

HEALTH POST QUESTIONNAIRE

Section 1: Facility Identifiers		
100	Date (dd/mm/yyyy)	_ _ _ / _ _ _ / _ _ _ _ _
101	Region	_ _ _ _ _ _ _ _ _ _ _ _ _
102	Zone	_ _ _ _ _ _ _ _ _ _ _ _ _
103	Woreda name	_ _ _ _ _ _ _ _ _ _ _ _ _
104	PHCU code	_ _ _ _ _
105	Kebele name	_ _ _ _ _ _ _ _ _ _ _ _ _
106	Kebele (cluster) code	_ _ _ _ _ _ _ _ _ _ _ _ _
107	HEW ID number	_ _ _ _ _
108	Health Post name	_ _ _ _ _ _ _ _ _ _ _ _ _
109	Facility Ownership	1 = Government 2 = NGO 3 = Other <input type="checkbox"/>
110	<i>GPS Longitude</i> Take coordinates of health post	_ _ _ : _ _ _ _ _ _ _ _
111	<i>GPS Latitude</i> Take coordinates of health post	_ _ _ : _ _ _ _ _ _ _ _
112	Where is the interview taking place?	1 = Health post 2 = Health centre 3 = Home of HEW <input type="checkbox"/>
113	Interviewer Initials	_ _ _
114	Did you read the HEW the consent form?	1 = yes 2 = no <input type="checkbox"/>
115	Did the HEW agree to be interviewed?	1= yes (<i>continue with interview</i>) 2 = no <input type="checkbox"/>
116	<i>If not, why not?</i>	_____ END

SECTION 2: BACKGROUND OF HEW

Interviewer:

Thank you very much for agreeing to respond to this survey. I would first like to ask you about background and training

200	What is your birth date?	dd __ __ mm __ __ yyyy __ __ __ __
201	What is the highest grade of schooling that you completed?	Enter grade number __ __
202	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
203	For how long have you worked as an HEW in this kebele?	Write number of years, If less than one year, enter number of months only __ __ Years __ __ Months
204	Do you reside in this kebele?	1 = Yes 2 = No __
205	Does the kebele provide you with housing?	1 = Yes 2 = No __
206	How many HEWs work in this health post?	Enter number, including the person being interviewed __ __
207	Is there a health extension worker available every day of the week? Probe: even when the health post is closed.	1 = Yes 2 = No __
208	How many days a week is the health post open?	Enter number of days __

SECTION 3. ALL HEWs KNOWLEDGE

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

Note: for all unprompted Knowledge questions, move on to next question when 4 incorrect answers have been given.

<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		
	300	Minimum of 4 consultations	__
	301	First consultation at Health Center	__
	302	Ensure woman has a birth plan	__
	303	Promote institutional delivery	__
	304	Prevent illness and promote health	__
	305	Detect illnesses and manage complications (this includes STI/HIV infections)	__
	306	Educate danger signs (pregnancy, childbirth, and post partum)	__
	307	Promote breastfeeding	__
	308	Education on family planning	__
<p>What are the main components of the first ANC visit?</p>	For each: 1 = Yes 2 = No		
	310	Calculate EDD)	__

Do not prompt, select all mentioned	311	Check presence of danger signs	<input type="checkbox"/>
	312	Measure blood pressure	<input type="checkbox"/>
	313	Measure weight	<input type="checkbox"/>
	314	Inject TT vaccine if women is eligible	<input type="checkbox"/>
	315	Provide iron and folate to be taken for 6 months	<input type="checkbox"/>
	316	Education on nutrition	<input type="checkbox"/>
	317	Education on ITN use	<input type="checkbox"/>
	318	Education on PMTCT	<input type="checkbox"/>
	319	Education on HIV testing and STI	<input type="checkbox"/>
	320	Managing STI	<input type="checkbox"/>
	321	Education on BPCR	<input type="checkbox"/>
	322	Link mother with HDA network	<input type="checkbox"/>
	323	Provide HEW number to family	<input type="checkbox"/>
	324	Encourage women to visit HC during first trimester	<input type="checkbox"/>
	325	Check history for past pregnancies with difficulties	<input type="checkbox"/>
What are the main components of second and onwards ANC visits? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	326	Measure weight	<input type="checkbox"/>
	327	Encourage use of Iron and folate	<input type="checkbox"/>
	328	Check for danger signs and refer	<input type="checkbox"/>
What are the major danger signs or identification of high risk pregnancies? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	329	Severe abdominal pain	<input type="checkbox"/>
	330	Offensive discharge from birth canal	<input type="checkbox"/>
	331	Fever	<input type="checkbox"/>
	332	Headache, dizziness or blurred vision	<input type="checkbox"/>
	333	Convulsions or unconsciousness	<input type="checkbox"/>
	334	Swollen hands and face	<input type="checkbox"/>
	335	Vaginal bleeding	<input type="checkbox"/>
336	Have you received training on safe birth delivery?	1 = Yes 2 = No (GO TO 346)	<input type="checkbox"/>
For a woman in labour, what are the main observations that you make as you monitor her progress? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	337	Fetal heartbeat	<input type="checkbox"/>
	338	Colour of amniotic fluid	<input type="checkbox"/>
	339	Degree of moulding (skull bone overlap)	<input type="checkbox"/>
	340	Dilation of the cervix	<input type="checkbox"/>
	341	Descent of the head	<input type="checkbox"/>
	342	Uterine contractions	<input type="checkbox"/>
	343	Maternal blood pressure	<input type="checkbox"/>
	344	Maternal temperature	<input type="checkbox"/>
345	Maternal pulse	<input type="checkbox"/>	
What are the main danger signs that	For each: 1 = Yes 2 = No		

