

CBNC MIDLINE –HEALTH EXTENSION WORKER INTERVIEW FORM

MODULE 1 BACKGROUND INFORMATION OF THE HEALTH POST			
HE1.1	Date (dd/mm/yyyy) Gregorian Calendar	__ _ _ / __ _ _ / __ _ _ dd / mm / yy	HE1.1
HE1.2	Region Code	__ _ _	HE1.2
HE1.3	Zone Code	__ _ _	HE1.3
HE1.4	Woreda Name	_ _ _ _ _ _ _ _ _ _ _ _ _ _	HE1.4
HE1.5	Woreda code	__ _ _	HE1.5
HE1.6	PHCU code	__ _ _	HE1.6
HE1.7	Health Post Code	_ _	HE1.7
HE1.8	Unique ID (composed of the 2 digit region, 2 digit zonal, 2 digit woreda code, 2 digit PHCU code and one digit health post)	__ _ _ / __ _ _ / __ _ _ / __ _ _ / __ _ _ Region/ Zone / Woreda / PHCU / Health Post	HE1.8
HE1.9	GPS Latitude Take coordinates of health post	_ _ _ : __ _ _ _ _ _ _ _	HE1.9
HE1.10	GPS Longitude Take coordinates of health post	_ _ _ : __ _ _ _ _ _ _ _	HE1.10
HE1.11	Interviewer Initials	__ _ _	HE1.11
HE1.12	Did you read the HEW the consent form?	1 = Yes 2 = No	_ _
HE1.13	Did the HEW agree to be interviewed?	1= Yes – GO TO MODULE 2 2 = No	_ _
HE1.14	If not, why not?	_____ END	HE1.14

MODULE 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

HE2.1	What is your name?		HE2.1		
HE2.2	What is your date of birth?	dd __ __ mm __ __ yyyy __ __ __ __ Ethiopian Calendar	HE2.2		
HE2.3	What is the number of years you attended school?	Write number of years __ __ Years	HE2.3		
HE2.4	Do you have any specific qualification in addition to HEW training?	1 = Yes 2 = No – GO TO HE2.6 __	HE2.4		
HE2.5	IF yes, specify	_____	HE2.5		
HE2.6	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	HE2.6		
HE2.7	For how long have you worked as an HEW in this Health post?	Write number of years and months. If less than one year, enter 00 years and number of months __ __ Years __ __ Months	HE2.7		
HE2.8	Do you reside in this kebele?	1 = Yes 2 = No __	HE2.8		
HE2.9	Was a home provided to you by the kebele?	1 = Yes 2 = No __	HE2.9		
HE2.10	How many HEWs work in this health post?	Enter number, including the person being interviewed __	HE2.10		
HE2.11	How many days a week is the health post facility functionally open by at least 1 HEW?	Enter number of days __	HE2.11		
<p>During the weekend and public holidays- where do the residents of the kebele seek medical care?</p> <p>Select all that apply</p>		For each: 1 = Yes 2 = No			
		HE2.12	Health center	__	HE2.12
		HE2.13	Health Post	__	HE2.13
		HE2.14	With HEW (at her house or elsewhere)	__	HE2.14
		HE2.15	Pharmacy	__	HE2.15
		HE2.16	Traditional Healers	__	HE2.16
HE2.17	Other – GO TO HE 2.18	__	HE2.17		
HE2.18	Specify _____		HE2.18		

MODULE 3: ALL HEWS KNOWLEDGE

INTERVIEWER: *I would now like to ask you some questions that relate to newborn health.*

INTERVIEWER:: FOR ALL UNPROMPTED KNOWLEDGE QUESTIONS MOVE ON TO NEXT QUESTION WHEN 4 INCORRECT ANSWERS HAVE BEEN GIVEN.

