

Module: 2

114	What is your name?		
115 Y	What is your date of birth?	yyyy __ __ __ __ Ethiopian Calendar	
115 M	What is your date of birth?	mm __ __ Ethiopian Calendar	
115 D	What is your date of birth?	dd __ __ Ethiopian Calendar	
116	What is the number of years you attended school?	Write number of years	__ __ Years
117	As an HEW, what is your level?	1 = Level 1 2 = Level 2 3 = Level 3 4 = Level 4	__
118	Do you have any specific qualification in addition to HEW training?	1 = Yes 2 = No – GO TO 120	__
119	If yes, specify	_____	
120 YY	For how long have you worked as an HEW (including work at other kebeles)?	Write number of years.	__ __ Years
120MM	If less than one year, enter number of months only.		__ __ Months
121YY	For how long have you worked as an HEW in this Health post?	Write number of years and months.	__ __ Years __ __ Months
121MM	If less than one year, enter 00 years and number of months		
122	Do you reside in this kebele?	1 = Yes 2 = No Skip to 124	__
123	Was a home provided to you by the kebele?	1 = Yes 2 = No	__
124	How many HEWs work in this health post?	Enter number, including the person being interviewed	__
125	In this health post who is the HEW in charge (senior HEW)?	1 = Myself 2 = Other HEW 3 = Neither of us	__

126	How many days a week is the health post facility functionally open by at least 1 HEW?	Enter number of days	__	
127	Do you post the health post functional days for clients to see?	1 = Yes 2 = No	__	
128	Do you post the health posts hours of operation for clients to see?	1 = Yes 2 = No	__	
During the weekend and public holidays- where do the residents of the kebele seek medical care? Select all that apply		For each: 1 = Yes 2 = No		
		129	Health center	__
		130	Health Post	__
		131	With HEW (at her house or elsewhere)	__
		132	Pharmacy	__
		133	Traditional Healers	__
		134	Other –	__
		135	Specify _____	

Instruction: From Question HEW_132-HEW_207
Don't prompt. Select all mentioned

What are the main components of immediate newborn care? Do not prompt Select all mentioned.		For each: 1 = Yes 2 = No		
		136	Deliver baby onto mother's abdomen	__
		137	Dry and wrap baby	__
		138	Assess breathing	__
		139	Delay cord clamping for three minutes	__
		140	Tie and cut cord appropriately	__
		141	Skin to skin contact	__
		142	Initiate breastfeeding	__
		143	Apply TTC eye ointment	__
		144	Apply chlorohexidine on cord	__
		145	Give Vitamin K	__
		146	Weight baby	__
		999	None mentioned from the list	
What are the main components of the first PNC visit for newborn?		For each: 1 = Yes 2 = No		
		147	Advice washing hands before touching baby	__

Do not prompt Select all mentioned	148	Check for danger sings	__
	149	Check for congenital abnormalities	__
	150	Measure temp	__
	151	Measure weight	__
	152	Apply TTC eye ointment	__
	153	Encourage exclusive breast feeding for baby	__
	154	Advice to delay bathing of baby for 24 hrs	__
	155	Encourage skin to skin contact	__
	156	Provide cord care (Chlorohexidine)	__
	157	Education on appropriate cord care (Chlorohexidine)	__
	158	Vaccinate for polio and BCG	__
159	Teach mother on how to recognize newborn danger signs using family health card.	__	
999	None mentioned from the list		
What are the main components of <u>subsequent (3rd and 7th day and 6th week) PNC visits for newborn?</u> Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	160	Check for newborn danger signs	__
	161	Advice to keep cord clean	__
	162	Assess breastfeeding	__
	163	Advise on breastfeeding	__
	164	Ensure baby is kept warm	__
	165	Check baby's weight	__
	166	Vaccination	__
999	None mentioned from the list		
When a newborn weighs less than 1.5 kgs or has a gestational age of less than 32 weeks, what special care do you provide? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	167	Continue feeding with expressed breast milk	__
	168	Monitor ability to breastfeed	__
	169	Cover baby well including head	__
	170	Hold close to mother	__
	171	Refer urgently with mother to health center or hospital	__
999	None mentioned from the list		
When a newborn weighs between 1.5 - 2.5 kgs or has a gestational age of 32-37 weeks, what special care do you provide? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	172	Make sure the baby is warm	__
	173	Educate on optimal breastfeeding	__
	174	Monitor ability to breastfeed	__
	175	Monitor baby for the first 24 hours	__
	176	Educate on infection prevention	__
999	None mentioned from the list		
What are the main signs for good attachment	For each: 1 = Yes 2 = No		

