

**IDEAS Phase 2 Birth attendant survey
Gombe State**

SECTION 1: Birth attendant 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	BA unique id (automatically generated by PDA – write on consent form)	_ _ _ / _ _ EA/person
1.6	BA type (1) Medical officer (2) Community Health officer (3) VHW (4) TBA (5) Doctor in facility (6) Nurse/midwife in facility (7) Junior CHEW (8) CHEW (9) Other facility worker	_
1.6A	Where does the BA usually provide services (1) Community (2) Health facility	_
1.6B	Apart from government, who provide support to this facility (1) SFH (2) PACT (3) Others (specify)	_
1.7	Is the BA trained by SFH (1) Yes (2) No	_
1.7a	ALL What is the name of the health facility? Enter facility name	_____
1.8	GPS Longitude Take coordinates of health facility	_ _ _ : _ _ _ _ _ _ _
1.9	GPS Latitude Take coordinates of health facility	_ _ _ : _ _ _ _ _ _ _
1.10a	Interviewer Initials	_ _
1.10b	Did you read the BA the consent form? (1) yes (2) no	
1.10c	Did the BA agree to be interviewed? (1) yes (continue with interview) (2) no	_
1.10d	If not Why not? END	_____

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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

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

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

Q2		
2.1	What is your birth date? Menene ranar haihuwar ka/ki? <i>(enter on PDA)</i>	<input type="text"/>
2.2	What is your age now? Nawa ne cikakkun shekarun ka/ki yanzu? <i>(confirm using PDA prompted age in years)</i>	<input type="text"/>
2.3	What is the highest grade of schooling that you completed? Menene matakin karatu mafi zurfi da ka/kika kammala? <i>Enter number</i>	<input type="text"/>
2.4	For how many years have you worked as a ba? Tsawon shekaru nawa kayi/ki kayi a matsayin jami'in kiwon lafiya na zangon farko? <i>Write number of years</i>	<input type="text"/>
2.5	For how many years have you worked in the place you are working now? <i>Enter total number of years</i> Tsawon shekaru nawa kayi/ki kayi a wannan wurin a matsayin ka/ki na jami'in kiwon lafiya na zangon farko?	<input type="text"/>
2.6	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 A cikin watanni 12 da suka gabata, ko ka/kin sami wata horarwa kan aiyukan inganta rayuwar iyali na (MNCH)? (1)yes (2)no if no go to 2.16	<input type="text"/>
	If 2.6 is yes , from whom? If 2.6 is yes , Daga wajen wa ka/kika samu horarwar?	
2.7.1	(1)SFH: Kungiyar Lafiyar Iyali (SFH)	<input type="checkbox"/>
2.7.2	(2) PACT/SAQIP	<input type="checkbox"/>
2.7.3	(3) Ward Development Committee: Kwamitin Cigaban Gunduma	<input type="checkbox"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