					For each: 1 = Yes 2 = No			
<p>What are the main components of immediate newborn care?</p> <p>Do not prompt Select all mentioned.</p>	HE3.1	Deliver baby onto mother's abdomen	<input type="checkbox"/>		HE3.1			
	HE3.2	Dry and wrap baby	<input type="checkbox"/>		HE3.2			
	HE3.3	Assess breathing	<input type="checkbox"/>		HE3.3			
	HE3.4	Delay cord clamping for three minutes	<input type="checkbox"/>		HE3.4			
	HE3.5	Tie and cut cord appropriately	<input type="checkbox"/>		HE3.5			
	HE3.6	Skin to skin contact	<input type="checkbox"/>		HE3.6			
	HE3.7	Initiate breastfeeding	<input type="checkbox"/>		HE3.7			
	HE3.8	Apply TTC eye ointment	<input type="checkbox"/>		HE3.8			
	HE3.9	Apply chlorohexidine on cord	<input type="checkbox"/>		HE3.9			
	HE3.10	Give Vitamin K	<input type="checkbox"/>		HE3.10			
	HE3.11	Weight baby	<input type="checkbox"/>		HE3.11			
<p>What are the main components of the first PNC visit for newborn?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No							
	HE3.12	Advice washing hands before touching baby	<input type="checkbox"/>	HE3.12				
	HE3.13	Check for danger sings	<input type="checkbox"/>	HE3.13				
	HE3.14	Check for congenital abnormalities	<input type="checkbox"/>	HE3.14				
	HE3.15	Measure temp	<input type="checkbox"/>	HE3.15				
	HE3.16	Measure weight	<input type="checkbox"/>	HE3.16				
	HE3.17	Apply TTC eye ointment	<input type="checkbox"/>	HE3.17				
	HE3.18	Encourage exclusive breast feeding for baby	<input type="checkbox"/>	HE3.18				
	HE3.19	Advice to delay bathing of baby for 24 hrs	<input type="checkbox"/>	HE3.19				
	HE3.20	Encourage skin to skin contact	<input type="checkbox"/>	HE3.20				
	HE3.21	Provide cord care (Chlorohexidine)	<input type="checkbox"/>	HE3.21				
	HE3.22	Education on appropriate cord care (Chlorohexidine)	<input type="checkbox"/>	HE3.22				
	HE3.23	Vaccinate for polio and BCG	<input type="checkbox"/>	HE3.23				
HE3.24	Teach mother on how to recognize newborn danger signs using family health card.	<input type="checkbox"/>	HE3.24					
<p>What are the main components of subsequent (3rd and 7th day and 6th week) PNC visits for newborn?</p>	For each: 1 = Yes 2 = No							
	HE3.25	Check for newborn danger signs	<input type="checkbox"/>	HE3.25				
	HE3.26	Advice to keep cord clean	<input type="checkbox"/>	HE3.26				

Do not prompt Select all mentioned	HE3.27	Assess breastfeeding	<input type="checkbox"/>	HE3.27
	HE3.28	Advise on breastfeeding	<input type="checkbox"/>	HE3.28
	HE3.29	Ensure baby is kept warm	<input type="checkbox"/>	HE3.29
	HE3.30	Check baby's weight	<input type="checkbox"/>	HE3.30
	HE3.31	Vaccination	<input type="checkbox"/>	HE3.31
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			
	HE3.32	Continue feeding with expressed breast milk	<input type="checkbox"/>	HE3.32
	HE3.33	Monitor ability to breastfeed	<input type="checkbox"/>	HE3.33
	HE3.34	Cover baby well including head	<input type="checkbox"/>	HE3.34
	HE3.35	Hold close to mother	<input type="checkbox"/>	HE3.35
	HE3.36	Refer urgently with mother to health center or hospital	<input type="checkbox"/>	HE3.36
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			
	HE3.37	Make sure the baby is warm	<input type="checkbox"/>	HE3.37
	HE3.38	Educate on optimal breastfeeding	<input type="checkbox"/>	HE3.38
	HE3.39	Monitor ability to breastfeed	<input type="checkbox"/>	HE3.39
	HE3.40	Monitor baby for the first 24 hours	<input type="checkbox"/>	HE3.40
What are the main signs for good attachment during breast feeding? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.42	Chin touching breast	<input type="checkbox"/>	HE3.42
	HE3.43	Mouth open wide	<input type="checkbox"/>	HE3.43
	HE3.44	Lower lip turned out	<input type="checkbox"/>	HE3.44
	HE3.45	More areola showing above	<input type="checkbox"/>	HE3.45
How do you determine feeding problems in a newborn? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.46	Not well-attached to breast	<input type="checkbox"/>	HE3.46
	HE3.47	Not suckling effectively	<input type="checkbox"/>	HE3.47
	HE3.48	Less than 8 breastfeeds in 24 hours	<input type="checkbox"/>	HE3.48
	HE3.49	Switching to another breast before one is emptied	<input type="checkbox"/>	HE3.49
	HE3.50	Receives other foods or drinks (even water)	<input type="checkbox"/>	HE3.50
	HE3.51	Underweight for age	<input type="checkbox"/>	HE3.51
When a newborn 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			
	HE3.53	Advise mother to breastfeed as often and as long as infant wants in 24 hours	<input type="checkbox"/>	HE3.53
	HE3.54	Teach mother correct positioning and attachment	<input type="checkbox"/>	HE3.54
	HE3.55	Educate on exclusive breastfeeding	<input type="checkbox"/>	HE3.55
	HE3.56	Teach the mother to treat thrush at home	<input type="checkbox"/>	HE3.56

