

IDEAS FRONT LINE WORKER SURVEY
NIGERIA [DATES]
Institutional contacts

SECTION 1: FRONT LINE WORKER IDENTIFIERS

1.1	Date	_ _ / _ _ / _ _ _ _
1.2	State code	_ _
1.3	LGA name (select from PDA drop down list)	_____
1.4	Village name (select from PDA drop down list)	_____
1.5	EA number (automatically generated by PDA)	_ _
1.5a	FLW unique id (automatically generated by PDA – write on consent form)	_ _ _ / _ EA/person
1.6	FLW type (1)FOMWAN (2)PARE (3) LCCN (4) TBA (5)facility staff	_
1.7	Is the FLW trained by SFH (1)Yes (2)No	_
1.7a	If 1.6 is (5)facility staff What is the name of the health facility? Enter facility name	_____
1.8	GPS Longitude Take coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)	_ _ : _ _ _ _ _
1.9	GPS Latitude Take coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)	_ _ : _ _ _ _ _
1.9a	Where were the coordinates taken? (1)health centre (2)home of FLW (3)other place	_
1.10a	Interviewer Initials	_ _
1.10b	Did you read the FLW the consent form? (1)yes (2)no	
1.10c	Did the FLW agree to be interviewed? (1)yes (continue with interview) (2)no	_
1.10d	If not Why not? _____ END	_____

SECTION 1: Service provision by the FLW (Prompt for responses)

		Service provided by FLW (1=yes; 2=no)	On average, how many hours per week are spent for this service?
1.11	ANC	_	_ _
1.12	Delivery	_	_ _
1.13	Post partum care	_	_ _
1.14	Post natal care	_	_ _
1.15	Referral	_	_ _
1.16	Breast feeding counselling	_	_ _
1.17	Skin to skin (KMC)	_	_ _
1.18	Identification of LBW babies	_	_ _
1.19	Family planning (contraceptive)	_	_ _
1.20a	HIV education/information	_	_ _
1.20b	PMTCT services	_	_ _
1.21	Personal hygiene	_	_ _
1.22	Community mobilization	_	_ _

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SECTION 2: BACKGROUND AND TRAINING OF FRONT LINE WORKER

Explain to the respondent that the first questions are about her background and training

Q2		
2.1	What is your birth date? (use PDA look up)	_ _ _
2.2	What is your age now? (confirm using PDA prompted age in years)	_ _ _
2.3	What is the highest grade of schooling that you completed? Enter number	_ _ _
2.4	For how many years have you worked as a FLW? Write number of years	_ _ _
2.5	For how many years have you worked in the place you are working now? Enter date work started on PDA	_ _ _
2.6	In the last 12 months, have you received any training for MNCH services? (1)yes (2)no if no go to 2.14	_
2.7	If yes, from whom? (1)SFH (2) Other (specify)	_
2.8	If yes, for how many days were you trained? (if less than 1 day enter 0)	_
2.9	If yes: Did that training include identification of low birth weight or premature babies (1)yes (2)no	_
2.10	If yes: Did that training include promoting healthy behaviours for mothers and newborns (1)yes (2)no	_
2.11	If yes: Did that training include use of the MNH call centre (1)yes (2)no	_
2.12	If yes: Did that training include use of the emergency transport scheme (1)yes (2)no	_
2.1	Have you attended meetings organised by SFH? (1)yes (2)no – go to 3.1	_
2.15	If yes How many meetings have you attended in the last 12 months?	_
2.16	If yes: When was the last meeting? Enter date using PDA	_ _ _

SECTION 3: SUPERVISION

Explain to respondent that you would now like to ask some questions about supervision she has received