2.7.4	(4) Other – specify: Wani abin daban	<input type="text"/>
2.7a	Specify <i>Ka/ki ambata</i> <input type="text"/>	<input type="text"/>
2.8	If 2.6 is yes , for how many days were you trained in total? (if less than 1 day enter 0) If 2.6 is yes , <i>Horarwar ta kwana nawa ne ka/kika samu?</i>	<input type="text"/>
2.9	If yes: Did that training include the immediate care of the newborn (1)yes (2)no If yes: <i>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	<input type="text"/>
2.10	If yes: Did that training include promoting healthy behaviours for mothers and newborns (1)yes (2)no If yes: <i>Ko Horarwar ta hada da dabarun dorewar ingantattun dabi'un da zasu tabbatar da lafiyar uwa da jariri?</i> (1)yes (2)no	<input type="text"/>
2.11	If yes: Did that training include use of the MNH call centre (1)yes (2)no If yes: <i>Ko horarwar ta kunshi yadda za'a yi amfani da cibiyar inganta rayuwar iyali ta (MNH Call Centre)?"</i> (1)yes (2)no	<input type="text"/>
2.12	If yes: Did that training include use of the emergency transport scheme (1)yes (2)no If yes: <i>Ko horarwar ta kunshi yadda za'a yi amfani da shirin sufurin taimakon gaggawa</i> (1)yes (2)no	<input type="text"/>
2.13	If yes: Did that training include learning about quality improvement? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da dabarun kara ingancin shirin inganta rayuwar iyali ?</i> (1)yes (2)no	<input type="text"/>
2.14	If yes: Did that training include learning about using data for decision making? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da dabarun amfani da alkalumma domin zartar da shawara?</i> (1)yes (2)no	<input type="text"/>
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: <i>Ko horarwar ta kunshi koyar da dabarun ayyukan hadin kai da kungiyoyin sa kai na al'umma da kungiyoyin mata?</i> (1)yes (2)no	<input type="text"/>
2.15a	If yes: Did that training include learning about resuscitation of newborns with a bag and mask? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da dabarun yadda za'a farfado da jarirai ta amfani da famfon bada iska ?</i> (1)yes (2)no	<input type="text"/>
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 If yes: <i>Ko horarwar ta kunshi koyar da dabarun yadda za'a bada sinadarin magnesium sulfate domin tsaida alamu ko ciwon taune-taune ?</i> (1)yes (2)no	<input type="text"/>
2.15c	If yes: Did that training include learning about management of postpartum haemorrhage? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da dabarun yadda za'a gudanar da tsaida matsanancin zubar jini bayan haihuwa?</i> (1)yes (2)no	<input type="text"/>
2.15d	If yes: Did that training include the active management of the third stage of labour? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da dabarun yadda za'a duba nakuda a mataki na ukku?</i> (1)yes (2)no	<input type="text"/>
2.15e	If yes: Did that training include the monitoring of labour using partographs? (1)yes (2)no	<input type="text"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	If yes: <i>Ko horarwar ta kunshi koyar da yadda za'a duba nakuda ta amfani da zane a takardar 'partographs'?</i> (1)yes (2)no	
2.15f	If yes: Did that training include screening and or testing for syphilis? (1)yes (2)no If yes: <i>Ko horarwar ta kunshi koyar da yadda za'a tantance ko gwajin cutar ciwon sanyi?</i> (1)yes (2)no	<input type="checkbox"/>
2.15g	If yes: Did that training include learning about the management of unsafe abortion? If yes: <i>Ko horarwar ta kunshi koyar da yadda za'a kula da cikin da aka zubar ba tareda bin ka'ida ba?</i> (1)yes (2)no	<input type="checkbox"/>
2.15h	If yes: Did that training include learning about respectful maternal care? If yes: <i>Ko horarwar ta kunshi koyar da yadda za'a girmama mata masu neman kulawar haihuwa?</i> (1) yes (2) no	<input type="checkbox"/>
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 Iyali (SFH) ta shirya?</i> 1)yes (2)no – go to 2.19	<input type="checkbox"/>
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>	<input type="checkbox"/>
2.18	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>	<input type="text"/>
2.19	Have you attended meetings organised by PACT/SAQIP? (1)yes (2)no – go to 3.1 <i>Ko kin taba halartar taron da Kungiyar Pact ta shirya? (1)yes (2)no – go to 3.1</i>	<input type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input type="text"/>

SECTION 3: SUPERVISION

Explain to respondent that you would now like to ask some questions about supervision (NOT PASS THROUGH VISIT) she has received

3.1	Have you received a supervisory visit (from someone outside) in the last 12 months 1 st July 2015 to 30 th June 2016 (1 yes, 2 no) if no go 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	<input type="checkbox"/>
	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 Iyali (SFH)</i>	<input type="checkbox"/>
3.3	LGA health office/Primary Health Care Department: <i>Offishin kiwon lafiya na Karamar Hukuma</i>	<input type="checkbox"/>
3.4	PACT/SAQIP: <i>Kungiyar Pact</i>	<input type="checkbox"/>
3.4a	Ward Development Committee	<input type="checkbox"/>
3.5	<i>Other, specify: Wata kungiyar daban da ba'a ambata ba?</i>	<input type="checkbox"/>
3.6	Specify	<input type="text"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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

SECTION 4. Birth attendant workload in last month (date range)

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

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	<i>A cikin watan da ya gabata sau nawa ka/ki ka kira cibiyar inganta rayuwar iyali ta 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>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 ta 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>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 ta 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>A cikin watan da ya gabata, adadin jarirai nawa ka/ki ka tura gaba domin samun karin kulawa bayan haihuwa? 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 BA being interviewed. If no record books are available, ask the BA to recall the LAST BIRTH she attended