might occur after birth? Do not prompt, select all mentioned	346	Vaginal bleeding	<input type="checkbox"/>
	347	Severe abdominal pain	<input type="checkbox"/>
	348	Fever	<input type="checkbox"/>
	349	Severe headache	<input type="checkbox"/>
	350	Abnormal body movement (fits/spasms)	<input type="checkbox"/>
	351	Loss of consciousness	<input type="checkbox"/>
	352	Foul smelling discharge	<input type="checkbox"/>
	353	Sever pain in calf with or without swelling	<input type="checkbox"/>
What are the main components of immediate newborn care? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	354	Deliver baby onto mother's abdomen	<input type="checkbox"/>
	355	Dry and wrap baby	<input type="checkbox"/>
	356	Assess breathing	<input type="checkbox"/>
	357	Delay cord clamping for three minutes	<input type="checkbox"/>
	358	Tie and cut cord appropriately	<input type="checkbox"/>
	359	Skin to skin contact	<input type="checkbox"/>
	360	Initiate breastfeeding	<input type="checkbox"/>
	361	Apply TTC eye ointment	<input type="checkbox"/>
	362	Apply chlorohexidine on cord	<input type="checkbox"/>
	363	Give Vitamin K	<input type="checkbox"/>
	364	Weight baby	<input type="checkbox"/>
What are the main signs for birth asphyxia? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	365	No breathing	<input type="checkbox"/>
	366	Gasping	<input type="checkbox"/>
	367	Breathing poorly (less than 30 breaths per minute)	<input type="checkbox"/>
When the newborn presents signs of birth asphyxia, what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	368	Position baby on back	<input type="checkbox"/>
	369	Clear the airways with gauze	<input type="checkbox"/>
	370	Ventilate with appropriate size ambu bag / face mask	<input type="checkbox"/>
	371	Refer to health center/hospital if baby remains weak or has irregular breathing after 20 min	<input type="checkbox"/>
	372	Provide three follow up visits in the first 24 hrs (6 hrs, 12 hrs and 24 hrs)	<input type="checkbox"/>
373	How many PNC home visits should you conduct in the first 6 weeks?	Enter number of visits If only 1 complete 374a then skip to 378a If only 2 complete up to 375a then skip to 378a If only 3 complete up to 376a then skip to 378a	<input type="checkbox"/>
374	On which day should you conduct the first visit? Do not prompt	Enter number in days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
375	On which day should you conduct the second visit? Do not prompt	Enter number in days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
376	On which day should you conduct the third visit? Do not prompt	Enter number in days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

377	On which week should you conduct the fourth visit? Do not prompt	Enter number in weeks	_ _ _
What are the main components of the first PNC visit for the mother? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	378	Check for post partum danger sings	_
	379	Take body temperature	_
	380	Give TT vaccine	_
	381	Give Vitamin A	_
	382	Encourage Iron tablet use if mother did not use for 6 months during pregnancy	_
	383	Education on nutrition	_
	384	Education on family planning	_
	385	Provide contraception	_
386	Education on Prevention of Mother to Child Transmission (PMTCT) for HIV+ mothers (Option B+)	_	
What are the main components of subsequent (3 rd and 7 th days and 6 th week) PNC visits for mother? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	387	Check for danger signs	_
	388	Check if there are problems with breast feeding and solve problem	_
	389	Education on family planning,	_
	390	Education on nutrition	_
	391	Education on hygiene	_