	HE3.57	Follow-up any feeding problem	<input type="checkbox"/>	HE3.57
	HE3.58	Follow-up any thrush in two days	<input type="checkbox"/>	HE3.58
	HE3.59	Follow-up under weight for age in 14 days	<input type="checkbox"/>	HE3.59
<p>What are the main signs for very severe disease in newborns?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.60	Convulsions	<input type="checkbox"/>	HE3.60
	HE3.61	Stopped feeding or significantly reduced feeding	<input type="checkbox"/>	HE3.61
	HE3.62	Severe chest in drawing	<input type="checkbox"/>	HE3.62
	HE3.63	Fast breathing	<input type="checkbox"/>	HE3.63
	HE3.64	Temperature with 37.5 or more (warm) <i>(Note: if high temperature only mentioned ask for clarification to what extent)</i>	<input type="checkbox"/>	HE3.64
	HE3.65	Temperature less than 35.5 (cold) <i>(Note: if low temperature only mentioned ask for clarification to what extent)</i>	<input type="checkbox"/>	HE3.65
	HE3.66	No or very limited movement on stimulation	<input type="checkbox"/>	HE3.66
<p>When the newborn presents signs of very severe disease, what initial steps do you take?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.67	Continue to breastfeed or if unable to suck give breast milk that has been expressed	<input type="checkbox"/>	HE3.67
	HE3.68	Begin a dose of amoxicillin (pre-referral)	<input type="checkbox"/>	HE3.68
	HE3.69	Begin a dose of gentamycin antibiotics (pre-referral)	<input type="checkbox"/>	HE3.69
	HE3.70	Refer URGENTLY	<input type="checkbox"/>	HE3.70
	HE3.71	When referral is not possible treat with/prescribe amoxicillin for 7 days	<input type="checkbox"/>	HE3.71
	HE3.72	When referral is not possible treat with gentamycin daily for 7 days	<input type="checkbox"/>	HE3.72
<p>What are the main signs for local bacterial infection in newborns?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.73	Umbilicus red	<input type="checkbox"/>	HE3.73
	HE3.74	Umbilicus draining pus	<input type="checkbox"/>	HE3.74
	HE3.75	Skin pustules	<input type="checkbox"/>	HE3.75
<p>When the newborn presents signs of local bacterial infection, what initial steps do you take?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.76	Give amoxicillin syrup for 5 days	<input type="checkbox"/>	HE3.76
	HE3.77	Follow up care on 2 nd day from initial visit	<input type="checkbox"/>	HE3.77
	HE3.78	Advice mother when to return	<input type="checkbox"/>	HE3.78

