

**IDEAS FRONT LINE WORKER (FLW) SURVEY**  
**ETHIOPIA [DATES]**  
**Institutional contacts**

**SECTION 1: FACILITY IDENTIFIERS**

1.1	Date	_ _  /  _ _  /  _ _ _ _
1.2	Woreda name (select from PDA drop down list)	_ _ _
1.3	Kebele name (select from PDA drop down list)	_ _ _ _ _
1.4	Kebele (cluster) code (automatically generated by PDA)	_ _
1.5	FLW id number (automatically generated by PDA – write on consent form)	_
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 <b>continue with interview</b> (2)no	_
1.10g	If not Why not? _____ <b>END</b>	_ _ _ _ _ _ _ _ _ _ _

**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		

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		Service provided by FLW (1=yes; 2=no)	On average, how many hours per week are spent for this service?
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 CHP/HEWs		
1.32	Supporting HEW activities		

**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? <b>(confirm using PDA prompted age in years)</b>	_ _ _
2.3	What is the highest grade of schooling that you completed? <i>Enter number</i>	_ _ _
2.4	For how many years have you worked as a FLW (including work at other facilities/kebeles)? <i>Write number of years</i>	_ _ _
2.5	For how many years have you worked in the role you are working now? <i>Enter date first started in current place on PDA</i>	_ _ _
	In the last 12 months, have you received any training for the following services?	
2.6	Providing family planning services (1)yes (2)no – <b>go to 2.9</b>	_
2.7	<b>If yes, from whom?</b> (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.7a	Specify _____	_ _ _
2.8	<b>If yes, for how many days were you trained?</b> (if less than 1 day enter 0)	_
2.9	Providing antenatal services (1)yes (2)no – <b>go to 2.12</b>	_
2.10	<b>If yes, from whom?</b> (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.10a	Specify _____	_ _ _
2.11	<b>If yes, for how many days were you trained?</b> (if less than 1 day enter 0)	_
2.12	PMTCT (1)yes (2)no – <b>go to 2.15</b>	_
2.13	<b>If yes, from whom?</b> (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.13a	Specify _____	_ _ _
2.14	<b>If yes, for how many days were you trained?</b> (if less than 1 day enter 0)	_
2.15	Attending normal deliveries (1)yes (2)no – <b>go to 2.18</b>	_
2.16	<b>If yes, from whom?</b> (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.16a	Specify _____	_ _ _
2.17	<b>If yes, for how many days were you trained?</b> (if less than 1 day enter 0)	_
2.18	Active management of third stage labour (1)yes (2)no – <b>go to 2.21</b>	_
2.19	<b>If yes, from whom?</b>	_

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	(1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	
2.19a	Specify _____	_ _ _
2.20	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.21	Newborn resuscitation using bag/mask (1)yes (2)no <b>go to 2.14</b>	_
2.22	<b>If yes</b> , from whom? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.22a	Specify _____	_ _ _
2.23	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.24	Providing post natal care (1)yes (2)no – <b>go to 2.27</b>	_
2.25	<b>If yes</b> , from whom? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.25a	Specify _____	_ _ _
2.26	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.27	Providing newborn care (1)yes (2)no – <b>go to 2.30</b>	_
2.28	<b>If yes</b> , from whom? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.28a	Specify _____	_ _ _
2.29	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.30	Use of data for decision making (1)yes (2)no – <b>go to 2.33</b>	_
2.31	<b>If yes</b> , from whom? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.31a	Specify _____	_ _ _
2.32	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.33	Supervision of community health workers/HEWs (1)yes (2)no – <b>go to 2.35a</b>	_
2.34	<b>If yes</b> , from whom? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.34a	Specify _____	_ _ _
2.35	<b>If yes</b> , for how many days were you trained? (if less than 1 day enter 0)	_
2.35a	Have you attended an integrated training for services to mothers and newborns? (1)yes (2)no – <b>go to 2.36</b>	_
2.35b	<b>If yes</b> , who organised the integrated training? (1)PHCU/HC, (2) WHT, (3) HEW (4) Project (specify) (5) Other (specify)	_
2.35c	Specify _____	_ _ _
2.35d	<b>If yes</b> , 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 – <b>go to 2.38</b> <b>Interviewer: explain difference between training and quarterly review meetings for respondents</b>	_
2.37	<b>If yes</b> : When did you go on this training? Enter date using PDA	_   _
2.38	Have you attended the quarterly review meetings organised by L10K? (1)yes (2)no – <b>go to Section 3</b>	_
2.39	<b>If yes</b> How many review meetings have you attended in the last 12 months? Enter number	_
2.40	<b>If yes</b> : When was the last meeting? Enter date using PDA	_   _