Section 4. Knowledge continued			
What are the main components of the first PNC visit for newborn? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	400	Advice washing hands before touching baby	_
	401	Check for danger sings	_
	402	Check for congenital abnormalities	_
	403	Measure temp	_
	404	Measure weight	_
	405	Apply TTC eye ointment	_
	406	Encourage exclusive breast feeding for baby	_
	407	Advice to delay bating of baby for 24 hrs	_
	408	Encourage skin to skin contact	_
	409	Provide cord care (Chlorohexidine)	_
	410	Education on appropriate cord care (Chlorohexidine)	_
	411	Vaccinate for polio and BCG	_
412	Teach mother on how to recognize newborn danger signs using family health card	_	
What are the main components (3 rd and 7 th and 6 th week) of subsequent PNC visits for newborn? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	413	Check for newborn danger signs	_
	414	Advice to keep cord clean	_
	415	Asses breastfeeding	_
	416	Advise on breastfeeding	_

	417	Ensure baby is kept warm	<input type="checkbox"/>
	418	Check baby's weight	<input type="checkbox"/>
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? Do not prompt, select all mentioned	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 hospital	<input type="checkbox"/>
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? Do not prompt, select all mentioned	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"/>
What are the main signs for good attachment during breast feeding? Do not prompt, select all mentioned	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"/>
What are the main signs for feeding problems in a newborn? Do not prompt, select all mentioned	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"/>
When a baby shows signs of feeding problems or is underweight, what initial steps do you take? Do not prompt, select all mentioned	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"/>
	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 any feeding problem or thrush in two days	<input type="checkbox"/>
	446	Follow-up under weight for age in 14 days	<input type="checkbox"/>
What are the main signs for very severe disease in newborns?	For each: 1 = Yes 2 = No		
	447	Convulsions	<input type="checkbox"/>

Do not prompt, select all mentioned	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	Fever with 38 or more and 35 or less	<input type="checkbox"/>
	452	Movement only when stimulated or no movement even when stimulated	<input type="checkbox"/>
When the newborn presents signs of very severe disease, what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	453	Explain the situation to the mother/caregiver	<input type="checkbox"/>
	454	Continue to breastfeed or give breast milk that has been expressed	<input type="checkbox"/>
	455	Advice mother on the need for referral	<input type="checkbox"/>
	456	Keep airways open	<input type="checkbox"/>
	457	Begin a dose of amoxicillin and gentamycin antibiotics (pre-referral)	<input type="checkbox"/>
	458	Refer	<input type="checkbox"/>
459	When referral is not possible treat with amoxicillin and 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"/>	
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"/>
472	Follow-up in 2 days	<input type="checkbox"/>	
What are the main symptoms/signs for severe jaundice in newborns?	For each: 1 = Yes 2 = No		
	473	Palms yellow	<input type="checkbox"/>
474	Soles yellow	<input type="checkbox"/>	

Do not prompt, select all mentioned	475	Age less than 24 hours	<input type="checkbox"/>
	476	Age 14 days or more	<input type="checkbox"/>
When the newborn presents symptoms /signs of sever jaundice what initial steps do you take? Do not prompt, select all mentioned	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	Advise mother to cover baby well	<input type="checkbox"/>
	481	Advise mother to keep baby close to her body	<input type="checkbox"/>
What are the main symptoms/signs for severe dehydration caused by diarrhea in newborns? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	482	Movement only when stimulated 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"/>
When the newborn presents signs of severe dehydration caused by diarrhea what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	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	Advise mother to keep young infant warm	<input type="checkbox"/>
What are the main signs for some dehydration caused by diarrhea in newborns? Do not prompt, select all mentioned	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"/>
When the newborn presents signs of some dehydration caused diarrhea what initial steps do you take? Do not prompt, select all mentioned	For each: 1 = Yes 2 = No		
	492	Give fluid and breast milk for some dehydration	<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"/>
	495	Advise mother when to return	<input type="checkbox"/>
	496	Follow up in 2 days	<input type="checkbox"/>

Section 5. Training of the HEW

Interviewer:

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

In the last 12 months, have you received any training for the following services?

