 6 weeks of a child being born, on which days after birth should PNC home visits be conducted?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	373	Day 1	<input type="checkbox"/>
	374	Day 3	<input type="checkbox"/>
	375	Day 7	<input type="checkbox"/>
	376	Day 42	<input type="checkbox"/>
<p>What are the main components of the first PNC visits for the mother?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	377	Check for post-partum danger signs	<input type="checkbox"/>
	378	Take body temperature	<input type="checkbox"/>
	379	Give TT vaccine	<input type="checkbox"/>
	380	Give Vitamin A	<input type="checkbox"/>

	381	Encourage Iron tablet use if mother did not use for 6 months during pregnancy	<input type="checkbox"/>
	382	Education on nutrition	<input type="checkbox"/>
	383	Education on family planning	<input type="checkbox"/>
	384	Provide contraception	<input type="checkbox"/>
	385	Education on Prevention of Mother to Child Transmission (PMTCT) for HIV+ mothers (Option B+)	<input type="checkbox"/>
What are the main components of the subsequent PNC visits (3 rd and 7 th days and 6th weeks for the mother? Do not prompt, select all mentioned	386	xxxx	
	387	Check if there are problems with breast feeding and solve problem	<input type="checkbox"/>
	388	Education on family planning,	<input type="checkbox"/>
	389	xxxxx	
	390	Education on hygiene	<input type="checkbox"/>

Section 4. Knowledge continued			
What are the main components of PNC visits for newborn? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	400	Advice washing hands before touching baby	<input type="checkbox"/>
	401	Check for danger sings	<input type="checkbox"/>
	402	Check for congenital abnormalities	<input type="checkbox"/>
	403	Measure temp	<input type="checkbox"/>
	404	Measure weight	<input type="checkbox"/>
	405	Apply TTC eye ointment	<input type="checkbox"/>
	406	Encourage exclusive breast feeding for baby	<input type="checkbox"/>
	407	Advice to delay bating of baby for 24 hrs	<input type="checkbox"/>
	408	Encourage skin to skin contact	<input type="checkbox"/>
	409	Provide cord care (Chlorohexidine)	<input type="checkbox"/>
	410	Education on appropriate cord care (Chlorohexidine)	<input type="checkbox"/>
	411	Vaccinate for polio and BCG	<input type="checkbox"/>
	412	Teach mother on how to recognize newborn danger signs using family health card	<input type="checkbox"/>
	413	xxxx	
414	xxxx		
415	Asses breastfeeding	<input type="checkbox"/>	

	416	Advise on breastfeeding	<input type="checkbox"/>
	417	Ensure baby is kept warm	<input type="checkbox"/>
	418	xxxx	
	418a	Vaccination	<input type="checkbox"/>
<p>When a newborn weighs less than 1.5 kgs or has a gestational age of less than 32 weeks, what special care do you provide?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	419	Continue feeding with expressed breast milk	<input type="checkbox"/>
	420	Monitor ability to breastfeed	<input type="checkbox"/>
	421	Cover baby well including head	<input type="checkbox"/>
	422	Hold close to mother	<input type="checkbox"/>
	423	Refer urgently with mother to health centre or hospital	<input type="checkbox"/>
<p>When a newborn weighs between 1.5 - 2.5 kgs or has a gestational age of 32- <37 weeks, what special care do you provide?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	424	Make sure the baby is warm (skin to skin/kangaroo technique)	<input type="checkbox"/>
	425	Educate on optimal breastfeeding	<input type="checkbox"/>
	426	Monitor ability to breastfeed	<input type="checkbox"/>
	427	Monitor baby for the first 24 hours	<input type="checkbox"/>
	428	Ensure/educate on infection prevention	<input type="checkbox"/>
<p>What are the main signs for good attachment during breast feeding?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	429	Chin touching breast	<input type="checkbox"/>
	430	Mouth open wide	<input type="checkbox"/>
	431	Lower lip turned out	<input type="checkbox"/>
	432	More areola showing above	<input type="checkbox"/>
<p>What are the main signs for feeding problems in a newborn?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	433	Not well-attached to breast	<input type="checkbox"/>
	434	Not suckling effectively	<input type="checkbox"/>
	435	Less than 8 breastfeeds in 24 hours	<input type="checkbox"/>
	436	Switching to another breast before one is emptied	<input type="checkbox"/>
	437	Receives other foods or drinks (even water)	<input type="checkbox"/>
	438	Underweight for age	<input type="checkbox"/>
439	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>	
<p>When a baby shows signs of feeding problems or is underweight, what initial steps do you take?</p>	For each: 1 = Yes 2 = No		
440	Advise mother to breastfeed as often and for as long as the infant wants (day and night)	<input type="checkbox"/>	

Do not prompt, select all mentioned	441	Teach mother correct positioning and attachment	<input type="checkbox"/>
	442	Advise to breastfeed at least eight times in 24 hours	<input type="checkbox"/>
	443	Educate on exclusive breastfeeding	<input type="checkbox"/>
	444	Teach the mother to treat thrush at home	<input type="checkbox"/>
	445	Follow-up on any feeding problem	<input type="checkbox"/>
	445a	Follow-up on any thrush in two days	<input type="checkbox"/>
	446	Follow-up under-weight for age in 14 days	<input type="checkbox"/>
<p>What are the main signs for very severe disease in newborns?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	447	Convulsions	<input type="checkbox"/>
	448	Stopped feeding or significantly reduced feeding	<input type="checkbox"/>
	449	Severe chest in drawing	<input type="checkbox"/>
	450	Fast breathing	<input type="checkbox"/>
	451	Temperature with 37.5 or more (warm) <i>(Note: if high temperature only mentioned ask for clarification to what extent)</i>	<input type="checkbox"/>
	451a	Temperature less than 35.5 (cold) <i>(Note: if low temperature only mentioned ask for clarification to what extent)</i>	<input type="checkbox"/>
452	No or very limited movement on stimulation	<input type="checkbox"/>	
<p>When the newborn presents signs of very severe disease, what initial steps do you take?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	453	Explain the situation to the mother/caregiver	<input type="checkbox"/>
	454	Continue to breastfeed or if unable to suck give breast milk that has been expressed	<input type="checkbox"/>
	455	xxxx	
	456	Keep airways open	<input type="checkbox"/>
	457	Begin a dose of amoxicillin (pre-referral)	<input type="checkbox"/>
	457a	Begin a dose of gentamycin (pre-referral)	<input type="checkbox"/>
	458	Refer URGENTLY	<input type="checkbox"/>
459	When referral is not possible treat with/prescribe amoxicillin daily for 7 days	<input type="checkbox"/>	

	459a	When referral is not possible treat with gentamycin daily for 7 days	<input type="checkbox"/>
What are the main signs for local bacterial infection in newborns? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	460	Umbilicus red	<input type="checkbox"/>
	461	Umbilicus draining pus	<input type="checkbox"/>
	462	Skin pustules	<input type="checkbox"/>
When the newborn presents signs of local bacterial infection, what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	463	Give amoxicillin for 5 days	<input type="checkbox"/>
	464	Follow up care on 2 nd day	<input type="checkbox"/>
	465	Advice mother when to return	<input type="checkbox"/>
	466	Breastfeed more frequently	<input type="checkbox"/>
	466a	Advice mother to keep baby warm	<input type="checkbox"/>
Note to Interviewer: Indicate in the following set of questions (467-496)) to HEW that you will ask about the degree of severity or level of the following disease: Jaundice and severe jaundice; dehydration and severe dehydration			
What are the main signs for jaundice in newborns? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	467	Yellow skin	<input type="checkbox"/>
	468	Yellow eyes	<input type="checkbox"/>
When the newborn presents signs of jaundice, what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	469	Breastfeed more frequently	<input type="checkbox"/>
	470	Advise mother to keep young infant warm	<input type="checkbox"/>
	471	Expose to sunshine 20 to 30 minutes every day	<input type="checkbox"/>
	471a	Advise mother to return immediately if sign & symptoms of jaundice aggravates	<input type="checkbox"/>
	472	Follow-up in 2 days	<input type="checkbox"/>
What are the main symptoms/signs for severe jaundice in newborns? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	473	Palms yellow	<input type="checkbox"/>
	474	Soles yellow	<input type="checkbox"/>
	475	Jaundice in newborns of age less than 24 hours	<input type="checkbox"/>

	476	Jaundice in newborns of age 14 days or more	<input type="checkbox"/>
<p>When the newborn presents symptoms /signs of sever jaundice what initial steps do you take?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	477	Breastfeed more frequently	<input type="checkbox"/>
	478	Advice mother on the need for referral	<input type="checkbox"/>
	479	Refer URGENTLY to health center /hospital	<input type="checkbox"/>
	480	Keep baby warm	<input type="checkbox"/>
	481	xxxx	
<p>What are the main symptoms/signs for severe dehydration caused by diarrhea in newborns?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	482	Limited or no movement even when stimulated	<input type="checkbox"/>
	483	Sunken eyes	<input type="checkbox"/>
	484	Skin pinch goes back VERY slowly	<input type="checkbox"/>
<p>When the newborn presents signs of severe dehydration caused by diarrhea what initial steps do you take?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	485a	Give first dose of amoxicillin syrup	<input type="checkbox"/>
	485b	Give first dose of IM Gentamycin	<input type="checkbox"/>
	485	Refer urgently to health center/hospital	<input type="checkbox"/>
	486	Ensure mother gives child ORS on the way to health center/hospital	<input type="checkbox"/>
	487	Advise mother to breastfeed more frequently and longer	<input type="checkbox"/>
	488	Advice mother to keep young infant warm	<input type="checkbox"/>
<p>What are the main signs for some dehydration caused by diarrhea in newborns?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	489	Restless and irritable	<input type="checkbox"/>
	490	Sunken eyes	<input type="checkbox"/>
	491	Skin pinch goes back slowly	<input type="checkbox"/>
<p>When the newborn presents signs of some dehydration caused diarrhea what initial steps do you take?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	492	Give ORS fluids	<input type="checkbox"/>
	493	Give zinc treatment for 10 days	<input type="checkbox"/>
	494	Advise mother to breast feed more frequently and longer	<input type="checkbox"/>
	494a	Keep the infant warm	<input type="checkbox"/>
	495	Advise mother when to return	<input type="checkbox"/>
	496	Follow up in 2 days	<input type="checkbox"/>

496a	Are there any possible side effects of using injectable gentamicin for neonatal illness?	1 = Yes – 2 = No – GO TO 496I		<input type="checkbox"/>
		For each: 1 = Yes 2 = No		
What are the possible side effects of using injectable gentamicin for neonatal illness?	496b	Kidney damage (nephropathy)		<input type="checkbox"/>
	496c	Nerve damage (neuropathy especially hearing or visual damage)		<input type="checkbox"/>
	496d	Hearing loss		<input type="checkbox"/>
	496e	Lethargy		<input type="checkbox"/>
	496f	Nausea/vomiting		<input type="checkbox"/>
	496g	General anaphylactic reaction		<input type="checkbox"/>
	496h	Fever		<input type="checkbox"/>
	496i	Poor appetite		<input type="checkbox"/>
	496j	Weight loss		<input type="checkbox"/>
496k	Skin rash		<input type="checkbox"/>	
496l	Is there any contraindication of using injectable gentamicin for the neonatal illness?	1 = Yes 2 = No – GO TO 496p3= Don't Know Go to 496p		
		For each: 1 = Yes 2 = No		
What are those possible contraindications of using injectable gentamicin for the neonatal illness?	496m	History of general body reaction or shock to injectable gentamicin (Anaphylactic reaction)		<input type="checkbox"/>
	496n	History of kidney/urine problem		<input type="checkbox"/>
	496o	History of skin reaction to gentamicin		<input type="checkbox"/>
496p	What is the dose of gentamycin given to a young infant less than two months old?	1 = According to weight 2 = A specified amount or range 3 = Don't know		<input type="checkbox"/>
496q	Are there any possible side effects of using amoxicillin for the neonatal illness?	1 = Yes 2 = No – – GO TO 496r		<input type="checkbox"/>
What are the possible side effects of using amoxicillin for the neonatal illness?		1 = Yes 2 = No		<input type="checkbox"/>
		496r	General anaphylactic reaction (penicillin hypersensitivity)	
496s	Is there any contraindication of using amoxicillin for the neonatal illness?	1 = Yes 2 = No – – GO TO 496u		<input type="checkbox"/>
		1 = Yes 2 = No		
	496t	History of General body reaction or shock to		<input type="checkbox"/>

	What are those possible contraindications of using amoxicillin for the neonatal illness		amoxicillin (penicillin hypersensitivity)	
496u	Are there any possible additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal illness?	1 = Yes 2 = No – GO TO 497a		_
	What are those additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal illness?	1 = Yes 2 = No		_
		496v	Drug resistance	
496w	What is the dose of amoxicillin given to a young infant less than two months old?	1 = According to weight 2 = A specified amount or range 3 = Don't know		_

INTERVIEWER: PLEASE USE THE LAMINATED FAMILY HEALTH CARD IMAGES WHEN ASKING THE FOLLOWING SET OF QUESTIONS. SHOW THE STUDY PARTICIPANT THE COVER OF THE FAMILY HEALTH CARD WHEN ASKING THE FIRST QUESTIONS.