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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? <i>1 yes, 2 no If no, go to Section 4</i>	<input type="checkbox"/>
	<b>If yes: Who from? Select all mentioned</b>	(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"/>
3.5	L10K project	<input type="checkbox"/>
3.6	Other (specify)	<input type="checkbox"/>
3.7	Specify	<input type="text"/>
	<b>If 3.1 yes:</b> How many times did you receive this visit in the last 12 months? <i>Enter total number of times</i>	<input type="text"/>
3.8	When was the last time you received a supervision visit? <i>Use PDA to look up date</i>	<input type="text"/>
3.9	Who did you receive a supervision visit from last time? <b>Select one</b> <i>(1)Woreda Health Office (2)PHCU/health centre (3)HEW (4)L10K project (5)Other</i>	<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 Community Health Promoters (CHP)/Health Development Army(HDA)**

	Now I want to ask you about the work you do with the CHP/HDA/TTBA in your kebele	
4.1	Are there any community health promoters/HDA/TTBA working in this kebele? <i>1 yes 2 no – go to 4.10 or 4.26 (depending on FLW type)</i>	<input type="checkbox"/>
4.2	How many female CHP/HDAs/TTBA?	<input type="text"/>
4.3	How many male CHP/HDAs/TTBA?	<input type="text"/>
	Do you conduct any of the following with the CHP/HDAs/TTBA in this kebele? <b>Select all that apply</b>	(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 CHP/HDA/TTBA in this kebele? (1)yes (2)no	<input type="checkbox"/>
4.9b	<b>If yes:</b> When was the last meeting you had with a CHP/HDA/TTBA? <i>Enter date</i>	<input type="text"/>

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

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

**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="text"/>
4.27	<b>If yes:</b> Are you a member of that committee? (1)yes (2)no	<input type="text"/>
4.28	<b>If yes:</b> When was the last kebele health committee meeting that you attended? <i>Use PDA look up to enter date</i>	<input type="text"/>
4.29	Are there any model families in your kebele 1 yes 2 no	<input type="text"/>
4.30	<b>If yes:</b> How many? <i>Enter number, enter 99 if don't know</i>	<input type="text"/>

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

	<b>Refer to FLWs record books (at the health post or the health centre registers or the CHP/HDA record book) to complete the following; only count events attended by the specific FLW being interviewed:</b>	
5.0	<b>Interviewer: do you have access to the FLW written records for this section? (1)yes (2)no</b>	<input type="checkbox"/>
5.1	Did you provide pregnancy care to any women in the last month? (1)yes (2)no	<input type="checkbox"/>
	<b>If yes:</b> How many women did you provide pregnancy care to in the last month? <i>Enter number</i>	
5.2	At the health centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.3	At the health post	<input type="checkbox"/> <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"/> <input type="checkbox"/>
5.4a	In the FLW's own home	<input type="checkbox"/> <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	<b>If yes:</b> how many? <i>Enter number</i>	<input type="checkbox"/> <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"/>
	<b>If yes:</b> How many women did you attend in labour in the last month? <i>Enter number</i>	
5.8	At the health centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.8a	At the health post	<input type="checkbox"/> <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"/> <input type="checkbox"/>
5.9a	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.10	Other place (specify)	<input type="checkbox"/> <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	<b>If yes:</b> How many? <i>Enter number</i>	<input type="checkbox"/> <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"/>
	<b>If yes:</b> How many women did you see for post-partum care in the last month? <i>Enter number</i>	
5.14	At the health facility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.15	At the health post	<input type="checkbox"/> <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"/> <input type="checkbox"/>
5.16a	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.17	Other place (specify)	<input type="checkbox"/> <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	<b>If yes:</b> How many? <i>Enter number</i>	<input type="checkbox"/> <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"/>
	<b>If yes:</b> 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"/> <input type="checkbox"/>
5.22	At the health post	<input type="checkbox"/> <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"/> <input type="checkbox"/>
5.24	In the FLW's own home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.25	Other place (specify)	<input type="checkbox"/> <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	<b>If yes:</b> How many?	<input type="checkbox"/> <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 <b>if no, go to section 7</b>	<input type="checkbox"/>
6.0a	What was the date of the last delivery you attended? <i>Enter date on PDA</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.1	Do you remember the delivery that took place on [date], that you attended? (1)yes (2)no - <b>if no, go to section 7</b>	<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="checkbox"/>
6.3	If (3) other, specify _____	<input type="checkbox"/>
	About that delivery: <b>Interviewer – use the health post/centre record books as well as questioning the FLW to complete this information</b>	
6.4	What was the mother's age? (Write in years, or write 99 if doesn't know)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 <b>if no, go to 6.10</b>	<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? <b>For each item, if not prepared indicate why not as follows:</b> (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 for drying the baby (1) yes (2) no (3) don't know	<input type="checkbox"/>
6.21	If didn't prepare clean clothes for drying, 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"/>
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"/>

