



# BMJ Open Health postservice readiness and use of preventive and curative services for suspected childhood pneumonia in Ethiopia: a cross-sectional study

Amare Tariku <sup>1,2</sup>, Yemane Berhane,<sup>2</sup> Alemayehu Worku,<sup>2,3</sup> Gashaw Andargie Biks,<sup>4</sup> Lars Åke Persson <sup>5,6</sup>, Yemisrach Behailu Okwaraji<sup>5,6</sup>

**To cite:** Tariku A, Berhane Y, Worku A, *et al.* Health postservice readiness and use of preventive and curative services for suspected childhood pneumonia in Ethiopia: a cross-sectional study. *BMJ Open* 2022;**12**:e058055. doi:10.1136/bmjopen-2021-058055

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-058055>).

Received 05 October 2021  
Accepted 08 April 2022



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For numbered affiliations see end of article.

## Correspondence to

Dr. Amare Tariku;  
[amaretariku15@yahoo.com](mailto:amaretariku15@yahoo.com)

## ABSTRACT

**Objective** Pneumonia is the single-leading cause of infectious disease deaths in children under-5. Despite this challenge, the utilisation of preventive and curative child health services remains low in Ethiopia. We investigated the association between health post service readiness and caregivers' awareness of pneumonia services, care-seeking and utilisation of pneumonia-relevant immunisation in four Ethiopian regions.

**Design and setting** This cross-sectional study was conducted in 52 districts of four regions of Ethiopia from December 2018 to February 2019. The health posts preparedness for sick child care was assessed using the WHO Health Service Availability and Readiness Assessment tool. Multilevel analyses were employed to examine the associations between health post readiness and household-level awareness and utilisation of services.

**Participants** We included 165 health posts, 274 health extension workers (community health workers) and 4729 caregivers with 5787 children 2–59 months.

**Outcome measures** Awareness of pneumonia treatment, care-seeking behaviour and coverage of pentavalent-3 immunisation.

**Results** Only 62.8% of health posts were ready to provide sick child care services. One-quarter of caregivers were aware of pneumonia services, and 56.8% sought an appropriate care provider for suspected pneumonia. Nearly half (49.3%) of children (12–23 months) had received pentavalent-3 immunisation. General health post readiness was not associated with caregivers' awareness of pneumonia treatment (adjusted OR, AOR 0.9, 95% CI 0.7 to 1.1) and utilisation of pentavalent-3 immunisation (AOR=1.2, 95% CI 0.8 to 1.6), but negatively associated with care-seeking for childhood illnesses (AOR=0.6, 95% CI 0.4 to 0.8).

**Conclusion** We found no association between facility readiness and awareness or utilisation of child health services. There were significant deficiencies in health post preparedness for services. Caregivers had low awareness and utilisation of pneumonia-related services. The results underline the importance of enhancing facility preparedness, providing high-quality care and intensifying demand generation efforts to prevent and treat pneumonia.

## Strengths and limitations of this study

- This is the first study, which assessed the association between first-level healthcare facility readiness for services and caregivers' awareness and utilisation of pneumonia-relevant preventive and curative services in four of the most populous Ethiopian regions.
- Facility preparedness was assessed using the WHO Health Service Availability and Readiness Assessment tool to generate objective and reliable information that is comparable across or within countries.
- We ascertained information on the utilisation of pneumonia-related preventive and curative services with Demographic and Health Surveys methods, assumed to reduce recall bias.
- The study covered pneumonia services and service readiness of health posts in 52 districts of four Ethiopian regions and findings may not be representative of other geographic areas and health system levels.

