

IDEAS BIRTH ATTENDANT SURVEY
Gombe State, November 2015

SECTION 1: FRONT LINE WORKER IDENTIFIERS

1.1	Date	_ _ / _ _ / _ _ _ _
1.2	State code	_ _
1.3	LGA name (select from PDA drop down list)	_____
1.3a	Ward name (select from PDA drop down list)	_____
1.4	EA name (select from PDA drop down list)	_____
1.5	EA number(automatically generated by PDA)	_ _
1.5a	FLW unique id (automatically generated by PDA – write on consent form)	_ _ _ / _ EA/person
1.6	FLW type (1)FOMWAN (2)PARE (3) LCCN (4) TBA(5)Doctor in facility (6)Nurse/midwife in facility (7)Auxiliary nurse/midwife in facility (8)CHEW (9)Other facility worker	_
1.7	Is the FLW trained by SFH (1)Yes (2)No	_
1.7a	If 1.6 is (5)facility staff What is the name of the health facility? Enter facility name	_____
1.8	GPS LongitudeTake coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)	_ _ : _ _ _ _ _
1.9	GPS LatitudeTake coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)	_ _ : _ _ _ _ _
1.9a	Where were the coordinates taken? (1)health centre (2)home of FLW (3)other place	_
1.10a	Interviewer Initials	_ _
1.10b	Did you read the FLW the consent form? (1)yes (2)no	
1.10c	Did the FLW agree to be interviewed? (1)yes (continue with interview) (2)no	_
1.10d	If not Why not? _____ END	_____

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

		Service provided by FLW (1=yes; 2=no)
1.11	ANC: Awon ciki	_
1.12	Delivery: Haihuwa	_
1.13	Post partum care (care given to mother within 42 days after childbirth): Kulawar lokacin jago	_
1.14	Post natal care (care given to newborn within 42 days after birth): Kulawada jariribayan haihuwa	_
1.15	Referral : Turawa zuwa gaba domin samun karin kulawa	_
1.16	Breast feeding counselling: Bada shawara domin shayar da nonon uwa	_
1.17	Skin to skin (KMC): Renon jarirai jiki da jiki domin jin dumin uwa	_
1.18	Identification of LBW babies: Ganoarirai da basu da cikakken nauyi	_
1.19	Family planning (contraceptive): Tazarar haihuwa/Hanyoyin tsara iyali	_
1.20a	HIV education/information: Ilmantarwa/bayanai dangane da cutar Kanjamau/SIDA	_
1.20b	PMTCT services: Dabarun kare jarirai daga kamuwa da kwayar cutar Kanjamau daga mahaifiya	_

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		Service provided by FLW (1=yes; 2=no)
1.20c	Malaria related activities: Ayyukan da suka shafi zazzabin cizon sauro	<input type="checkbox"/>
1.20d	Vaccinations: Alluran riga kafi	<input type="checkbox"/>
1.20e	Syphilis testing during ANC?	<input type="checkbox"/>
1.21	Personal hygiene (for families): Tsabtan jiki	<input type="checkbox"/>
1.22	Community mobilization: Hada kan jama'a domin cimma buri	<input type="checkbox"/>

SECTION 2: BACKGROUND AND TRAINING OF FRONT LINE WORKER

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

Q2		
2.1	<p>What is your birth date? (enter on PDA)</p> <p>Menene ranar haihuwar ka/ki? (enter on PDA)</p>	<input type="text"/>
2.2	<p>What is your age now? (confirm using PDA prompted age in years)</p> <p>Nawa ne cikakkun shekarun ka/ki yanzu? (confirm using PDA prompted age in years)</p>	<input type="text"/>
2.3	<p>What is the highest grade of schooling that you completed? Enter number</p> <p>Menene matakin karatu mafi zurfi da kika kammala? Enter number</p>	<input type="text"/>
2.4	<p>For how many years have you worked as a FLW? Write number of years</p> <p>Tsawon shekaru nawa kayi/ki kayi a matsayin jami'in kiwon lafiya na zangon farko? Write number of years</p>	<input type="text"/>
2.5	<p>For how many years have you worked in the place you are working now? Enter total number of years</p> <p>Tsawon shekaru nawa kay/ki kayi a wannan wurin a matsayin ka/ki na jami'in kiwon lafiya na zangon farko? Enter total number of years</p>	<input type="text"/>
2.6	<p>In the last 12 months, have you received any training (On the job or outside workplace) for MNCH services? (1)yes (2)no if no go to 2.16</p> <p>A cikin watanni 12 da suka gabata, ko kin sami wata horarwa kan aiyukan inganta rayuwar iyali (MNCH)? (1)yes (2)no if no go to 2.16</p>	<input type="text"/>
2.7	If yes, from whom? (1)SFH (2) PACT/SAQIP (3)Other (specify)	<input type="text"/>

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	Select all If yes, Daga wajen wa ka/ki samu horarwar? (1)SFH (2) PACT/SAQIP (3)Other (specify	
2.7a	Specify _____ Ka/ki ambata _____	
2.8	If yes, for how many days were you trained in total? (if less than 1 day enter 0) If yes, Horarwar ta kwana nawa ne ka/kika samu? (if less than 1 day enter 0)	__
2.9	If yes: Did that training include the immediate care of the newborn (1)yes (2)no <i>If yes: Horon da kika samu ya hada da dabarun gano jarirai masu karancin nauyi ko wadanda aka haifa kafin cikan watannin haihuwa (wato sati 37)?</i> (1)yes (2)no	__
2.10	If yes: Did that training include promoting healthy behaviours for mothers and newborns (1)yes (2)no If yes: Ko Horarwar ta haɗa da dabarun dorewar ingantattun dabi'un da zasu tabbatar da lafiyar uwa da jariri? (1)yes (2)no	__
2.11	If yes: Did that training include use of the MNH call centre (1)yes (2)no If yes: Ko horarwar ta kunshi yadda za'a yi amfani da cibiyar inganta rayuwar iyali (MNH Call Centre)"? (1)yes (2)no	__
2.12	If yes: Did that training include use of the emergency transport scheme (1)yes (2)no If yes: Ko horarwar ta kunshi yadda za'a yi amfani da shirin sufurin taimakon gaggawa(1)yes (2)no	__
2.13	If yes: Did that training include learning about quality improvement? (1)yes (2)no If yes: Ko horarwar ta kunshi koyar da dabarun kara ingancin shirin inganta rayuwar iyali ? (1)yes (2)no	__
2.14	If yes: Did that training include learning about using data for decision making?(1)yes (2)no If yes: Ko horarwar ta kunshi koyar da dabarun amfani da alkalumma domin zartar da shawara? (1)yes (2)no	__
2.15	If yes: Did that training include learning about working with community groups/women's groups to improve MCH services?(1)yes (2)no If yes: Ko horarwar ta kunshi koyar da dabarun ayyukan haɗin kai da kungiyoyin sa kai na al'umma da kungiyoyin mata? (1)yes (2)no	__
2.15a	If yes: Did that training include learning about rescucitation of newborns with a bag and mask? (1)yes (2)no	__
2.15b	If yes: Did that training include learning about administration of magnesium sulfate for the treatment of severe pre-eclampsia or eclampsia?(1)yes (2)no	__
2.15c	If yes: Did that training include learning about management of postpartum haemorrhage? (1)yes (2)no	
2.15d	If yes: Did that training include the active management of the third stage of labour?	
2.15e	If yes: Did that training include the monitoring of labour using	