5.1a	Have you ever attended to a delivery? <i>Ko ka/kin taba karbar haihuwa?</i> <i>(1)yes (2)no– if no, go to section 6</i>	_
5.1b	On which date was the last delivery for this BA? <i>A wace rana ce ki/ka ka karbi haihuwar karshe? Enter date on PDA</i>	_ _ _
5.1c	Do you remember the delivery that took place on [date], that you attended? <i>Za ki /ka iya tuna haihuwar da ki/ka karba a ranar [date]?</i> <i>(1)yes (2)no - if no, go to section 6</i>	_
5.2	What type of delivery was it? <i>Wace irin haihuwa ce ki/ka karba?</i> <i>(1)spontaneous normal delivery (2) vacuum extraction or forceps delivery (3) other, specify</i>	_
5.3	If (3) other, specify _____ If (3) Wani abun daban _____	_
	About that delivery:	

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	Interviewer – use the record book as well as questioning the worker to complete this information	
5.4	What was the mother's age? <i>Menene cikakkun shekarun uwar?</i> (Write in years, or write 99 if doesn't know/remember)	<input type="text"/>
5.5	Was it her first birth? <i>Wannan itace haihuwarta ta farko?</i> (1)yes (2)no (3) don't know/remember	<input type="text"/>
5.7	Did the labour end in a live birth? <i>Ko an haifi dan/yar' da rai?</i> (1)yes (2)no	<input type="text"/>
5.8	Where did the birth finally take place? <i>A wane wuri ta haihu?</i> (1)home (2)primary care facility (3)hospital (secondary care or higher)	<input type="text"/>
5.9	Was the baby a girl or a boy? <i>Jaririn namiji ne ko mace?</i> (1) girl (2) boy (3) don't remember	<input type="text"/>
5.10a	Did you weigh the baby using weighing scales? <i>Ko kin auna nauyin jaririn/jaririyar da sikeli?</i> (1)yes (2)no	<input type="text"/>
5.10d	Was the baby low birth weight? (<2500g, or <2.5kg) <i>Ko jaririn/jaririyar bata da cikakken nauyi? (<2500g, or <2.5kg)</i> (1)yes (2)no (3) don't remember	<input type="text"/>
5.11a	Did you use a method of estimating baby's gestational age? <i>Ko ka/kin yi amfani da wata hikima ta sanin watannin cikin?</i> (1)yes (2)no - go to 5.11c	<input type="text"/>
5.11b	If yes What method did you use? If yes: <i>Wace irin hikima ki/ka yi amfani da ita? Select all</i> (1)neonatal assessment at birth (2)asked mother/LMP (3) physically examined mother while pregnant (4) ultrasound while pregnant (5) other	<input type="text"/>
5.11c	Was the baby born prematurely (<37 weeks)? <i>Ko jaririn/jaririyar bai/ bata cika lokacin haihuwa ba?</i> (1)yes (2)no (3) don't know	<input type="text"/>
5.12	Did you call the MNH call centre for advice during the labour? <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="text"/>
5.13	Did you call the Emergency Transport Scheme for assistance during the labour? <i>Ko ka/kin tuntubi shirin sufurin gaggawa domin neman shawara lokacin da ki/ka ke lura da mai nakuda? (1)yes (2)no (3) don't remember</i>	<input type="text"/>
5.14	Was the mother referred to a /another facility? <i>Ko kin/ka tura mai nakudar zuwa wani asibiti? (1)yes (2)no</i>	<input type="text"/>
5.15	Was the newborn referred to a /another facility? <i>Ko kin/ka tura jaririn/jaririyar zuwa wani asibiti? (1)yes (2)no</i>	<input type="text"/>
5.16	Was the mother alive after delivery? <i>Ko uwar ta rayu bayan haihuwar? (1)yes (2)no</i>	<input type="text"/>
5.16a	Was the newborn alive after delivery? (1)yes (2)no <i>Ko jaririn/jaririyar ta/ya rayu bayan haihuwar? (1)yes (2)no</i>	<input type="text"/>
5.18	Were you the main delivery attendant for this delivery? <i>Ko ke/kai ka shugabanci karɓar haihuwar? (1)yes (2)no</i>	<input type="text"/>
5.18a	Who else was in the delivery room with you? Select all that apply (1)no-one (2)doctor (3)nurse/midwife (4)Junior CHEW (5)CHEW (6)other facility cadre (7)woman's husband (8)woman's other relative (9)woman's friend (10)other (specify) <i>Wanene kuma ke tare daku a dakin haihuwar?</i> (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	<div style="display: flex; flex-direction: column; align-items: center;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	friend (10)other (specify)		
5.18b	If 5.18a (10) specify Specify: _____ Wani abun daban:		
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 Wanne yanayin tsayuwa, durkuso, ko kwanciya, matar ta kasance lokacin haihuwar? 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 Wanene ya zaba mata wannan yanayin? (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 Shin ya kamata a zunguri/doki mace lokacin nakuda ko haihuwa? (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 Shin ya kamata ayi wa mace tsawa lokacin nakuda ko haihuwa? (1)yes (2)no	<input type="checkbox"/>	<input type="checkbox"/>
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 Yi tunani kan ko kin shirya wadannan kayan domin nakuda da haihuwar? 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 Safar hannu? (1) yes (2) no (3) don't know	<input type="checkbox"/>	
5.21	If didn't prepare sterile gloves, why not? (1) (2) (3) (4) Me ye dalilin rashin tanadar safar hannu?	<input type="checkbox"/>	
5.21a	Soap or sanitizing hand gel (1) yes (2) no (3) don't know	<input type="checkbox"/>	
5.21b	If find't prepare soap or sanitizing hand gel, why not? (1) (2) (3) (4)	<input type="checkbox"/>	
5.22	Disinfectant (1) yes (2) no (3) don't know Sinadarin kashe kwayar cuta? (1) yes (2) no (3) don't know	<input type="checkbox"/>	
5.23	If didn't prepare disinfectant, why not? (1) (2) (3) (4) Me ye dalilin rashin tanadar Sinadarin kashe kwayar cuta?	<input type="checkbox"/>	
5.24	Gauze (1) yes (2) no (3) don't know Bandeji (1) yes (2) no (3) don't know	<input type="checkbox"/>	
5.25	If didn't prepare gauze, why not? (1) (2) (3)(4) Me ye dalilin rashin tanadar bandeji?	<input type="checkbox"/>	
5.26	Clean clothes/towel for drying the baby (1) yes (2) no (3) don't know Tsabtattun tufa/tawul domin tsane jarir/jaririya? (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) Me ye dalilin rashin tanadin tsabtattun tufa/tawul domin tsane jariri/jaririya?	<input type="checkbox"/>	
5.27a	Cloth to wrap the baby (1) yes (2) no (3) don't know Ko an tanadi kayan da za'a sa ma jariri/jaririya? (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)	<input type="checkbox"/>	