500	Providing family planning services	1 = Yes 2 = No (GO TO 503)	<input type="checkbox"/>
501	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
502	IF OTHER	Specify _____	
503	Providing antenatal services	1 = Yes 2 = No (GO TO 506)	<input type="checkbox"/>
504	IF YES , most recently from whom?	1 = HC	<input type="checkbox"/>

		2 = Woreda health office 3 = NGO/Private/other (specify)	
505	If OTHER	Specify _____	
506	Calculating EDD?	1 = Yes 2 = No (GO TO 509)	<input type="checkbox"/>
507	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
508	IF OTHER	Specify _____	
509	Educate/inform pregnant women on birth preparedness and complication readiness?	1 = Yes 2 = No(GO TO 512)	<input type="checkbox"/>
510	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
511	Other	Specify _____	
512	Screening for syphilis	1 = Yes 2= No(GO TO 515)	<input type="checkbox"/>
513	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
514	IF OTHER	Specify _____	
515	PMTCT	1 = Yes 2 = No ((GO TO 518)	<input type="checkbox"/>
516	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
517	If OTHER	Specify _____	
518	Attending normal deliveries	1= Yes 2 = No ((GO TO 521)	<input type="checkbox"/>
519	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
520	IF OTHER	Specify _____	
521	Misoprostol use	1 = Yes 2 = No ((GO TO 524)	<input type="checkbox"/>
522	IF YES , most recently from whom?	1= HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
523	IF OTHER	Specify _____	
524	Providing post natal care to mother	1 = Yes 2= No (GO TO 527)	<input type="checkbox"/>
525	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
526	IF OTHER	Specify _____	
527	Providing postnatal care to newborn	1 = Yes 2 = No ((GO TO 530)	<input type="checkbox"/>
528	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
529	IF OTHER	Specify _____	
530	Managing asphyxia?	1 = Yes 2 = No (GO TO 533)	<input type="checkbox"/>
531	If YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>

532	IF OTHER	Specify_____	
533	Using Chlorohexidine for clean cord care	1 = Yes 2 = No ((GO TO 536)	<input type="checkbox"/>
534	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
535	IF OTHER	Specify_____	
536	Diagnosing and treating newborns with very severe disease	1 = Yes 2 = No (GO TO 539)	
537	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
538	IF OTHER	Specify_____	
539	Diagnosing and treating neonates with local bacterial infection	1 = Yes 2 = No (GO TO 542)	<input type="checkbox"/>
540	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
541	IF OTHER	Specify_____	
542	Diagnosing and treating neonates with jaundice/severe jaundice	1 = Yes 2 = No (GO TO 545)	<input type="checkbox"/>
543	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
544	IF OTHER	Specify_____	
545	Diagnosing and treating neonates with diarrhea	1 = Yes 2 = No ((GO TO 548)	<input type="checkbox"/>
546	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
547	IF OTHER	Specify_____	
548	Diagnosing and managing neonates with feeding problem or who are underweight	1 = Yes 2 = No (GO TO 551)	<input type="checkbox"/>
549	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
550	IF OTHER	Specify_____	
551	Managing neonatal very severe disease with amoxicillin	1 = Yes 2 = No(GO TO 554)	<input type="checkbox"/>
552	If YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
553	IF OTHER	Specify_____	
554	Managing neonatal very severe disease with gentamycin	1 = Yes 2 = No(GO TO 557)	<input type="checkbox"/>
555	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>
556	IF OTHER	Specify_____	
557	Supervision of HDA	1 = Yes 2 = No (GO TO 560)	<input type="checkbox"/>
558	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	<input type="checkbox"/>

559	IF OTHER	Specify_____	
560	iCCM training	1 = Yes 2 = No (GO TO 563)	__
561	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	__
562	If specify	Specify_____	
563	Using referral forms	1 = Yes 2 = No(GO TO 566)	__
564	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	__
565	If specify	Specify_____	
566	Using/filling family folder	1 = Yes 2 = No(GO TO 569)	__
567	IF YES , most recently from whom?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	__
568	If specify	Specify_____	
569	Have you attended (refresher) integrated training for services to mothers and newborns?	1 = Yes 2 = No (GO TO 572)	__
570	IF YES , most recently who organised the integrated training?	1 = HC 2 = Woreda health office 3 = NGO/Private/other (specify)	__
571	IF OTHER	Specify_____	
572	Can you tell us whether or not you were satisfied with the newborn training received? (Do not give options to the respondent)	1 = Yes was satisfied 2 = No was not satisfied (GO to 574) 3 = Neither satisfied nor dissatisfied (Go to Section 6)	__
573	IF YES , then what was the level of satisfaction (give both options to the respondent)	1. Fully satisfied (Go to Section 6) 2. Somewhat satisfied (Go to Section 6)	__
574	IF NO , then what was the level of dissatisfaction (give both options to the respondent)	1. Fully dissatisfied 2. Somewhat dissatisfied	__

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 work.