	HE3.79	Breastfeed more frequently	<input type="checkbox"/>	HE3.79	
	HE3.80	Advice mother to give breast milk more frequently	<input type="checkbox"/>	HE3.80	
	HE3.81	Advice mother to keep baby warm	<input type="checkbox"/>	HE3.81	
HE3.82	Are there any possible side effects of using injectable gentamicin for neonatal illness?		1 = Yes – 2 = No – GO TO HE3.93	<input type="checkbox"/>	HE3.82
For each: 1 = Yes 2 = No					
What are the possible side effects of using injectable gentamicin for neonatal illness?	HE3.83	Kidney damage (nephropathy)	<input type="checkbox"/>	HE3.83	
	HE3.84	Nerve damage (neuropathy especially hearing or visual damage)	<input type="checkbox"/>	HE3.84	
	HE3.85	Hearing loss	<input type="checkbox"/>	HE3.85	
	HE3.86	Lethargy	<input type="checkbox"/>	HE3.86	
	HE3.87	Nausea/vomiting	<input type="checkbox"/>	HE3.87	
	HE3.88	General anaphylactic reaction	<input type="checkbox"/>	HE3.88	
	HE3.89	Fever	<input type="checkbox"/>	HE3.89	
	HE3.90	Poor appetite	<input type="checkbox"/>	HE3.90	
	HE3.91	Weight loss	<input type="checkbox"/>	HE3.91	
HE3.92	Skin rash	<input type="checkbox"/>	HE3.92		
HE3.93	Is there any contraindication of using injectable gentamicin for the neonatal illness?		1 = Yes 2 = No – GO TO HE3.97	<input type="checkbox"/>	HE3.93
For each: 1 = Yes 2 = No					
What are those possible contraindications of using injectable gentamicin for the neonatal illness?	HE3.94	History of general body reaction or shock to injectable gentamicin (Anaphylactic reaction)	<input type="checkbox"/>	HE3.94	
	HE3.95	History of kidney/urine problem	<input type="checkbox"/>	HE3.95	
	HE3.96	History of skin reaction to gentamicin	<input type="checkbox"/>	HE3.96	
HE3.97	Are there any possible side effects of using amoxicillin for the neonatal illness?		1 = Yes 2 = No – GO TO HE3.99	<input type="checkbox"/>	HE3.97
HE3.98	What are the possible side effects of using amoxicillin for the neonatal illness?		1 = General anaphylactic reaction (penicillin hypersensitivity)	<input type="checkbox"/>	HE3.98
HE3.99	Is there any contraindication of using amoxicillin for the neonatal illness?		1 = Yes 2 = No – GO TO HE3.101	<input type="checkbox"/>	HE3.99
HE3.100	What are those possible contraindications of using amoxicillin for the neonatal illness		1 = History of General body reaction or shock to amoxicillin (penicillin hypersensitivity)	<input type="checkbox"/>	HE3.100
HE3.101	Are there any possible additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal illness?		1 = Yes 2 = No – GO TO HE3.103	<input type="checkbox"/>	HE3.101
HE3.102	What are those additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal		1 = Drug resistance	<input type="checkbox"/>	HE3.102

	illness?			
Note to Interviewer: Indicate in the following set of questions (HE3.103-HE3.134) to HEW that you will ask about the degree of severity or level of the following disease: Jaundice and severe jaundice; dehydration and severe dehydration				
What are the main signs for jaundice in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.103	Yellow skin	<input type="checkbox"/>	HE3.103
	HE3.104	Yellow eyes	<input type="checkbox"/>	HE3.104
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			
	HE3.105	Breastfeed more frequently	<input type="checkbox"/>	HE3.105
	HE3.106	Advise mother to keep young infant warm	<input type="checkbox"/>	HE3.106
	HE3.107	Expose to sunshine 20 to 30 minutes every day	<input type="checkbox"/>	HE3.107
	HE3.108	Advise mother to return immediately if sign & symptoms of jaundice aggravates	<input type="checkbox"/>	HE3.108
	HE3.109	Follow-up in 2 days	<input type="checkbox"/>	HE3.109
What are the main symptoms/signs for severe jaundice in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.110	Jaundice in newborns of Age 14 days or more	<input type="checkbox"/>	HE3.110
	HE3.111	Jaundice in newborns of Age less than 24 hours	<input type="checkbox"/>	HE3.111
	HE3.112	Palms yellow	<input type="checkbox"/>	HE3.112
	HE3.113	Soles yellow	<input type="checkbox"/>	HE3.113
When the newborn presents symptoms /signs of severe jaundice what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.114	Breastfeed more frequently	<input type="checkbox"/>	HE3.114
	HE3.115	Refer URGENTLY to health center /hospital	<input type="checkbox"/>	HE3.115
	HE3.116	Keep the baby warm	<input type="checkbox"/>	HE3.116
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			
	HE3.117	Restless and irritable	<input type="checkbox"/>	HE3.117
	HE3.118	Sunken eyes	<input type="checkbox"/>	HE3.118
	HE3.119	Skin pinch goes back slowly	<input type="checkbox"/>	HE3.119
When the newborn presents signs of some dehydration caused by diarrhea what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	HE3.120	Give ORS fluids	<input type="checkbox"/>	HE3.120
	HE3.121	Give zinc treatment for 10 days	<input type="checkbox"/>	HE3.121
	HE3.122	Advise mother to breastfeed more frequently and longer	<input type="checkbox"/>	HE3.122