during breast feeding? Do not prompt Select all mentioned	177	Chin touching breast	__
	178	Mouth open wide	__
	179	Lower lip turned out	__
	180	More areola showing above	__
	999	None mentioned from the list	
How do you determine feeding problems in a newborn? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	181	Not well-attached to breast	__
	182	Not suckling effectively	__
	183	Less than 8 breastfeeds in 24 hours	__
	184	Switching to another breast before one is emptied	__
	185	Receives other foods or drinks (even water)	__
	186	Underweight for age	__
	187	Thrush (ulcers or white patches in mouth)	__
999	None mentioned from the list		
When a newborn shows signs of feeding problems or is underweight, what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	188	Advise mother to breastfeed as often and as long as infant wants in 24 hours	__
	189	Teach mother correct positioning and attachment	__
	190	Educate on exclusive breastfeeding	__
	191	Teach the mother to treat thrush at home	__
	192	Follow-up any feeding problem	__
	193	Follow-up any thrush in two days	__
	194	Follow-up underweight for age in 14 days	__
999	None mentioned from the list		
What are the main signs for very severe disease in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	195	Convulsions	__
	196	Stopped feeding or significantly reduced feeding	__
	197	Severe chest in drawing	__
	198	Fast breathing	__
	199	Temperature with 37.5 or more (warm) <i>(Note: if high temperature only mentioned ask for clarification to what extent)</i>	__
	200	Temperature less than 35.5 (cold) <i>(Note: if low temperature only mentioned ask for clarification to what extent)</i>	__
	201	No or very limited movement on stimulation	__

		999	None mentioned from the list	
When the newborn presents sign of very severe disease, what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	202		Continue to breastfeed or if unable to suck give breast milk that has been expressed	__
	203		Begin a dose of amoxicillin (pre-referral)	__
	204		Begin a dose of gentamycin antibiotics (pre-referral)	__
	205		Refer URGENTLY	__
	206		When referral is not possible treat with/prescribe amoxicillin for 7 days	__
	207		When referral is not possible treat with gentamycin daily for 7 days	__
		999	None mentioned from the list	
What are the main signs for local bacterial infection in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	208		Umbilicus red	__
	209		Umbilicus draining pus	__
		210	Skin pustules	__
		999	None mentioned from the list	
When the newborn presents signs of local bacterial infection, what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No			
	211		Give amoxicillin syrup for 5 days	__
	212		Follow up care on 2 nd day from initial visit	__
	213		Advice mother when to return	__
	214		Breastfeed more frequently	__
	215		Advice mother to give breast milk more frequently	__
		216	Advice mother to keep baby warm	__
		999	None mentioned from the list	
217	Are there any possible side effects of using injectable gentamicin for neonatal illness?		1= Yes – 2 = No – Skip to 228	__
		For each: 1 = Yes 2 = No		
218	What are the possible side effects of using injectable gentamicin for neonatal illness?			
What are the possible side effects of using injectable gentamicin for neonatal illness?	218		Kidney damage (nephropathy)	__
	219		Nerve damage (neuropathy especially hearing or visual damage)	__
	220		Hearing loss	__
	221		Lethargy	__
	222		Nausea/vomiting	__

