

IDEAS FRONT LINE WORKER (FLW) SURVEY
ETHIOPIA March 2015
JaRco/LSHTM

SECTION 1: Frontline worker IDENTIFIERS

1.0	Region	_
1.1	Zone name (select from list)	_ _
1.2	Woreda name (select from list)	_ _ _ _ _ _ _
1.3	Kebele (cluster) code (select from list)	_ _
1.4	Date	_ _ / _ _ / _ _ _ _
1.5	FLW id number Enter number of interview for this cluster (between 1-4)	_
1.5a	Display FLW unique id for interviewer check and transfer to consent form	_ _ _ / _ Cluster/FLW
1.6	Front line worker type (1)HEW go to 1.7 (2)Nurse/midwife go to 1.7 (3)CHP (4)HDA (5) TTBA (trained traditional birth attendants) go to 1.10a	_
1.7	Facility/post name	_ _ _ _ _ _ _ _ _
1.8	Facility Type (1)Health post (2)Health centre	_
1.9	Facility Ownership (1)Government (2)Mission (3)NGO	_
1.10a	GPS Longitude Take coordinates of health post or centre, or home if interviewing a CHP/HDA/TTBA person	_ _ _ : _ _ _ _ _ _ _
1.10b	GPS Latitude Take coordinates of health post or centre, or home if interviewing a CHP/HDA/TTBA person	_ _ _ : _ _ _ _ _ _ _
1.10c	Where were these coordinates taken? (1)health post (2)health centre (3)home of FLW	_
1.10d	Interviewer Initials	_ _
1.10e	Did you read the FLW the consent form? (1)yes (2)no	_
1.10f	Did the FLW agree to be interviewed? (1)yes continue with interview (2)no	_
1.10g	If not Why not? END	_ _ _ _ _ _ _ _ _

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SECTION 1: Service provision by the Front line worker (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	Vaccination (EPI)		
1.12	Growth monitoring/nutrition		
1.13	Essential new born care		
1.14	Pneumonia management		
1.15	Diarrhoea management		
1.16	Malaria management (ACT)		
1.17	ANC		
1.18	Delivery		
1.19	Referral		
1.20	PNC		
1.21	Breast feeding counselling		
1.22	Complementary feeding		
1.23	Family planning (contraceptive)		
1.24	Post abortion care/referral		
1.25	HIV information/education		
1.25a	PMTCT service		
1.26	Latrine construction and use		
1.27	Personal hygiene		
1.28	Community mobilization		
1.29	School health		
1.30	Training/follow-up model families		
1.31	Training/follow-up HDA/HEWs		
1.32	Supporting HDA/HEW activities		

SECTION 2: BACKGROUND AND TRAINING OF FRONT LINE WORKER

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

Q2		
2.1	What is your birth date? Enter dd/mm/yyyy	_ _ _
2.2	What is your age now? Enter age in completed 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 (including work at other facilities/kebeles)? Write number of years	_ _ _
2.5	For how many years have you worked in the role you are working now? Enter date first started in current place dd/mm/yyyy	_ _ _
	In the last 12 months, have you received any training for the following services?	
2.6	Providing family planning services (1)yes (2)no – go to 2.9	_
2.7	If yes, from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.7a	Specify _____	_ _ _
2.8	If yes, for how many days were you trained? (if less than 1 day enter 0)	_
2.9	Providing antenatal services (1)yes (2)no - go to 2.12	_
2.10	If yes, from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.10a	Specify _____	_ _ _

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2.11	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.12	PMTCT (1)yes (2)no – go to 2.15	<input type="text"/>
2.13	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.13a	Specify _____	<input type="text"/>
2.14	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.15	Attending normal deliveries (1)yes (2)no – go to 2.18	<input type="text"/>
2.16	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.16a	Specify _____	<input type="text"/>
2.17	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.18	Active management of third stage labour (1)yes (2)no – go to 2.21	<input type="text"/>
2.19	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.19a	Specify _____	<input type="text"/>
2.20	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.21	Newborn resuscitation using bag/mask (1)yes (2)no go to 2.14	<input type="text"/>
2.22	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.22a	Specify _____	<input type="text"/>
2.23	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.24	Providing post natal care (1)yes (2)no – go to 2.27	<input type="text"/>
2.25	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.25a	Specify _____	<input type="text"/>
2.26	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.27	Providing newborn care (1)yes (2)no – go to 2.30	<input type="text"/>
2.28	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.28a	Specify _____	<input type="text"/>
2.29	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.30	Use of data for decision making (1)yes (2)no – go to 2.33	<input type="text"/>
2.31	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.31a	Specify _____	<input type="text"/>
2.32	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>
2.33	Supervision of community health workers/HEWs (1)yes (2)no – go to 2.35a	<input type="text"/>
2.34	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	<input type="text"/>
2.34a	Specify _____	<input type="text"/>
2.35	If yes , for how many days were you trained? (if less than 1 day enter 0)	<input type="text"/>