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	partographs?	
2.15f	If yes: Did that training include screening and or testing for syphilis?	
2.16	Have you attended meetings organised by SFH? (1)yes (2)no – go to 2.19 <i>Ko kin taba halartar taron da Kungiyar lafiyar lyali (SFH) ta shirya?</i> 1)yes (2)no – go to 2.19	_
2.17	If yes How many meetings have you attended in the last 12 months? If yes: <i>A cikin watanni 12 da suka gabata, ko sau nawa ka/kika halarci taron?</i>	_
2.18	If yes: When was the last meeting? <i>Enter date using PDA</i> If yes: <i>Yaushe akayi taron baya-bayan nan?</i> <i>Enter date using PDA</i>	_ _ _
2.19	Have you attended meetings organised by PACT? (1)yes (2)no – go to 3.1 <i>Ko kin taba halartar taron da Kungiyar Pact ta shirya?</i> (1)yes (2)no – go to 3.1	_
2.20	If yes How many meetings have you attended in the last 12 months? If yes: <i>A cikin watanni 12 da suka gabata, ko sau nawa ka/kika halarci taron da Pact ta shirya?</i>	_
2.21	If yes: When was the last meeting? <i>Enter date using PDA</i> If yes: <i>Yaushe akayi taron baya-bayan nan? Enter date using PDA</i>	_ _ _

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 supervisory visit (from someone outside) in the last 12 months? 1 yes, 2 no if no got to Section 4 <i>A cikin watanni 12 da suka gabata, ko an kawo maka/miki ziyarar tallafi domin kyautata aiki?</i> 1 yes, 2 no if no got to Section 4	_
	If yes: From which organisation? If yes: <i>Daga wace kungiya ko ma'aikata?</i>	(1)yes (2)no
3.2	SFH: <i>Kungiyar Lafiya Lyali (SFH)</i>	_
3.3	LGA health office/Primary Health Care Department: <i>Offishin kiwon lafiya na Karamar Hukuma</i>	_
3.4	PACT/SAQIP: <i>Kungiyar Pact</i>	_
3.5	<i>Other, specify: Wata kungiyar daban da ba'a ambata ba?</i>	_
3.6	Specify	_ _ _
3.7	If 3.1 was yes: How many times did you receive a supervision visit in the last 12 months? <i>Enter total number of times</i> If 3.1 was yes: <i>A cikin watanni 12 da suka gabata, kamar sauna aka kawomaka/miki ziyarar aiki Enter total number of times</i>	_ _
3.8	When was the last time you received a supervision visit? <i>Enter date on PDA</i> <i>Yaushe aka kai miki/maka ziyarar tallafi a baya-bayan nan?</i> <i>Enter date on PDA</i>	_

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	Did that visit include any of the following activities? 1 yes, 2 no <i>Ko ziyarar baya-bayan nan ta kunshi wasu daga cikin wadannan?</i> 1 yes, 2 no	(1)yes (2)no
3.9	A: Checking or delivering supplies: <i>Bincike ko kawo kayan aiki</i>	_
3.10	B: Keeping records: <i>Adana bayanai</i>	_
3.11	C: Observing client-health worker interaction: <i>Lura da yadda jami'in kiwon lafiya ke cudanya da majinyaci</i>	_
3.12	D: Observing case management for sick children: <i>Lura da yadda ake gudanarda jinyar yara</i>	_
3.12	E: Providing feedback to you on your work: <i>Mayarda martani gameda aiki</i>	_
3.13	F: Conducted household visits: <i>Yin ziyara zuwa gidaje:</i>	_
3.14	G: Other, specify <i>Wani abun daban</i>	_
3.15	Other, Specify <i>Wani abun daban</i>	_ _ _
3.16	H: None of these	_

SECTION 4. Front line worker workload in last month

	If available, refer to record books to complete the following; only count events attended by the specific FLW being interviewed. If record books are not available, ask the FLW:	
4.1	Are record books available that show the number of visits made/ clients seen by the FLW? (1)yes (2)no <i>Ko akwai takardun adana bayanai dake nuna yawan ziyarar Jami'an lafiya na zangon farko zuwa gidaje?</i>	_
4.2	How many women did you provide antenatal care to in the last month? <i>Write number</i> <i>Acikin watan da ya gabata, adadin mata nawa ka/ki yiwa awon juna biyu?</i> <i>Write number</i>	_
4.3	How many times did you call the MNH call centre for a pregnancy question in the last month? <i>Write number</i> <i>A cikin watan da ya gabata, sau nawa ka/kika tuntuɓi cibiyar inganta rayuwar iyali ta hanyar amfani da wayar salula (MNH call centre) domin yin tambaya dangane da juna biyu?</i> <i>Write number</i>	_
4.4	How many women did you refer to higher level of care during pregnancy? <i>Write number</i> <i>A cikin watan da ya gabata, adadin mata nawa ka/kika tura gaba domin samun karin kulawa dangane da juna biyu? Write number</i>	_
4.5	How many times did you call the Emergency Transport Scheme for a pregnant	_