	HE3.123	Keep the infant warm	__	HE3.123
	HE3.124	Advise mother when to return	__	HE3.124
	HE3.125	Follow up in 2 days	__	HE3.125
<p>What are the main symptoms/signs for severe dehydration caused by diarrhea in newborns?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.126	Limited or No movement even when stimulated	__	HE3.126
	HE3.127	Sunken eyes	__	HE3.127
	HE3.128	Skin pinch goes back VERY slowly	__	HE3.128
<p>When the newborn presents signs of severe dehydration caused by diarrhea what initial steps do you take?</p> <p>Do not prompt Select all mentioned</p>	For each: 1 = Yes 2 = No			
	HE3.129	Give first dose of amoxicillin syrup	__	HE3.129
	HE3.130	Give first dose of IM Gentamycin	__	HE3.130
	HE3.131	Refer URGENTLY to health center/hospital	__	HE3.131
	HE3.132	Ensure mother gives child ORS on the way to health center/hospital	__	HE3.132
	HE3.133	Advise mother to breastfeed more frequently and longer	__	HE3.133
	HE3.134	Advise mother to keep young infant warm	__	HE3.134

MODULE 4: TRAINING OF THE HEW

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

INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 12 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.

Have you received training or training update from HC, Woreda health office or NGO in the last 12 months between _____ (start month) and _____ (end month) in?

[READ TOPIC]

FOR EACH QUESTION IF NO ASK THE FOLLOWING: *Did you receive a training or training update more than 12 months ago?*

REPEAT BOTH QUESTIONS FOR EACH TOPIC

		Yes, within past 12 months	Yes, over past 12 months ago	No in-service training or update		
HE4.1	CBNC	1	2	3	<input type="checkbox"/>	HE4.1
HE4.2	Providing antenatal services	1	2	3	<input type="checkbox"/>	HE4.2
HE4.3	PMTCT	1	2	3	<input type="checkbox"/>	HE4.3
HE4.4	Misoprostol use	1	2	3	<input type="checkbox"/>	HE4.4
HE4.5	Providing post-natal care to mother	1	2	3	<input type="checkbox"/>	HE4.5
HE4.6	Providing postnatal care to newborn	1	2	3	<input type="checkbox"/>	HE4.6
HE4.7	Clean cord care	1	2	3	<input type="checkbox"/>	HE4.7
HE4.8	Managing newborns with very severe disease	1	2	3	<input type="checkbox"/>	HE4.8
HE4.9	Managing newborn with local bacterial infection	1	2	3	<input type="checkbox"/>	HE4.9
HE4.10	Managing newborn neonates with jaundice/severe jaundice	1	2	3	<input type="checkbox"/>	HE4.10
HE4.11	Managing neonates with diarrhea	1	2	3	<input type="checkbox"/>	HE4.11
HE4.12	Managing neonates with feeding problem or who are underweight	1	2	3	<input type="checkbox"/>	HE4.12
HE4.13	iCCM	1	2	3	<input type="checkbox"/>	HE4.13
HE4.14	Using referral forms for VSD	1	2	3	<input type="checkbox"/>	HE4.14
HE4.15	Using/filling family folder	1	2	3	<input type="checkbox"/>	HE4.15
HE4.16	Integrated Refresher training on MNCH services	1	2	3	<input type="checkbox"/>	HE4.16
HE4.17	EPI	1	2	3	<input type="checkbox"/>	HE4.17
HE4.18	Can you tell us whether or not you were satisfied with the quality of training received for managing sick <u>neonate</u> ?	1 = Yes was satisfied 2 = No was not satisfied – GO TO HE4.20 3 = Neither satisfied nor dissatisfied – GO TO HE4.21			<input type="checkbox"/>	HE4.18

	Do not give options to the respondent				
HE4.19	IF YES , then what was the level of satisfaction Give both options to the respondent	1. Fully satisfied – GO TO HE4.21 2. Somewhat satisfied – GO TO HE4.21	__	HE4.19	
HE4.20	IF NO , then what was the level of dissatisfaction Give both options to the respondent	1. Fully dissatisfied 2. Somewhat dissatisfied	__	HE4.20	
<p>How can the quality of the training be further improved</p> <p>Read list.</p> <p>Select all that apply.</p>		For each: 1 = Yes 2 = No			
		HE4.21	More training	__	HE4.21
		HE4.22	More practice sessions	__	HE4.22
		HE4.23	More training aids	__	HE4.23
		HE4.24	More post training supervision	__	HE4.24
		HE4.25	Other – GO TO HE4.26	__	HE4.25
		HE4.26	Specify_____		HE4.26