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2.35a	Have you attended an integrated training for services to mothers and newborns? (1)yes (2)no – go to 2.36	_
2.35b	If yes , who organised the integrated training? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.35c	Specify_____	_ _ _
2.35d	If yes , for how many days was the integrated training? (if less than 1 day enter 0)	_
2.36	Did you receive any training from the L10K project? (1)yes (2)no - go to 2.38 Interviewer: explain difference between training and quarterly review meetings for respondents	_
2.37	If yes: When did you go on this training? Enter date dd/mm/yyyy	_ _
2.38	Have you attended the quarterly review meetings organised by L10K? (1)yes (2)no – go to 2.41	_
2.39	If yes How many review meetings have you attended in the last 12 months? Enter number	_
2.40	If yes: When was the last meeting? Enter date dd/mm/yyyy	_ _
2.41	Have you had any training in basic Emergency Obstetric and Newborn care (1)yes (2)no – go to 2.45	
2.42	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	
2.43	Specify_____	
2.44	If yes , for how many days were you trained? (if less than 1 day enter 0)	
2.45	Have you had any training in complete Abortion care (1)yes (2)no – go to 2.49	
2.46	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	
2.47	Specify_____	
2.48	If yes , for how many days were you trained? (if less than 1 day enter 0)	
2.49	Have you had any training in integrated management of childhood and neonatal illness/Integrated community case management (1)yes (2)no – go to Section 3	
2.50	If yes , from whom? (1)PHCU/HC, (2) Woreda Health Team, (3) HEW (4) Project (specify) (5) Other (specify)	
2.51	Specify_____	
2.52	If yes , for how many days were you trained? (if less than 1 day enter 0)	

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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, go to Section 4	<input type="checkbox"/>
	If yes: Who from? Select all mentioned	(1)yes (2)no
3.2	Woreda health office	<input type="checkbox"/>
3.3	PHCU/health centre	<input type="checkbox"/>
3.4	HEW	<input type="checkbox"/>
3.4a	Regional/Zonal health bureau	<input type="checkbox"/>
3.5	L10K project	<input type="checkbox"/>
3.6	Other (specify)	<input type="checkbox"/>
3.7	Specify	<input type="text"/>
3.7a	If 3.1 yes: How many times did you receive this visit in the last 12 months? Enter total number of times	<input type="text"/>
3.8	When was the last time you received a supervision visit? Enter date dd/mm/yyyy	<input type="text"/>
3.9	Who did you receive a supervision visit from last time? Select one (1)Woreda Health Office (2)PHCU/health centre (3)HEW (4)L10K project (5)Other	<input type="text"/>
	Did that visit include any of the following activities?	(1) yes (2) no
3.10	Checking/delivering supplies	<input type="checkbox"/>
3.11	Record keeping and reporting	<input type="checkbox"/>
3.12	Observing client interaction	<input type="checkbox"/>
3.13	Providing feedback to you on your work	<input type="checkbox"/>
3.14	Conducted household visits	<input type="checkbox"/>
3.15	Discuss community volunteers activities	<input type="checkbox"/>
3.16	Other, specify	<input type="checkbox"/>
3.17	Specify	<input type="text"/>

SECTION 4. For Health Extension Worker [Response 1 to 1.6] about Health Development Army (HDA)

	Now I want to ask you about the work you do with the HDA leaders in your kebele	
4.1	Are there any community HDA leaders working in this kebele? 1 yes 2 no – go to 4.10 or 4.26 (depending on FLW type)	<input type="checkbox"/>
4.2	How many female?	<input type="text"/>
4.3	How many male	<input type="text"/>
	Do you conduct any of the following with the HDA leaders in this kebele? Select all that apply	(1) yes (2) no
4.4	Conduct monthly meetings	<input type="checkbox"/>
4.5	Plan activities together	<input type="checkbox"/>
4.6	Set and review targets	<input type="checkbox"/>
4.7	Provide supportive supervision	<input type="checkbox"/>
4.7a	Discuss and/or accept referrals	<input type="checkbox"/>
4.8	Other, specify	<input type="checkbox"/>
4.8a	Specify	<input type="text"/>
4.8b	None of the above	<input type="checkbox"/>
4.9a	Do you ever meet with the HDA leaders in the kebele? (1)yes (2)no	<input type="checkbox"/>
4.9b	If yes: When was the last meeting you had with a HDA leader? Enter date dd/mm/yyyy	<input type="text"/>