## INTRODUCTION

Worldwide, pneumonia is responsible for one-fifth of all under-5 deaths.<sup>1</sup> Nearly half (49%) of these deaths occur in four low-income and middle-income countries, including Ethiopia.<sup>2–3</sup> There are effective preventive measures, including immunisation and antibiotics that can prevent or treat most cases of pneumonia. Despite these resources, children in low-income countries continue to suffer and die from pneumonia due to lack of access to or availability of these services.<sup>4</sup>

The WHO and UNICEF introduced the integrated Community Case Management (iCCM) strategy in 2004 to increase access and quality of services for childhood pneumonia, diarrhoea and malaria. Effective implementation of this strategy requires uninterrupted stock of drugs and supplies, trained community health workers, and

community awareness of these services.<sup>5 6</sup> Nevertheless, studies in low-income countries reveal that less than one-fifth of sick children were brought to relevant health services for suspected pneumonia.<sup>7 8</sup> This low level of care-seeking has, among other things, been attributed to the poor quality of health services.<sup>9</sup> A majority of facilities in these settings have reportedly not had essential drugs, supplies and trained community health workers.<sup>10–13</sup> The general service readiness index for sick child care has varied between 19% and 69% in reports from sub-Saharan African countries.<sup>11 13</sup> The readiness has been lower in rural areas and at the lowest primary healthcare level.<sup>14–17</sup> In Ethiopia, earlier reports have shown a lack of iCCM drugs and supplies at health posts.<sup>9 18</sup>

Inadequate preparedness and low service quality at the primary healthcare level reduce parents' trust and utilisation of health services.<sup>11 19–21</sup> In Ethiopia, the low utilisation of iCCM services was also attributed to absent supervision and refresher training of health extension workers.<sup>22–27</sup> We have earlier shown that a substantial proportion of caregivers were not aware of pneumonia-related health services and, therefore, less likely to seek care when their children got sick or get their children immunised.<sup>28 29</sup> The low utilisation of iCCM services has also been attributed to the lack of readiness of health posts to care for sick children.<sup>19 30 31</sup> Thus, there are reasons to investigate the primary-level health facility preparedness to provide child health services and whether this is associated with the coverage of pneumonia-related preventive and treatment services. In Ethiopia, under-5 mortality was reported to be 55 per 1000 live births in the 2019 Demographic and Health Survey. Although reduced in recent decades, the persistently high level and continued pneumonia deaths call for intensified efforts to prevent these preventable deaths.<sup>28 32</sup> The Ethiopian Ministry of Health in collaboration with non-governmental organisations implemented a complex community-based intervention labelled Optimising the Health Extension Programme (OHEP) in four of the most populous regions. The OHEP aimed to contribute to reductions in under-5 child mortality through enhancing utilisation of iCCM and community-based newborn care services.<sup>33</sup> This study was part of the evaluation of OHEP intervention. We aimed to examine the association between the health post readiness to serve and caregivers' awareness of pneumonia-related services, care-seeking for sick children, and whether their 12–23 months old children had got three pentavalent vaccinations.

## METHODS

### Study setting and design

The Ethiopian primary healthcare system typically consists of a primary hospital, a health centre and five satellite health posts. A health post is the lowest service delivery point staffed by two health extension workers serving around 5000 rural residents. Since 2003, Ethiopia has implemented the health extension programme

to achieve universal coverage of primary healthcare for the rural population. This national programme is implemented by health extension workers, and they provide basic promotive, preventive and curative services through outreach and health post-based approaches. In 2010, after a change in policy that allowed the health extension workers to treat child pneumonia, the Ethiopian Ministry of Health and partners initiated the implementation of iCCM of childhood illnesses as part of the health extension programme. Under the iCCM programme, the health extension workers examine, classify and treat pneumonia.<sup>34 35</sup>

The OHEP intervention had three components, that is, community engagement activities, capacity building of health extension workers and women's development group leaders, and strengthening of the district health services' ownership and accountability of the primary newborn and child health services. The intervention was conducted in 26 intervention districts with 26 comparison districts spread in four regions of Ethiopia, namely Tigray, Amhara, Oromia and Southern Nations, Nationalities and Peoples Regions. The intervention started in 2016 and was completed in 2018. For the evaluation, baseline and end line surveys were performed. This paper reports a secondary analysis of end line cross-sectional data.<sup>33</sup>

### Participants

This study included all caregivers and children aged 2–59 months, who resided in 52 study districts. It also includes all health posts with one or two health extension workers per health post serving these families.

