

**IDEAS FRONT LINE WORKER SURVEY  
NIGERIA [DATES]  
Institutional contacts**

**SECTION 1: FRONT LINE WORKER IDENTIFIERS**

1.1	Date	_ _ / _ _ / _ _ _ _
1.2	State code	_ _
1.3	LGA name (select from PDA drop down list)	_____
1.4	Village 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)facility staff	_
1.7	Is the FLW trained by SFH (1)Yes (2)No	_
1.7a	<b>If 1.6 is (5)facility staff</b> What is the name of the health facility? Enter facility name	_____
1.8	GPS Longitude <b>Take coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)</b>	_ _  :  _ _ _ _ _
1.9	GPS Latitude <b>Take coordinates of health facility if 1.6=(5), or home if 1.6=(1)-(4)</b>	_ _  :  _ _ _ _ _
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 ( <b>continue with interview</b> ) (2)no	_
1.10d	<b>If not Why not?</b> _____ <b>END</b>	_____

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

		Service provided by FLW (1=yes; 2=no)	On average, how many hours per week are spent for this service?
1.11	ANC	_	_ _
1.12	Delivery	_	_ _
1.13	Post partum care	_	_ _
1.14	Post natal care	_	_ _
1.15	Referral	_	_ _
1.16	Breast feeding counselling	_	_ _
1.17	Skin to skin (KMC)	_	_ _
1.18	Identification of LBW babies	_	_ _
1.19	Family planning (contraceptive)	_	_ _
1.20a	HIV education/information	_	_ _
1.20b	PMTCT services	_	_ _
1.21	Personal hygiene	_	_ _
1.22	Community mobilization	_	_ _

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**SECTION 2: BACKGROUND AND TRAINING OF FRONT LINE WORKER**

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

Q2		
2.1	What is your birth date? <i>(use PDA look up)</i>	_ _ _
2.2	What is your age now? <i>(confirm using PDA prompted age in years)</i>	_ _ _
2.3	What is the highest grade of schooling that you completed? <i>Enter number</i>	_ _ _
2.4	For how many years have you worked as a FLW? <i>Write number of years</i>	_ _ _
2.5	For how many years have you worked in the place you are working now? <i>Enter date work started on PDA</i>	_ _ _
2.6	In the last 12 months, have you received any training for MNCH services? (1)yes (2)no <b>if no go to 2.14</b>	_
2.7	<b>If yes</b> , from whom? (1)SFH (2) Other (specify)	_
2.8	<b>If yes</b> , for how many days were you trained? <i>(if less than 1 day enter 0)</i>	_
2.9	<b>If yes:</b> Did that training include identification of low birth weight or premature babies (1)yes (2)no	_
2.10	<b>If yes:</b> Did that training include promoting healthy behaviours for mothers and newborns (1)yes (2)no	_
2.11	<b>If yes:</b> Did that training include use of the MNH call centre (1)yes (2)no	_
2.12	<b>If yes:</b> Did that training include use of the emergency transport scheme (1)yes (2)no	_
2.1	Have you attended meetings organised by SFH? (1)yes (2)no – <b>go to 3.1</b>	_
2.15	<b>If yes</b> How many meetings have you attended in the last 12 months?	_
2.16	<b>If yes:</b> When was the last meeting? <i>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 supportive supervisory visit in the last 12 months? 1 yes, 2 no <b>if no got to Section 4</b>	_
	<b>If yes:</b> Who from? <b>Select all mentioned</b>	(1)yes (2)no
3.2	SFH	_
3.3	LGA health office	_
3.4	Code other?	_
3.5	<i>Other, specify</i>	_
3.6	Specify	_ _ _
3.7	<b>If 3.1 was yes:</b> How many times did you receive a supervision visit in the last 12 months? <i>Enter total number of times</i>	_ _ _
3.8	When was the last time you received a supervision visit ? <i>Use PDA to look up date</i>	_
	Did that visit include any of the following activities? 1 yes, 2 no	(1)yes (2)no
3.9	Checking/delivering supplies	_
3.10	Keeping records	_
3.11	Observing client interaction	_
3.12	Providing feedback to you on your work	_
3.13	Conducted household visits	_
3.14	Other, specify	_
3.15	Specify	_ _ _