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	woman in the last month? <i>Write number</i> <i>A cikin watan da ya gabata, sau nawa ka/kika kira shirin sufurin gaggawa domin taimakawa mata masu juna biyu? Write number</i>	
4.6	How many deliveries did you attend in the last month? <i>Write number</i> <i>A cikin watan da ya gabata adadin haihuwa nawa ka/ki ka karba? Write number</i>	_
4.7	How many times did you call the MNH call centre for a delivery question in the last month? <i>Write number</i> <i>A cikin watan da ya gabata sau nawa ka/ki ka kira cibiyar inganta rayuwar iyali MNH domin yin tambaya game da haihuwa? Write number</i>	_
4.8	How many women did you refer to higher level of care during delivery? <i>Write number</i> <i>A cikin watan da ya gabata, adadin mata nawa ka/kika tura gaba domin samun karin kulawa wajen haihuwa? Write number</i>	_
4.9	How many times did you call the Emergency Transport Scheme for a woman in delivery in the last month? <i>Write number</i> <i>A cikin watan da ya gabata, sau nawa ka/kika kira shirin sufurin gaggawa domin taimakawa mace domin haihuwa? Write number</i>	_
4.10	How many women did you provide postpartum care to in the last month? <i>A cikin watan da ya gabata mata nawa ka/ ki ka bawa gudunmawa lokacin jego?</i>	_
4.11	How many times did you call the MNH call centre for a post partum care question in the last month? <i>Write number</i> <i>A cikin watan da ya gabata sau nawa ka/ki ka kira cibiyar inganta rayuwar iyali MNH domin yin tambaya game da jego? Write number</i>	_
4.12	How many women did you refer to higher level of care for post partum care? <i>Write number</i> <i>A cikin watan da ya gabata, adadin mata nawa ka/ki ka tura gaba domin samun karin kulawa dangane da jego? Write number</i>	_
4.13	How many times did you call the Emergency Transport Scheme for a woman after delivery in the last month? <i>Write number</i> <i>A cikin watan da ya gabata, sau nawa ka/ki ka kira shirin sufurin gaggawa domin taimakawa mace bayan haihuwa? Write number</i>	_
4.14	How many newborns did you provide postnatal care to in the last month? <i>A cikin watan da ya gabata jarirai nawa ka/ki ka baiwa kulawa bayan haihuwa?</i>	_
4.15	How many times did you call the MNH call centre for a post natal care question in the last month? <i>Write number</i> <i>A cikin watan da ya gabata sau nawa ka/ki ka kira cibiyar inganta rayuwar iyali MNH domin yin tambaya dangane da kulawa bayan haihuwa? Write number</i>	_
4.16	How newborns did you refer to higher level of care for post natal care? <i>Write number</i> <i>A cikin watan da ya gabata, adadin jarirai nawa ka/ki ka tura gaba domin samun karin kulawa bayan haihuwa?</i>	_

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	<i>Write number</i>	
4.17	How many times did you call the Emergency Transport Scheme for a newborn in the first month of life in the last month? <i>Write number</i> <i>A cikin watan da ya gabata, sau nawa ka/ki ka kira shirin sufurin gaggawa domin taimakawa jariri dan/yar' wata daya? Write number</i>	_

SECTION 5. Recalled activities at the last delivery:

Use the record books to identify the last birth attended by the FLW being interviewed. If no record books are available, ask the FLW to recall the last birth she attended

5.1a	Have you ever attended to a delivery? (1)yes (2)no— if no, go to section 6 <i>Ko ka/kin taba karbar haihuwa?</i> (1)yes (2)no— if no, go to section 6	_
5.1b	On which date was the last delivery for this FLW? <i>Enter date on PDA</i> <i>A wace rana ce ki/ka ka karbi haihuwar karshe?</i> <i>Enter date on PDA</i>	_ _ _
5.1c	Do you remember the delivery that took place on [date], that you attended? (1)yes (2)no - if no, go to section 6 <i>Za ki /ka iya tuna haihuwar da ki/ka karba a ranar [date]?</i>	_
5.2	What type of delivery was it? (1)spontaneous normal delivery (2) vacuum extraction or forceps delivery (3) other, specify <i>Wace irin haihuwa ce ki/ka karba?</i> (1)spontaneous normal delivery (2) vacuum extraction or forceps delivery (3) other, specify	_
5.3	If (3) other, specify _____ If (3) Wani abun daban _____	_
	About that delivery: Interviewer – use the record book as well as questioning the worker to complete this information	
5.4	What was the mother's age? (Write in years, or write 99 if doesn't know/remember) <i>Menene cikakkun shekarun uwar?</i> (Write in years, or write 99 if doesn't know/remember)	_ _ _
5.5	Was it her first birth? (1)yes (2)no (3) don't know/remember <i>Wannan itace haihuwarta ta farko?</i> (1)yes (2)no (3) don't know/remember	_
5.7	Did the labour end in a live birth?	_

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	<p>(1)yes (2)no</p> <p><i>Ko an haifi dan/yar' da rai?</i></p> <p>(1)yes (2)no</p>	
5.8	<p>Where did the birth finally take place?</p> <p>(1)home (2)primary care facility (3)hospital (secondary care or higher)</p> <p><i>A wane wuri ta haihu?</i></p> <p>(1)home (2)primary care facility (3)hospital (secondary care or higher)</p>	<input type="checkbox"/>
5.9	<p>Was the baby a girl or a boy?</p> <p>(1) girl (2) boy (3) don't remember</p> <p><i>Jaririn namiji ne ko mace?</i></p> <p>(1) girl (2) boy (3) don't remember</p>	<input type="checkbox"/>
5.10a	<p>Did you weigh the baby using weighing scales?</p> <p>(1)yes (2)no</p> <p><i>Ko kin auna nauyin jaririn/jaririyar da sikeli?</i></p> <p>(1)yes (2)no</p>	<input type="checkbox"/>
5.10b	<p>Did you have any other method of estimating baby's weight?</p> <p>(1)yes (2)no –go to 5.11a</p> <p><i>Ko ki na da wata hikima daban domin kiyasta nauyin jarirai?</i></p> <p>(1)yes (2)no –go to 5.11a</p>	<input type="checkbox"/>
5.10c	<p>If yes – What did you use?</p> <p>(1)measured foot length (2)other</p> <p>If yes – <i>Ko me ki/ka yi amfani dashi?</i></p> <p>(1)auna tsawon kafa (2)Wani abin daban</p>	
5.10d	<p>Was the baby low birth weight? (<2500g, or <2.5kg)</p> <p>(1)yes (2)no (3) don't remember</p> <p><i>Ko jaririn/jaririyar bata da cikakken nauyi? (<2500g, or <2.5kg)</i></p> <p>(1)yes (2)no (3) don't remember</p>	<input type="checkbox"/>
5.11a	<p>Did you use a method of estimating baby's gestational age?</p> <p>(1)yes (2)no - go to 5.11c</p> <p><i>Ko ka/kin yi amfani da wata hikima ta sanin watannin cikin?</i></p> <p>(1)yes (2)no - go to 5.11c</p>	<input type="checkbox"/>
5.11b	<p>If yes What method did you use?</p> <p>(1)neonatal assessment at birth (2)asked mother/LMP (3) physically examined mother while pregnant (4) ultrasound while pregnant (5) other</p> <p>Select all</p> <p>If yes: <i>Wace irin hikima ki/ka yi amfani da ita?</i></p> <p>Select all</p> <p>(1)neonatal assessment at birth (2)asked mother/LMP (3) physically examined mother while pregnant (4) ultrasound while pregnant (5) other</p>	<input type="checkbox"/>
5.11c	<p>Was the baby born prematurely (<37 weeks)?</p> <p>(1)yes (2)no (3) don't know</p>	<input type="checkbox"/>