Now I would like to ask you some questions on the Family Health Card

497a	Have you ever used the family health card?	1 = Yes 2 = No	_
		For each: 1 = answered correctly 2 = answered incorrectly 3 = no response or don't know	
497b	What does image show? Figure 3	Pregnant women taking iron tablet (low blood cell count reducing medication/Anemia)	_
497c	What does image show? Figure 3	Tablet for eliminating parasites	_
497d	What does image show? Figure 6	HIV testing for the couple	_
497e	Figure 7 4 th Picture	Swelling of face and hands (Edema) in pregnant women	_
497f	Figure 7 5 th Picture	High temperature for pregnant women/Fever	_

497g	What does image show? Figure 9	Birth preparedness	_
497h	What does image show? Figure 12	Reporting home delivery to HEW immediately	_
497i	What does image show? Figure 14	Washing hands with soap	_
497j	What does image show? Figure 19_	Not to bathe baby for 24 hours (1 day)	_
497k	What does image show? Figure 20	Not to apply cow dung and grease/butter to the cord	_
497l	Why is it that you do not put cow dung and grease/butter to the cord?	To prevent cord infection	_
497m	What does image show? Figure 25_1 st picture	A baby that is lethargic/unconscious	_
497n	What does image show? Figure 25 2 nd picture_	A baby that has breathing problem/grunting or fast breathing	_
497o	What does image show? Figure 25 6 th picture	Umbilical puss/infection of newborn	_
497p	What does image show? Figure 30	Baby that is being vaccinated	_
497q	What does image show? Figure 29	Mother breastfeeding baby at night time	_
497r	What does image show? Figure 32	Baby that is being given vitamin A	_
497s	How old is the baby? Figure 32	Baby that is 6 months old	_
497t	What does image show? Figure 44	Mother to <u>increase</u> breastfeeding frequency when the baby is ill and is <u>less than 6 months old</u>	_
497u	What does image show? Figure 45	Parents to <u>increase</u> feeding (breastmilk and other food) frequency when the baby is ill and is <u>older than 6 months old</u>	_
497v	What does image show? Figure 31	Baby's certificate of vaccination completion given to parents	_

Section 5. Training of the HEW

Interviewer:

I would now like to ask you some questions on your training.

In the last 12 months between ___September 2016 / October2016__ month and _October 2017 /November 2017_ month, have you received any training for the following services?

500	Providing family planning services	1 = Yes 2 = No	<input type="checkbox"/>
501	xxxxx		
502	xxxx		
503	Providing antenatal services	1 = Yes 2 = No	<input type="checkbox"/>
504	xxxx		<input type="checkbox"/>
505	xxxx		
506	Calculating EDD?	1 = Yes 2 = No	<input type="checkbox"/>
507	xxxx		<input type="checkbox"/>
508	xxxx		
509	Educate/inform pregnant women on birth preparedness and complication readiness?	1 = Yes 2 = No	<input type="checkbox"/>
510	xxxx		<input type="checkbox"/>
511	xxxx		
512	Screening for syphilis	1 = Yes 2 = No	<input type="checkbox"/>
513	xxxx		
514	xxxx		
515	PMTCT	1 = Yes 2 = No	<input type="checkbox"/>
516	xxx		<input type="checkbox"/>
517	xxxx		
518	Attending normal deliveries	1 = Yes 2 = No	<input type="checkbox"/>
519	xxxx		
520	xxxx		
521	Misoprostol use	1 = Yes 2 = No	<input type="checkbox"/>
522	xxxx		
523	xxxx		
524	Providing postnatal care to mother	1 = Yes	<input type="checkbox"/>

		2= No	
525	xxxx		
526	xxxx		
527	Providing postnatal care to newborn	1 = Yes 2 = No	<input type="checkbox"/>
528	xxxx		
529	xxxx		
530	Managing asphyxia?	1 = Yes 2 = No	<input type="checkbox"/>
531	xxxx		
532	xxx		
533	Clean cord care	1 = Yes 2 = No	<input type="checkbox"/>
534	xxxx		
535	xxxx		
536	Managing newborns with very severe disease	1 = Yes 2 = No	
537	xxxxx		
538	xxxxx		
539	Managing neonates with local bacterial infection	1 = Yes 2 = No	<input type="checkbox"/>
540	xxxx		
541	xxxx		
542	Managing neonates with jaundice/severe jaundice	1 = Yes 2 = No	<input type="checkbox"/>
543	xxxx		
544	xxxx		
545	Managing neonates with diarrhea	1 = Yes 2 = No	<input type="checkbox"/>
546	xxxx		
547	xxxx		
548	Managing neonates with feeding problem or who are underweight	1 = Yes 2 = No	<input type="checkbox"/>
549	xxxx		
550	xxxx		
551	xxxx		
552	xxxx		

553	xxxx		
554	Managing neonatal very severe disease with gentamycin	1 = Yes 2 = No	<input type="checkbox"/>
555	xxxx		
556	xxxx		
557	Supervision of WDA leaders	1 = Yes 2 = No	<input type="checkbox"/>
558	xxxxx		
559	xxxxx		
560	iCCM training	1 = Yes 2 = No (<i>GO TO 563</i>)	<input type="checkbox"/>
561	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/ 4 = Other	<input type="checkbox"/>
562	xxxxx		
563	Using referral forms for VSD	1 = Yes 2 = No	<input type="checkbox"/>
564	xxxx		
565	xxxx		
566	Using/filling family folder	1 = Yes 2 = No	<input type="checkbox"/>
566a	EPI	1 = Yes 2 = No	
567	xxxx		
568	xxxx		
569	Have you attended integrated refresher training (IRT) for services to mothers and newborns?	1 = Yes 2 = No (<i>GO TO 571a</i>)	<input type="checkbox"/>
570	IF YES , most recently who organised the integrated training?	1 = HC 2 = Woreda health office 3 = NGO/Private 4=Other	<input type="checkbox"/>
571	xxxx		
571a	CBNC training	1 = Yes 2 = No (<i>GO TO 572</i>)	<input type="checkbox"/>
571b	IF YES , from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private 4 = Other	<input type="checkbox"/>
572	Can you tell us whether or not you were satisfied with the quality of training received for managing sick neonates? (Do not give options to the respondent)	1 = Yes was satisfied 2 = No was not satisfied (<i>GO to 574</i>) 3 = Neither satisfied nor dissatisfied (<i>Go to 575</i>)	<input type="checkbox"/>

573	IF YES, then what was the level of satisfaction (give both options to the respondent)	1. Fully satisfied (Go to 573a) 2. Somewhat satisfied (Go to 575)	<input type="checkbox"/>
What were the reasons for your satisfaction? Read list. Select all that apply.	For each: 1 = Yes 2 = No		
	573a	Sufficient training	<input type="checkbox"/>
	573b	Sufficient practice sessions	<input type="checkbox"/>
	573c	Sufficient training aids	<input type="checkbox"/>
	573d	Sufficient post training supervision	<input type="checkbox"/>
	573e	Other – GO To 573f	<input type="checkbox"/>
	573f	Specify_____	<input type="checkbox"/>
574	IF NO, then what was the level of dissatisfaction (give both options to the respondent)	1. Fully dissatisfied (Go to 574a) 2. Somewhat dissatisfied (Go to 575)	<input type="checkbox"/>
What were the reasons for your dissatisfaction?	For each: 1 = Yes 2 = No		
	574a	Insufficient training	<input type="checkbox"/>
	574b	Insufficient practice sessions	<input type="checkbox"/>
	574c	Insufficient training aids	<input type="checkbox"/>
	574d	Insufficient post training supervision	<input type="checkbox"/>
	574e	Other – GO To 574f	<input type="checkbox"/>
	574f	Specify_____	<input type="checkbox"/>
How can the quality of the training be further improved Read list. Select all that apply.	For each: 1 = Yes 2 = No		
	575	More training	<input type="checkbox"/>
	576	More practice sessions	<input type="checkbox"/>
	577	More training aids	<input type="checkbox"/>
	578	More post training supervision	<input type="checkbox"/>
	579	Other – GO TO 580	<input type="checkbox"/>
	580	Specify_____	

SECTION 5B. HEW Motivation

Interviewer: Now I will have answer some questions on motivation by yourself. There will be a few practice questions to help you get used to the device, followed by 26 question on how you feel about your job.

Do not hesitate to ask me if you have any questions .

Assessment of HEWs' motivation HEWs	For each: 1: strongly agree, 2=agree, 3=undecided, 4=disagree, 5=strongly disagree	
	580a	I feel motivated to work hard now-a-days <input type="checkbox"/>
	580b	I only do this job to get paid <input type="checkbox"/>
	580c	I do this job as it provides long-term security for me <input type="checkbox"/>
	580d	I feel emotionally drained at the end of the day <input type="checkbox"/>
	580e	Sometimes when I get up in the morning, I dread having to face another day at work <input type="checkbox"/>
	580f	Overall, I am very satisfied with my job <input type="checkbox"/>
	580g	I am satisfied with my colleagues in my work <input type="checkbox"/>
	580h	I am satisfied with my supervisor <input type="checkbox"/>
	981i	I am satisfied with the health services being provided by me <input type="checkbox"/>
	580j	I feel that the services being provided by me are essential <input type="checkbox"/>
	580k	I get ample opportunities for career and skill development <input type="checkbox"/>
	580l	I am proud to be working for this health Post <input type="checkbox"/>
	580m	I feel very committed to this health Post <input type="checkbox"/>
	580n	This health post really inspires me to do my very best on the job <input type="checkbox"/>
580o	I find that my professional values and this PHCU team values are very similar <input type="checkbox"/>	

	580p	I am glad that I work for this PHCU team rather than in a PHCU anywhere in the country	<input type="checkbox"/>
	580q	I can't complexly rely on my colleagues at work	<input type="checkbox"/>
	580r	I always complete my tasks efficiently and correctly	<input type="checkbox"/>
	580s	Do things that need doing without being asked or told	<input type="checkbox"/>
	580t	I am punctual about coming to work	<input type="checkbox"/>
	580u	I am often absent from work	<input type="checkbox"/>
	580v	It is not a problem if I sometimes come late for work/on leave	<input type="checkbox"/>
	580w	I suffer from Physical health related problems due to the work load	<input type="checkbox"/>
	580x	I suffer from mental health related problems due to the work load	<input type="checkbox"/>
	580y	I feel difficulty in doing field activities	<input type="checkbox"/>
	580z	My work affects my duties towards my family	<input type="checkbox"/>

SECTION 6: SUPERVISION

Interviewer:

*I would now like to ask some questions about supportive supervision you have received. By supportive supervision I mean being visited by individuals from **the region, zone, woreda and/or health center** to discuss, review and give feedback on your **TECHNICAL or PROFESSIONAL** work.*

INTERVIEWER: READ ALL OPTIONS. PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 6 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.