MODULE 5: SUPPORTIVE SUPERVISION

INTERVIEWER:

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

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

LAST 6 MONTHS: STATE THE START & END MONTHS

START MONTH _____

END MONTH _____

HE5.1	Have you received a supportive supervisory visit in the last 6 months?	1 = Yes 2 = No – GO TO HE5.28	<input type="checkbox"/>	HE5.1	
IF YES: Who from? Select all that apply		For each: 1 = Yes 2 = No			
		HE5.2	Woreda health office	<input type="checkbox"/>	HE5.2
		HE5.3	PHCU/health centre	<input type="checkbox"/>	HE5.3
		HE5.4	NGO	<input type="checkbox"/>	HE5.4
HE5.5	IF YES: How many times did you receive this visit in the last 6 months?	Enter total number of times	<input type="checkbox"/>	HE5.5	
HE5.6	How many of these visits were in last 3 months?	Enter total number of times	<input type="checkbox"/>	HE5.6	
HE5.7	How many of these visits were in last 1 month?	Enter total number of times	<input type="checkbox"/>	HE5.7	
HE5.8	Who provided the most recent supervisory visit? Select one	1 = Woreda Health Office 2 = Health Centre 3 = NGO 4 = Woreda Health Office and Health center 5 = Woreda Health Office and NGO 6 = Health Center and NGO 7 = All three together (Woreda, Health Center , NGO)	<input type="checkbox"/>	HE5.8	
If YES to HE 5.1: Did that visit include any of the following? Read all the following		For each: 1 = Yes 2 = No			
		HE5.9	Discussing early identification of pregnancy	<input type="checkbox"/>	HE5.9
		HE5.10	Discussing provision focused ANC	<input type="checkbox"/>	HE5.10
		HE5.11	Discussing promotion of institutional delivery	<input type="checkbox"/>	HE5.11
		HE5.12	Discussing safe and clean delivery	<input type="checkbox"/>	HE5.12
		HE5.13	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>	HE5.13
		HE5.14	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="checkbox"/>	HE5.14
HE5.15	Discussing prevention and management of hypothermia	<input type="checkbox"/>	HE5.15		

	HE5.16	Discussing management of pre-term and/or low birth weight neonates	<input type="checkbox"/>	HE5.16
	HE5.17	Discussing management of very severe disease in newborns	<input type="checkbox"/>	HE5.17
	HE5.18	Discussing HEW activities with WDA	<input type="checkbox"/>	HE5.18
	HE5.19	Observing record keeping	<input type="checkbox"/>	HE5.19
	HE5.20	Checking the register for consistency and completeness	<input type="checkbox"/>	HE5.20
	HE5.21	Checking supplies including training manuals, job aides, request forms	<input type="checkbox"/>	HE5.21
	HE5.22	Delivering supplies including /training manuals, job aides, request forms	<input type="checkbox"/>	HE5.22
	HE5.23	<u>Observing client Consultation with HEW</u>	<input type="checkbox"/>	HE5.23
	HE5.24	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>	HE5.24
	HE5.25	Checking if they visited a sick neonate under treatment or that has been treated ,	<input type="checkbox"/>	HE5.25
	HE5.26	Providing <u>WRITTEN</u> feedback to you on your work	<input type="checkbox"/>	HE5.26
	HE5.27	<u>WRITTEN</u> feedback: copy of the last visit available and checked by the interviewer	<input type="checkbox"/>	HE5.27
HE5.28	Did you receive a follow up visit within 6 weeks of CBNC training to assess and support your CBNC work ?	1 = Yes 2 = No – GO TO HE5.33 3 = No CBNC training – GO TO HE5.33	<input type="checkbox"/>	HE5.28
If received CBNC post-training visit who conducted 6 weeks follow up visit? Select all that apply	For each: 1 = Yes 2 = No			
	HE5.29	Zone	<input type="checkbox"/>	HE5.29
	HE5.30	Woreda	<input type="checkbox"/>	HE5.30
	HE5.31	Health Center	<input type="checkbox"/>	HE5.31
	HE5.32	NGO	<input type="checkbox"/>	HE5.32