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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? (1)yes (2)no</i>	<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)? (1) yes(2) no</i>	<input type="checkbox"/>
5.49	Did you administer parenteral antibiotics? (1) yes(2) no <i>Ko ka/kin ba ta allurar maganin kwayar cuta? (1) yes (2) no</i>	<input type="checkbox"/>
5.50	Did you administer oxytocin parenterally? (1) yes (2) no <i>Ko ka/kin bata allurar maganin kare/tsaida yankewar jini (ozitosin)?</i>	<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?(1) yes (2) no</i>	<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? (1) yes (2) no</i>	<input type="checkbox"/>
5.52a	Where was the newborn placed immediately after delivery? <i>A ina aka kwantar da jaririn da zaran haihuwar sa?</i> Select one <i>(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)</i>	<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? <i>Ko an kwantarda jaririn akan kirji/cikin maihaifiyar sa, fatarsa na taba fatar mahaifiyarsa? (1)yes (2)no</i>	<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?</i> Do not prompt, select all mentioned	(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"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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"/>
5.61a	Apply chlorhexidine to the cord	<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: <i>Bude hanyoyin shakar iska</i>	<input type="checkbox"/>
5.68	Cleaning the mouth/use suction devise: <i>Zuke majina daga bakin jaririn da wata na'ura</i>	<input type="checkbox"/>
5.69	Stimulating (e.g.rubbing/drying/wrapping) the baby <i>Farkarwa/tsane jiki/kudendune jaririn/jaririyar</i>	<input type="checkbox"/>
5.70	Use the ambo bag (bag and mask) <i>Amfani da famfon bada iska</i>	<input type="checkbox"/>
5.71	Heart massage <i>Matsar zuciya</i>	<input type="checkbox"/>
5.72	None of the above <i>Babu ko daya daga cikin wadannan da aka ambata a sama</i>	<input type="checkbox"/>
	How was the cord treated? Do not prompt, select all mentioned <i>Wace irin kula aka baiwa cibiyar jaririn? Do not prompt, select all mentioned</i>	(1)yes (2)no
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? <i>Ko jarrin/jaririyar an sa shi/ta a tsarin tabbatar da dumamuwan jiki, da shan non uwa kawai har na tsawon wata shida?</i> (1)yes (2)no	<input type="checkbox"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