600	Have you received a supportive supervisory visit in the last 3 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 _____	
609	If 500 yes: How many times did you receive this visit in the last 3 months?		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 = Other (specify) __
611	IF OTHER		Specify _____
For all: 1 = yes, 2 = no			
If YES: Did that visit include any of the following? Select all mentioned	612	Discussing level of reporting from HDA on early identification of pregnancy	__
	613	Discussing provision focused ANC	__
	614	Discussing promotion of institutional delivery	__
	615	Discussing safe and clean delivery	__
	616	Discussing immediate newborn care including cord care (chlorohexidine)	__
	617	Discussing recognition of asphyxia, initial stimulation and resuscitation of newborn babies	__
	618	Discussing prevention and management of hypothermia	__
	619	Discussing management of pre-term and/or low birth weight neonates	__
	620	Discussing management of very severe disease in newborns	__
	621	Discussing HEW activities with HDA	
	622	Observing record keeping and reporting	__
	623	Checking/delivering supplies/training manuals. job aides, request forms	__
	624	Observing client interaction	__
	625	Conducted household visits together	__
	626	Providing feedback to you on your work	__
627	Other (specify)	__	
628	Specify _____		
Interviewer: <i>I would now like to ask you some questions about performance review and clinical mentoring. By clinical mentoring, I mean when health center and health post staff meet together to discuss performance, targets, and ways to achieve targets?</i>			
629	In the past 6 months, have the health center and health post staff met together to discuss performance, targets, and ways to achieve targets?		1 = Yes 2 = No (SKIP TO 541) __
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	<input type="checkbox"/>
	633	Safe and clean delivery	<input type="checkbox"/>
	634	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	635	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>
	636	Prevention and management of hypothermia	<input type="checkbox"/>
	637	Cover management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	638	Management of neonatal/very severe disease	<input type="checkbox"/>
639	Did that meeting extract data from HEW newborn registers?		1 = Yes 2 = No <input type="checkbox"/>
640	At that meeting, did the health center staff get a chance to offer mentoring directly to you the HEWs under this health center?		1 = Yes 2 = No <input type="checkbox"/>

641	Have you received a supportive supervisory visit in the last 3 months 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="text"/>	
650	Can you tell us whether or not you were satisfied with the supportive supervision received? Do not read options		1 = Yes was satisfied 2 = No was not satisfied (GO to 652) 3 = Neither satisfied nor dissatisfied (Go to Section 7) <input type="checkbox"/>
651	IF YES , then what was the level of satisfaction? Read options		1. Fully satisfied (Go to Section 7) 2. Somewhat satisfied (Go to Section 7) <input type="checkbox"/>
652	IF NO , then what was the level of dissatisfaction? Read options		1. Fully dissatisfied 2. Somewhat dissatisfied <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:

700	Interviewer: do you have access to the HEW	1 = yes	<input type="checkbox"/>
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	written records for this section?	2 = no	
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	_
702	Do you conduct pregnant women conference in the community?	1 = yes 2 = no	_
703	How frequently do you conduct the pregnant women's conference?	1 = Once a week 2 = every two weeks 3 = once a month	_
704	Did you provide pregnancy care to any women in the three months?	1 = yes 2 = no GO TO 706	_
705	IF YES: How many women did you provide ANC to in the last three months?	Enter number	_ _ _
706	Did you refer any pregnant women 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?	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 chlorohexidine for newborn cord care in the last three months?	1 = yes 2 = no GO TO 724 3 = Chlorhexidine not available	_
723	IF YES: How many?	Enter number	_ _ _
724	Did you give care for prevention and management of hypothermia in the last three months?	1 = yes 2 = no GO TO 726	_
725	IF YES: How many?	Enter number	_ _ _
726	Did you provide care for pre-term and/or low birth	1 = yes 2 = no GO TO 728	_