LAST 6 MONTHS: STATE THE START & END MONTHS

START MONTH ___May / June 2017___

END MONTH _____ **October / November 2017** _____

600	Have you received a supportive supervisory visit in the last 6 months?	1 = Yes 2 = No (If no, go to 629)	_
IF YES: Who from? Select all mentioned	For all: 1 = yes, 2 = no		
	601	Federal Ministry of Health	_
	602	Region	_
	603	Zone	_
	604	Woreda health office	_
	605	PHCU/health centre	_
	606	NGO	_
	607	Other (specify)	_
608	Specify ____		
609a	If 600 yes: How many times did you receive this visit in the last 6 months?	Enter total number of times	_ _
609	If 600 yes: How many times did you receive this visit in the last 3 months (August/September – October/November 2017)?	Enter total number of times	_ _
609b	If 600 yes: How many times did you receive this visit in the last 1 month (October or November)?	Enter total number of times	_ _
610	Who did you receive a supervision visit from the last time? Select one	1 = Woreda Health Office 2 = PHCU/health centre 3 = NGO 4 = Woreda Health Office and Health center 5 = Woreda Health Office and NGO 6 = Health Center and NGO 7 = All three together (Woreda, Health Center , NGO) 8 = Other (Specify)	_
611	xxxx		
If YES TO 600: Did that visit include any of the following? Select all mentioned	For all: 1 = yes, 2 = no		
	612	Discussing early identification of pregnancy	_
	613	Discussing provision focused ANC	_

Read all options	614	Discussing promotion of institutional delivery	<input type="checkbox"/>
	615	Discussing safe and clean delivery	<input type="checkbox"/>
	616	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	617	Discussing recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>
	618	Discussing prevention and management of hypothermia	<input type="checkbox"/>
	619	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	620	Discussing management of very severe disease in newborns	<input type="checkbox"/>
	620a	Discussion on correct diagnosis of very server disease in new-born	<input type="checkbox"/>
	620b	Discussion on use of injectable antibiotic for very server disease in new-born	<input type="checkbox"/>
	620c	Discussion on forms/record keeping for very server disease in new-born	<input type="checkbox"/>
	620d	Discussion on referral procedure for very server disease in new-born	<input type="checkbox"/>
	621	Discussing HEW activities with WDA	
	622	Observing record keeping	<input type="checkbox"/>
	623	Checking supplies/training manuals. job aides, request forms	<input type="checkbox"/>
	623a	Delivering supplies including /training manuals, job aides, request forms	<input type="checkbox"/>
	624	Observing client interaction with HEW	<input type="checkbox"/>
	625	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>
	626	Providing <u>WRITTEN</u> feedback to you on your work	<input type="checkbox"/>
	626a	<u>WRITTEN</u> feedback: copy of the last visit available and checked by the interviewer	<input type="checkbox"/>
	627	xxxx	
628	xxxx		

Interviewer:

I would now like to ask you some questions about the performance review and clinical mentoring meeting (PRCMM). By this I mean when NGO, health center and health post staff meet together to review records, discuss performance, and ways to improve your TECHNICAL skills and achieve targets for CBNC/ICCM?

INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 6 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.

LAST 6 MONTHS: STATE THE START & END MONTHS

START MONTH May / June 2017

END MONTH October /November 2017

629	In the past 6 months did you participate in a PRCM meeting, where have the health center, health post and/or NGO staff met together to discuss performance, targets, and ways to improve HEWs' skills and achieve targets specifically for CBNC?	1 = Yes 2 = No 3 = No CBNC training – (SKIP TO 641)	_
629a	Since training of CBNC, have you participated in any PRCM meeting conducted in your catchment area?	1 = Yes 2 = No – (SKIP TO 641)	_

Did that meeting cover performance and targets on the following?	For each: 1 = Yes 2 = No		
	630	Early identification of pregnancy	_
	631	Focused ANC	_
	632	Promotion of institutional delivery	_
	633	Safe and clean delivery	_
	634	Immediate newborn care including cord care (chlorohexidine)	_
	635	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	_
	635a	Management of diarrhea among neonate	_
	635b	Breast feeding among neonate	_
	635c	Immunization among neonate	_
	636	Management of hypothermia	_
	637	Management of pre-term and/or low birth weight neonates	_
	638	Management of neonatal/very severe disease	_
638a	Register review	_	

	638b	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>
	638c	Discussion on correct diagnosis of very server disease in new-born	<input type="checkbox"/>
	638d	Discussion on use of injectable antibiotic for very server disease in new-born	<input type="checkbox"/>
	638e	Discussion on forms/record keeping for very server disease in new-born	<input type="checkbox"/>
	638f	Discussion on referral procedure for very server disease in new-born	<input type="checkbox"/>
639	Did that meeting extract data from HEW's 0-2 month (newborn) registers?	1 = Yes 2 = No	<input type="checkbox"/>
640	At that meeting, did the health center staff get a chance to offer mentoring on how to improve your newborn illness management skills directly to you the HEWs?	1 = Yes 2 = No	<input type="checkbox"/>

641	Have you received a supportive supervisory visit in the last 3 months (August/September – October/November 2017) specifically for iCCM?	1 = Yes 2 = No (GO to 650)	<input type="checkbox"/>	
If YES: Who from? Select all mentioned		For all: 1 = yes, 2 = no		
		642	Federal Ministry of Health	<input type="checkbox"/>
		643	Regional health bureau	<input type="checkbox"/>
		644	Zonal health department	<input type="checkbox"/>
		645	Woreda health office	<input type="checkbox"/>
		646	PHCU/health centre	<input type="checkbox"/>
		647	NGO	<input type="checkbox"/>
		648	Other (specify)	<input type="checkbox"/>
649	Specify	<input type="checkbox"/>		
649a	Did you receive a follow up visit within 6 weeks of CBNC training to assess and support your CBNC work ?	1 = Yes 2 = No – GO TO 650 3 = No CBNC training – GO TO 650	<input type="checkbox"/>	
		For each: 1 = Yes 2 = No		

If received CBNC post-training visit who conducted 6 weeks follow up visit? Select all that apply	649b	Zone	<input type="checkbox"/>
	649c	Woreda	<input type="checkbox"/>
	649d	Health Center	<input type="checkbox"/>
	649e	NGO	<input type="checkbox"/>

650	Can you tell us whether or not you were satisfied with the supportive supervision received? Do not read options		1 = Yes was satisfied (Go to 651) 2 = No was not satisfied (GO to 652) 3 = Neither satisfied nor dissatisfied (Go to 653)	<input type="checkbox"/>
651	IF YES , then what was the level of satisfaction? Read options		1. Fully satisfied (Go to 651a) 2. Somewhat satisfied (Go to 653)	<input type="checkbox"/>
What were the reasons for your satisfaction? Read list Select all that apply	651a	Sufficient visits		<input type="checkbox"/>
	651b	Sufficient crash trainings		<input type="checkbox"/>
	651c	Sufficient technical supervision		<input type="checkbox"/>
	651d	Other GO TO 651e		<input type="checkbox"/>
	651e	Specify _____		<input type="checkbox"/>
652	IF NO , then what was the level of dissatisfaction? Read options		1. Fully dissatisfied (Go to 652a) 2. Somewhat dissatisfied (Go to 653)	<input type="checkbox"/>
What were the reasons for your dissatisfaction? Read list Select all that apply	652a	Insufficient visits		<input type="checkbox"/>
	652b	Insufficient crash trainings		<input type="checkbox"/>
	652c	Insufficient technical supervision		<input type="checkbox"/>
	652d	Other GO TO 652e		<input type="checkbox"/>
	652e	Specify _____		<input type="checkbox"/>

		For each: 1 = Yes 2 = No	
How can the quality of the supervision be further improved: Read list Select all that apply	653	More visits	<input type="checkbox"/>
	654	More crash trainings (short, intensive and fast training)	<input type="checkbox"/>
	655	More technical supervision that supports your knowledge and skills to provide care for sick newborns.	<input type="checkbox"/>
	656	Other GO TO 657	<input type="checkbox"/>
	657	Specify _____	<input type="checkbox"/>

SECTION 7. HEWs services provided in the last 3 months

Interviewer: I would now like to ask you about the services you that you provided in the last 3 months.

REFER TO HEWS RECORD BOOKS (AT THE HEALTH POST REGISTERS) TO COMPLETE THE FOLLOWING; ONLY COUNT EVENTS ATTENDED BY THE SPECIFIC HEW BEING INTERVIEWED.

INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 3 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.

LAST 3 MONTHS: STATE THE START & END MONTHS

START MONTH ___ August / September ___ 2017 ___

END MONTH ___ October / November 2017 ___

700	Interviewer: do you have access to the HEW written records for this section?	1 = yes 2 = no	<input type="checkbox"/>
701	Do you map the pregnant women in your community? Interviewer: check the posters displayed at the health post to see if the HEW does map pregnant women.	1 = yes 2 = no	<input type="checkbox"/>
702	Did you conduct pregnant women conference in the community in the last 3 months?	1 = yes 2 = no GOT TO 704	<input type="checkbox"/>
703	How frequently do you conduct the pregnant women's conference?	1 = Once a week 2 = Every two weeks 3 = Once a month 4 = Every other month 5 = Once every three months	<input type="checkbox"/>
703a	In the last pregnant women conference, how many women in your catchment area were pregnant?	Enter number Enter 999 if don't know If 0 skip to 704	<input type="text"/>

703b	Among them, how many of them attended the pregnant women's conference?	Enter number	_ _
704	Did you provide ANC to any women in the three months?	1 = yes 2 = no GO TO 706	_
705	IF YES: How many?	Enter number	_ _
706	Did you refer any pregnant women with danger signs from this health post to a health center or hospital in the last three months?	1 = yes 2 = no GO TO 708	_
707	IF YES: how many?	Enter number	_ _
708	Did you assist a labour in the last three months?	1 = yes 2 = no GO TO 710	_
709	IF YES: How many deliveries did you attend in the last three months	Enter number	_ _
710	Did you refer any women in labour from this health post to a health center or hospital in the last three months? (Health Center or Hospital)	1 = yes 2 = no GO TO 712	_
711	IF YES: How many?	Enter number	_ _
712	Did you see any women to provide postpartum care in the last three months?	1 = yes 2 = no GO TO 714	_
713	IF YES: How many women did you see for PNC in the last three months (at home or at the health post)?	Enter number	_ _
714	Did you refer any post-partum women from this health post to a health center or hospital in the past three months?	1 = yes 2 = no GO TO 716	_
715	IF YES: How many?	Enter number	_ _
716	Did you see any newborns to provide a postnatal check for in the last three months?	1 = yes 2 = no GO TO 718	_
717	IF YES: How many newborns did you provide a postnatal check for in the last three months?	Enter number	_ _
718	Did you refer any newborns from this health post to a health center or hospital in the past three months?	1 = yes 2 = no GO TO 720	_
719	IF YES: How many?	Enter number	_ _
720	Did you give care for asphyxia, initial stimulation, or resuscitation to newborn in the past three months?	1 = yes 2 = no GO TO 722	_
721	IF YES: How many?	Enter number	_ _
722	Did you use chlorhexidine for newborn cord care in the last three months?	1 = yes 2 = no GO TO 724 3 = Chlorhexidine not available GO TO 724	_