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	<i>Ko jaririn/jaririyar bai/ bata cika lokacin haihuwa ba?</i> (1)yes (2)no (3) don't know							
5.12	Did you call the MNH call centre for advice during the labour? (1)yes (2)no (3) don't remember <i>Ko kin tuntubi cibiyar inganta rayuwar iyali ta hanyar wayar salula (MNH center) domin neman shawara lokacin da ki/ka ke lura da mai nakuda?</i> (1)yes (2)no (3) don't remember	<input type="checkbox"/>						
5.13	Did you call the Emergency Transport Scheme for assistance during the labour? (1)yes (2)no (3) don't remember <i>Ko ka/kin tuntubi shirin sufurin gaggawa domin neman shawara lokacin da ki/ka ke lura da mai nakuda?</i> (1)yes (2)no (3) don't remember	<input type="checkbox"/>						
5.14	Was the mother referred to a /another facility? (1)yes (2)no <i>Ko kin/ka tura mai nakudar zuwa wani asibiti?</i> (1)yes (2)no	<input type="checkbox"/>						
5.15	Was the newborn referred to a /another facility? (1)yes (2)no <i>Ko kin/ka tura jaririn/jaririyar zuwa wani asibiti?</i> (1)yes (2)no	<input type="checkbox"/>						
5.16	Was the mother alive after delivery? (1)yes (2)no <i>Ko uwar ta rayu bayan haihuwar?</i> (1)yes (2)no	<input type="checkbox"/>						
5.16a	Was the newborn alive after delivery? (1)yes (2)no	<input type="checkbox"/>						
5.18	Were you the main delivery attendant for this delivery? (1)yes (2)no <i>Ko ke/kai ka shugabanci karɓar haihuwar?</i> (1)yes (2)no	<input type="checkbox"/>						
5.18a	Who else was in the delivery room with you? Select all that apply (1)no-one (2)doctor (3)nurse/midwife (4)auxiliary nurse/midwife (5)CHEW (6)other facility cadre (7)woman's husband (8)woman's other relative (9)woman's friend (10)other (specify)	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.18b	If 5.18a (10) specify Specify: _____							
5.18c	Which position was the woman in for the delivery? (1)standing (2)squatting (3)kneeling/leaning forward (4)lying down on back (5)lying down on side	<input type="checkbox"/>						
5.18d	Who made the choice about this position? (1)the birth attendant decided (2)the woman herself was given a choice (3)other	<input type="checkbox"/>						
5.18e	Was it necessary to hit/beat the woman during the labour or delivery? (1)yes (2)no	<input type="checkbox"/>						
5.18f	Was it necessary to shout at the woman during the labour or delivery? (1)yes (2)no	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>							

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5.19	Thinking about the preparations for that delivery. Were you able to prepare the following items for use? For each item, if not prepared indicate why not as follows: (1)Not enough help available; (2) No supplies; (3)Not trained to do that; (4) Other <i>Kin shirya wadannan kayan domin nakuda da haihuwar?</i> For each item, if not prepared indicate why not as follows: (1)Not enough help available; (2) No supplies; (3)Not trained to do that; (4) Other	<input type="checkbox"/>
5.20	Sterile gloves (1) yes (2) no (3) don't know <i>Safar hannu? (1) yes (2) no (3) don't know</i>	<input type="checkbox"/>
5.21	If didn't prepare sterile gloves, why not? (1) (2) (3) (4) <i>Me ye dalilin rashin tanadar safar hannu?</i> (1) (2) (3) (4)	<input type="checkbox"/>
5.22	Disinfectant (1) yes (2) no (3) don't know <i>Sinadarin kashe kwayar cuta? (1) yes (2) no (3) don't know</i>	<input type="checkbox"/>
5.23	If didn't prepare disinfectant, why not? (1) (2) (3) (4) <i>Me ye dalilin rashin tanadar Sinadarin kashe kwayar cuta?</i> (1) (2) (3) (4)	<input type="checkbox"/>
5.24	Gauze (1) yes (2) no (3) don't know <i>Bandeji</i> (1) yes (2) no (3) don't know	<input type="checkbox"/>
5.25	If didn't prepare gauze, why not? (1) (2) (3) (4) <i>Me ye dalilin rashin tanadar bandeji?</i> (1) (2) (3) (4)	<input type="checkbox"/>
5.26	Clean clothes/towel for drying the baby (1) yes (2) no (3) don't know <i>Tsabtattun tufa/tawul domin tsane jarir/jaririya?</i> (1) yes (2) no (3) don't know	<input type="checkbox"/>
5.27	If didn't prepare clean clothes/towel for drying, why not? (1) (2) (3) (4) <i>Me ye dalilin rashin tanadin tsabtattun tufa/tawul domin tsane jariri/jaririya?</i> (1) (2) (3) (4)	<input type="checkbox"/>
5.27a	Cloth to wrap the baby (1) yes (2) no (3) don't know <i>An tanadi kayan da za'a sa ma jariri/jaririya?</i> (1) yes (2) no (3) don't know	<input type="checkbox"/>
5.27b	If didn't prepare cloth to wrap baby, why not? (1) (2) (3) (4) <i>Idan ba'a tanadin tufar da za'a sama ma jariri/jaririya ba, menene dalili?</i> (1) (2) (3) (4)	<input type="checkbox"/>
5.28	Sterile scissor or razor blade to cut the cord (1) yes (2) no (3) don't know <i>Tsabtaccen almakashi ko reza domin yanke cibiya</i>	<input type="checkbox"/>
5.29	If didn't prepare sterile razor blade, why not? (1) (2) (3) (4) <i>Idan ba'a tanadin tsabtaccen almakashi ko reza domin yanke cibiya ba, menene dalili?</i>	<input type="checkbox"/>
5.30	Cord ligatures (1) yes (2) no (3) don't know	<input type="checkbox"/>