		223	General anaphylactic reaction	__
		224	Fever	__
		225	Poor appetite	__
		226	Weight loss	__
		227	Skin rash	__
228	Is there any contraindication of using injectable gentamicin for the neonatal illness?		1= Yes 2 = No – 232	
	What are those possible contraindications of using injectable gentamicin for the neonatal illness?	For each: 1 = Yes 2 = No		
		229	History of general body reaction or shock to injectable gentamicin (Anaphylactic reaction)	__
		230	History of kidney/urine problem	__
		231	History of skin reaction to gentamicin	__
232	Are there any possible side effects of using amoxicillin for the neonatal illness?		1= Yes 2 = No – 234	__
		For each: 1 = Yes 2 = No		
233	What are the possible side effects of using amoxicillin for the neonatal illness?		1 = General anaphylactic reaction (penicillin hypersensitivity) 9. Not mentioned	__
234	Is there any contraindication of using amoxicillin for the neonatal illness?		1= Yes 2 = No – GO TO 236	__
		For each: 1 = Yes 2 = No		
235	What are those possible contraindications of using amoxicillin for the neonatal illness		1 = History of General body reaction or shock to amoxicillin (penicillin hypersensitivity) 9. Not mentioned	__
236	Are there any possible additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal illness?		1= Yes 2 = No – 238	__
		For each: 1 = Yes 2 = No		
237	What are those additional side effects of using antibiotics (injectable gentamicin or amoxicillin) for non-severe neonatal illness?		1 = Drug resistance 9. Not mentioned	__
	What are the main signs for jaundice in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
		238	Yellow skin	__
		239	Yellow eyes	__
		999	Not mentioned	
	When the newborn presents signs of jaundice, what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
		240	Breastfeed more frequently	__
		241	Advise mother to keep young infant warm	__
		242	Expose to sunshine 20 to 30 minutes every day	__

	243	Advise mother to return immediately if sign & symptoms of jaundice aggravates	__
	244	Follow-up in 2 days	__
What are the main symptoms/signs for severe jaundice in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	245	Jaundice in newborns of Age 14 days or more	__
	246	Jaundice in newborns of Age less than 24 hours	__
	247	Palms yellow	__
	248	Soles yellow	__
	999	Not mentioned from the list	
When the newborn presents symptoms /signs of severe jaundice what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	249	Breastfeed more frequently	__
	250	Refer URGENTLY to health center /hospital	__
	251	Keep the baby warm	__
What are the main signs for some dehydration caused by diarrhea in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	252	Restless and irritable	__
	253	Sunken eyes	__
	254	Skin pinch goes back slowly	__
	999	None mentioned from the list	
When the newborn presents signs of some dehydration caused by diarrhea what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	255	Give ORS fluids	__
	256	Give zinc treatment for 10 days	__
	257	Advise mother to breastfeed more frequently and longer	__
	258	Keep the infant warm	__
	259	Advise mother when to return	__
	260	Follow up in 2 days	__
	999	None mentioned from the list	
What are the main symptoms/signs for severe dehydration caused by diarrhea in newborns? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	261	Limited or No movement even when stimulated	__
	262	Sunken eyes	__
	263	Skin pinch goes back VERY slowly	__
	999	None mentioned from the list	
When the newborn presents signs of severe dehydration caused by diarrhea what initial steps do you take? Do not prompt Select all mentioned	264	Give first dose of amoxicillin syrup	__
	265	Give first dose of IM Gentamycin	__
	266	Refer URGENTLY to health center/hospital	__
	267	Ensure mother gives child ORS on the way to health center/hospital	__
	268	Advise mother to breastfeed more	__

		frequently and longer	
	269	Advise mother to keep young infant warm	__
What are the main signs and symptoms of pneumonia in a child aged 2-59 months? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	270	Cough	__
	271	Difficult or fast breathing	__
	272	Chest indrawing	__
	273	Stridor	__
	999		
When the child presents signs and symptoms of pneumonia what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	274	Give antibiotics	__
	275	Advise on when/how to administer	__
	276	Keep the child warm	__
	277	Advise mother when to return	__
	999	None mentioned from the list	
What are the main signs and symptoms of diarrhea in a child aged 2-59 months? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	278	Diarrhea	
	279	Blood in stool	
	280	Restless or irritable	
	281	Sunken eyes	__
	282	Skin pinch goes back slowly	__
	999	None mentioned from the list	
When the child presents signs and symptoms of diarrhea what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	283	Give ORS fluids	__
	284	Give zinc treatment for 10 days	__
	285	Advise on when/how to administer	
	286	Advise mother to breastfeed / feed more frequently and longer	__
	287	Keep the child warm	__
	288	Advise mother when to return	__
	289	Follow up in 2 days	
	999	None mentioned from the list	
What are the main signs and symptoms of malaria in a child aged 2-59 months? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	290	Fever	__
	291	Chillis	__
When the child presents signs and symptoms of malaria what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	292	Use RDT to test for malaria	__
	293	Treat malaria with Coartem / ACT	__
	294	Advise on when/how to administer Coartem	
	295	Advise mother when to return	__
	999	None mentioned from the list	