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SECTION 4. For Nurses/midwives in the Health Centre [response 2 to 1.6], about HEWs or HDA leaders

	Now I want to ask you about the work you do with the HDA in this kebele	
4.10	Are there any HDA leaders working in this kebele (1) yes (2) no (3) don't know – if (2) or (3) go to 4.19	<input type="checkbox"/>
4.11	If yes: How many female?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.12	If yes: How many male?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	If yes: Do you conduct any of the following with the HDA leaders? Select all that apply	(1) yes (2) no
4.13	Conduct monthly meetings	<input type="checkbox"/>
4.14	Plan activities together	<input type="checkbox"/>
4.15	Set and review targets	<input type="checkbox"/>
4.16	Provide supportive supervision	<input type="checkbox"/>
4.16	Discuss and/or accept referrals	<input type="checkbox"/>
4.17	Other, <i>specify</i>	<input type="checkbox"/>
4.17a	Specify _____	<input type="checkbox"/>
4.17b	None of the above	<input type="checkbox"/>
4.18a	Do you ever meet with the HDA leaders in this kebele? (1)yes (2)no	<input type="checkbox"/>
4.18b	If yes: When was the last meeting you had with a HDA leader? Enter date dd/mm/yyyy	
	Now I want to ask you about the work you do with the HEWs in this kebele	
4.19	Are there any HEWs in this kebele? (1)yes (2)no (3)don't know – if (2) or (3) go to 4.26	<input type="checkbox"/>
4.20	If yes: How many HEWs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	If yes: Do you conduct any of the following with the HEWs? Select all that apply	(1)yes (2)no
4.21	Conduct monthly meetings	<input type="checkbox"/>
4.22	Plan activities together	<input type="checkbox"/>
4.23	Set and review targets	<input type="checkbox"/>
4.24	Provide supportive supervision	<input type="checkbox"/>
4.24a	Discuss and/or accept referrals	<input type="checkbox"/>
4.25a	Other, <i>specify</i>	<input type="checkbox"/>
4.25b	Specify _____	<input type="checkbox"/>
4.25c	None of the above	<input type="checkbox"/>
4.25d	Do you ever meet with the HEW in your kebele? (1)yes (2)no	<input type="checkbox"/>
4.25e	If yes: When was the last meeting you had with a HEW? <i>Enter date</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 4 All front line workers about kebele health committees, and model families

	Now I want to ask you about the work you do with kebele health committees and model families in your kebele	
4.26	Is there a kebele health committee in your kebele? (1)yes (2)no	<input type="checkbox"/>
4.27	If yes: Are you a member of that committee? (1)yes (2)no	<input type="checkbox"/>
4.28	If yes: When was the last kebele health committee meeting that you attended? Enter date dd/mm/yyyy	<input type="checkbox"/>
4.29	Are there any model families in your kebele (1) yes (2) no	<input type="checkbox"/>
4.30	If yes: How many? Enter number, enter 99 if don't know	<input type="checkbox"/> <input type="checkbox"/>

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SECTION 5. All front line Workers - workload in last month