3.1	Have you received a supportive supervisory visit in the last 12 months? 1 yes, 2 no if no got to Section 4	_
	If yes: Who from? Select all mentioned	(1)yes (2)no
3.2	SFH	_
3.3	LGA health office	_
3.4	Code other?	_
3.5	Other, specify	_
3.6	Specify	_ _ _
3.7	If 3.1 was yes: How many times did you receive a supervision visit in the last 12 months? Enter total number of times	_ _ _
3.8	When was the last time you received a supervision visit ? Use PDA to look up date	_
	Did that visit include any of the following activities? 1 yes, 2 no	(1)yes (2)no
3.9	Checking/delivering supplies	_
3.10	Keeping records	_
3.11	Observing client interaction	_
3.12	Providing feedback to you on your work	_
3.13	Conducted household visits	_
3.14	Other, specify	_
3.15	Specify	_ _ _

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SECTION 4. Front line worker workload in last month

	If available, refer to record books to complete the following; only count events attended by the specific FLW being interviewed. If record books are not available, ask the FLW:	
4.1	Int: Are record books available that show the number of visits made by the FLW? (1)yes (2)no	_
4.2	How many women did you provide antenatal care to in the last month? <i>Write number</i>	_
4.3	How many times did you call the MNH call centre for a pregnancy question in the last month? <i>Write number</i>	_
4.4	How many women did you refer to higher level of care during pregnancy? <i>Write number</i>	_
4.5	How many times did you call the Emergency Transport Scheme for a pregnant woman in the last month? <i>Write number</i>	_
4.6	How many deliveries did you attend in the last month? <i>Write number</i>	_
4.7	How many times did you call the MNH call centre for a delivery question in the last month? <i>Write number</i>	_
4.8	How many women did you refer to higher level of care during delivery? <i>Write number</i>	_
4.9	How many times did you call the Emergency Transport Scheme for a woman in delivery in the last month? <i>Write number</i>	_
4.10	How many women did you provide postpartum care to in the last month?	_
4.11	How many times did you call the MNH call centre for a post partum care question in the last month? <i>Write number</i>	_
4.12	How many women did you refer to higher level of care for post partum care? <i>Write number</i>	_
4.13	How many times did you call the Emergency Transport Scheme for a woman after delivery in the last month? <i>Write number</i>	_
4.14	How many newborns did you provide postnatal care to in the last month?	_
4.15	How many times did you call the MNH call centre for a post natal care question in the last month? <i>Write number</i>	_
4.16	How newborns did you refer to higher level of care for post natal care? <i>Write number</i>	_
4.17	How many times did you call the Emergency Transport Scheme for a newborn in the first month of life in the last month? <i>Write number</i>	_

SECTION 5. Recalled activities at the last delivery

Use the record books to identify the last birth attended by the FLW being interviewed.

If no record books are available, ask the FLW to recall the last birth she attended

5.1a	Have you ever attended a delivery? (1)yes (2)no – if no, go to section 6	_
5.1b	On which date was the last delivery for this FLW? <i>Enter date on PDA</i>	_ _ _
5.1c	Do you remember the delivery that took place on [date], that you attended? (1)yes (2)no - if no, go to section 6	_
5.2	What type of delivery was it? (1)spontaneous vertex delivery (2) vacuum extraction or forceps delivery (3) other, specify	_
5.3	If (3) other, specify_____	_
	About that delivery: Interviewer – use the record book as well as questioning the worker to complete this information	