SECTION 6: KNOWLEDGE

Explain that you would now like to ask some questions about USUAL PRACTICE, NOT JUST ABOUT THE LAST DELIVERY

	All: What are the primary aspects of focused antenatal care? Do not prompt, select all mentioned All: <i>Wadanne muhimman abubuwa ne sabon tsarin awon ciki ya kunsu?</i> Do not prompt, select all mentioned	(1)yes (2)no
6.1	<p style="text-align: right;">Minimum of 4 consultations</p> <i>Ziyarar ganin likita domin duba lafiya a kalla sau hudu</i>	<input type="checkbox"/>
6.2	<p style="text-align: right;">Ensure woman has a birth plan (for care during delivery)</p> <i>Tabbatar da mace tana da tsarin shirin haihuwa (domin samun kulawa lokacin haihuwa)</i>	<input type="checkbox"/>
6.3	<p style="text-align: right;">Prevent illness and promote health (could be tetanus toxoid vaccine, iron tablets, protection against malaria)</p> <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	<p style="text-align: right;">Detect existing illnesses and manage complications (this includes STI/HIV infections)</p> <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"/>
6.5	<p style="text-align: right;">Teach danger signs (pregnancy, childbirth, and postpartum)</p> <i>Ilmantarwa akan alamomin hadurran dake tattare da renon ciki, haihuwa da kulawa bayan haihuwa</i>	<input type="checkbox"/>
6.6	<p style="text-align: right;">Promote breastfeeding</p> <i>Fadakarwa akan muhimmancin shayar da nonon uwa</i>	<input type="checkbox"/>
6.7	<p style="text-align: right;">None of the above mentioned</p> <i>Babu ko daya daga cikin abubuwan da aka ambata a sama</i>	<input type="checkbox"/>
	ALL: Which women require a special birth plan? Do not prompt, select all mentioned ALL: <i>Wadanne mata ne ke bukatar tsarin shirin haihuwa na musamman?</i> Do not prompt, select all mentioned	(1)yes (2)no
6.8	<p style="text-align: right;">Women who have had a caesarean</p> <i>Matan da aka yi wa aiki domin ciro da a haihuwar baya</i>	<input type="checkbox"/>
6.9	<p style="text-align: right;">Women with 5 or more deliveries</p> <i>Matan da suka taba haihuwa akalla sau fiye 5 ko fiye da haka</i>	<input type="checkbox"/>
6.10	<p style="text-align: right;">Birth interval < 2 years or > 5 years</p> <i>Tazarar haihuwa kasa da shekara 2 ko fiye da shekara 5</i>	<input type="checkbox"/>
6.11	<p style="text-align: right;">Previous still birth</p> <i>Haihuwar da'yar da bai/bata zo da rai ba da aka yi a baya</i>	<input type="checkbox"/>
6.12	<p style="text-align: right;">Previous neonatal death</p> <i>Rasuwar jaririn su kasa da sati 4 bayan haihuwa</i>	<input type="checkbox"/>
6.13	<p style="text-align: right;">Previous instrumental delivery (vacuum extraction, forceps)</p> <i>Matan da aka yi wa aiki da na'ura/karafa domin ciro da a haihuwar baya</i>	<input type="checkbox"/>
6.14	<p style="text-align: right;">History of severe obstetric complications</p> <i>Mata masu tarihin matsanancin jinya da ta shafi ciki/haihuwa a baya</i>	<input type="checkbox"/>
6.15	<p style="text-align: right;">Previous obstetric fistula repair</p> <i>Matan da aka yi wa aikin gyaran ciwon yoyon fitsari a baya</i>	<input type="checkbox"/>
6.16	<p style="text-align: right;">None of the above mentioned</p> <i>Babu ko daya daga cikin wadanda aka ambata a sama</i>	<input type="checkbox"/>
	ALL: For a woman in labour, what observations do you make as you monitor her progress? Do not prompt, select all mentioned ALL: <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