723	IF YES: How many?	Enter number	_ _
724	Did you give care for prevention of hypothermia in the last three months?	1 = yes 2 = no GO TO 725a	_
725	IF YES: How many?	Enter number	_ _
725a	Did you give care for management of hypothermia in the last three months?	1 = Yes 2 = No – GO TO 726	_
725b	IF YES: How many?	Enter number	_ _
726	Did you provide care for pre-term and/or low birth weight neonates in the last three months?	1 = yes 2 = no GO TO 727a	_
727	IF YES: How many?	Enter number	_ _
727a	Did you identify newborns with suspected very severe disease in the last three months?	1 = Yes 2 = No – GO TO 728	_
727b	IF YES: How many?	Enter number	_
728	Did you treat newborns with suspected very severe disease in the last three months?	1 = yes 2 = no GO TO 731 3 = Antibiotics not available GO TO 731	_
729	IF YES: how many?	Enter number	_ _
729a	Among them how many have at least 1 dose of injectable antibiotics? If 0, go to 731	Enter number	_ _
730	IF YES: how many completed the 7 day treatment at the health post?	Enter number If 0 skip to 731	_ _
730a	Who provided gentamycin injection during the weekend?	1 = Myself 2 = Fellow HEW 3 = Health Centre 4 = Myself and fellow HEW 5 = Myself and Health Centre 6 = Fellow HEW and Health Centre 7 = Myself, fellow HEW and Health Centre 8 = Other	_
731	Did you refer any newborns from this health post to a health center or hospital for very severe disease in the past three months?	1 = yes 2 = no GO TO 733	_
732	IF YES: How many?	Enter number	_ _
733	Did you manage any newborns with diarrhea in the last three months?	1 = yes 2 = no GO TO 735	_
734	IF YES, how many?	Enter number	_ _
735	Did you manage any newborns with jaundice in the last three months?	1 = yes 2 = no GO TO 737	_
736	IF YES, how many?	Enter number	_ _
737			_
738			_ _

<p>In the last three months did you meet any of the following to discuss maternal and newborn health?</p> <p>Select all that apply</p>	For each: 1 = Yes 2 = No		
	739	Religious leaders	<input type="checkbox"/>
	740	Health based or community based organizations	<input type="checkbox"/>
	741	Women Savings Associations	<input type="checkbox"/>
	742	Command post	<input type="checkbox"/>
	743	Traditional birth attendants	<input type="checkbox"/>
	744	Other (specify)	<input type="checkbox"/>
745	Specify _____	<input type="checkbox"/>	
746	In this kebele, is it customary for mothers to keep their newborns at home after birth for several days or weeks without taking the baby out?	1 = Yes 2 = No – GO to 748	<input type="checkbox"/>
747	IF YES, what is the average number of days that newborns are kept in the house without going out?	Enter number of days	<input type="text"/> <input type="text"/>
748	In this kebele, is it customary to have no visitors come and see the baby for several days or weeks? This includes visitors for any reason: health care workers, extended family, or friends.	1 = Yes 2 = No - GO to 750	<input type="checkbox"/>
749	IF YES, what is the average number of days to have no visitors come and see the baby?	Enter number of days	<input type="text"/> <input type="text"/>
750	In this kebele, is it customary for only the mother to have physical contact with the baby for several days or weeks?	1 = Yes 2 = No – GO to Section 8	<input type="checkbox"/>
751	IF YES, what is the average number of days for only the mother to have physical contact with the baby?	Enter number of days	<input type="text"/> <input type="text"/>

SECTION 8. ALL HEWs - Recalled activities at the last delivery			
<u>LAST 3 MONTHS: STATE THE START & END MONTHS</u>			
START MONTH ___ August / September ___ 2017 ___			
END MONTH ___ October / November 2017 ___			
Interviewer: <i>I would now like to ask you a delivery you attended in the last 3 months</i>			
Use the register to identify the last birth attended by the HEW being interviewed			
800	Have you ever attended a delivery?	1 = yes 2 = no if no, go to Section 9	<input type="checkbox"/>

801	Was the birth within the past 3 months?	1 = yes 2 = no GO to Section 9	<input type="checkbox"/>	
802	Where did the delivery take place?	1 = Health Post 2 = Home 3 = Other (specify)	<input type="checkbox"/>	
803	IF OTHER	Specify _____		
804	Do you remember the details of the delivery that took place on [date], that you attended?	1 = yes 2 = no if no, go to Section 9	<input type="checkbox"/>	
About that delivery: Interviewer – use the health post record books as well as questioning the HEW to complete this information				
805	Did the labour end in a live birth?	1 = yes 2 = no (GO TO 809)	<input type="checkbox"/>	
806	Did you weigh the baby?	1 = yes 2 = no (GO TO 808)	<input type="checkbox"/>	
807	Was the baby low birth weight? (<2500g, or <2.5kg)	1 = yes 2 = no 3 = don't remember	<input type="checkbox"/>	
808	Was the baby born prematurely (<37 weeks gestation)?	1 = Yes 2 = No 3 = don't remember	<input type="checkbox"/>	
809	Was the mother referred from this health post to a health center or hospital?	1 = Yes 2 = No	<input type="checkbox"/>	
810	Was the newborn referred from this health post to a health center or hospital?	1 = Yes 2 = No	<input type="checkbox"/>	
811	Was the mother alive after delivery?	1 = Yes 2 = No	<input type="checkbox"/>	
812	Did the woman receive misoprostol?	1 = Yes 2 = No	<input type="checkbox"/>	
813	Was there another member of staff available to assist you when you delivered the baby?	1 = Yes 2 = No	<input type="checkbox"/>	
What immediate care did you give the newborn? Do not prompt, select all mentioned		For each: 1 = Yes 2 = No		
		814	Clean the baby's mouth before the shoulder comes out	<input type="checkbox"/>
		815	Clean the baby's mouth, face and nose	<input type="checkbox"/>
		816	Ensure the baby is breathing	<input type="checkbox"/>
		817	Ensure the baby is dry	<input type="checkbox"/>
		818	Observe for colour	<input type="checkbox"/>
		819	Ensure the baby is kept warm (skin to skin)	<input type="checkbox"/>
		820	Administer TTC for the eyes	<input type="checkbox"/>
		821	Weigh the baby	<input type="checkbox"/>
		822	Care for the umbilical cord	<input type="checkbox"/>
823	Initiate breastfeeding within the first 30 minutes	<input type="checkbox"/>		

	824	Evaluate/examine the newborn within the first hour	<input type="checkbox"/>
825	Was there a need to resuscitate the baby?		1 = yes 2 = no (GO TO 832) <input type="checkbox"/>
If YES What main actions did you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	826	Opening the airways	<input type="checkbox"/>
	827	Cleaning the mouth/use suction devise	<input type="checkbox"/>
	828	Wrapping the baby	<input type="checkbox"/>
	829	Drying the baby	<input type="checkbox"/>
	830	Use the ambu bag / face mask	<input type="checkbox"/>
What were the key elements of cord care? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	832	Apply water	<input type="checkbox"/>
	833	Apply alcohol	<input type="checkbox"/>
	834	Apply chlorhexidine	<input type="checkbox"/>
	835	Apply other (antiseptic)	<input type="checkbox"/>
	836	Apply nothing	<input type="checkbox"/>
	837	Wrapped with a dry dressing	<input type="checkbox"/>
	838	Other (specify)	<input type="checkbox"/>
	839	Specify _____	<input type="checkbox"/>

SECTION 9. For Health Extension Worker about Woman Development Army (WDA) and Command Post			
Interviewer:			
Now I want to ask you about the work you do with the WDA in your kebele			
900	Are there any WDA leaders working in this kebele?	1 = yes 2 = no (GO TO 939)	<input type="checkbox"/>
901	How many female WDA 1-5 networks?	Enter Number	<input type="text"/>
902	How many WDA 1-30 networks?	Enter Number	<input type="text"/>
Do you orient/train WDA in your kebele on the following in the last 3 months (August/September – October/November 2017)? Read out the options. Select all that apply	For each: 1 = Yes 2 = No		
	903	MNH problems in the community	<input type="checkbox"/>
	904	Importance of early identification of pregnant woman	<input type="checkbox"/>
	905	Importance of ANC	<input type="checkbox"/>

	906	How to approach pregnant woman in the community	<input type="checkbox"/>
	907	How to register pregnant woman in the community	<input type="checkbox"/>
	908	How to report pregnant women to HEWs	<input type="checkbox"/>
	909	Recognizing danger signs during pregnancy and delivery	<input type="checkbox"/>
	910	Recognizing danger signs for mother	<input type="checkbox"/>
	911	Recognizing danger signs for newborn	<input type="checkbox"/>
	912	Use of the family health card	<input type="checkbox"/>
	913	Generate demand for maternal, newborn, child health and nutrition	<input type="checkbox"/>
	913a	Completion of treatment for VSD cases	<input type="checkbox"/>
<p>Do you conduct any of the following with the WDA leaders in this kebele?</p> <p>Read out the options. Select all that apply</p>	For each: 1 = Yes 2 = No		
	914	Conduct monthly meetings	<input type="checkbox"/>
	915	Plan activities together	<input type="checkbox"/>
	916	Set and review targets	<input type="checkbox"/>
	917	Provide supportive supervision <i>By supportive supervision I mean meeting with WDAs to discuss, review and give feedback to their work.</i>	<input type="checkbox"/>
	918	Discuss and/or accept referrals	<input type="checkbox"/>
	919	Other (<i>specify</i>)	<input type="checkbox"/>
	920	Specify	<input type="checkbox"/>
<p>What kind of information you receive from WDA?</p> <p>Read out the options. Select all that apply</p>	For each: 1 = Yes 2 = No		
	922	Number of women of reproductive age in the community	<input type="checkbox"/>
	923	Reproductive history of women in the community	<input type="checkbox"/>
	924	Birth control status of women in the community	<input type="checkbox"/>
	925	Number of pregnant women in the community	<input type="checkbox"/>

	926	Number of deliveries	<input type="text"/>	
	927	Number of newborns	<input type="text"/>	
	928	Number of newborns with danger sings	<input type="text"/>	
929	In the last three months, did you receive information on number of pregnant women in the community from the WDA leaders?		1 = Yes 2 = No (GO TO 931) <input type="text"/>	
930	From how many WDA leaders?		Enter Number <input type="text"/>	
931	In the last three months, did you receive information on number of women who need PNC visits from WDA leaders?		1 = Yes 2 = No(GO TO 933) <input type="text"/>	
932	How many WDA leaders?		Enter Number <input type="text"/>	
933	In the last three months, did your receive information on number of newborns with danger signs from WDA leaders?		1 = Yes 2 = No(GO TO 935) <input type="text"/>	
934	How many WDA leaders?		Enter Number <input type="text"/>	
935	In the last three months, did your receive information on number of newborns with danger signs for very severe disease from WDA leaders?		1 = Yes 2 = No(GO TO 937) <input type="text"/>	
936	How many WDA leaders?		Enter Number <input type="text"/>	
937	Have you met with the WDA leaders in this kebele as a group in the last 3 months?		1 = Yes 2 = No(GO TO 939) <input type="text"/>	
938	IF YES, How many times?		Enter number of times <input type="text"/>	
Interviewer: Now I want to ask you about the work you do with Command Post and model families in your kebele				
939	Is there a kebele Command Post in your kebele?		1 = Yes 2 = No (GO TO 950) <input type="text"/>	
940	IF YES: Are you a member of that committee?		1 = Yes (go 2 = No (go to 942) <input type="text"/>	
941	IF YES: How many meetings you have attended in last three months?		Enter Number <input type="text"/>	
942	Do you receive reports on pregnant women in the community from the command post?		1 = Yes 2 = No <input type="text"/>	
Do you submit reports to the command post on the following?		For all: 1 = yes 2 = no		
		943	ANC	<input type="text"/>
		944	PNC	<input type="text"/>
		945	Delivery	<input type="text"/>
		946	Family planning	<input type="text"/>