	weight neonates in the last three months?		
727	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	_
729	IF YES: how many?	Enter number	_ _ _
730	IF YES: how many completed the treatment	Enter number	_ _ _
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 see 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 see any newborns with jaundice in the last three months?	1 = yes 2 = no GO TO 737	_
736	IF YES, how many?	Enter number	_ _ _
737	Are the maternity record books completely up to date until the day before survey?	1 = yes 2 = no	_
738	What is number of maternity cases maintained in the last three months in the maternity register?	Enter number	_ _ _
For each: 1 = Yes 2 = No			
<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>	739	Religious leaders	_
	740	Health based or community based organizations	_
	741	Women Savings Associations	_
	742	Command post	_
	743	Traditional birth attendants	_
	744	Other (specify)	_
	745	Specify _____	
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	_
747	IF YES, what is the average number of days that newborns are kept in the house without going out?	Enter number of days	_ _ _
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	_
749	IF YES, what is the average number of days to have no visitors come and see the baby?	Enter number of days	_ _ _
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	_
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	_ _ _

SECTION 8. ALL HEWs - Recalled activities at the last delivery

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 833)	<input type="checkbox"/>	
If YES What main actions did you take?		For each: 1 = Yes 2 = No		

Do not prompt, select all mentioned	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"/>
	831	Heart massage	<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 _____	

SECTION 9. For Health Extension Worker about Health Development Army (HDA) and Command Post			
Interviewer:			
Now I want to ask you about the work you do with the HDA in your kebele			
900	Are there any community health promoters/HDA working in this kebele?	1 = yes 2 = no (GO TO 939)	<input type="checkbox"/>
901	How many female HDAs 1-5 network?	Enter Number	<input type="checkbox"/> <input type="checkbox"/>
902	How many HDAs 1-30 network?	Enter Number	<input type="checkbox"/> <input type="checkbox"/>
Do you orient/train HDA in your kebele on the following in the last 3 months? 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"/>	

<p>Do you conduct any of the following with the HDAs 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 HDAs 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="text"/>
		921	None of the above	<input type="checkbox"/>
<p>What kind of information you receive from HDA?</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="checkbox"/>
		927	Number of newborns	<input type="checkbox"/>
		928	Number of newborns with danger sings	<input type="checkbox"/>
929	In the last three months, did your receive information on number of pregnant women in the community from the HDA?	1 = Yes 2 = No (GO TO 931)	<input type="checkbox"/>	
930	From how many HDAs?	Enter Number	<input type="text"/>	
931	In the last three months, did your receive information on number of women who need PNC visits from the HDA?	1 = Yes 2 = No(GO TO 933)	<input type="checkbox"/>	
932	How many?	Enter Number	<input type="text"/>	
933	In the last three months, did your receive information on number of newborns with danger signs from the HDA?	1 = Yes 2 = No(GO TO 935)	<input type="checkbox"/>	
934	How many?	Enter Number	<input type="text"/>	
935	In the last three months, did your receive information on number of newborns with very severe disease from the HDA?	1 = Yes 2 = No(GO TO 937)	<input type="checkbox"/>	
936	How many?	Enter Number	<input type="text"/>	
937	Have you met with the HDAs in this kebele as a group in the last 3 months?	1 = Yes 2 = No(GO TO 939)	<input type="checkbox"/>	
938	IF YES , How many times?	Enter number of times	<input type="text"/>	
<p>Interviewer: Now I want to ask you about the work you do with Command Post and model families in your kebele</p>				
939	Is there a kebele Command Post in your kebele?	1 = Yes	<input type="checkbox"/>	

		2 = No (GO TO 950)		
940	IF YES: Are you a member of that committee?	1 = Yes (go 2 = No (go to 942)	__	
941	IF YES: How many meetings you have attended in last three months?	Enter Number	__ __	
942	Do you receive reports on pregnant women in the community from the command post?	1 = Yes 2 = No	__	
Do you submit reports to the command post on the following?		For all: 1 = yes 2 = no		
		943	ANC	__
		944	PNC	__
		945	Delivery	__
		946	Family planning	__
		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	__ __	

SECTION 10. FACILITY, EQUIPMENT, MEDCINE AND JOB AIDS

Interviewer: *I would now like to ask you questions about the facility, equipment, medicine and job aids at this health post.*

Walk around the facility with the in-charge (or representative) and personally check the availability of equipment and stock.

Does the facility have the following essential support services?