**IDEAS Phase 2 Birth attendant survey
Gombe State**

6.17	Fetal heartbeat <i>Bugun zuciyar ɗan/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: Where do you register these observations? Do not prompt, select all mentioned ALL: <i>Ko a ina ki/ka ke rubuta wadannan abubuwan da ki/ka ke lura da su?</i> Do not prompt, select all mentioned	(1)yes (2)no
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: When a woman develops heavy bleeding after delivery, what do you do? Do not prompt, select all mentioned All: <i>Yayin da mace ta fara kwararar jini mai yawa bayan haihuwa, me yakamata ki/ka yi?</i> Do not prompt, select all mentioned	(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 kafon 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. What actions do you believe are most appropriate in managing a woman with severe pre-eclampsia at term? <i>Wadanne abubuwa ne ki/ke da imanin cewa sun dace a yiwa mace mai ciwon taune-taune lokacin da cikin ta yakai haihuwa?</i>	

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	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	<p>READ ALOUD</p> <p>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.</p> <p>Give this information, what is your working diagnosis?</p> <p>Do not prompt, select one answer</p> <p>(1) Kidney infection (2) severe pre-eclampsia (3) eclampsia (4) malaria (5) in labour (6) don't know</p> <p>Yanzu ina son in gabatar ma ka/ki da wani yanayin da zai iya faruwa da kai/ke.Wata mata ce mijin ta ya kawo a sashen kula da lafiya na gaggawa bayan ta shaida masa cewa tana jin matsanancin ciwon kai kuma bata gani sosai. Shekurun ta 20 daidai, kuma wannan cikin farko ne kimanin sati 37. Taje awon ciki sau biyu kuma ba wata matsala, bata da matsalar ciwon mara ko raguwar fitar fitsari, sannan motsin ciki ba matsala. Lambar BP 160/120. Da aka auna ta ba wata matsala. Nakuda na taso mata sau 2 cikin minti 10 ko wacce tsawon dakika 20. Awon fitsarin ta ya nuna sanadarin 'protein' ukku.</p> <p>Idan aka gabatar ma ka/ki wannan bayanan, menene ya dace da ka/ki yi?</p>	<input type="checkbox"/>
	<p>All: When a newborn weighs less than 2.5kgs, what special care do you provide? Do not prompt, select all mentioned</p> <p>All: 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</p>	(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 <i>Lura da yadda uwar ke kokarin shayar da nono ga jariri/jaririya</i>	<input type="checkbox"/>
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"/>
	<p>ALL</p> <p>What are the signs and symptoms of severe infection (sepsis) in a newborn?</p> <p>Do not prompt, select all mentioned</p> <p><i>Wadanne ne alamomi da yanayin kamuwa da kwayoyin cuta ga jarirai?</i></p> <p>Do not prompt, select all mentioned</p>	
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"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

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: When the newborn presents signs of infection what initial steps do you take? Do not prompt, select all mentioned All: Wane mataki ki ka dauka lokacin da ki ka fahimci jaririn na da alamun kamuwa da wata cuta? Do not prompt, select all mentioned	(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 bukarar 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: 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: 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	(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) <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>	<input type="checkbox"/>
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 karban dukkan 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</i>	<input type="checkbox"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

	<i>dauke da magani</i>	
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 bukatar yara ta mu'amulla da juna da biya masu bukatunsu 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 bukatar 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"/>

**IDEAS Phase 2 Birth attendant survey
Gombe State**

SECTION 7: Neonatalie Demonstration for resuscitation

Interviewer instruction:

Prepare and set up a simulation area with the following equipment:

- NeoNatalie doll (preferably filled with water)
- Table or other suitable flat surface
- 2*cloth or baby blanket to wrap model
- 2*cord ties (string)
- Suction apparatus
- Self-inflating bag (newborn)
- Infant face masks size 0 and size 1
- Stethoscope
- Time (watch or clock or phone)

Interviewer instruction:

For some providers this will be their first exposure to the NeoNatalie doll. Before conducting the simulation, briefly demonstrate how the doll works (show that it responds to provider actions) and allow the provider to touch and try it out. Do not give any instruction on how to perform the resuscitation. If the provider has not seen the 'penguin' suction device before, let them try that also.