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	<i>Tsabtaccen zaren daure cibiya</i>	
5.31	If didn't prepare cord ligatures, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanada tsabtaccen zaren daure cibiya cibiya ba, menene dalili?</i>	
5.32	Oxytocine(1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Allurar kare ko tsaida kwararar jinni ta Ozitosin</i>	
5.33	If didn't prepare oxytocine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanada allurar ozitosin domin kare ko tsaida kwararar jini ba, menene dalilin?</i>	
5.34	Ergometrine(1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Allurar kare ko tsaida kwararar jinni ta Ègo</i>	
5.35	If didn't prepare ergometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanada allurar Ègo domin kare ko tsaida kwararar jini ba, menene dalilin?</i>	
5.35a	Misoprostol (1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Kwayar kare ko tsaida kwararar jinni ta Miso</i>	
5.35b	If didn't prepare misoprostol, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanada kwayar Miso domin kare ko tsaida kwararar jini ba, menene dalilin?</i>	
5.35c	Syntometrine (1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Allurar tsaida kwararar jinni ta Sinto</i>	
5.35d	If didn't prepare syntometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanada alular Sinto domin kare ko tsaida kwararar jini ba, menene dalilin?</i>	
5.35e	Chlorhexidine for the newborn cord(1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Sinadarin kashe kwayar cuta na kulohezidin</i>	
5.35f	If didn't prepare chlorhexidine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
5.36	Eye ointment (1) yes (2) no (3) don't know	<input type="checkbox"/>
	<i>Maganin ciwon ido mai kwantsa?</i> <i>(1) yes (2) no (3) don't know</i>	
5.37	If didn't prepare eye ointment, why not? (1) (2) (3) (4)	<input type="checkbox"/>
	<i>Idan ba'a tanadi maganin ciwon ido mai kwantsa ba, menene dalili?</i> <i>(1) (2) (3) (4)</i>	
5.38	Did you monitor progress of labour? (1)yes - go to 5.40 (2)no	<input type="checkbox"/>
	<i>Ko ka/ki kin lura da yadda nakudar ke gudana?</i> <i>(1)yes - go to 5.40 (2)no</i>	
5.39	If no: Why not? (1) (2) (3) (4) Now go to 5.44	<input type="checkbox"/>
	If no: <i>Idan ba ka/ki lura da yadda nakudar ke gudana ba, menene dalili?</i> <i>(1) (2) (3) (4)Now go to 5.44</i>	
	If yes: Where did you register these observations? Do not prompt, select all mentioned	(1)yes (2)no

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	If yes: Ko a ina ki/ka ke rubuta wadannan abubuwan da ki/ka ke lura da su? Do not prompt, select all mentioned	
5.40	On a partograph	<input type="checkbox"/>
5.41	On the partograph in the prenatal card	<input type="checkbox"/>
5.42	In the woman's clinical record :	<input type="checkbox"/>
5.43	No-where:	<input type="checkbox"/>
5.44	Did the woman receive ergometrine/syntometrine/oxytocin/misoprostol within 1-2 minutes of delivery? (1)yes (2)no go to 5.45 <i>A cikin minti daya zuwa biyu bayan haihuwa, ko kin/ka baiwa matar maganin tsaida yankewar jini?</i> (1)yes (2)no go to 5.45	<input type="checkbox"/>
5.44a	If yes: Which one?(1) Ergometrine (2) Syntometrine (3) Oxytocin (4) Misoprostol If yes: Wanne daga cikin maganin? (1) Ergometrine (2) Syntometrine (3) Oxytocin (4) Misoprostol	<input type="checkbox"/>
5.45	Did you practise controlled cord traction? (1)yes(2)no <i>Ko kin/ka taimaka wajen ciro uwar mahaifa (placenta) jim kaɗan bayan haihuwar? (1)yes(2)no</i>	
5.46	Did you practise uterine massage? (1)yes (2)no <i>Ko kin/ka taimaka wajen shashshafa mahaifar jim kaɗan bayan haihuwar?</i> (1)yes (2)no	<input type="checkbox"/>
5.47	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 <i>Ko akwai bukatar taimakon gaggawa da ta taso lokacin da ki ka karɓi haihuwar? (PROBE: manual removal of placenta, or administration of magnesium sulphate, parenteral oxytocics or antibiotics), (1)yes (2)no</i>	<input type="checkbox"/>
5.48	Did you perform manual removal of the placenta? (1) yes(2) no <i>Ko kin/ka taimaka wajen sa hannu domin cire uwar mahaifar (placenta)?</i> (1) yes(2) no	<input type="checkbox"/>
5.49	Did you administer parenteral antibiotics? (1) yes(2) no <i>Ko ka/kin ba ta allurar maganin kwayar cuta?</i> (1) yes (2) no	<input type="checkbox"/>
5.50	Did you administer oxytocin parenterally? <i>Ko ka/kin bata allurar maganin kare/taida yankewar jini (ozitosin)?</i> (1) yes (2) no	<input type="checkbox"/>
5.51	Did you administer magnesium sulfate? (1) yes (2) no <i>Ko ka/kin bata allurar maganin taune-taune na magnisium sulfate?</i> 1) yes (2) no	<input type="checkbox"/>
5.52	Was there another birth attendant available to assist you when you delivered the baby? (1) yes (2) no <i>Ko akwai wani jami'in karɓar haihuwa da ya taimaka ma ki/ka lokacin da ki/ka ka karɓi haihuwar?</i> (1) yes (2) no	<input type="checkbox"/>