	947	Other (specify)	_
	948	Specify	_____
949	In the last three months has the health post received a supervisory visit from the command post?		1 = yes 2 = no _
950	Are there any model families in your kebele		1 = yes 2 = no (GO TO Section 10) _
951	If YES: How many?		Enter number, enter 99 if don't know _ _

HEALTH POST ASSESSMENT			
SECTION 10. FACILITY, EQUIPMENT, MEDICINE AND JOB AIDS			
<p>Interviewer: I would now like to ask you questions about the facility, equipment, medicine and job aids at this health post.</p> <p>Walk around the facility with the HEW and personally check the availability of equipment and stock.</p> <p>Does the facility have the following essential support services?</p>			
1000	What is the main source of drinking water?	1 = Piped connection into house 2 = Piped connection into yard 3 = Public standpipes 4 = Boreholes 5 = Protected dug wells 6 = Protected springs 7 = Rainwater collection 8 = Surface water 9 = Open dug wells 10 = Unprotected springs 11 = Vendor provided water 12 = Bottled water 13 = Tanker	_
1001	Water supply available on day of survey	1 = Yes 2 = No	_
1002	Electricity connection or other power sources (example, gas/solar generator)	1 = Yes 2 = No	_
1003	Electricity supply on day of survey?	1 = Yes 2 = No	_
1004	Functional sterilizer, cooker or stove that works on the day of survey?	1 = Yes 2 = No	_

1005	Functional fridge that works on the day of survey?	1 = Yes 2 = No	<input type="checkbox"/>
1006	Toilets accessible to facility users?	1 = Yes 2 = No	<input type="checkbox"/>
1007	Generally is there a cell phone signal at this health post?	1 = Yes 2 = No	<input type="checkbox"/>
1007a	Is it all functional today? INTERVIEWER -check your phone if there is signal on day of survey	1 = Yes 2 = No	<input type="checkbox"/>
1008	XXXX		
1009	XXXX		
1010	XXXX		
1011	XXXX		
1012	XXXX		
1013	XXXX		
1014	XXXX		
1015	XXXX		
1016	The last time there was an obstetric referral from the health post to the health centre which transport was used?	1 = facility owned vehicle 2 = district office owned vehicle 3 = she used her own vehicle 4 = public transport 5 = non-motorized vehicle 6 = Red Cross (NGO) ambulance 7 = Don't know	<input type="checkbox"/>
Which means of communication do you have to speak to another facility?		For each: 1 = Yes 2 = No	
	1017	Facility landline/mobile phone	<input type="checkbox"/>
	1018	Staff member mobile phone	<input type="checkbox"/>
	1019	Phone outside the facility	<input type="checkbox"/>
	1020	Radio	<input type="checkbox"/>
	1021	In person communication	<input type="checkbox"/>
	1022	No means of communication	<input type="checkbox"/>
1023	The last maternal referral from the health post to health center did you speak to the facility directly?	1 = Yes 2 = No (go to 1025) 3 = Don't know (go to 1025)	<input type="checkbox"/>
1023a	IF yes, did you yourself inform the health center?	1 = Yes 2 = No Skip to 1025	

1024	IF YES, Which means of communication did you use?	1 = Facility landline/mobile phone 2 = Staff member mobile phone; 3 = Phone outside the facility 4 = Radio 5 = In person communication;	_
1025	The last maternal referral from the health post to health center did an HEW accompany her?	1 = Yes 2 = No 3 = Don't know	_
1026	The last maternal referral from the health post to health center did an HDA accompany her?	1 = Yes 2 = No 3 = Don't know	_
1027	How many women were referred from this health post to a health center or hospital for obstetric/maternal care in last three months (August/September – October/November 2017)?	Enter number	_
1028	During the last sick newborn referral from health post to health center, did you speak to the facility directly?	1 = Yes 2 = No(<i>go to 1030</i>) 3 = Don't know (<i>go to 1030</i>)	_
1029	IF YES, Which means of communication did you use?	1 = Facility landline/mobile phone 2 = Staff member mobile phone; 3 = Phone outside the facility 4 = Radio 5 = In person communication;	_
1030	The last time neonatal referral from health post to health center did an HEW accompany the mother?	1 = Yes 2 = No 3 = Don't know	_
1031	The last maternal referral from the health post to health center did an HDA accompany her?	1 = Yes 2 = No 3 = Don't know	_
1032	How many neonates were referred from this health post to the health center or hospital in last three months(August/September – October/November 2017)?	Enter number	_
1033	When referring from this health post to the health center for further care do you use referral forms?	1 = Yes 2 = No probe; Check to see an official woreda referral form	_

1034	Do you receive any back referral forms on cases you have referred?	1 = Yes 2 = No	<input type="checkbox"/>
1035	Do you use family folders?	1 = Yes 2 = No	<input type="checkbox"/>
1036	If yes, have you updated the family cards for every family of the kebele? Interviewer check to see if family folder is up to date.	1 = Yes 2 = No	<input type="checkbox"/>

Does the facility have the following functional equipment today?		For each:1 = Yes 2 = No	
	1037	Ambu bag / face mask (full size 0 and 1)	<input type="checkbox"/>
	1038	Clinical Thermometer, digital	<input type="checkbox"/>
	1039	Infant scale	<input type="checkbox"/>
	1040	Weighing sling	<input type="checkbox"/>
	1041	Blood pressure cuff	<input type="checkbox"/>
	1042	Stethoscope	<input type="checkbox"/>
	1043	Watch or clock	<input type="checkbox"/>
	1044	Tape measure	<input type="checkbox"/>
	1045	Examination couch	<input type="checkbox"/>
	1046	Drape	<input type="checkbox"/>
	1047	Washable mackintosh	<input type="checkbox"/>
	1048	Dustbin	<input type="checkbox"/>
	1049	xxxx	
	1050	Cups/drinking water	<input type="checkbox"/>
	1051	Sharps container	<input type="checkbox"/>
	1052	Chlorine bleach	<input type="checkbox"/>
	1053	Bucket for decontamination solution	<input type="checkbox"/>
1054	Contaminated waste container	<input type="checkbox"/>	
1055	Soap and towel or hand-rub	<input type="checkbox"/>	
1056	Clean glove	<input type="checkbox"/>	
1057	Syringe with needle for Gentamycin injection	<input type="checkbox"/>	
Does the facility have the following medicines today?		For each:1 = Yes 2 = No 3 = Expired 4 = Never in stock	
	1058	Vitamin k 1 mg	<input type="checkbox"/>
	1058a	What was the duration of stock out /expiry for Vitamin K 1 mg?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days

	1058b	Vitamin k 10 mg	<input type="checkbox"/>
	1058c	What was the duration of stock out /expiry for Vitamin K 10 mg?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1059	Vitamin A 200,000 IU	<input type="checkbox"/>
	1060	Vitamin A 100,000 IU	<input type="checkbox"/>
	1061	TTC eye ointment	<input type="checkbox"/>
	1061a	What was the duration of stock out /expiry for Tetracycline (TTC) eye ointment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1062	Chlorohexidine	<input type="checkbox"/>
	1063	xxxx	
	1063a	Gentamycin 20 mg/2 ml	
	1063b	What was the duration of stock out /expiry for Gentamycin 20 mg/2 ml?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1064	Amoxicillin suspension (125 mg/5 ml)	<input type="checkbox"/>
	1064a	What was the duration of stock out /expiry for Amoxicillin suspension/syrup (125 mg/5 ml)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1065	Amoxicillin tab 250 mg (dispersible)	<input type="checkbox"/>
	1065a	What was the duration of stock out /expiry for Amoxicillin tab 250 mg (dispersible)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1065b	Do you have Amoxicillin tab 125 mg (dispersible)?	<input type="checkbox"/>
	1065c	What was the duration of stock out /expiry for Amoxicillin tab 125 mg (dispersible)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1066	Paracetamol	<input type="checkbox"/>
	1066a	What was the duration of stock out /expiry for Paracetamol?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1067	Iron	<input type="checkbox"/>
	1068	Folate	<input type="checkbox"/>
	1068a	Iron-folate	<input type="checkbox"/>
	1069	Antihelminths	<input type="checkbox"/>
	1070	BCG	<input type="checkbox"/>
	1070a	What was the duration of stock out /expiry for BCG?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days
	1071	Polio vaccine	<input type="checkbox"/>
	1071a	What was the duration of stock out /expiry for Polio vaccine?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days

	1071a	Penta	_
	1071b	What was the duration of stock out /expiry for Penta vaccine	_ _ _ days
	1071c	PCV	_
	1071d	What was the duration of stock out /expiry for PCV vaccine	_ _ _ days
	1071e	Measles	_
	1071f	What was the duration of stock out /expiry for measles vaccine	_ _ _ days
	1071g	Rota	_
	1071h	What was the duration of stock out /expiry for Rota vaccine	_ _ _ days
	1071i	Tetanus Toxoid	_
	1071j	What was the duration of stock out /expiry for Tetanus Toxoid vaccine	_ _ _ days
	1071k	Zinc	_
	1071l	What was the duration of stock out /expiry for Zinc?	_ _ _ days
	1071m	ORS	_
	1071n	What was the duration of stock out /expiry for ORS?	_ _ _ days
	1071o	Coartem (Artemether/lumefantrine)?	_
	1071p	What was the duration of stock out /expiry for Coartem (Artemether/lumefantrine)?	_ _ _ days
	1071q	Chloroquine syrup	_
	1071r	What was the duration of stock out /expiry for Chloroquine syrup?	_ _ _ days
	1071s	Artesunate suppository	_
	1071t	What was the duration of stock out /expiry for Artesunate suppository?	_ _ _ days
	Modern Family Planning Methods		
	1071u	Combined estrogen progesterone oral contraceptive pills	_
	1071v	Progestin-only contraceptive pills	_
	1071w	Combined estrogen progesterone injectable contraceptives	_
	1071x	Progestin-only injectable contraceptives	_

	1071y	Male condoms	<input type="checkbox"/>
	1071z	Female condoms	<input type="checkbox"/>
	1071aa	Implants	<input type="checkbox"/>
	1071bb	Cycle beads for standard days method	<input type="checkbox"/>
	1071cc	Emergency contraceptive pills	<input type="checkbox"/>
Does the facility have the following job aids and forms today?		For each:1 = Yes 2 = No	
	1072	Family health cards	<input type="checkbox"/>
	1073	Vaccination cards	<input type="checkbox"/>
	1074	Family folder	<input type="checkbox"/>
	1075	Stock card/bin card	<input type="checkbox"/>
	1076	HMIS forms (monthly and quarterly reporting)	<input type="checkbox"/>
	1077	Request and re-supply form	<input type="checkbox"/>
	1078	Supervision checklist	<input type="checkbox"/>
	1079	Chart booklet	<input type="checkbox"/>
	1080	xxxx	
	1081	xxxx	
	1082	ICCM registration book for 0- under 2 months	<input type="checkbox"/>
	1083	ICCM registration book 2 -59 months	<input type="checkbox"/>
1084	Pregnant woman registration book	<input type="checkbox"/>	

Which of the following test kits are available in this facility today?			
1085	xxxx		
1086	xxxx		
1087	xxxx		
1088	xxxx		
1089	xxxx		
1090	xxxx		
1091	xxxx		
1092	xxxx		
1093	xxxx		

Section 11. Facility Services

Interviewer:

I would like to now ask you questions on services offered consistently at this health post in the past three months. By consistently we mean without any interruption caused by lack of drugs, supplies and/or skilled staff."