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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"/>
6.30	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"/>
6.32	Did you monitor progress of labour? (1) Yes ( <b>go to 6.34</b> ) (2) No	<input type="checkbox"/>
6.33	<b>If no:</b> Why not? (1) (2) (3) (4) ( <b>go to 6.38</b> )	<input type="checkbox"/>
	<b>If yes:</b> Where did you register these observations? <b>Do not prompt, select all mentioned</b>	(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? (1)yes (2)no	<input type="checkbox"/>
6.39	Did you practise active management of the third stage of labour? (1)yes (2)no ( <b>if no go to 6.44</b> )	<input type="checkbox"/>
	<b>If yes:</b> What actions did you take during active management of the third stage of labour? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
6.40	Immediate oxytocin (within 1-2 minutes)	<input type="checkbox"/>
6.41	Immediate ergometrine (within 1-2 minutes)	<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? ( <b>PROBE: manual removal of placenta, or administration of magnesium sulphate, parenteral oxytocics or antibiotics</b> ), (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? <b>Do not prompt, select all mentioned</b>	(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"/>
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 ( <b>go to 6.68</b> )	<input type="checkbox"/>
	<b>If yes</b> What action did you take? <b>Do not prompt, select all mentioned</b>	1)yes (2)no
6.62	Opening the airways	<input type="checkbox"/>
6.63	Cleaning the mouth/use suction devise	<input type="checkbox"/>



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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? <b>Do not prompt, select all mentioned</b>	1)yes (2)no
6.68	Apply water	<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**

	<b>All FLWs: What are the primary aspects of focussed antenatal care?</b> <b>Do not prompt, select all mentioned</b>	(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"/>
	<b>All FLWs: Which women require a special care plan?</b> <b>Do not prompt, select all mentioned</b>	(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"/>
	<b>HEW/Nurses/Midwives only [Response (1) or (2) to 1.6]:</b> For a woman in labour, what observations do you make as you monitor her progress? <b>Do not prompt, select all mentioned</b>	(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"/>
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"/>
	<b>HEW/Nurses/Midwives only [Response (1) or (2) to 1.6]:</b> Where do you register these observations? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
7.27	On a partograph	<input type="checkbox"/>

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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"/>
	<b>All FLWs:</b> When a woman develops heavy bleeding after delivery, what should be done? <b>Do not prompt, select all mentioned</b>	(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"/>
	<b>All FLWs:</b> When a newborn weighs less than 2.5 kgs, what special care do you provide? <b>Do not prompt, select all mentioned</b>	(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"/>
7.46	None of the above mentioned	<input type="checkbox"/>
	<b>All FLWs:</b> When the newborn presents signs of infection what initial steps do you take? <b>Do not prompt, select all mentioned</b>	(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