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**SECTION 4. Front line worker workload in last month**

	<b>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:</b>	
4.1	<b>Int:</b> Are record books available that show the number of visits made by the FLW? (1)yes (2)no	_
4.2	How many women did you provide antenatal care to in the last month? <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>	_
4.4	How many women did you refer to higher level of care during pregnancy? <i>Write number</i>	_
4.5	How many times did you call the Emergency Transport Scheme for a pregnant woman in the last month? <i>Write number</i>	_
4.6	How many deliveries did you attend in the last month? <i>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>	_
4.8	How many women did you refer to higher level of care during delivery? <i>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>	_
4.10	How many women did you provide postpartum care to in the last month?	_
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>	_
4.12	How many women did you refer to higher level of care for post partum care? <i>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>	_
4.14	How many newborns did you provide postnatal care to in the last month?	_
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>	_
4.16	How newborns did you refer to higher level of care for post natal care? <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>	_

**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 a delivery? (1)yes (2)no – <b>if no, go to section 6</b>	_
5.1b	On which date was the last delivery for this FLW? <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 - <b>if no, go to section 6</b>	_
5.2	What type of delivery was it? (1)spontaneous vertex delivery (2) vacuum extraction or forceps delivery (3) other, specify	_
5.3	If (3) other, specify_____	_
	About that delivery: <b>Interviewer – use the record book as well as questioning the worker to complete this information</b>	

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5.4	What was the mother's age? <i>(Write in years, or write 99 if doesn't know/remember)</i>	_ _ _
5.5	Was it her first birth? <i>(1)yes (2)no (3) don't know/remember</i>	_
5.7	Did the labour end in a live birth? <i>(1)yes (2)no</i>	_
5.8	Where did the birth finally take place? <i>(1)home (2)primary care facility (3)hospital (secondary care or higher)</i>	_
5.9	Was the baby a girl or a boy? <i>(1) girl (2) boy (3) don't remember</i>	_
5.10a	Did you weigh the baby using weighing scales? <i>(1)yes (2)no</i>	_
5.10b	Did you have any other method of estimating baby's weight? <i>(1)yes (2)no -go to 5.11a</i>	_
5.10c	<b>If yes</b> – What did you use? <i>(1)measured foot length (2)other to be coded</i>	
5.10d	Was the baby low birth weight? (<2500g, or <2.5kg) <i>(1)yes (2)no (3) don't remember</i>	_
5.11a	Did you use a method of estimating baby's gestational age? <i>(1)yes (2)no - go to 5.11c</i>	_
5.11b	<b>If yes</b> What method did you use? <i>(1)neonatal assessment (2)other to be coded</i>	_
5.11c	Was the baby born prematurely? <i>(1)yes (2)no (3) don't know</i>	_
5.12	Did you call the MNH call centre for advice during the labour? <i>(1)yes (2)no (3) don't remember</i>	
5.13	Did you call the Emergency Transport Scheme for assistance during the labour? <i>(1)yes (2)no (3) don't remember</i>	
5.14	Was the mother referred to a /another facility? <i>(1)yes (2)no</i>	_
5.15	Was the newborn referred to a /another facility? <i>(1)yes (2)no</i>	_
5.16	Was the mother alive after delivery? <i>(1)yes (2)no (go to 5.18)</i>	_
5.18	Were you the main delivery attendant for this delivery? <i>(1)yes (2)no (skip to section 6)</i>	_
5.19	Thinking about the preparations for that delivery. Were you able to prepare the following items for use? <b>For each item, if not prepared indicate why not as follows:</b> <i>(1)Not enough help available; (2) No supplies; (3) Not trained to do that; (4) Other (specify)</i>	
5.20	Sterile gloves <i>(1) yes (2) no (3) don't know</i>	_
5.21	If didn't prepare sterile gloves, why not? <i>(1) (2) (3) (4)</i>	_
5.22	Disinfectant <i>(1) yes (2) no (3) don't know</i>	_
5.23	If didn't prepare disinfectant, why not? <i>(1) (2) (3) (4)</i>	_
5.24	Gauze <i>(1) yes (2) no (3) don't know</i>	_
5.25	If didn't prepare gauze, why not? <i>(1) (2) (3) (4)</i>	_
5.26	Clean clothes for drying the baby <i>(1) yes (2) no (3) don't know</i>	_
5.27	If didn't prepare clean clothes for drying, why not? <i>(1) (2) (3) (4)</i>	_
5.28	Sterile scissor or razor blade to cut the cord <i>(1) yes (2) no (3) don't know</i>	_
5.29	If didn't prepare sterile razor blade, why not? <i>(1) (2) (3) (4)</i>	_
5.30	Cord ligatures <i>(1) yes (2) no (3) don't know</i>	_
5.31	If didn't prepare cord ligatures, why not? <i>(1) (2) (3) (4)</i>	_
5.32	Oxytocine <i>(1) yes (2) no (3) don't know</i>	_
5.33	If didn't prepare oxytocine, why not? <i>(1) (2) (3) (4)</i>	_
5.34	Ergometrine <i>(1) yes (2) no (3) don't know</i>	_