	Refer to FLWs record books (at the health post or the health centre registers or the HDA record book) to complete the following; only count events attended by the specific FLW being interviewed:	
5.0	Interviewer: do you have access to the FLW written records for this section? (1)yes (2)no	<input type="checkbox"/>
5.1	Did you provide pregnancy care to any women in the last month? (1)yes (2)no	<input type="checkbox"/>
	If yes: How many women did you provide pregnancy care to in the last month? Enter number	
5.2	At the health centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.3	At the health post	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.4	In the pregnant woman's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.4a	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.5	Did you refer any pregnant women to higher level of care in the last month? (1)yes (2)no	<input type="checkbox"/>
5.6	If yes: how many? Enter number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.7	Did you attend any women during labour in the last month? (1)yes (2)no	<input type="checkbox"/>
	If yes: How many women did you attend in labour in the last month? Enter number	
5.8	At the health centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.8a	At the health post	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.9	In the woman's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.9a	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.10	Other place (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.11	Did you refer any women in labour to higher level of care in the last month? (1)yes (2)no	<input type="checkbox"/>
5.12	If yes: How many? Enter number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.13	Did you see any women to provide postpartum care in the last month? (1)yes (2)no	<input type="checkbox"/>
	If yes: How many women did you see for post-partum care in the last month? Enter number	
5.14	At the health facility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.15	At the health post	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.16	In the woman's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.16a	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.17	Other place (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.18	Did you refer any post partum women for higher level of care in the past month? (1)yes (2)no	<input type="checkbox"/>
5.19	If yes: How many? Enter number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.20	Did you see any newborns to provide a postnatal check for in the last month? (1)yes (2)no	<input type="checkbox"/>
	If yes: How many newborns did you provide a postnatal check for in the last month?	
5.21	At the health centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.22	At the health post	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.23	In the newborn's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.24	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.25	Other place (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.26	Did you refer any newborns for higher level care in the past month? (1)yes (2)no	<input type="checkbox"/>
5.27	If yes: How many?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SECTION 6. ALL FLWs: Recalled activities at the last delivery

Use the register to identify the last birth attended by the FLW being interviewed

6.0	Have you ever attended a delivery? (1)yes (2)no if no, go to section 7	<input type="checkbox"/>
6.0a	What was the date of the last delivery you attended? Enter date dd/mm/yyyy	<input type="text"/>
6.1	Do you remember the delivery that took place on [date], that you attended? (1)yes (2)no - if no, go to section 7	<input type="checkbox"/>
6.2	What type of delivery was it? (1)spontaneous vertex delivery (2) vacuum extraction or forceps delivery (3) other, specify	<input type="text"/>
6.3	If (3) other, specify _____	<input type="text"/>
	About that delivery: Interviewer – use the health post/centre record books as well as questioning the FLW to complete this information	
6.4	What was the mother's age? (Write in years, or write 99 if doesn't know)	<input type="text"/>
6.5	Was it her first birth? (1)yes (2)no (3) don't know	<input type="checkbox"/>
6.6	In which stage of labour did you first see her? (1)first (2)second (3)third (4) don't remember	<input type="checkbox"/>
6.7	Did the labour end in a live birth? (1)yes (2)no	<input type="checkbox"/>
6.8	Was the baby a girl or a boy? (1) girl (2) boy (3) don't remember	<input type="checkbox"/>
6.9	Did you weigh the baby? (1)yes (2)no if no, go to 6.10	<input type="checkbox"/>
6.9a	Was the baby low birth weight? (<2500g, or <2.5kg) (1)yes (2)no (3) don't remember	<input type="checkbox"/>
6.10	Was the baby born prematurely (<37 weeks gestation)? (1)yes (2)no (3) don't remember	<input type="checkbox"/>
6.11	Was the mother referred to another facility? (1)yes (2)no	<input type="checkbox"/>
6.12	Was the newborn referred to another facility? (1)yes (2)no	<input type="checkbox"/>
6.13	Was the mother alive after delivery? (1)yes (2)no	<input type="checkbox"/>
	Thinking about the preparations for that delivery. Were you able to prepare the following items for use during the delivery? For each item, if not prepared indicate why not as follows: (1)Not enough help available; (2) No supplies; (3) Not policy for me to do that; (4) Other (specify)	
6.14	Sterile gloves (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.15	If didn't prepare sterile gloves, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.16	Disinfectant (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.17	If didn't prepare disinfectant, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.18	Gauze (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.19	If didn't prepare gauze, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.20	Clean clothes/towel for drying the baby (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.20a	If didn't prepare clothes/towel to dry the baby, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.21a	Cloth to wrap the baby (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.21	If didn't prepare clean cloth to wrap the baby, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.22	Sterile scissor or new razor blade to cut the cord (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.23	If didn't prepare sterile scissors or new razor blade, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.24	Cord ligatures (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.25	If didn't prepare cord ligatures, why not? (1) (2) (3) (4)	<input type="checkbox"/>