START MONTH ___ August / September ___ 2017 ___

END MONTH ___ October / November 2017 ___

1100	xxxx		
1101	Has immediate newborn care been consistently offered in past three months?	1 = Yes 2 = No	<input type="checkbox"/>
1102	Has chlorhexidine been used for cord care consistently in the past three months?	1 = Yes (GO to 1106) 2 = No	<input type="checkbox"/>
1103	IF NO , was it because chlorhexidine was not available?	1 = Yes 2 = No	<input type="checkbox"/>
1104	xxxx		
1105	xxxx		
1106	Has management of pre-term and/or low birth weight neonates been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
1107	Has treatment of neonatal very severe disease been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
1108	IF YES: is treatment of neonatal very severe disease available today?	1 = Yes 2 = No	<input type="checkbox"/>
1109	Is treatment of neonatal very severe disease available every day of the week, if needed?	1 = Yes 2 = No	<input type="checkbox"/>
1110	Have post-natal health checks for mothers been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
1111	Have post-natal health checks for newborns been consistently offered in the past three months?	1 = Yes 2 = No	<input type="checkbox"/>
1112	xxxx		

Section 12. Register review by the data collector

Interviewer: *I would now like to take a look at your registers to abstract information about the community in this kebele and the services provided them.*

Please look at the HEW registers to collect the following information. For questions 1200-1203 collect the current up to date information. For questions 1204 onwards collect information for the last Quarter preceding the date of the interview.

Write 9999 if not available.

Obtain data on the current population from Health Post wall records		
1200	Number of people in the kebele	_ _ _ _
1201	Number of households in the kebele	_ _ _ _
1202	Total number of women of reproductive age	_ _ _ _
1203	Total number of under 5 children in the kebele	_ _ _ _
Obtain data on expected number of pregnancies and births from the PAST QUARTER from Health Post wall records		
1204	Expected number pregnancies	_ _ _ _
1205	Expected number of births	_ _ _ _
1206	Expected number of facility births	_ _ _ _
1207	xxxx	
Obtain data from ANC registers for the past Quarter		
1208	xxxx	
1209	Number of women receiving 1 visit	_ _ _ _
1210	Number of women receiving 2 visits	_ _ _ _
1211	Number of women receiving 3 visits	_ _ _ _
1212	Number of women receiving 4 visits	_ _ _ _
1213	xxxxx	
Obtain data from delivery registers for the PAST QUARTER		
1214a	Expected number of births in the health post catchment in the last three months?	_ _ _ _
1214	Number of births attended by the HEW	_ _ _ _
1215	Number of total births (home, health post, health center, hospital)	_ _ _ _
1216	Number of live births	_ _ _ _
1217	Number of newborn deaths (28 days or less)	_ _ _ _

1218	Is there family folder used in this health post	1 = Yes 2 = No
1219	Is there Post Natal Care register in this health post	1 = Yes 2 = No
If Post Natal Care register is not available but family folder is available, obtain the information from the family folder given for the past Quarter. Ask the HEWs to separate those		
1220	xxxxx	
1221	Number receiving 1 visit (mother)	_ _ _ _
1222	Number receiving 2 visits (mother)	_ _ _ _
1223	Number receiving 3 visits (mother)	_ _ _ _
1224	Number receiving 4 visits (mother)	_ _ _ _
1225	xxxxx	
1226	xxxxx	
1227	Number receiving 1 visit (newborn)	_ _ _ _
1228	Number receiving 2 visits (newborn)	_ _ _ _
1229	Number receiving 3 visits (newborn)	_ _ _ _
1230	Number receiving 4 visits (newborn)	_ _ _ _
1231	xxxx	
If information is not available from register books on the following, enquire from the HEW where to obtain the following information for the past Quarter		
1232	xxxx	
1233	xxxx	
1234	Number of newborns given chlorohexidine cord care by the HEW	_ _ _ _
1235	xxxx	
1236	Number of pre-term and/or low birth weight neonates treated by the HEW	_ _ _ _
1237	xxxx	
1238	xxxx	
1239	xxxx	
1240	xxxxx	
1241	xxxxx	
1242	xxxxx	
1243	xxxxx	
1244	xxxxx	

Obtain data from iCCM 0-2 month registration book for information below for the PAST QUARTER

Make sure that the records are for sick 0 – 2 month young infants.

START MONTH August / September **2017**

END MONTH October / November **2017**

1245	Number of sick newborns from 0-2 months seen at the health post in the last 3 months Enter 99 if Register is not available Enter 0 if Record is not available	_ _ _
-------------	---	-------

For each of the newborn less than 2 months old seen at the health post (recorded above) complete a separate record review.

Record 1

1246	Name of child	_____ First name _____ Last name
1247	Address of child	_____ Gote name _____ Keble name
1248	Date Seen Gregorian calendar	_ _ / _ _ / _ _ DD / MM / YY
1249	Age of baby at the time of consultation in weeks Record age of baby in weeks ranging from 1-8 weeks	_____ weeks If unknown 9
1250	Gender of baby	1 = Male 2 = Female 3 = Not recorded
1251	Weight on the day of consultation in grams If weight is given in KGs record in grams <i>e.g 3.5 KG = 3500 grams.</i>	_ _ _ _ grams If unknown 9999
1252	Birth Weight (Written for those less than 7 days)	5. < 1,500 grams 6. 1,500 - < 2,500 grams 7. >/= 2,500 grams 8. Unknown
1253	Gestational Age (in weeks)	5. < 32 weeks

		6. 32 – 36 weeks 7. >/= 37 weeks 8. Unknown	
1254	Temperature on the day of consultation in degree Celsius Record temperature to one decimal place e.g. 34.3 °C	_ _ _ _ _ °C If unknown 999	
1255	Respiratory Rate per minute on the day of consultation	_ _ _ _ If unknown 999	
For each:1 = Yes 2 = No			
Signs and symptoms of the newborn at the time of consultation? Record all that apply	1256	Reduced feeding/unable to feed	_
	1257	Convulsion	_
	1258	Severe Chest in-drawing	_
	1259	Vomiting	_
	1260	Fever	_
	1261	Diarrhea	_
	1262	Fast breathing	_
	1263	Coughing	_
	1264	Grunting	_
	1265	Skin pustules	_
	1266	Yellow palms and soles	_
	1267	Yellow eyes and skin	_
	1268	Red umbilicus or draining pus	_
	1269	Movement only when stimulated or no movement even when stimulated	_
	1270	Lethargic/Unconscious	_
	1271	Bulging fontanelle	_
	1272	Restless/Irritable	_
	1273	Sunken eyes	_
	1274	Skin pinch goes back slowly	_
	1275	Skin pinch goes back very slowly	_
1276	Diarrhea lasting 14 days or more	_	
1277	Blood in the stool	_	
1278	Not suckling well	_	
1279	Less than 8 breast feeds in 24 hours	_	

	1280	Switching to another breast before one is emptied	<input type="checkbox"/>
	1281	Not breast feeding more frequently and longer during sickness	<input type="checkbox"/>
	1282	Poor positioning during breast feeding	<input type="checkbox"/>
	1283	Not well attached during breast feeding	<input type="checkbox"/>
	1284	Receives other foods or drinks (even water)	<input type="checkbox"/>
	1285	Low weight for age	<input type="checkbox"/>
	1286	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>
	1287	Signs and symptoms not given	<input type="checkbox"/>
	1288	Other – GO TO 1289	<input type="checkbox"/>
	1289	Specify _____	
Disease classification of the newborn Record all that apply	For each:1 = Yes 2 = No		
	1290	Very Preterm and/or very low birth weight	<input type="checkbox"/>
	1291	Preterm and/or low birth weight	<input type="checkbox"/>
	1292	VSD	<input type="checkbox"/>
	1293	Local bacterial infection	<input type="checkbox"/>
	1294	Severe Dehydration	<input type="checkbox"/>
	1295	Some Dehydration	<input type="checkbox"/>
	1296	No Dehydration	<input type="checkbox"/>
	1297	Severe Persistent Diarrhea	<input type="checkbox"/>
	1298	Dysentery	<input type="checkbox"/>
	1299	Jaundice	<input type="checkbox"/>
	1300	Severe Jaundice	<input type="checkbox"/>
	1301	Malaria	<input type="checkbox"/>
	1302	Feeding problem or low weight	<input type="checkbox"/>
	1303	Classification not given	<input type="checkbox"/>
1304	Other Go to 1305	<input type="checkbox"/>	
1305	Specify _____		
Treatment given to the newborn Record all that apply	For each:1 = Yes 2 = No		
	1306	Gentamycin IM first dose	<input type="checkbox"/>
	1307	Gentamycin IM for seven days	<input type="checkbox"/>
	1308	Amoxicillin suspension/dispersible first dose	<input type="checkbox"/>

	1309	Amoxicillin suspension/dispersible for seven days	<input type="checkbox"/>	
	1310	Amoxicillin suspension/dispersible for five days	<input type="checkbox"/>	
	1311	ORS (Plan B) – Facility treatment	<input type="checkbox"/>	
	1312	ORS (Plan A) – Home treatment	<input type="checkbox"/>	
	1313	Zinc for ten days	<input type="checkbox"/>	
	1314	Oral chloroquine (Anti-malarial)	<input type="checkbox"/>	
	1315	Oral quinine (Anti-malarial)	<input type="checkbox"/>	
	1316	Oral coartem (Anti-malarial)	<input type="checkbox"/>	
	1317	Rectal Artesunate (Anti-malarial)	<input type="checkbox"/>	
	1318	IV Quinine (Anti-malarial)	<input type="checkbox"/>	
	1319	Other Antimalarial (specify)	<input type="checkbox"/>	
	1320	TTC (Tetracycline) eye ointment	<input type="checkbox"/>	
	1321	GV paint (Gentian Violet)	<input type="checkbox"/>	
	1322	Nutritional Counseling	<input type="checkbox"/>	
	1323	Exposing to sunshine 20 – 30 minutes everyday	<input type="checkbox"/>	
	1324	Other treatment GO TO 1325	<input type="checkbox"/>	
	1325	Specify _____	<input type="checkbox"/>	
1326	Was newborn referred to a higher facility?		<input type="checkbox"/>	
	1 = Yes – GO TO 1328 2 = No			
1327	If newborn had VSD and was treated at health post was gentamycin treatment completed?		<input type="checkbox"/>	
	1 = Yes 2 = No 3 = Not VSD case			
Outcome of the newborn treatment		For each: 1 = Yes 2 = No		
		1328	Health improved/healed	<input type="checkbox"/>
		1329	Same	<input type="checkbox"/>
		1330	Worsened	<input type="checkbox"/>
		1331	Died	<input type="checkbox"/>
	1332	Unknown	<input type="checkbox"/>	

Thank the respondent for taking the time to take part in the survey.

W109	GPS latitude	_ _ : _ _ _ _ _ _ _
W110	GPS longitude	_ _ : _ _ _ _ _ _ _
W111	xxxx	

Result Codes:

- 1. Completed**
- 2. Partly completed**
- 3. Postponed**
- 4. Not at home**
- 5. No-one competent to respond**
- 6. Refused**

Visits		1 st	2 nd	3 rd	Final Visit
Date (dd/mm/yyyy)		_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	Day _ _
<i>Interviewer's name</i>					Month _ _
<i>Result (Enter relevant code below)</i>		_	_	_	Year _ _
<i>If not completed during this interview, when is the next visit (appointment)</i>	<i>Date</i> (dd/mm/yyyy)		_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	_ _ _ _
	<i>Time</i>				Result _

W112	Interviewer Initials	Enter initials	_ _
W113	Did you read the WDA the consent form?	1 = Yes 2 = No	_
W114	Did the WDA agree to be interviewed?	1 = Yes (continue to section 2) 2 = No	_
W115	If NOT , Why not?	_____ END	

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If refused end Interview

Section 2: Background of Woman Development Army

Interviewer:

Thank you very much for agreeing to respond to this survey. I first would like to ask a few basic questions about your background.