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5.4	What was the mother's age? (Write in years, or write 99 if doesn't know/remember)	<input type="text"/>
5.5	Was it her first birth? (1)yes (2)no (3) don't know/remember	<input type="text"/>
5.7	Did the labour end in a live birth? (1)yes (2)no	<input type="text"/>
5.8	Where did the birth finally take place? (1)home (2)primary care facility (3)hospital (secondary care or higher)	<input type="text"/>
5.9	Was the baby a girl or a boy? (1) girl (2) boy (3) don't remember	<input type="text"/>
5.10a	Did you weigh the baby using weighing scales? (1)yes (2)no	<input type="text"/>
5.10b	Did you have any other method of estimating baby's weight? (1)yes (2)no –go to 5.11a	<input type="text"/>
5.10c	If yes – What did you use? (1)measured foot length (2)other to be coded	<input type="text"/>
5.10d	Was the baby low birth weight? (<2500g, or <2.5kg) (1)yes (2)no (3) don't remember	<input type="text"/>
5.11a	Did you use a method of estimating baby's gestational age? (1)yes (2)no - go to 5.11c	<input type="text"/>
5.11b	If yes What method did you use? (1)neonatal assessment (2)other to be coded	<input type="text"/>
5.11c	Was the baby born prematurely? (1)yes (2)no (3) don't know	<input type="text"/>
5.12	Did you call the MNH call centre for advice during the labour? (1)yes (2)no (3) don't remember	<input type="text"/>
5.13	Did you call the Emergency Transport Scheme for assistance during the labour? (1)yes (2)no (3) don't remember	<input type="text"/>
5.14	Was the mother referred to a /another facility? (1)yes (2)no	<input type="text"/>
5.15	Was the newborn referred to a /another facility? (1)yes (2)no	<input type="text"/>
5.16	Was the mother alive after delivery? (1)yes (2)no (go to 5.18)	<input type="text"/>
5.18	Were you the main delivery attendant for this delivery? (1)yes (2)no (skip to section 6)	<input type="text"/>
5.19	Thinking about the preparations for that delivery. Were you able to prepare the following items for use? For each item, if not prepared indicate why not as follows: (1)Not enough help available; (2) No supplies; (3) Not trained to do that; (4) Other (specify)	<input type="text"/>
5.20	Sterile gloves (1) yes (2) no (3) don't know	<input type="text"/>
5.21	If didn't prepare sterile gloves, why not? (1) (2) (3) (4)	<input type="text"/>
5.22	Disinfectant (1) yes (2) no (3) don't know	<input type="text"/>
5.23	If didn't prepare disinfectant, why not? (1) (2) (3) (4)	<input type="text"/>
5.24	Gauze (1) yes (2) no (3) don't know	<input type="text"/>
5.25	If didn't prepare gauze, why not? (1) (2) (3) (4)	<input type="text"/>
5.26	Clean clothes for drying the baby (1) yes (2) no (3) don't know	<input type="text"/>
5.27	If didn't prepare clean clothes for drying, why not? (1) (2) (3) (4)	<input type="text"/>
5.28	Sterile scissor or razor blade to cut the cord (1) yes (2) no (3) don't know	<input type="text"/>
5.29	If didn't prepare sterile razor blade, why not? (1) (2) (3) (4)	<input type="text"/>
5.30	Cord ligatures (1) yes (2) no (3) don't know	<input type="text"/>
5.31	If didn't prepare cord ligatures, why not? (1) (2) (3) (4)	<input type="text"/>
5.32	Oxytocine (1) yes (2) no (3) don't know	<input type="text"/>
5.33	If didn't prepare oxytocine, why not? (1) (2) (3) (4)	<input type="text"/>
5.34	Ergometrine (1) yes (2) no (3) don't know	<input type="text"/>