What are the main signs and symptoms of acute malnutrition in a child aged 2-59 months? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	296	Pitting edema of both feet	__
	297	Visible severe wasting	__
	298	MUAC measurement <11cm (if 6 months or older)	__
	999	None mentioned from the list	
When the child presents signs and symptoms of acute malnutrition what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	299	Appetite test if 6 months or older	__
	300	Give with RUTF (Plumpy nut or BP 100)	__
	301	Advise on when/how to take RUTF	__
	302	Advise mother when to return	__
What are general danger signs in child aged 2-59 months? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	303	Unable to drink or breastfeed	__
	304	Convulsions	__
	305	Movement only when stimulated or no movement even when stimulated	__
	999	None mentioned from the list	
When the child presents with general danger signs and symptoms what initial steps do you take? Do not prompt Select all mentioned	For each: 1 = Yes 2 = No		
	306	Refer to health centre	__
	307	Give pre-referral dose and refer to health center	__
	308	Give ORS	__
	999	None mentioned from the list	

MODULE 4: TRAINING OF THE HEW

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

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

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

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

REPEAT BOTH QUESTIONS FOR EACH TOPIC

		Yes, within past 12 months	Yes, over past 12 months ago	No in-service training or update	
309	CBNC	1	2	3	__

310	Providing antenatal services	1	2	3	<input type="checkbox"/>	
311	PMTCT	1	2	3	<input type="checkbox"/>	
312	Misoprostol use	1	2	3	<input type="checkbox"/>	
313	Providing post-natal care to mother	1	2	3	<input type="checkbox"/>	
314	Providing postnatal care to newborn	1	2	3	<input type="checkbox"/>	
315	Clean cord care	1	2	3	<input type="checkbox"/>	
316	Managing newborns with very severe disease	1	2	3	<input type="checkbox"/>	
317	Managing newborn with local bacterial infection	1	2	3	<input type="checkbox"/>	
318	Managing newborn neonates with jaundice/severe jaundice	1	2	3	<input type="checkbox"/>	
319	Managing neonates with diarrhea	1	2	3	<input type="checkbox"/>	
320	Managing neonates with feeding problem or who are underweight	1	2	3	<input type="checkbox"/>	
321	iCCM	1	2	3	<input type="checkbox"/>	
322	Using referral forms for VSD	1	2	3	<input type="checkbox"/>	
323	Using/filling family folder	1	2	3	<input type="checkbox"/>	
324	Integrated Refresher training on MNCH services	1	2	3	<input type="checkbox"/>	
325	EPI	1	2	3	<input type="checkbox"/>	
326	Can you tell us whether or not you were satisfied with the quality of training received for managing sick <u>neonate</u> ? Do not give options to the respondent	1 = Yes was satisfied 2 = No was not satisfied – GO TO 328 3 = Neither satisfied nor dissatisfied – GO TO 329 4= No training in the last 12 months –GO TO 335			<input type="checkbox"/>	
327	IF YES , then what was the level of satisfaction Give both options to the respondent	1. Fully satisfied – GO TO 329 2. Somewhat satisfied – GO TO 329			<input type="checkbox"/>	
328	IF NO , then what was the level of dissatisfaction Give both options to the respondent	1. Fully dissatisfied 2. Somewhat dissatisfied			<input type="checkbox"/>	
How can the quality of the training be further improved Read list. Select all that apply.		For each: 1 = Yes 2 = No				
		329	More training			<input type="checkbox"/>
		330	More practice sessions			<input type="checkbox"/>
		331	More training aids			<input type="checkbox"/>
		332	More post training supervision			<input type="checkbox"/>
		333	Other – GO TO 334			<input type="checkbox"/>
334	Specify _____					