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5.52a	Where was the newborn placed immediately after delivery? Select one (1)on the mother's body (2)given to other person in the room to hold (3)on the bed beside mother (4)on a newborn table (5)floor (6)other place (specify)	<input type="checkbox"/>
5.52b	If 5.52a (6)other place Specify: _____	
5.52c	Did you place the newborn skin to skin on the mother's chest/stomach before they were moved from the delivery place? (1)yes (2)no	<input type="checkbox"/>
	What immediate care did you give the newborn? Do not prompt, select all mentioned <i>Wacce irin kulawa ta gaggawa kika baiwa jaririn/jaririyar da farko? Do not prompt, select all mentioned</i>	(1)yes (2)no
5.53	Clean the baby's mouth before the shoulder comes out : <i>Tsabtace bakin jaririn/jaririyar kafin fitowar kafada</i>	<input type="checkbox"/>
5.54	Clean the baby's mouth, face and nose <i>Tsabtace bakin jaririn/jaririyar, fuska da hanci</i>	<input type="checkbox"/>
5.55	Ensure the baby is breathing <i>Tabbatar da jaririn/jaririyar na numfashi</i>	<input type="checkbox"/>
5.56	Ensure the baby is dry immediately: <i>Tabbatar da jaririn/jaririyar ya/ta tsane</i>	<input type="checkbox"/>
5.57	Observe for colour: <i>Lura da launin jiki ko idon jaririn/jaririyar</i>	<input type="checkbox"/>
5.58	Ensure the baby is kept warm (skin to skin) <i>Tabbatar da cewa jaririn/jaririyar na cikin wuri mai dumi (jiki da jiki)</i>	<input type="checkbox"/>
5.59	Administer prophylaxis for the eyes <i>Ko ka/kin bada maganin rigakafin ciwon ido (prophylaxis)?</i>	<input type="checkbox"/>
5.60	Weigh the baby <i>Auna nauyin jaririn/jaririyar</i>	<input type="checkbox"/>
5.61	Care for the umbilical cord <i>Kula da cibiyar jaririn/jaririyar</i>	<input type="checkbox"/>
5.62	Initiate breastfeeding within the first 30 minutes after birth <i>Fara shayar da nonon uwa cikin minti 30 na farko bayan haihuwa</i>	<input type="checkbox"/>
5.63	Evaluate/examine the newborn within the first hour <i>Binciken lafiyar jaririn/jaririyar cikin awa daya bayan haihuwa</i>	<input type="checkbox"/>
5.64	None of the above <i>Babu ko daya daga cikin wadannan da aka ambata a sama</i>	<input type="checkbox"/>
5.65	Was there a need to resuscitate the baby? (1)yes (2)no(go to 5.73) <i>Ko an samu bukatar farfado da jaririn/jaririyar?</i> (1)yes (2)no(go to 5.73)	<input type="checkbox"/>
	If yes: What action did you take? <i>Do not prompt, select all mentioned</i> If yes: <i>Wane mataki ki/ka ka dauka? Do not prompt, select all mentioned</i>	1)yes (2)no
5.67	Opening the airways:	<input type="checkbox"/>

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	<i>Bude hanyoyin shakar iska</i>	
5.68	Cleaning the mouth/use suction devise:	<input type="checkbox"/>
	<i>Zuke majina daga bakin jaririn da wata na'ura</i>	
5.69	Stimulating (e.g.rubbing/drying/wrapping) the baby	<input type="checkbox"/>
	<i>Farkarwa/tsane jiki/kudendune jaririn/jaririyar</i>	
5.70	Use the ambo bag (bag and mask)	<input type="checkbox"/>
	<i>Amfani da famfon bada iska</i>	
5.71	Heart massage	<input type="checkbox"/>
	Matsar zuciya	
5.72	None of the above	<input type="checkbox"/>
	<i>Babu ko daya daga cikin wadannan da aka ambata a sama</i>	
	Question for 5.73-5.79: How was the cord treated? Do not prompt, select all mentioned	(1)yes (2)no
	<i>Wace irin kula aka baiwa cibiyar jaririn? Do not prompt, select all mentioned</i>	
5.73	Apply water <i>Zuba ruwa</i>	<input type="checkbox"/>
5.74	Apply alcohol <i>Saka sinadarin sifirit</i>	<input type="checkbox"/>
5.75	Apply other antiseptic <i>Saka wasu sinadarai masu kashe kwayoyin cuta</i>	<input type="checkbox"/>
5.76	Apply nothing <i>Ba'a sa komai ba</i>	<input type="checkbox"/>
5.77	Wrapped with a dry dressing <i>Lullubeta da busasshiyar sutura</i>	<input type="checkbox"/>
5.78	Other <i>Wani abun daban</i>	<input type="checkbox"/>
5.79	Apply chlorhexidine <i>Saka chlorhexidine</i>	<input type="checkbox"/>
5.80	Was the baby put on Kangaroo Mother Care? (1)yes (2)no	<input type="checkbox"/>

SECTION 6: KNOWLEDGE

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

	All FLW: What are the primary aspects of focused antenatal care? Do not prompt, select all mentioned All FLW: Wadanne muhimman abubuwa ne sabon tsarin awon ciki ya kunsu? Do not prompt, select all mentioned	(1)yes (2)no
6.1	Minimum of 4 consultations <i>Ziyarar ganin likita domin duba lafiya a kalla sau hudu</i>	<input type="checkbox"/>
6.2	Ensure woman has a birth plan (for care during delivery) <i>Tabbatar da mace tana da tsarin shirin haihuwa (domin samun kulawa lokacin haihuwa)</i>	<input type="checkbox"/>
6.3	Prevent illness and promote health (could be tetanus toxoid vaccine, iron tablets, protection against malaria) <i>Kariya daga kamuwa da cuta da kara bunkasa lafiyar ta (wanda zai iya hadawa da bada allurar rigakafin sarkewa, kwayoyin maganin karin jini, tabbatar da kariya daga zazzabin cizon sauro)</i>	<input type="checkbox"/>
6.4	Detect existing illnesses and manage complications (this includes STI/HIV infections) <i>Gano cututtuka da yadda za'a magance hadarorin su (wannan ya hada da cutar ciwon sanyi da kanjamau ko Sida)</i>	<input type="checkbox"/>