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5.35	If didn't prepare ergometrine, why not? (1) (2) (3) (4)	<input type="checkbox"/>
5.36	Eye ointment (1) yes (2) no (3) don't know	<input type="checkbox"/>
5.37	If didn't prepare eye ointment, why not? (1) (2) (3) (4)	<input type="checkbox"/>
5.38	Did you monitor progress of labour? (1)yes - <b>go to 5.40</b> (2)no	<input type="checkbox"/>
5.39	<b>If no:</b> Why not? (1) (2) (3) (4) <b>Now go to 5.44</b>	<input type="checkbox"/>
	<b>If yes:</b> Where did you register these observations? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
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? (1)yes (2)no	<input type="checkbox"/>
5.45	Did you practise controlled cord traction? ? (1)yes (2)no	
5.46	Did you practise uterine massage? (1)yes (2)no	<input type="checkbox"/>
5.47	Was there a need for emergency intervention during the delivery? ( <b>PROBE:</b> <i>manual removal of placenta, or administration of magnesium sulphate, parenteral oxytocics or antibiotics</i> ), (1)yes (2)no	<input type="checkbox"/>
5.48	Did you perform manual removal of the placenta? (1) yes (2) no	<input type="checkbox"/>
5.49	Did you administer parenteral antibiotics? (1) yes (2) no	<input type="checkbox"/>
5.50	Did you administer oxytocics parenterally? (1) yes (2) no	<input type="checkbox"/>
5.51	Did you administer magnesium sulfate? (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	<input type="checkbox"/>
	What immediate care did you give the newborn? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
5.53	Clean the baby's mouth before the shoulder comes out	<input type="checkbox"/>
5.54	Clean the baby's mouth, face and nose	<input type="checkbox"/>
5.55	Ensure the baby is breathing	<input type="checkbox"/>
5.56	Ensure the baby is dry	<input type="checkbox"/>
5.57	Observe for colour	<input type="checkbox"/>
5.58	Ensure the baby is kept warm (skin to skin)	<input type="checkbox"/>
5.59	Administer prophylaxis for the eyes	<input type="checkbox"/>
5.60	Weigh the baby	<input type="checkbox"/>
5.61	Care for the umbilical cord	<input type="checkbox"/>
5.62	Initiate breastfeeding within the first 30 minutes	<input type="checkbox"/>
5.63	Evaluate/examine the newborn within the first hour	<input type="checkbox"/>
5.64	None of the above	<input type="checkbox"/>
5.65	Was there a need to resuscitate the baby? (1)yes (2)no ( <b>go to 5.76</b> )	<input type="checkbox"/>
5.66	<b>If yes</b> What action did you take? <i>Do not prompt, select all mentioned</i>	1)yes (2)no
5.67	Opening the airways	<input type="checkbox"/>
5.68	Cleaning the mouth/use suction devise	<input type="checkbox"/>
5.69	Stimulating/drying/wrapping the baby	<input type="checkbox"/>
5.70	Use the ambo bag	<input type="checkbox"/>
5.71	Heart massage	<input type="checkbox"/>
5.72	None of the above	<input type="checkbox"/>
	How was the cord treated? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
5.73	Apply water	<input type="checkbox"/>