MODULE 5: SUPPORTIVE SUPERVISION				
INTERVIEWER: <i>I would now like to ask some questions about <u>supportive supervision</u> you have received. By supportive supervision I mean being visited by individuals from the region, zone, woreda and/or health center to discuss, review and give feedback on your <u>TECHNICAL</u> or <u>PROFESSIONAL</u> work.</i>				
INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 6 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.				
<u>LAST 6 MONTHS: STATE THE START & END MONTHS</u>				
START MONTH _____				
END MONTH _____				
335	Have you received a supportive supervisory visit in the last 6 months?	1 = Yes 2 = No – GO TO 366	<input type="text"/>	
IF YES: Who from? Select all that apply		For each: 1 = Yes 2 = No		
		336	Woreda health office	<input type="text"/>
		337	PHCU/health centre	<input type="text"/>
		338	NGO	<input type="text"/>
339	IF YES: How many times did you receive this visit in the last 6 months?	Enter total number of times IF 0 skip to 342	<input type="text"/>	
340	How many of these visits were in last 3 months?	Enter total number of times IF 0 skip to 342	<input type="text"/>	
341	How many of these visits were in last 1 month?	Enter total number of times	<input type="text"/>	
342	Who provided the most recent supervisory visit? Select one	1 = Woreda Health Office 2 = Health Centre 3 = NGO 4 = Woreda Health Office and Health center 5 = Woreda Health Office and NGO 6 = Health Center and NGO 7 = All three together (Woreda, Health Center, NGO)	<input type="text"/>	
IF YES to 335: Did that visit include any of the following? Read all the following		For each: 1 = Yes 2 = No		
		343	Discussing early identification of pregnancy	<input type="text"/>
		344	Discussing provision focused ANC	<input type="text"/>
		345	Discussing promotion of institutional delivery	<input type="text"/>
		346	Discussing safe and clean delivery	<input type="text"/>
		347	Discussing immediate newborn care including cord care (chlorohexidine)	<input type="text"/>
		348	Discussing recognition of asphyxia, initial stimulation, and resuscitation of newborn babies	<input type="text"/>
		349	Discussing prevention and management of hypothermia	<input type="text"/>
350	Discussing management of pre-term and/or low	<input type="text"/>		

		birth weight neonates	
	351	Discussing management of very severe disease in newborns	<input type="checkbox"/>
	352	Discussing diagnosis or treatment of suspected pneumonia	<input type="checkbox"/>
	353	Discussing diagnosis or treatment of diarrhoea	<input type="checkbox"/>
	354	Discussing diagnosis or treatment of malaria	<input type="checkbox"/>
	355	Discussing diagnosis or treatment of acute malnutrition	<input type="checkbox"/>
	356	Discussing HEW activities with WDA	<input type="checkbox"/>
	357	Observing record keeping	<input type="checkbox"/>
	358	Checking the register for consistency and completeness	<input type="checkbox"/>
	359	Checking supplies including training manuals, job aides, request forms	<input type="checkbox"/>
	360	Delivering supplies including /training manuals, job aides, request forms	<input type="checkbox"/>
	361	<u>Observing client Consultation with HEW</u>	<input type="checkbox"/>
	362	Conducted postnatal household visits together to observe HEWs skill on checking general danger signs	<input type="checkbox"/>
	363	Checking if they visited a sick neonate under treatment or that has been treated,	<input type="checkbox"/>
	364	Providing <u>WRITTEN</u> feedback to you on your work	<input type="checkbox"/>
	365	<u>WRITTEN</u> feedback: copy of the last visit available and checked by the interviewer	<input type="checkbox"/>
366	Did you receive a follow up visit within 6 weeks of CBNC training to assess and support your CBNC work ?	1 = Yes 2 = No – GO TO 371 3 = No CBNC training –GO TO 371	<input type="checkbox"/>
		For each: 1 = Yes 2 = No	
	If received CBNC post-training visit who conducted 6 weeks follow up visit? Select all that apply	367 Zone	<input type="checkbox"/>
		368 Woreda	<input type="checkbox"/>
		369 Health Center	<input type="checkbox"/>
		370 NGO	<input type="checkbox"/>

371	Can you tell us whether or not you were satisfied with the QUALITY of supportive supervision received in last six months? Do not read options	1 = Yes was satisfied 2 = No was not satisfied – GO TO 373 3 = Neither satisfied nor dissatisfied – GO TO 374 4 = no supportive supervision in the last 6 months GO TO 379	<input type="checkbox"/>	
372	IF YES , then what was the level of satisfaction? Read options	1. Fully satisfied -GO TO 379 2. Somewhat satisfied -GO TO 374	<input type="checkbox"/>	
373	IF NO , then what was the level of dissatisfaction? Read options	1. Fully dissatisfied 2. Somewhat dissatisfied	<input type="checkbox"/>	
How can the quality of the supervision be further improved: Read list Select all that apply		For each: 1 = Yes 2 = No		
		374	More visits	<input type="checkbox"/>
		375	More crash trainings during supervision	<input type="checkbox"/>
		376	More technical supervision	<input type="checkbox"/>
		377	Other can the quality of the supervision be further improved	<input type="checkbox"/>
	378	Specify _____	<input type="checkbox"/>	