W200	xxx		
W201	What is your age now?	Enter number Enter 99 if age is not known	_ _
W202	xxx		
W203	xxx		
W203a	What is your religion?	1 = Orthodox 2 = Catholic 3 = Protestant 4 = Muslim 5 = Other	_
W203b	What is your current marital status?	1 = Currently married 2 = In a union 3 = Never married 4 = Divorced 5 = Widowed	_
W203c	What is your primary ethnicity?	1 = Agew 2 = Amhara 3 = Bench 4 = Burji 5 = Dizi 6 = Gedeo 7 = Gurage 8 = Hadiya 9 = Keficho 10 = Kembata 11 = Konta 12 = Me'enite 13 = Oromo 14 = Silt'e 15 = Tigray 16 = Welayita 17 = Other Ethiopian National Groups 18 = Afar 19 = Sidama 20 = Somali	_
W203d	What is your occupation? In addition to this volunteer work.	1 = Professional/technical/managerial 2 = Clerical 3 = Sales and services 4 = Skilled manual Unskilled manual 5 = Agriculture 6 = Other (Specify)	_

W204	What is the highest grade of schooling that you completed? Enter grade number completed	Enter number	_ _
W205	For how many years/month have you worked as a WDA?	Write number of months and years	mm _ _ yy _ _
W206	How many households are under your supervision?	Enter number	_ _ _ _
W207	Is there a functional (i.e. facilitate patients' referral and transfer and conducts regular meetings) command post in your Kebele that meets on a monthly basis?	1 = Yes 2 = No (Go to section 3)	_
W208	If YES: Are you a member of that committee?	1 = Yes 2 = No (Go to Section 3)	_
W209	If YES: Did you attend the command post meeting held last month?	1 = Yes 2 = No	_

Section 3: Knowledge (UNPROMPTED)

Interviewer:

I would now like to ask you some questions that relate to maternal and newborn health.

For all knowledge questions probe by saying 'anything else' before moving to the next question

				For each: 1 = Yes 2 = No		
<p>What are the main aspects of antenatal care for women who are pregnant?</p> <p>Do not prompt, select all mentioned</p>	496a	Promote a minimum 4 ANC consultations at a health facility		<input type="checkbox"/>		
	497a	Promote first ANC consultation at health center		<input type="checkbox"/>		
	498a	Ensure pregnant women have a birth plan		<input type="checkbox"/>		
	499a	Promote institutional delivery		<input type="checkbox"/>		
	500a	Prevent illness and promote health		<input type="checkbox"/>		
	501a	Educate on danger signs associated (pregnancy, childbirth, and postpartum period)		<input type="checkbox"/>		
	502a	Promote breastfeeding		<input type="checkbox"/>		
	503a	Education on family planning		<input type="checkbox"/>		
	504a	Nutrition education		<input type="checkbox"/>		
<p>xxxx</p>	505a	xxx				
	506a	xxx				
	507a	xxx				
	508a	xxx				
<p>What are the critical aspects of postnatal care that should be done after a woman delivers?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No					
	509a	Conduct visits on the 1 st day post delivery		<input type="checkbox"/>		
	W313a	Conduct visits on the 3 rd day post delivery		<input type="checkbox"/>		
	W313b	Conduct visits on the 7 th day post delivery		<input type="checkbox"/>		

	W313c	Conduct visits on the 42 nd day post delivery	<input type="checkbox"/>
	510a	Check newborn for danger signs	<input type="checkbox"/>
	511a	Promote vaccination for newborn	<input type="checkbox"/>
	512a	Refer to health facility	<input type="checkbox"/>
	513a	Promote breastfeeding	<input type="checkbox"/>
<p>What are the danger signs in pregnant women?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	514a	Severe abdominal pain	<input type="checkbox"/>
	515a	Offensive discharge from birth canal	<input type="checkbox"/>
	516a	Fever	<input type="checkbox"/>
	517a	Headache, dizziness or blurred vision	<input type="checkbox"/>
	518a	Convulsions	<input type="checkbox"/>
	W322a	Unconsciousness	
	519a	Swollen hands and face	<input type="checkbox"/>
	520a	Vaginal bleeding	<input type="checkbox"/>
	521a	Prolonged labor	<input type="checkbox"/>
<p>What are the signs for a newborn with very severe disease (VSD)?</p> <p>Do not prompt, select all mentioned</p>	For each: 1 = Yes 2 = No		
	522a	Convulsions	<input type="checkbox"/>
	523a	Stopped feeding or significantly reduced feeding	<input type="checkbox"/>
	524a	Severe chest in drawing	<input type="checkbox"/>
	525a	Fast breathing	<input type="checkbox"/>
	526a	Fever	<input type="checkbox"/>
527a	Movement only when stimulated or No movement even when stimulated	<input type="checkbox"/>	

INTERVIEWER: PLEASE USE THE LAMINATED FAMILY HEALTH CARD IMAGES WHEN ASKING THE FOLLOWING SET OF QUESTIONS. SHOW THE STUDY PARTICIPANT THE COVER OF THE FAMILY HEALTH CARD WHEN ASKING THE FIRST QUESTIONS.

Now I would like to ask you some questions on the Family Health Card

528a	Have you ever used the family health card?	1 = Yes 2 = No	_
		For each: 1 = answered correctly 2 = answered incorrectly 3 = no response or don't know	
529a	What does image show? Figure 3	Pregnant women taking iron tablet (low blood cell count reducing medication/Anemia)	_
530a	What does image show? Figure 3	Tablet for eliminating parasites	_
531a	What does image show? Figure 6	HIV testing for the couple	_
532a	Figure 7 4 th Picture	Swelling of face and hands (Edema) in pregnant women	_
533a	Figure 7 5 th Picture	High temperature for pregnant women/Fever	_
534a	What does image show? Figure 9	Birth preparedness	_
535a	What does image show? Figure 12	Reporting home delivery to HEW immediately	_
536a	What does image show? Figure 14	Washing hands with soap	_
537a	What does image show? Figure 19_	Not to bathe baby for 24 hours (1 day)	_
538a	What does image show? Figure 20	Not to apply cow dung and grease/butter to the cord	_
539a	Why is it that you do not put cow dung and grease/butter to the cord?	To prevent cord infection	_
540a	What does image show? Figure 25_1st picture	A baby that is lethargic/unconscious	_

541a	What does image show? Figure 25 2 nd picture_	A baby that has breathing problem/ grunting or fast breathing	_
542a	What does image show? Figure 25 6 th picture	Umbilical puss/infection of newborn	_
543a	What does image show? Figure 30	Baby that is being vaccinated	_
544a	What does image show? Figure 29	Mother breastfeeding baby at night time	_
545a	What does image show? Figure 32	Baby that is being given vitamin A	_
546a	How old is the baby? Figure 32	Baby that is 6 months old	_
547a	What does image show? Figure 44	Mother to <u>increase</u> breastfeeding frequency when the baby is ill and is <u>less than 6 months old</u>	_
548a	What does image show? Figure 45	Parents to <u>increase</u> feeding (breast milk and other food) frequency when the baby is ill and is <u>older than 6 months old</u>	_
549a	What does image show? Figure 31	Baby's certificate of vaccination completion given to parents	_

Section 4: Training of Woman Development Army

Interviewer:
I would now like to ask you some questions about training or orientation that you have received.

W400a	Have you ever gotten any Maternal & Newborn Health training in the last 12 months? Hidar 2009 to Hidar 2010	1 = Yes 2 = No - Go to Section 5	<input type="checkbox"/>
W400b	If YES, from whom?	1 = Health Post 2 = Health Center 3 = Both 4 = Other - Go to 400c	<input type="checkbox"/>
W400c	If OTHER, please specify	Specify _____	

**In the last 12 months, have you received any training or orientation for the following services?
Hidar 2009 to Hidar 2010**

W400	How to identify and systematically report pregnant women	1 = Yes 2 = No	<input type="checkbox"/>
W401	xxxx		
W402	xxxx		
W403	How to use the family health card to (FHC) promote ANC, PNC, and facility delivery and also teach danger sign	1 = Yes 2 = No	<input type="checkbox"/>
W404	xxxx		
W405	xxxx		
W406	How to identify and educate on danger signs in pregnant women?	1 = Yes 2 = No	<input type="checkbox"/>
W407	xxxx		
W408	xxxx		
W409	How to refer for ANC care to the health facility?	1 = Yes 2 = No	<input type="checkbox"/>

W410	xxx		
W411	xxxx		
W412	How to educate on birth preparedness plan for pregnant women? (<i>Arranging money, transport, decide where to deliver</i>)	1 = Yes 2 = No	<input type="checkbox"/>
W413	xxxx		
W414	xxxx		
W415	How to promote institutional delivery for pregnant women?	1 = Yes 2 = No	<input type="checkbox"/>
W416	xxxx		
W417	xxxx		
W418	How and when to provide home visits for recently delivered women?	1 = Yes 2 = No	<input type="checkbox"/>
W419	xxxx		
W420	xxxx		
W421	How to refer for PNC care to the health facility?	1 = Yes 2 = No	<input type="checkbox"/>
W422	xxxx		
W423	xxxx		
W424	How to identify and educate on danger signs for newborn?	1 = Yes 2 = No	<input type="checkbox"/>
W425	xxxx		
W426	xxxx		
W427	How to refer sick newborns to the health facility?	1 = Yes 2 = No	<input type="checkbox"/>
W428	xxxx		
W429	xxxx		
What types of materials and tools did you receive at the time of the training?	For each: 1 = Yes 2 = No		
	W430	Mother and child card (Family Health Card)	<input type="checkbox"/>
	W431	Data collection forms (e.g. pregnancy registration forms)	<input type="checkbox"/>

Read list. Select all that apply	W432	Leaflets about ANC, PNC, delivery and newborn care	<input type="checkbox"/>	
	W433	Other, specify	<input type="checkbox"/>	
	W434	Specify _____		
W435	Can we ask whether or not you were satisfied with the newborn care training received? Do not read list of options		1 = Yes was satisfied 2 = No was not satisfied (GO to 437) 3 = Neither satisfied nor dissatisfied (GO to Section 5)	<input type="checkbox"/>
W436	IF YES , then what was the level of satisfaction? Read both options		1 = Fully satisfied (GO to 436a) 2 = Somewhat satisfied(GO to Section 5)	<input type="checkbox"/>
	IF YES , then what was the reason for satisfaction? Select ALL that apply	W436a	Sufficient training	<input type="checkbox"/>
		W436b	Sufficient practice sessions	<input type="checkbox"/>
		W436c	Sufficient training aids	<input type="checkbox"/>
		W436d	Sufficient post training supervision	<input type="checkbox"/>
		W436e	Other – GO To W436f	<input type="checkbox"/>
		W436f	Specify_____	<input type="checkbox"/>
W437	IF NO , then what was the level of dissatisfaction? Read both options		1 = Fully dissatisfied – Go to 437a 2 = Somewhat dissatisfied – Go to section 5	<input type="checkbox"/>
		W437a	Insufficient training	<input type="checkbox"/>
		W437b	Insufficient practice sessions	<input type="checkbox"/>
		W437c	Insufficient training aids	<input type="checkbox"/>
		W437d	Insufficient post training supervision	<input type="checkbox"/>
		W437e	Other – GO To W437f	<input type="checkbox"/>
		W437f	Specify_____	<input type="checkbox"/>