HE5.33	Have you received a supportive supervisory visit in the last 6 months specifically for iCCM?	1 = Yes 2 = No – GO TO HE5.37	<input type="checkbox"/>	HE5.33	
If YES: Who from?		For all: 1 = yes, 2 = no			
Select all mentioned		HE5.34	Woreda health office	<input type="checkbox"/>	HE5.34
		HE5.35	PHCU/health centre	<input type="checkbox"/>	HE5.35
		HE5.36	NGO	<input type="checkbox"/>	HE5.36
HE5.37	Can you tell us whether or not you were satisfied with the QUALITY of supportive supervision received in last six months? <u>Do not</u> read options	1 = Yes was satisfied 2 = No was not satisfied – GO TO 5.39 3 = Neither satisfied nor dissatisfied – GO TO HE5.40 4 = no supportive supervision in the last 6 months GO TO HE5.45	<input type="checkbox"/>	HE5.37	
HE5.38	IF YES , then what was the level of satisfaction? <u>Read options</u>	1. Fully satisfied -GO TO HE5.40 2. Somewhat satisfied -GO TO HE5.40	<input type="checkbox"/>	HE5.38	
HE5.39	IF NO , then what was the level of dissatisfaction? <u>Read options</u>	1. Fully dissatisfied 2. Somewhat dissatisfied	<input type="checkbox"/>	HE5.39	
How can the quality of the supervision be further improved: <u>Read list</u> Select all that apply		For each: 1 = Yes 2 = No			
		HE5.40	More visits	<input type="checkbox"/>	HE5.40
		HE5.41	More crash trainings	<input type="checkbox"/>	HE5.41
		HE5.42	More technical supervision	<input type="checkbox"/>	HE5.42
		HE5.43	Other GO TO HE 5.44	<input type="checkbox"/>	HE5.43
HE5.44	Specify _____	<input type="checkbox"/>	HE5.44		

Interviewer:

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

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

LAST 6 MONTHS: STATE THE START & END MONTHS

START MONTH _____

END MONTH _____

HE5.45	In the past 6 months, did you participate in a PRCMM meeting, where the health center, health post and/or NGO staff met together to discuss performance, targets, and ways to improve HEWs' skills and achieve targets specifically for CBNC?	1 = Yes 2 = No 3 = No CBNC training – GO TO MODULE 6	<input type="checkbox"/>	HE5.45
HE5.46	Since training of CBNC, have you participated in any PRCM meeting conducted in your Health center catchment area?	1 = Yes 2 = No – GO TO MODULE 6	<input type="checkbox"/>	HE5.46
HE5.47	Did the meeting extract data from the HEW's 0-2 month (newborn) registers?	1 = Yes 2 = No	<input type="checkbox"/>	HE5.47
HE5.48	At that meeting, did your health center staff get a chance to offer mentoring on how to improve your newborn illness management skills?	1 = Yes 2 = No	<input type="checkbox"/>	HE5.48
<p>Did that meeting cover discussions on performance and targets on the following?</p> <p>Read all the following</p>		For each: 1 = Yes 2 = No		
	HE5.49	Early identification of pregnancy	<input type="checkbox"/>	HE5.49
	HE5.50	Focused ANC	<input type="checkbox"/>	HE5.50
	HE5.51	Promotion of institutional delivery	<input type="checkbox"/>	HE5.51
	HE5.52	Safe and clean delivery	<input type="checkbox"/>	HE5.52
	HE5.53	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>	HE5.53
	HE5.54	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>	HE5.54
	HE5.55	Management of diarrhea among neonate	<input type="checkbox"/>	HE5.55
	HE5.56	Breast feeding among neonate	<input type="checkbox"/>	HE5.56
	HE5.57	Immunization among neonate	<input type="checkbox"/>	HE5.57
	HE5.58	Management of hypothermia	<input type="checkbox"/>	HE5.58
HE5.59	Management of pre-term and/or low	<input type="checkbox"/>	HE5.59	

		birth weight neonates		
	HE5.60	Management of neonatal/very severe disease	__	HE5.60
	HE5.61	Register review	__	HE5.61
	HE5.62	Community level observation	__	HE5.62