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?	1 = Yes 2 = No	__
1005	Functional fridge?	1 = Yes 2 = No	__

1006	Toilets accessible to facility users?	1 = Yes 2 = No	<input type="checkbox"/>
1007	Is there a cell phone signal at this health post?	1 = Yes 2 = No	<input type="checkbox"/>
1008	Motorised transport for referral	1 = Yes 2 = No(<i>GO TO 1016</i>)	<input type="checkbox"/>
1009	IF YES: How many motorbikes are available?	Enter number of motor bikes	<input type="checkbox"/>
1010	Is it all functional today?	1 = Yes 2 = No	<input type="checkbox"/>
1011	IF YES: How many three-wheelers are available?	Enter number of three-wheelers (eg. Bajaj)	<input type="checkbox"/>
1012	Is it all functional today?	1 = yes 2 = no	<input type="checkbox"/>
1013	IF YES: How many cars/ambulances are available?	Enter number of cars/ambulance	<input type="checkbox"/>
1014	IF YES: Is it all functional today?	1 = Yes 2 = No	<input type="checkbox"/>
1015	IF YES: Is the vehicle for referral in the facility now?	1 = Yes 2 = No	<input type="checkbox"/>
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(<i>go to 1025</i>) 3 = <i>Don't know</i>	<input type="checkbox"/>
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; 6 = No means of communication	<input type="checkbox"/>
1025	The last maternal referral from the health post to health center did an HEW accompany her?	1 = Yes 2 = No 3 = <i>Don't know</i>	<input type="checkbox"/>
1026	The last maternal referral from the health post to health center did an HDA accompany her?	1 = Yes 2 = No 3 = <i>Don't know</i>	<input type="checkbox"/>
1027	How many women were referred from this health post to a health center or hospital for obstetric/maternal care in last three months?	Enter number	<input type="checkbox"/>
1028	The last neonatal referral from health post to health center did you speak to the facility directly?	1 = Yes 2 = No(<i>go to 1030</i>) 3 = <i>Don't know</i>	<input type="checkbox"/>
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; 6 = No means of communication	<input type="checkbox"/>

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	<input type="checkbox"/>
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	<input type="checkbox"/>
1032	How many neonates were referred from this health post to the health center or hospital in last three months?	Enter number	<input type="checkbox"/>
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	<input type="checkbox"/>
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 completed family folders for your whole kebele?	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	<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	Uristix	<input type="checkbox"/>
	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 handrub	<input type="checkbox"/>	
1056	Clean glove	<input type="checkbox"/>	
1057	Syringe with needle	<input type="checkbox"/>	
Does the facility have the following medicines today?		For each:1 = Yes 2 = No	
	1058	Vitamin k 1 mg	<input type="checkbox"/>
	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"/>
	1062	Chlorohexidine	<input type="checkbox"/>
	1063	Gentamycin 10 mg/ml	<input type="checkbox"/>

	1064	Amoxicillin suspension (125 mg/5 ml)	<input type="checkbox"/>
	1065	Amoxicillin tab 250 mg (dispersible)	<input type="checkbox"/>
	1066	Paracetamol	<input type="checkbox"/>
	1067	Iron	<input type="checkbox"/>
	1068	Folate	<input type="checkbox"/>
	1069	Anthelminths	<input type="checkbox"/>
	1070	BCG	<input type="checkbox"/>
	1071	Polio vaccine	<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	Birth Preparedness and Complication Readiness (BPCR) form	<input type="checkbox"/>
	1081	Young Infant Record Form	<input type="checkbox"/>
	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 and outcome registration book	<input type="checkbox"/>	

Which of the following test kits are available in this facility today?			
1085	Pregnancy test kit	1 = Yes 2 = No	<input type="checkbox"/>
1086	Proteinuria	1 = Yes 2 = No	<input type="checkbox"/>
1087	Does the facility offer HIV diagnostic tests?	1 = Yes 2 = No(<i>go to 1089</i>)	<input type="checkbox"/>
1088	IF YES: Does the facility have HIV rapid tests in stock today? (e.g. <i>Capillis, SD Bioline, Determine, Statpak, Unigold</i>)	1 = Yes 2 = No	<input type="checkbox"/>
1089	Does the facility offer syphilis diagnosis/?	1 = Yes at this clinic; 2 = No, not at this clinic (<i>go to 1092</i>)	<input type="checkbox"/>
1090	IF YES: Does the facility have syphilis RPR syphilis tests in stock today?	1 = Yes 2 = No(<i>go to 1092</i>)	<input type="checkbox"/>
1091	IF YES: Does the facility have syphilis rapid tests in stock today?	1 = Yes 2 = No	<input type="checkbox"/>
1092	Does the facility have anaemia tests, e.g.Haemoglobincolour scale/Tallquist	1 = Yes 2 = No	<input type="checkbox"/>
1093	Does the facility offer glucose level tests to assess gestational diabetes as part of ANC?	1 = Yes 2 = No	<input type="checkbox"/>

Section 11. Facility Services

Interviewer:

I would like to now ask you questions on services offered at this health post in the past three months.