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5.74	Apply alcohol	<input type="checkbox"/>
5.75	Apply other antiseptic	<input type="checkbox"/>
5.76	Apply nothing	<input type="checkbox"/>
5.77	Wrapped with a dry dressing	<input type="checkbox"/>
5.78	Other	<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**

	<b>All FLW: What are the primary aspects of focussed antenatal care? Do not prompt, select all mentioned</b>	(1)yes (2)no
6.1	Minimum of 4 consultations	<input type="checkbox"/>
6.2	Ensure woman has a birth plan (for care during delivery)	<input type="checkbox"/>
6.3	Prevent illness and promote health (could be tetanus toxoid vaccine, iron tablets, protection against malaria)	<input type="checkbox"/>
6.4	Detect existing illnesses and manage complications (this includes STI/HIV infections)	<input type="checkbox"/>
6.5	Teach danger signs (pregnancy, childbirth, and post partum)	<input type="checkbox"/>
6.6	Promote breastfeeding	<input type="checkbox"/>
6.7	None of the above mentioned	<input type="checkbox"/>
	<b>ALL FLW: Which women require a special birth plan? Do not prompt, select all mentioned</b>	(1)yes (2)no
6.8	Women who have had a caesarean	<input type="checkbox"/>
6.9	Women with 5 or more deliveries	<input type="checkbox"/>
6.10	Birth interval < 2 years or > 5 years	<input type="checkbox"/>
6.11	Previous still birth	<input type="checkbox"/>
6.12	Previous neonatal death	<input type="checkbox"/>
6.13	Previous instrumental delivery (vacuum extraction, forceps)	<input type="checkbox"/>
6.14	History of severe obstetric complications	<input type="checkbox"/>
6.15	Previous obstetric fistula repair	<input type="checkbox"/>
6.16	None of the above mentioned	<input type="checkbox"/>
	<b>Nurses/midwives only: [response 5 to 1.6] For a woman in labour, what observations do you make as you monitor her progress? Do not prompt, select all mentioned</b>	(1)yes (2)no
6.17	Fetal heartbeat	<input type="checkbox"/>
6.18	Colour of amniotic fluid	<input type="checkbox"/>
6.19	Degree of molding	<input type="checkbox"/>
6.20	Dilation of the cervix	<input type="checkbox"/>
6.21	Descent of the head	<input type="checkbox"/>
6.22	Uterine contractions	<input type="checkbox"/>
6.23	Maternal blood pressure	<input type="checkbox"/>
6.24	Maternal temperature	<input type="checkbox"/>
6.25	Maternal pulse	<input type="checkbox"/>
6.26	None of the above mentioned	<input type="checkbox"/>
	<b>Nurses/midwives only: [response 5 to 1.6] Where do you register these observations? Do not prompt, select all mentioned</b>	(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"/>
	<b>All FLW: When a woman develops heavy bleeding after delivery, what do you do? Do not prompt, select all mentioned</b>	(1)yes (2)no

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6.32	Massage the fundus	__
6.33	Give ergometrine or oxytocin (IV or IM)	__
6.34	Begin IV fluids	__
6.35	Empty full bladder	__
6.36	Take blood for hemoglobin and cross-matching	__
6.37	Examine woman for lacerations	__
6.38	Manually remove retained products	__
6.39	Refer	__
6.40	None of the above mentioned	__
	<b>All FLW:</b> When a newborn weighs less than 2.5 kgs, what special care do you provide? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
6.41	Make sure the baby is warm (skin to skin/kangaroo technique)	__
6.42	Provide extra support to the mother to establish breastfeeding	__
6.43	Monitor ability to breastfeed	__
6.44	Monitor baby for the first 24 hours	__
6.45	Ensure infection prevention	__
6.46	None of the above mentioned	__
	<b>All FLW:</b> When the newborn presents signs of infection what initial steps do you take? <b>Do not prompt, select all mentioned</b>	(1)yes (2)no
6.47	Explain the situation to the mother/caregiver	__
6.48	Continue to breastfeed or give breast milk that has been expressed with a nasogastric tube if necessary	__
6.49	Keep airways open	__
6.50	Begin antibiotics	__
6.51	Refer	__
6.52	None of the above mentioned	__

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