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5.35	If didn't prepare ergometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
5.36	Eye ointment (1) yes (2) no (3) don't know	<input type="checkbox"/>
5.37	If didn't prepare eye ointment, why not? (1) (2) (3) (4)	<input type="checkbox"/>
5.38	Did you monitor progress of labour? (1)yes - go to 5.40 (2)no	<input type="checkbox"/>
5.39	If no: Why not? (1) (2) (3) (4) Now go to 5.44	<input type="checkbox"/>
	If yes: Where did you register these observations? Do not prompt, select all mentioned	(1)yes (2)no
5.40	On a partograph	<input type="checkbox"/>
5.41	On the partograph in the prenatal card	<input type="checkbox"/>
5.42	In the woman's clinical record	<input type="checkbox"/>
5.43	No-where	<input type="checkbox"/>
5.44	Did the woman receive ergometrine/syntometrine/oxtocin? (1)yes (2)no	<input type="checkbox"/>
5.45	Did you practise controlled cord traction? ? (1)yes (2)no	
5.46	Did you practise uterine massage? (1)yes (2)no	<input type="checkbox"/>
5.47	Was there a need for emergency intervention during the delivery? (PROBE: <i>manual removal of placenta, or administration of magnesium sulphate, parenteral oxytocics or antibiotics</i>), (1)yes (2)no	<input type="checkbox"/>
5.48	Did you perform manual removal of the placenta? (1) yes (2) no	<input type="checkbox"/>
5.49	Did you administer parenteral antibiotics? (1) yes (2) no	<input type="checkbox"/>
5.50	Did you administer oxytocics parenterally? (1) yes (2) no	<input type="checkbox"/>
5.51	Did you administer magnesium sulfate? (1) yes (2) no	<input type="checkbox"/>
5.52	Was there another birth attendant 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	(1)yes (2)no
5.53	Clean the baby's mouth before the shoulder comes out	<input type="checkbox"/>
5.54	Clean the baby's mouth, face and nose	<input type="checkbox"/>
5.55	Ensure the baby is breathing	<input type="checkbox"/>
5.56	Ensure the baby is dry	<input type="checkbox"/>
5.57	Observe for colour	<input type="checkbox"/>
5.58	Ensure the baby is kept warm (skin to skin)	<input type="checkbox"/>
5.59	Administer prophylaxis for the eyes	<input type="checkbox"/>
5.60	Weigh the baby	<input type="checkbox"/>
5.61	Care for the umbilical cord	<input type="checkbox"/>
5.62	Initiate breastfeeding within the first 30 minutes	<input type="checkbox"/>
5.63	Evaluate/examine the newborn within the first hour	<input type="checkbox"/>
5.64	None of the above	<input type="checkbox"/>
5.65	Was there a need to resuscitate the baby? (1)yes (2)no (go to 5.76)	<input type="checkbox"/>
5.66	If yes What action did you take? <i>Do not prompt, select all mentioned</i>	1)yes (2)no
5.67	Opening the airways	<input type="checkbox"/>
5.68	Cleaning the mouth/use suction devise	<input type="checkbox"/>
5.69	Stimulating/drying/wrapping the baby	<input type="checkbox"/>
5.70	Use the ambo bag	<input type="checkbox"/>
5.71	Heart massage	<input type="checkbox"/>
5.72	None of the above	<input type="checkbox"/>
	How was the cord treated? Do not prompt, select all mentioned	(1)yes (2)no
5.73	Apply water	<input type="checkbox"/>

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5.74	Apply alcohol	<input type="checkbox"/>
5.75	Apply other antiseptic	<input type="checkbox"/>
5.76	Apply nothing	<input type="checkbox"/>
5.77	Wrapped with a dry dressing	<input type="checkbox"/>
5.78	Other	<input type="checkbox"/>

SECTION 6: KNOWLEDGE

Explain that you would now like to ask some questions about usual practice, not just about the last delivery