Interviewer: <i>I would now like to ask you some questions about Performance Review and Clinical Mentoring Meeting (PRCMM) By this I mean when NGO, health center and health post staff meet together to review records, discuss performance, and ways to improve your TECHNICAL skills and achieve targets for CBNC/ICCM?</i>			
INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 6 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.			
LAST 6 MONTHS: STATE THE START & END MONTHS			
START MONTH _____			
END MONTH _____			
379	In the past 6 months, did you participate in a PRCMM meeting, where the health center, health post and/or NGO staff met together to discuss performance, targets, and ways to improve HEWs' skills and achieve targets for CBNC and/or ICCM?	1 = Yes 2 = No 3 = No CBNC and/or ICCM training	<input type="checkbox"/>
380	Since training of CBNC and/or ICCM, have you participated in any PRCM meeting conducted in your Health center catchment area?	1 = Yes 2 = No – GO TO MODULE 6	<input type="checkbox"/>
381	Did the meeting extract data from the HEW's 0-2 month (newborn) registers?	1 = Yes 2 = No	<input type="checkbox"/>
382	At that meeting, did your health center staff get a chance to offer mentoring on how to improve your newborn illness management skills?	1 = Yes 2 = No	<input type="checkbox"/>
Did that meeting cover discussions on performance and targets on the following? Read all the following		For each: 1 = Yes 2 = No	
	383	Early identification of pregnancy	<input type="checkbox"/>
	384	Focused ANC	<input type="checkbox"/>
	385	Promotion of institutional delivery	<input type="checkbox"/>
	386	Safe and clean delivery	<input type="checkbox"/>
	387	Immediate newborn care including cord care (chlorohexidine)	<input type="checkbox"/>
	388	Recognition of asphyxia, initial stimulation and resuscitation of newborn babies	<input type="checkbox"/>
	389	Management of diarrhea among neonate	<input type="checkbox"/>
	390	Breast feeding among neonate	<input type="checkbox"/>
	391	Immunization among neonate	<input type="checkbox"/>
	392	Management of hypothermia	<input type="checkbox"/>
	393	Management of pre-term and/or low birth weight neonates	<input type="checkbox"/>
	394	Management of neonatal/very severe disease	<input type="checkbox"/>
	395	Register review	<input type="checkbox"/>
396	Community level observation	<input type="checkbox"/>	

MODULE 6: HEWS SERVICES PROVIDED IN THE LAST 3 MONTHS			
Interviewer: I would now like to ask you about the services you provided in the last 3 months.			
REFER TO HEW'S RECORD BOOKS (AT THE HEALTH POST REGISTERS) TO COMPLETE THE FOLLOWING; <u>ONLY COUNT EVENTS ATTENDED BY THE SPECIFIC HEW BEING INTERVIEWED:</u>			
INTERVIEWER: PLEASE STATE THE START AND END MONTHS THAT CAPTURE THE PAST 3 MONTHS FROM THE DATE OF THE INTERVIEW AND INSERT IT INTO THE QUESTION BELOW.			
<u>LAST 3 MONTHS: STATE THE START & END MONTHS</u>			
START MONTH _____			
END MONTH _____			
397	In the last three months did you use community forums and meeting to deliver maternal newborn and child health education?	1 = Yes 2 = No – GO TO 406	_ _
In the last three months did you meet any of the following to deliver maternal newborn and child health education? Read list. Choose all that apply.	For each: 1 = Yes 2 = No		
	398	Religious leaders	_ _
	399	Edir (Traditional community organization whose members assist each other during the mourning process)	_ _
	400	Women's savings group	_ _
	401	Command post	_ _
	402	Traditional birth attendants	_ _
	403	Other	_ _
	404	Other Specify _____	
405	When was the last time you used community forum and meeting to deliver maternal newborn and child health education?	_ _ _ / _ _ _ / _ _ _ dd / mm / yy	
406	Did you conduct pregnant women conference in the community in the last 3 months?	1 = Yes 2 = No – GO TO 411	_ _
407	When was the last time you conducted a pregnant women's conference?	_ _ _ / _ _ _ / _ _ _ dd / mm / yy	
408	How regularly do you conduct the pregnant women's conference?	1 = Once a week 2 = Every two weeks 3 = Once a month 4 = Every other month 5 = Once every three months	_ _