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6.26	Oxytocine (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.27	If didn't prepare oxytocine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.28	Ergometrine (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.29	If didn't prepare ergometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.29a	Misoprostol (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.29b	If didn't prepare misoprostol, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.29c	Syntometrine (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.29d	If didn't prepare syntometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.30	Eye ointment (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.31	If didn't prepare eye ointment, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.31a	Chlorhexidine for the newborn cord (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.31b	If didn't prepare chlorhexidine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
6.32	Did you monitor progress of labour? (1) Yes (go to 6.34) (2) No	<input type="checkbox"/>
6.33	If no: Why not? (1) (2) (3) (4) (go to 6.38)	<input type="checkbox"/>
	If yes: Where did you register the observations when monitoring labour? Do not prompt, select all mentioned	(1)yes (2)no
6.34	On a partograph	<input type="checkbox"/>
6.35	On the partograph in the prenatal card	<input type="checkbox"/>
6.36	In the patient's clinical record	<input type="checkbox"/>
6.37	No-where	<input type="checkbox"/>
6.38	Did the woman receive ergometrine/syntometrine/oxtocin/misoprostol? (1)yes (2)no	<input type="checkbox"/>
6.39	Did you practise active management of the third stage of labour? (1)yes (2)no	<input type="checkbox"/>
	Did you perform the following actions? Read out the list, select all mentioned	(1)yes (2)no
6.40	Gave immediate oxytocin (within 1-2 minutes of delivery)	<input type="checkbox"/>
6.41	Gave immediate ergometrine (within 1-2 minutes of delivery)	<input type="checkbox"/>
6.41a	Gave misoprotol	<input type="checkbox"/>
6.41b	Gave syntometrine	<input type="checkbox"/>
6.42	Controlled cord traction	<input type="checkbox"/>
6.43	Uterine massage	<input type="checkbox"/>
6.44	Was there a need for emergency intervention during the delivery? (PROBE: manual removal of placenta, or administration of magnesium sulphate, parenteral oxytocics or antibiotics), (1)yes (2)no	<input type="checkbox"/>
6.45	Did you perform manual removal of the placenta? (1) yes (2) no	<input type="checkbox"/>
6.46	Did you administer parenteral antibiotics? (1) yes (2) no	<input type="checkbox"/>
6.47	Did you administer oxytocics parenterally? (1) yes (2) no	<input type="checkbox"/>
6.48	Did you administer magnesium sulfate? (1) yes (2) no	<input type="checkbox"/>
6.49	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	(1)yes (2)no
6.50	Clean the baby's mouth before the shoulder comes out	<input type="checkbox"/>
6.51	Clean the baby's mouth, face and nose	<input type="checkbox"/>
6.52	Ensure the baby is breathing	<input type="checkbox"/>
6.53	Ensure the baby is dry	<input type="checkbox"/>
6.54	Observe for colour	<input type="checkbox"/>
6.55	Ensure the baby is kept warm (skin to skin)	<input type="checkbox"/>
6.56	Administer prophylaxis for the eyes	<input type="checkbox"/>
6.57	Weigh the baby	<input type="checkbox"/>

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6.58	Care for the umbilical cord	<input type="checkbox"/>
6.59	Initiate breastfeeding within the first 30 minutes	<input type="checkbox"/>
6.60	Evaluate/examine the newborn within the first hour	<input type="checkbox"/>
6.61	Was there a need to resuscitate the baby? (1)yes (2)no (go to 6.68)	<input type="checkbox"/>
	If yes What action did you take? Do not prompt, select all mentioned	1)yes (2)no
6.62	Opening the airways	<input type="checkbox"/>
6.63	Cleaning the mouth/use suction devise	<input type="checkbox"/>
6.64	Stimulating/drying/wrapping the baby	<input type="checkbox"/>
6.65	Use the ambo bag	<input type="checkbox"/>
6.66	Heart massage	<input type="checkbox"/>
6.67	None of the above	<input type="checkbox"/>
	How was the cord treated? Do not prompt, select all mentioned	1)yes (2)no
6.68	Apply water	<input type="checkbox"/>
6.68a	Apply chlorhexidine	<input type="checkbox"/>
6.69	Apply alcohol	<input type="checkbox"/>
6.70	Apply other antiseptic	<input type="checkbox"/>
6.71	Apply nothing	<input type="checkbox"/>
6.72	Wrapped with a dry dressing	<input type="checkbox"/>
6.73	Other	<input type="checkbox"/>