Interviewer read aloud:

"The purpose of this activity is to provide a simulated experience for service providers to demonstrate management of an asphyxiated newborn. During the simulation, you should do and say everything the same as you would during an actual resuscitation. Pretend that I am the newborn's mother. I am Fatima. Fatima has given birth to a 2,800g baby boy after a prolonged second stage of labour. This was her second pregnancy. Her first baby is alive. At birth, the newborn is blue and limp and does not breathe".

Interviewer read aloud:

Dalilin yin wannan shine domin a nuna maka/maki yadda ya kamata masu bada kiwon lafiya zasu yi a zahirance akan jariri ko jaririya da ya/ta kasa numfashi da zaran haihuwa. Lokacin yin wannan nunin, ya dace da ka/ki yi abubuwan da ya kamata ki/ka yi lokacin farfado da jariri/jaririya bayan haihuwa. Ka/ki dauka cewa nice uwar jariri/jaririya kuma suna na Fatima. Na haifi yaro mai nauyin 2,800g bayan doguwar nakuda., wannan itace haihuwata ta biyu. Haihuwar farko yana raye. A lokacin haihuwar jaririn yana da kalar ruwan bula, baya motsa gabban sa, kuma sannan baya numfashi.

Interviewer instruction:

When you are ready, tell the service provider that you are starting the simulation.

Using a 24 hour clock, record the time the simulation starts in format hh/mm [__ __/ __ __]

Interviewer: Record whether the provider carried out the following steps and or examinations:				
Num	Step or examination	Yes	No	Don't know (99)
7.1	Clears the airway by suctioning the mouth first and then the nose			
7.2	Stimulates baby with back rubbing			
Interviewer: Tell the provider that the new born is not breathing after suctioning and rubbing the back				
7.3	Calls for help			
7.4	Ties or clamps cord immediately			
7.5	Cuts cord with clean blade or clean scissors			
7.6	Places the newborn on his/her back on a clean, warm surface or towel			
7.7	Places the head in a slightly extended position to open the airway			
7.8	Tells the woman (Fatima) what is going to be done			
7.9	Checks mouth, back of throat, and nose for secretions, and clears if necessary			

**IDEAS Phase 2 Birth attendant survey
Gombe State**

Interviewer: Record whether the provider carried out the following steps and or examinations:				
Num	Step or examination	Yes	No	Don't know (99)
7.10	Places the correct-sized mask on the newborn's face so that it covers the chin, mouth and nose (but not eyes)			
7.11	Checks the seal by ventilating two times and observing the rise of the chest			
7.12	Interviewer: is the neonatalie doll's chest rising?			
7.13	Checks the position of the newborn's head to make sure that the neck is in a slightly extended position (not blocking the airway)			
7.14	Checks mouth, back of throat and nose for secretions, and clears if necessary			
7.15	Checks the seal by ventilating two times and observing the rise of the chest			
7.16	Interviewer: is the neonatalie doll's chest rising?			
7.17	Checks the position of the newborn's head again to make sure that the neck is in slightly extended position			
7.18	Repeats suction of mouth and nose to clear secretions, if necessary			
7.19	Checks the seal by ventilating two times and observing the rise of the chest			
7.20	Interviewer: is the neonatalie doll's chest rising?			
7.21	Ventilates at a rate of 30 to 50 breaths/minute			
7.22	Conducts assessment of newborn breathing after 1 minutes of ventilation			
Interviewer: Tell the provider that the newborn is still not breathing after 1 minute of resuscitation				
7.23	Continues ventilation			
7.24	Conducts assessment of newborn breathing after prolonged ventilation (10 minutes)			
Interviewer: tell the provider that the newborn is now breathing normally after continued resuscitation. Ask – "What are your next steps going to be?"				
7.25	Arrange transfer to special care either in this facility or another facility			
7.26	Explain to the mother what happened			
Interviewer: Please comment on the health provider's performance during the simulation:				

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