MODULE 6: HEWS SERVICES PROVIDED IN THE LAST 3 MONTHS

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

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

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

LAST 3 MONTHS: STATE THE START & END MONTHS

START MONTH _____

END MONTH _____

HE6.1	Did you conduct pregnant women conference in the community in the last 3 months?	1 = Yes 2 = No – GO TO HE6.5	__	HE6.1
HE6.2	How regularly do you conduct the pregnant women's conference?	1 = Once a week 2 = Every two weeks 3 = Once a month 4 = Every other month 5 = Once every three months	__	HE6.2
HE6.3	In the last pregnant women conference, how many women in your catchment area were pregnant?	Enter number Enter 999 if don't know	_ _ _	HE6.3
HE6.4	Among them, how many of them attended the pregnant women's conference?	Enter number	_ _	HE6.4
HE6.5	Did you provide ANC to any women in the last three months?	1 = Yes 2 = No – GO TO HE6.7	__	HE6.5
HE6.6	IF YES: how many?	Enter number	_ _	HE6.6
HE6.7	Did you refer any pregnant	1 = Yes	__	HE6.7

	women from this health post to a health center or hospital in the last three months?	2 = No – GO TO HE6.9		
HE6.8	IF YES: how many?	Enter number	__ __	HE6.8
HE6.9	Did you see any women to provide postpartum care in the last three months?	1 = Yes 2 = No – GO TO HE6.11	__	HE6.9
HE6.10	IF YES: How many women did you see for postpartum care in the last three months?	Enter number	__ __	HE6.10
HE6.11	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 HE6.13	__	HE6.11
HE6.12	IF YES: How many?	Enter number	__ __	HE6.12
HE6.13	Did you see any newborns to provide a postnatal check for in the last three months?	1 = Yes 2 = No – GO TO HE6.15	__	HE6.13
HE6.14	IF YES: How many newborns did you provide a postnatal check for in the last three months?	Enter number	__ __	HE6.14
HE6.15	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 HE6.17	__	HE6.15
HE6.16	IF YES: How many?	Enter number	__ __	HE6.16
HE6.17	Did you give care for prevention of hypothermia in the last three months?	1 = Yes 2 = No – GO TO HE6.19	__	HE6.17
HE6.18	IF YES: How many?	Enter number	__ __	HE6.18
HE6.19	Did you give care for management of hypothermia in the last three months?	1 = Yes 2 = No – GO TO HE6.21	__	HE6.19
HE6.20	IF YES: How many?	Enter number	__ __	HE6.20
HE6.21	Did you provide care for pre-term and/or low birth weight neonates in the last three months?	1 = Yes 2 = No – GO TO HE6.23	__	HE6.21
HE6.22	IF YES: How many?	Enter number	__	HE6.22
HE6.23	Did you identify newborns with suspected very severe disease in the last three months?	1 = Yes 2 = No – GO TO HE6.25	__	HE6.23
HE6.24	IF YES: How many?	Enter number	__	HE6.24
HE6.25	Did you treat newborns with suspected very severe disease in the last three months?	1 = Yes 2 = No – GO TO HE6.28 3 = Antibiotics not available – GO TO HE6.28	__	HE6.25
HE6.26	IF YES: how many?	Enter number	__	HE6.26
HE6.27	IF YES: how many completed the treatment at the health post?	Enter number	__	HE6.27
HE6.28	Did you refer any newborns from this health post to a health center or hospital for very	1 = Yes 2 = No – GO TO HE6.30	__	HE6.28

	severe disease in the past three months?			
HE6.29	IF YES: How many?	Enter number	__	HE6.29
HE6.30	Did you see any newborns with diarrhea in the last three months?	1 = Yes 2 = No – GO TO HE6.32	__	HE6.30
HE6.31	IF YES, how many?	Enter number	__ __	HE6.31
HE6.32	Did you see any newborns with jaundice in the last three months?	1 = Yes 2 = No – GO TO HE6.34	__	HE6.32
HE6.33	IF YES, how many?	Enter number	__ __	HE6.33
HE6.34	Are the maternity record books completely up to date until the day before survey?	1 = Yes 2 = No	__	HE6.34
HE6.35	What is number of maternity cases maintained in the last three months in the maternity register?	Enter number	__ __	HE6.35

Thank you for participating in the study.