	All FLW: What are the primary aspects of focussed antenatal care? Do not prompt, select all mentioned	(1)yes (2)no
6.1	Minimum of 4 consultations	<input type="checkbox"/>
6.2	Ensure woman has a birth plan (for care during delivery)	<input type="checkbox"/>
6.3	Prevent illness and promote health (could be tetanus toxoid vaccine, iron tablets, protection against malaria)	<input type="checkbox"/>
6.4	Detect existing illnesses and manage complications (this includes STI/HIV infections)	<input type="checkbox"/>
6.5	Teach danger signs (pregnancy, childbirth, and post partum)	<input type="checkbox"/>
6.6	Promote breastfeeding	<input type="checkbox"/>
6.7	None of the above mentioned	<input type="checkbox"/>
	ALL FLW: Which women require a special birth plan? Do not prompt, select all mentioned	(1)yes (2)no
6.8	Women who have had a caesarean	<input type="checkbox"/>
6.9	Women with 5 or more deliveries	<input type="checkbox"/>
6.10	Birth interval < 2 years or > 5 years	<input type="checkbox"/>
6.11	Previous still birth	<input type="checkbox"/>
6.12	Previous neonatal death	<input type="checkbox"/>
6.13	Previous instrumental delivery (vacuum extraction, forceps)	<input type="checkbox"/>
6.14	History of severe obstetric complications	<input type="checkbox"/>
6.15	Previous obstetric fistula repair	<input type="checkbox"/>
6.16	None of the above mentioned	<input type="checkbox"/>
	Nurses/midwives only: [response 5 to 1.6] For a woman in labour, what observations do you make as you monitor her progress? Do not prompt, select all mentioned	(1)yes (2)no
6.17	Fetal heartbeat	<input type="checkbox"/>
6.18	Colour of amniotic fluid	<input type="checkbox"/>
6.19	Degree of molding	<input type="checkbox"/>
6.20	Dilation of the cervix	<input type="checkbox"/>
6.21	Descent of the head	<input type="checkbox"/>
6.22	Uterine contractions	<input type="checkbox"/>
6.23	Maternal blood pressure	<input type="checkbox"/>
6.24	Maternal temperature	<input type="checkbox"/>
6.25	Maternal pulse	<input type="checkbox"/>
6.26	None of the above mentioned	<input type="checkbox"/>
	Nurses/midwives only: [response 5 to 1.6] Where do you register these observations? Do not prompt, select all mentioned	(1)yes (2)no
6.27	On a partograph	<input type="checkbox"/>
6.28	In the patient's clinical record	<input type="checkbox"/>
6.29	On the partograph in the prenatal card	<input type="checkbox"/>
6.30	On a piece of paper	<input type="checkbox"/>
6.31	No-where	<input type="checkbox"/>
	All FLW: When a woman develops heavy bleeding after delivery, what do you do? Do not prompt, select all mentioned	(1)yes (2)no

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6.32	Massage the fundus	<input type="checkbox"/>
6.33	Give ergometrine or oxytocin (IV or IM)	<input type="checkbox"/>
6.34	Begin IV fluids	<input type="checkbox"/>
6.35	Empty full bladder	<input type="checkbox"/>
6.36	Take blood for hemoglobin and cross-matching	<input type="checkbox"/>
6.37	Examine woman for lacerations	<input type="checkbox"/>
6.38	Manually remove retained products	<input type="checkbox"/>
6.39	Refer	<input type="checkbox"/>
6.40	None of the above mentioned	<input type="checkbox"/>
	All FLW: When a newborn weighs less than 2.5 kgs, what special care do you provide? Do not prompt, select all mentioned	(1)yes (2)no
6.41	Make sure the baby is warm (skin to skin/kangaroo technique)	<input type="checkbox"/>
6.42	Provide extra support to the mother to establish breastfeeding	<input type="checkbox"/>
6.43	Monitor ability to breastfeed	<input type="checkbox"/>
6.44	Monitor baby for the first 24 hours	<input type="checkbox"/>
6.45	Ensure infection prevention	<input type="checkbox"/>
6.46	None of the above mentioned	<input type="checkbox"/>
	All FLW: When the newborn presents signs of infection what initial steps do you take? Do not prompt, select all mentioned	(1)yes (2)no
6.47	Explain the situation to the mother/caregiver	<input type="checkbox"/>
6.48	Continue to breastfeed or give breast milk that has been expressed with a nasogastric tube if necessary	<input type="checkbox"/>
6.49	Keep airways open	<input type="checkbox"/>
6.50	Begin antibiotics	<input type="checkbox"/>
6.51	Refer	<input type="checkbox"/>
6.52	None of the above mentioned	<input type="checkbox"/>

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