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6.5	Teach danger signs (pregnancy, childbirth, and postpartum) <i>Ilmantarwa akan alamomin hadurran dake tattare da renon ciki, haihuwa da kulawa bayan haihuwa</i>	<input type="checkbox"/>
6.6	Promote breastfeeding <i>Fadakarwa akan muhimmancin shayar da nonon uwa</i>	<input type="checkbox"/>
6.7	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	ALL FLW: Which women require a special birth plan? Do not prompt, select all mentioned ALL FLW: <i>Wadanne mata ne ke bukatar tsarin shirin haihuwa na musamman?</i> Do not prompt, select all mentioned	(1)yes (2)no
6.8	Women who have had a caesarean <i>Matan da aka yi wa aiki domin ciro da a haihuwar baya</i>	<input type="checkbox"/>
6.9	Women with 5 or more deliveries <i>Matan da suka taba haihuwa akalla sau fiye 5 ko fiye da haka</i>	<input type="checkbox"/>
6.10	Birth interval < 2 years or > 5 years <i>Tazarar haihuwa kasa da shekara 2 ko fiye da shekara 5</i>	<input type="checkbox"/>
6.11	Previous still birth <i>Haihuwar da'yar da bai/bata zo da rai ba da aka yi a baya</i>	<input type="checkbox"/>
6.12	Previous neonatal death <i>Rasuwar jaririn su kasa da sati 4 bayan haihuwa</i>	<input type="checkbox"/>
6.13	Previous instrumental delivery (vacuum extraction, forceps) <i>Matan da aka yi wa aiki da na'ura/karafa domin ciro da a haihuwar baya</i>	<input type="checkbox"/>
6.14	History of severe obstetric complications <i>Mata masu tarihin matsanancin jinya da ta shafi ciki/haihuwa a baya</i>	<input type="checkbox"/>
6.15	Previous obstetric fistula repair <i>Matan da aka yi wa aikin gyaran ciwon yoyon fitsari a baya</i>	<input type="checkbox"/>
6.16	None of the above mentioned <i>Babu ko daya daga cikin wadanda aka ambata a sama</i>	<input type="checkbox"/>
	ALL FLW] For a woman in labour, what observations do you make as you monitor her progress? Do not prompt, select all mentioned ALL FLW <i>Ga mace mai nakuda, wadanne abubuwa ki ka lura dasu yayin da ki ke bibiyar yadda nakudar ke gudana?</i> Do not prompt, select all mentioned	(1)yes (2)no
6.17	Fetal heartbeat <i>Bugun zuciyar dan'yar dake cikin ciki</i>	<input type="checkbox"/>
6.18	Colour of amniotic fluid <i>Launin ruwan faya</i>	<input type="checkbox"/>
6.19	Degree of molding <i>Daidaituwar kan da yayin nakuda</i>	<input type="checkbox"/>
6.20	Dilation of the cervix <i>Budewar bakin mahaifa yayin nakuda</i>	<input type="checkbox"/>
6.21	Descent of the head <i>Fitowar kai</i>	<input type="checkbox"/>
6.22	Uterine contractions <i>Jin fitsari kafin haihuwa</i>	<input type="checkbox"/>
6.23	Maternal blood pressure <i>Bugun jinin mai haihuwa</i>	<input type="checkbox"/>
6.24	Maternal temperature <i>Yanayin dumin jiki lokacin haihuwa</i>	<input type="checkbox"/>
6.25	Maternal pulse <i>Bugun zuciyar mai haihuwa</i>	<input type="checkbox"/>
6.26	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	ALL FLW Where do you register these observations? Do not prompt, select all mentioned ALL FLW	(1)yes (2)no

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	<i>Ko a ina ki/ka ke rubuta wadannan abubuwan da ki/ka ke lura da su? Do not prompt, select all mentioned</i>	
6.27	On a partograph	<input type="checkbox"/>
6.28	In the patient's clinical record	<input type="checkbox"/>
6.29	On the partograph in the prenatal card	<input type="checkbox"/>
6.30	On a piece of paper	<input type="checkbox"/>
6.31	No-where	<input type="checkbox"/>
	All FLW: When a woman develops heavy bleeding after delivery, what do you do? Do not prompt, select all mentioned All FLW: <i>Yayin da mace ta fara kwararar jini mai yawa bayan haihuwa, me yakamata ki/ka yi? Do not prompt, select all mentioned</i>	(1)yes (2)no
6.32	Massage the fundus <i>Shashshafa mahaifa</i>	<input type="checkbox"/>
6.33	Give ergometrine or oxytocin (IV or IM) <i>Bayar da allurar kare kwararar jini na ergometrine ko oxytocin (IV or IM)</i>	<input type="checkbox"/>
6.34	Begin IV fluids <i>Farawa da karin ruwa ta kafonin jini</i>	<input type="checkbox"/>
6.35	Empty full bladder <i>Tsiyaye marar da ta cika da fitsari</i>	<input type="checkbox"/>
6.36	Take blood for hemoglobin and cross-matching <i>Daukar jini domin gwajin launi da dacewar sa</i>	<input type="checkbox"/>
6.37	Examine woman for lacerations <i>Bincikar matar domin gano raunin da aka samu ta sanadiyar haihuwa</i>	<input type="checkbox"/>
6.38	Manually remove retained products <i>Fitar da sauran abubuwan da basu fito daga mahaifa ba da hannu</i>	<input type="checkbox"/>
6.39	Refer <i>Turawa zuwa gaba domin samun karin kulawa</i>	<input type="checkbox"/>
6.40	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	ALL FLW What actions do you believe are most appropriate in managing a woman with severe pre-eclampsia at term? Do not prompt, select all mentioned	
6.40a	Provide magnesium sulphate	<input type="checkbox"/>
6.40b	Provide diazepam	<input type="checkbox"/>
6.40c	Provide anti-hypertensives	<input type="checkbox"/>
6.40d	Prepare to deliver within 24 hours	<input type="checkbox"/>
6.40e	None of the above mentioned	<input type="checkbox"/>
6.40f	READ ALOUD Now I would like to present you with a scenario you might encounter. A woman is brought to the emergency department of a health facility by her husband after she complained of a severe headache and blurred vision. She is 20 years old, this is her first pregnancy, and she is 37 weeks gestation. She had 2 ANC visits and no problems. She has no upper abdominal pain or decreased uring output, and fetal movement is normal. Her BP is 160/120. Her examination is normal. She has contractions 2 in 10 minutes, lasting 20 seconds by palpation. Her urine has 3+protein. Give this information, what is your working diagnosis? Do not prompt, select one answer (1) Kidney infection (2)severe pre-eclampsia (3) eclampsia (4) malaria (5) in labour (6) don't know	<input type="checkbox"/>
	All FLW: When a newborn weighs less than 2.5kgs, what special care do you provide? Do not prompt, select all mentioned All FLW: <i>Wace irin kulawa ta musamman za ka/ki bayar ga jaririn/jaririyar da nauyin ta/sa ya gaza laba 2.5? Do not prompt, select all mentioned</i>	(1)yes (2)no
6.41	Make sure the baby is warm (skin to skin/kangaroo technique) <i>Tabbatar da jaririn/jaririyar na cikin yanayi mai dumi (musamman na jiki da jiki)</i>	<input type="checkbox"/>
6.42	Provide extra support to the mother to establish breastfeeding <i>Bayar da karin tallafi ga uwar domin zaburar da shayar da nono</i>	<input type="checkbox"/>
6.43	Monitor ability to breastfeed	<input type="checkbox"/>