SECTION 7: ALL FLWs: KNOWLEDGE

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

	All FLWs: What are the primary aspects of focussed antenatal care? Do not prompt, select all mentioned	(1)yes (2)no
7.1	Minimum of 4 consultations	<input type="checkbox"/>
7.2	Ensure woman has a birth plan	<input type="checkbox"/>
7.3	Prevent illness and promote health (could be tetanus toxoid vaccine, iron tablets, protection against malaria)	<input type="checkbox"/>
7.4	Detect illnesses and manage complications (this includes STI/HIV infections)	<input type="checkbox"/>
7.5	Teach danger signs (pregnancy, childbirth, and post partum)	<input type="checkbox"/>
7.6	Promote breastfeeding	<input type="checkbox"/>
7.7	None of the above mentioned	<input type="checkbox"/>
	All FLWs: Which women require a special care plan? Do not prompt, select all mentioned	(1)yes (2)no
7.8	Women who have had a caesarean	<input type="checkbox"/>
7.9	Women with 5 or more deliveries	<input type="checkbox"/>
7.10	Birth interval < 2 years or > 5 years	<input type="checkbox"/>
7.11	Previous still birth	<input type="checkbox"/>
7.12	Previous neonatal death	<input type="checkbox"/>
7.13	Previous instrumental delivery (vacuum extraction, forceps)	<input type="checkbox"/>
7.14	History of severe obstetric complications	<input type="checkbox"/>
7.15	Previous obstetric fistula repair	<input type="checkbox"/>
7.15a	Under-age girls	<input type="checkbox"/>
7.16	None of the above mentioned	<input type="checkbox"/>
	HEW/Nurses/Midwives only [Response (1) or (2) 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
7.17	Fetal heartbeat	<input type="checkbox"/>
7.18	Colour of amniotic fluid	<input type="checkbox"/>
7.19	Degree of molding	<input type="checkbox"/>

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7.20	Dilation of the cervix	<input type="checkbox"/>
7.21	Descent of the head	<input type="checkbox"/>
7.22	Uterine contractions	<input type="checkbox"/>
7.23	Maternal blood pressure	<input type="checkbox"/>
7.24	Maternal temperature	<input type="checkbox"/>
7.25	Maternal pulse	<input type="checkbox"/>
7.26	None of the above mentioned	<input type="checkbox"/>
	HEW/Nurses/Midwives only [Response (1) or (2) to 1.6]: Where do you register these observations? Do not prompt, select all mentioned	(1)yes (2)no
7.27	On a partograph	<input type="checkbox"/>
7.28	In the patient's clinical record	<input type="checkbox"/>
7.29	On the partograph in the prenatal card	<input type="checkbox"/>
7.30	On a piece of paper	<input type="checkbox"/>
7.31	No-where	<input type="checkbox"/>
	All FLWs: When a woman develops heavy bleeding after delivery, what should be done? Do not prompt, select all mentioned	(1)yes (2)no
7.32	Massage the fundus	<input type="checkbox"/>
7.33	Give ergometrine or oxytocin (IV or IM)	<input type="checkbox"/>
7.34	Begin IV fluids	<input type="checkbox"/>
7.35	Empty full bladder	<input type="checkbox"/>
7.36	Take blood for hemoglobin and cross-matching	<input type="checkbox"/>
7.37	Examine woman for lacerations	<input type="checkbox"/>
7.38	Manually remove retained products	<input type="checkbox"/>
7.39	Refer	<input type="checkbox"/>
7.40	None of the above mentioned	<input type="checkbox"/>
	All FLWs: 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
7.41	Make sure the baby is warm (skin to skin/kangaroo technique)	<input type="checkbox"/>
7.42	Provide extra support to the mother to establish breastfeeding	<input type="checkbox"/>
7.43	Monitor ability to breastfeed	<input type="checkbox"/>
7.44	Monitor baby for the first 24 hours	<input type="checkbox"/>
7.45	Ensure infection prevention	<input type="checkbox"/>
7.45a	Refer	<input type="checkbox"/>
7.46	None of the above mentioned	<input type="checkbox"/>
	All FLWs: When the newborn presents signs of infection what initial steps do you take? Do not prompt, select all mentioned	(1)yes (2)no
7.47	Explain the situation to the mother/caregiver	<input type="checkbox"/>
7.48	Continue to breastfeed or give breast milk that has been expressed with a nasogastric tube if necessary	<input type="checkbox"/>
7.49	Keep airways open	<input type="checkbox"/>
7.50	Begin antibiotics	<input type="checkbox"/>
7.51	Refer	<input type="checkbox"/>
7.52	None of the above mentioned	<input type="checkbox"/>

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

Bold text: instructions for interview/PDA

Italic text: responses

Normal text: questions