1100	Has safe and clean delivery with clean gloves been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1101	Has immediate newborn care been consistently offered in past three months?	1 = Yes 2 = No	_ _
1102	Has chlorhexidine been used for cord care consistently in the past three months?	1 = Yes (GO to 1104) 2 = No	_ _
1103	IF NO , was it because chlorhexidine was not available?	1 = Yes 2 = No	_ _
1104	Has recognition of asphyxia, initial stimulation and resuscitation of newborn babies care been consistently offered in the past three months??	1 = Yes 2 = No	_ _
1105	Has prevention and management of hypothermia for newborn babies been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1106	Has management of pre-term and/or low birth weight neonates been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1107	Has treatment of neonatal very severe disease been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1108	IF YES: is treatment of neonatal very severe disease available today?	1 = Yes 2 = No	_ _
1109	Is treatment of neonatal very severe disease available every day of the week, if needed?	1 = Yes 2 = No	_ _
1110	Have post-natal health checks for mothers been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1111	Have post-natal health checks for newborns been consistently offered in the past three months?	1 = Yes 2 = No	_ _
1112	Has Kangaroo Mother Care (KMC) been consistently offered in the past three months?	1 = Yes 2 = No	_ _

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 most up to date information. For questions 1204 onwards collect information for the three months preceding the date of the interview.

Write 9999 if not available.

1200	Number of people in the kebele	_ _ _ _ _ _ _
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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	_ _ _ _ _
1204	Expected number pregnancies	_ _ _ _ _
1205	Expected number of births	_ _ _ _ _
1206	Expected number of facility births	_ _ _ _ _
1207	Number of pregnant women identified	_ _ _ _ _
Obtain data from ANC registers for the past 3 months		
1208	Number of women receiving ANC visit	_ _ _ _ _
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	Number of women receiving more than 4 visits	_ _ _ _ _
1214	Number of births attended by the HEW	_ _ _ _ _
1215	Number of total births	_ _ _ _ _
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 go to 1226 2 = No
1219	Is there Post Natal Care register in this health post	1 = Yes go to 1226 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 3 month. Ask the HEWs to separate those		
1220	Number of PNC visits provided to the mother	_ _ _ _ _
1221	Number receiving 1 visit	_ _ _ _ _
1222	Number receiving 2 visits	_ _ _ _ _
1223	Number receiving 3 visits	_ _ _ _ _
1224	Number receiving 4 visits	_ _ _ _ _
1225	Number receiving more than 4 visits	_ _ _ _ _
1226	Number of PNC visits provided to the newborn	_ _ _ _ _
1227	Number receiving 1 visit	_ _ _ _ _
1228	Number receiving 2 visits	_ _ _ _ _
1229	Number receiving 3 visits	_ _ _ _ _
1230	Number receiving 4 visits	_ _ _ _ _
1231	Number receiving more than 4 visits	_ _ _ _ _
If information is not available from register books on the following, enquire from the HEW where to obtain the following information for the past 3 months		
1232	Number of live births with birth weight <2500 grammes (or <2.5kg)	_ _ _ _ _
1233	Number of newborns treated for asphyxia, initial stimulation, or resuscitation by the HEW	_ _ _ _ _
1234	Number of newborns given chlorohexidine cord care by the HEW	_ _ _ _ _
1235	Number of newborns treated for hypothermia by the HEW	_ _ _ _ _
1236	Number of pre-term and/or low birth weight neonates treated by the HEW	_ _ _ _ _
Obtain data from iCCM 0-2 month registration book for information below for the past 3 months		
1237	Number of sick newborns seen by HEWs	_ _ _ _ _

1238	Number of sick newborns treated by HEWs	_ _ _ _ _ _ _
1239	Number of sick newborns with very severe disease seen by HEWs	_ _ _ _ _ _ _
1240	Number of sick newborns with very severe disease who initiated treatment (gentamycin)	_ _ _ _ _ _ _
1241	Number of sick newborns with very severe disease that completed treatment	_ _ _ _ _ _ _
1242	Number of sick newborns with very severe disease that were referred to a higher facility	_ _ _ _ _ _ _
1243	Number of newborns treated for diarrhea by HEWs	_ _ _ _ _ _ _
1244	Number of newborns treated for jaundice by HEWs	_ _ _ _ _ _ _

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