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	<i>Lura da yadda uwar ke kokarin shayar da nono ga jariri/jaririya</i>	
6.44	Monitor baby for the first 24 hours <i>Lura da jariri/jaririya a cikin awa 24 na farko bayan haihuwa</i>	<input type="checkbox"/>
6.45	Ensure infection prevention <i>Tabbatar da kariya daga kamuwa daga cututtuka</i>	<input type="checkbox"/>
6.46	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	ALL FLW What are the signs and symptoms of severe infection (sepsis) in a newborn? Do not prompt, select all mentioned	
6.46a	Poor/no breastfeeding	<input type="checkbox"/>
6.46b	Restlessness/irritability	<input type="checkbox"/>
6.46c	Breathing difficulties	<input type="checkbox"/>
6.46d	Hypothermia	<input type="checkbox"/>
6.46e	Hyperthermia	<input type="checkbox"/>
6.46f	Breathing rate >60/minute	<input type="checkbox"/>
6.46g	Convulsions	<input type="checkbox"/>
6.46h	Pus/redness around umbilicus	<input type="checkbox"/>
6.46i	Abscess on any part of body	<input type="checkbox"/>
6.46j	Skin pustules	<input type="checkbox"/>
6.46k	Lethargy/no movement (but conscious)	<input type="checkbox"/>
6.46l	Unconscious	<input type="checkbox"/>
6.46m	None of these mentioned	<input type="checkbox"/>
	All FLW: When the newborn presents signs of infection what initial steps do you take? Do not prompt, select all mentioned All FLW: <i>Wane mataki ki ka dauka lokacin da ki ka fahimci jaririn na da alamun kamuwa da wata cuta? Do not prompt, select all mentioned</i>	(1)yes (2)no
6.47	Explain the situation to the mother/caregiver <i>Yin bayani dangane da halin da jaririn ke ciki na kamuwa da cuta ga uwar ko mai kula da jaririn</i>	<input type="checkbox"/>
6.48	Continue to breastfeed or give breast milk that has been expressed with a nasogastric tube if necessary <i>Ci gaba da shayar da nono ko bayar da nonon uwa da aka matso ta hanyar anfani da roba idan bukatar ta taso</i>	<input type="checkbox"/>
6.49	Keep airways open <i>Bude hanyoyin shakar iska</i>	<input type="checkbox"/>
6.50	Begin antibiotics <i>Fara bada maganin kare kamuwa da cututtuka</i>	<input type="checkbox"/>
6.51	Refer <i>Turawa zuwa gaba</i>	<input type="checkbox"/>
6.52	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	All FLW: Can you tell me the key family practices to improve child survival, growth and development (As in IMCI package)? (Hint – I have 10 written down here and I will be happy to read out the list afterwards if you like) Do not prompt, select all mentioned All FLW: <i>Ko za ki fada mini muhimman halayyar iyalai da suke yi domin inganta rayuwar yara da kula da girman su? (Hint – I have 10 written down here and I will be happy to read out the list afterwards if you like) Do not prompt, select all mentioned</i>	(1)yes (2)no
6.53	Breastfeeding exclusively for at least 4 months, 6 months if possible <i>Shayar da nonon uwa zalla na akalla tsawon wata 4 ko 6 idan da hali</i>	<input type="checkbox"/>
6.54	Starting at about six months, feed children complementary foods, while continuing to breastfeed up to 2 years or longer <i>Fara baiwa yara abinci daga sun cika wata 6, da kuma ci gaba da shayar da nonon uwa har tsawon shekara 2 ko fiye da haka</i>	<input type="checkbox"/>
6.55	Ensure children receive adequate amounts of micronutrients (especially vitamin A and iron, either in their diet or through supplements)	<input type="checkbox"/>

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	<i>Tabbatar da cewa yara sun samu isassun nau'ukan abincin masu gina jiki da ke dauke da sinadarin vitamin A da sa karin jini</i>	
6.56	Dispose of faeces, including children's faeces, safely; and washhands after defecation, before preparing meals, and before feeding children. <i>Zubar da kashi wanda ya hada da na yara ta hanyar da ta dace; wanke hannu bayan fitowa daga bayan daki kafin shirin yin abinci da kuma kafin baiwa yara abinci</i>	<input type="checkbox"/>
6.57	Take children as scheduled to complete a full course of immunizations(BCG, DPT, OPV, and measles) before their first birthday <i>Kai yara domin kammala karɓan dukkan alluran rigakafi da suka hada da (rigakafin tarin fuka, sarke hakora, shan inna da kyanda/sharatuwa) kafin su cika shekara daya</i>	<input type="checkbox"/>
6.58	Protect children by ensuring that they sleep under insecticide-treated bednets <i>Baiwa yara kariya ta hanyar tabbatar da sun kwanta a cikin gidan sauro mai dauke da magani</i>	<input type="checkbox"/>
6.59	Promote mental and social development by responding to a child's needs for care, and through talking, playing, and providing a stimulating environment <i>Bunkasa buƙatar yara ta mu'amulla da juna da biya masu buƙatunsu na kulawa da lafiyarsu ta hanyar yin magana ko wasa da su, da kuma kaisu wurin da zasu yi walwala</i>	<input type="checkbox"/>
6.60	Continue to feed and offer more fluids, including breastmilk, to children when they are sick <i>Cigaba da baiwa yara abinci da kuma shayar dasu abinci mai ruwa-ruwa hade da nonon uwa lokacin da basu da lafiya</i>	<input type="checkbox"/>
6.61	Give sick children appropriate home treatment for infections <i>Baiwa yaran da basu da lafiya jinyar da ta dace a gida domin samun lafiya</i>	<input type="checkbox"/>
6.62	Recognise when sick children need treatment outside the home and seek care from appropriate providers <i>Fahimtar lokacin da yara ke buƙatar jinyar da ba ta gida ba da kuma neman kulawa daga jami'an kiwon lafiya da su ka dace</i>	<input type="checkbox"/>
6.63	None of the above mentioned <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>

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