Section 5: Supervision and reporting

Interviewer:

I would like to ask you questions about supportive supervisions you have received. By supportive supervision I mean being visited by individuals from region, zone, woreda, health center and health post to discuss, review, and give feedback on your work

W500	Have you received a supportive supervisory visit in the last 3 months for your health related work? Nehase 2009 to Hidar 2010	1 = Yes 2 = No (Go to 513)	<input type="checkbox"/>
If YES: From whom? Read list. Select all mentioned	For each: 1 = Yes 2 = No		
	W501	Woreda	<input type="checkbox"/>
	W502	Health Center	<input type="checkbox"/>
	W503	Health Post (HEW)	<input type="checkbox"/>
	W504	Kebele – Command post	<input type="checkbox"/>
	W505	Other	<input type="checkbox"/>
	W506	Specify _____	
W507	How many times did you receive the visit in the last 3 months?	Enter total number of times	<input type="checkbox"/>
W508	Who did you receive a supervision visit from last time? Select one	1 = Woreda 2 = Health center 3 = Health post/HEW 4 = Kebele-command post 5 = Other	<input type="checkbox"/>
W509	If OTHER , please specify	Specify _____	
W510	Can we ask whether or not you satisfied with the supportive supervision you received? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 512) 3 = Neither satisfied nor dissatisfied (GO to 513)	<input type="checkbox"/>
W511	IF YES , then what was the level of satisfaction? Read both options	1 = Fully satisfied (GO to 513) 2 = Somewhat satisfied(GO to 513)	<input type="checkbox"/>
What were the reasons for satisfaction?	W511a	Sufficient visits	<input type="checkbox"/>
	W511b	Sufficient crash trainings (Short, fast and intensive trainings)	<input type="checkbox"/>

		W511c	Sufficient supervision that support your knowledge and ability to perform your WDA duties	<input type="checkbox"/>
		W511d	Other GO TO 511e	<input type="checkbox"/>
		W511e	Specify _____	
W512	IF NO , then what was the level of dissatisfaction? Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied		<input type="checkbox"/>
What were the reasons for dissatisfaction?		W512a	Insufficient visits	<input type="checkbox"/>
		W512b	Insufficient crash trainings (Short, fast and intensive trainings)	<input type="checkbox"/>
		W512c	Insufficient supervision that support your knowledge and ability to perform your WDA duties	<input type="checkbox"/>
		W512d	Other GO TO 652e	<input type="checkbox"/>
		W512e	Specify _____	<input type="checkbox"/>
REPORTING				
W513	Have you reported about your work in the past three months? Nehase 2009 to Hidar 2010	1 = Yes (GO to 515) 2 = No		<input type="checkbox"/>
W514	If NO , Why not?	Specify _____ (GO to 545)		
If YES: to whom? Read list. Select all mentioned		For each: 1 = Yes 2 = No		
		W515	Woreda	<input type="checkbox"/>
		W516	Health Center	<input type="checkbox"/>
		W517	Health Post (HEW)	<input type="checkbox"/>
		W518	Kebele –Command post	<input type="checkbox"/>
		W519	Development team leader	<input type="checkbox"/>
		W520	Other	<input type="checkbox"/>

	W521	If OTHER , specify _____	
W522	How many times did you report in the past 3 months?	Enter number	_ _
W523	Have you reported on pregnant women you identified in the past three months?	1 = Yes 2 = No (Go to 527)	_
W524	If YES , how many times?	Enter number	_ _
W525	xxxx		
W526	xxxx		
W527	Have you reported on ANC care you provided in the past three months? (educating on <i>birth preparedness and facility delivery, checking for danger signs of pregnant women</i>)	1 = Yes 2 = No (Go to 531)	_
W528	If YES , how many times?	Enter number	_ _
W529	xxxx		
W530	xxxx		
W531	In the last three months have you reported a postpartum woman to a Health Extension Worker for a PNC visit?	1 = Yes 2 = No (Go to 535)	_
W532	If YES , how many times?	Enter number	_ _
W533	xxxx		

W534	xxxx		
W535	Have you reported on a newborn to a HEW for PNC visit in the last three months? (counseling for PNC, <i>check for danger signs, referral</i>)	1 = Yes 2 = No (Go to 539)	<input type="checkbox"/>
W536	If YES , how many times?	Enter number	<input type="text"/>
W537	Have you reported on a sick newborn to a HEW in the last 3 months?	1 = Yes 2 = No (Go to 539)	<input type="checkbox"/>
W537a	If YES , How many times?	Enter number	<input type="text"/>
W538	xxxx		
What reporting format do you utilize to report? Select all mentioned	For each: 1 = Yes 2 = No		
	W539	xxxx	
	W540	Paper form	<input type="checkbox"/>
	W541	Pre-filled pictorial form	<input type="checkbox"/>
	W542	xxxx	
	W543	Other (specify)	<input type="checkbox"/>
	W544	Specify _____	
W545	Have you met with a HEW alone in the last three months?	1 = Yes 2 = No – Go to 546a	<input type="checkbox"/>
W546	How many times last three months?	Enter total number of times	<input type="text"/>
W546a	Have you met with other WDA leaders along with HEW as a group in the last 3 months?	1 = Yes 2 = No – Go to 547	<input type="checkbox"/>
W546b	How many times in the last three months?	Enter total number of times	<input type="text"/>
		For each: 1 = yes, 2 = No	

<p>If YES: Do you do any of the following with the HEWs?</p> <p>Read options. Select all that apply</p>	W547	Conduct monthly meetings	<input type="checkbox"/>
	W548	Plan activities together	<input type="checkbox"/>
	W549	Organize pregnant women's conference	<input type="checkbox"/>
	W550	Household visits	<input type="checkbox"/>
	W551	Conduct health related Campaigns	<input type="checkbox"/>
	W552	Discuss about referrals (pregnant women, recently delivered mothers/newborns and for those with danger signs)	<input type="checkbox"/>
	W553	Other	<input type="checkbox"/>
W554	Specify _____		
W555	Have you ever organized pregnant women's conference?		<p>1 = Yes</p> <p>2 = No- GO to Section 6</p> <input type="checkbox"/>
W555a	Have you organized in the last three months?		<p>1 = Yes</p> <p>2 = No- GO to Section 6</p> <input type="checkbox"/>
W556	If YES , how often do you organize this event?		<p>1 = Once a week</p> <p>2 = Every two weeks</p> <p>3 = Every month</p> <p>4 = Once in the last 3 months</p> <input type="checkbox"/>
W557	xxxxxx		
W558	Within the past 3 months, when pregnant women's conference was held, how many women in your development team were pregnant?		<p>Enter number</p> <p>If 0 SKIP to Section 6</p> <input type="text"/>
W559	Among them, how many have attended?		<p>Enter number</p> <input type="text"/>

Section 6: Practice

Interviewer:				
<i>I would now like to ask some questions about your normal activities and practice.</i>				
W600	How many woman of reproductive age (women aged 15-49 years) are in your network?	Enter number	_ _	
W600a	How many newborns under the age of 59 days are in your network in the last three months?	Enter number	_ _	
W601				
W602	How many households are under your catchment area?	Enter number	_ _	
W603	Did you identify pregnant women in the last three months? Nehase 2009 to Hidar 2010	1 = Yes 2 = No (Go to 605)	_	
W604	If YES: how many?	Enter number	_ _	
W605	Did you visit a household and educate pregnant women in the last three months? Educate using family health card on danger signs during pregnancy, ANC etc	1 = Yes 2 = No (Go to 607)	_	
W606	If YES: how many?	Enter number	_ _	
W607	Did you refer any pregnant women to a higher level (Health Post or Health Center) of care for ANC in the last three months?	1 = Yes 2 = No (Go to 609)	_	
W608	If YES: how many?	Enter number	_ _	
W609	Did you refer any pregnant women to a higher level of care for danger signs in the last three months?	1 = Yes 2 = No (Go to 619)	_	
W610	If YES: how many?	Enter number	_ _	
If YES , what were the reasons for referring pregnant mothers? Read list, select all that apply		For each: 1 = Yes 2 = No		
		W611	Severe abdominal pain	_
		W612	Offensive discharge from birth canal	_
		W613	Fever	_
		W614	Headache, dizziness or blurred vision	_

	W615	Convulsions or unconsciousness	<input type="checkbox"/>
	W616	Swollen hands and face	<input type="checkbox"/>
	W617	Vaginal bleeding	<input type="checkbox"/>
	W618	Prolonged labor	<input type="checkbox"/>
W619	Did you refer any women in labor to higher level of care in the last three months? (Health Center or Hospital)		1 = Yes 2 = No (Go to 621) <input type="checkbox"/>
W620	If YES: how many?		Enter number <input type="text"/>
W621	Did you provide home visits to women who recently delivered in the last three months?		1 = Yes 2 = No (Go to 623) <input type="checkbox"/>
W622	If YES: how many?		Enter number <input type="text"/>
W623	Did you educate any recently delivered mothers on maternal and newborn danger signs during the past three months?		1 = Yes 2 = No (Go to 625) <input type="checkbox"/>
W624	If YES: how many?		Enter number <input type="text"/>
W625	In your network of households, is it customary for mothers to keep their newborns at home after birth for several days or weeks without taking the baby out?		1 = Yes 2 = No (Go to 627) <input type="checkbox"/>
W626	If YES, what is the average number of days that newborns are kept in the house without going out?		Enter number of days <input type="text"/>
W627	In your network of households, is it customary to have no visitors come and see the baby for several days or weeks? This includes visitors for any reason: health care workers, extended family, or friends.		1 = Yes 2 = No (Go to 629) <input type="checkbox"/>
W628	If YES, what is the average number of days to have no visitors come and see the baby?		Enter number of days <input type="text"/>
W629	In your network of households, is it customary for only the mother to have physical contact with the baby during this period?		1 = Yes 2 = No (Go to 631) <input type="checkbox"/>

W630	IF YES , what is the average number of days for only the mother to have physical contact with the baby?	Enter number of days	_ _ _	
W631	Were there any sick newborns in your network of households in the last three months?	1 = Yes 2 = No (Go to 641)	_	
W632	IF YES: Did you visit them?	1 = Yes 2 = No (Go to 641)	_	
W632a	How many?	Enter number	_	
W633	IF YES , Did you refer them to the health facility?	1 = Yes 2 = No (Go to 641)	_	
W634	IF YES: how many?	Enter number	_ _	
<p>What were the reasons for referral?</p> <p>Read list. Choose all that apply.</p>		For each: 1 = Yes 2 = No		
		W635	Convulsions	_
		W636	Stopped feeding or significantly reduced feeding	_
		W637	Severe chest in-drawing	_
		W638	Fast breathing	_
		W639	Fever	_
		W639a	Yellow palms/soles/eyes	_
		W639b	Diarrhea	_
		W639c	Bloody stool	_
		W639d	Vomiting	_
		W639e	Grunting	_
		W639f	Cord red or draining pus	_
		W639g	Skin pustules	_
W640	No or very limited movement on stimulation	_		

		For each: 1 = Yes 2 = No	
<p>In the last three months did you meet any of the following to deliver maternal and newborn health education?</p> <p>Read list. Choose all that apply.</p>	W641	Religious leaders	<input type="checkbox"/>
	W642	Edir	<input type="checkbox"/>
	W643	Women' savings groups	<input type="checkbox"/>
	W644	Command post	<input type="checkbox"/>
	W645	Traditional birth attendants	<input type="checkbox"/>
	W646	Other (Specify)	<input type="checkbox"/>
	W647	Specify _____	