409	In the last pregnant women conference, how many women in your catchment area were pregnant?	Enter number Enter 999 if don't know	<input type="text"/>
410	Among them, how many of them attended the pregnant women's conference? (The number should be \leq numbers inserted in Q 408)	Enter number	<input type="text"/>
411	Did you provide ANC to any women in the last three months?	1 = Yes 2 = No – GO TO 412	<input type="text"/>
412	IF YES: how many?	Enter number	<input type="text"/>
413	Did you refer any pregnant women from this health post to a health center or hospital in the last three months?	1 = Yes 2 = No – GO TO 414	<input type="text"/>
414	IF YES: how many?	Enter number	<input type="text"/>
415	Did you see any women to provide postpartum care in the last three months?	1 = Yes 2 = No – GO TO 416	<input type="text"/>
416	IF YES: How many women did you see for postpartum care in the last three months?	Enter number	<input type="text"/>
417	Did you refer any post-partum women from this health post to a health center or hospital in the past three months?	1 = Yes 2 = No – GO TO 418	<input type="text"/>
418	IF YES: How many?	Enter number	<input type="text"/>
419	Did you see any newborns to provide a postnatal check for in the last three months?	1 = Yes 2 = No – GO TO 420	<input type="text"/>
420	IF YES: How many newborns did you provide a postnatal check for in the last three months?	Enter number	<input type="text"/>
421	Did you refer any newborns from this health post to a health center or hospital in the past three months?	1 = Yes 2 = No – GO TO 422	<input type="text"/>
422	IF YES: How many?	Enter number	<input type="text"/>
423	Did you give care for prevention of hypothermia in the last three months?	1 = Yes 2 = No – GO TO 424	<input type="text"/>
424	IF YES: How many?	Enter number	<input type="text"/>
425	Did you give care for management of hypothermia in the last three months?	1 = Yes 2 = No – GO TO 426	<input type="text"/>
426	IF YES: How many?	Enter number	<input type="text"/>
427	Did you provide care for pre-term and/or low birth weight neonates in the last three months?	1 = Yes 2 = No – GO TO 428	<input type="text"/>
428	IF YES: How many?	Enter number	<input type="text"/>
429	Did you identify newborns with suspected very severe disease in the	1 = Yes 2 = No – GO TO 430	<input type="text"/>

	last three months?		
430	IF YES: How many?	Enter number	_
431	Did you treat newborns with suspected very severe disease in the last three months?	1 = Yes 2 = No – GO TO 433 3 = Antibiotics not available – GO TO 433	_
432	IF YES: how many?	Enter number	_
433	IF YES: how many completed the treatment at the health post?	Enter number	_
434	Did you refer any newborns from this health post to a health center or hospital for very severe disease in the past three months?	1 = Yes 2 = No – GO TO 435	_
435	IF YES: How many?	Enter number	_
436	Did you see any newborns with diarrhea in the last three months?	1 = Yes 2 = No – GO TO 437	_
437	IF YES, how many?	Enter number	_ _ _
438	Did you see any newborns with jaundice in the last three months?	1 = Yes 2 = No – GO TO 439	_
439	IF YES, how many?	Enter number	_ _ _
440	Are the maternity record books completely up to date until the day before survey?(observe)	1 = Yes 2 = No GO TO 442	_
441	What is number of maternity cases maintained in the last three months in the maternity register?	Enter number	_ _ _
442	Did you see any children (2-59 months) for suspected pneumonia in the last three months?	1 = Yes 2 = No – GO TO 443	_
443	IF YES, how many?	Enter number	_ _ _
444	Did you see any children (2-59 months) for diarrhea in the last three months?	1 = Yes 2 = No – GO TO 445	_
445	IF YES, how many?	Enter number	_ _ _
446	Did you see any children (2-59 months) for malaria in the last three months?	1 = Yes 2 = No – GO TO 447	_
447	IF YES, how many?	Enter number	_ _ _
448	Did you see any children (2-59 months) for acute malnutrition in the last three months?	1 = Yes 2 = No – GO TO 449	_
449	IF YES, how many?	Enter number	_ _ _
450	Did you refer any children (2-59 months) from this health post to a health center or hospital for very severe disease in the past three months?	1 = Yes 2 = No – Exit interview	_
451	IF YES: How many?	Enter number	_ _ _