### Sampling

This study was based on secondary analysis of data from the endline survey that was part of the evaluation of the OHEP intervention. Sample size for the end line survey was estimated to measure changes in care-seeking and appropriate treatment for childhood illnesses between intervention and comparison areas at baseline and endline. Assumptions considered for the sample size calculation for the main OHEP evaluation<sup>36</sup> were 80% power to detect differences of 15% for the reported level of care-seeking (55%) and 20% for appropriate treatment for childhood illnesses (47%) at the baseline, design effect of 1.001% and 90% completeness. Accordingly, a sample size of 12 000 households was obtained. With this number of households, 6532 children below the age of 5 years were expected to be reached by the survey, of whom 368 were assumed to have any illnesses and 308 to have suspected pneumonia within 2 weeks before the survey.

The parent study used a sampling frame generated based on the 2007 Ethiopian Central Statistical Agency housing and population survey. Two hundred enumeration areas, that is, clusters, were selected from 52 study districts with probability proportional to size. A two-staged cluster sampling followed by systematic sampling to select 60 representative households from each study cluster. All caregivers of children aged 2–59 months living

in the selected households were interviewed. Moreover, all health posts and one or two health extension workers from each health post serving the population of the study clusters were included.<sup>37</sup>

### Data collection

Data were collected using structured and pre-tested interviewer-administered questionnaires through an electronic data collection software (CSpro survey software). The questionnaires were translated into local languages (Amharic, Tigrigna and Oromiffa) and back-translated into English. They comprised three main modules; household, healthcare provider and health facility modules (see online supplemental files 1–3). Data collectors and supervisors, who had bachelor's degree or above, were trained for 2 weeks on data collection techniques, procedures, quality assurance and ethical considerations of the study. Further detailed information about data collection and quality control is available in the published study protocol.<sup>33</sup>

### Outcomes

The outcomes of this study are caregivers' awareness of pneumonia treatment, care-seeking behaviour and coverage of pentavalent-3 immunisation as defined in the Demographic and Health Surveys.<sup>28</sup> The awareness of availability of pneumonia treatment was calculated as the proportion of caregivers who had heard messages regarding pneumonia treatment. Suspected pneumonia was ascertained by asking the caregiver if the child had cough combined with either fast or difficult breathing due to chest problems within 2 weeks before the survey. Care-seeking was defined as children with suspected pneumonia for whom advice or treatment was sought from an appropriate care provider, that is, either government or private providers. The vaccination status of children aged 12–23 months was primarily assessed by reviewing immunisation cards. When cards were not available at home, the caregivers were requested to report the type of vaccines their children had received. Hence, coverage of pentavalent vaccination was estimated as the proportion of children 12–23 months who had received three doses of pentavalent vaccine.

### Health postreadiness

The readiness of health posts for sick child care was assessed using the WHO Service Availability and Readiness Assessment tool.<sup>38</sup> Using 23 tracer items, the preparedness of facilities was shown in five domains or indices, that is, basic amenities, basic equipment, standard precaution equipment for infection prevention, diagnostic capacity and essential medicines. The mean availability of items across the four domains of readiness was estimated by assigning equal weight to each of the items, and was expressed as a proportion. Health posts' diagnostic capacity was shown as the proportion of facilities having rapid diagnostic test for malaria. The general service readiness was calculated as the average of percentages depicting mean availability

of tracer items in five indices.<sup>38</sup> The availability of vaccination card at the health posts was also estimated. The number of health extension workers working at the health post and the percentage of these workers trained in iCCM and who had received supportive supervision during 6 months before the survey were also calculated. The health post demand generation activities were recorded as the proportion of health posts showing opening days or that used community forums to deliver maternal and child health education.

### Analyses

The household socioeconomic status was constructed through principal component analysis of household assets, ownership of house, livestock, agricultural land and access to utilities and infrastructures. The factor scores were summed and ranked into quintiles from the poorest to the least poor.

The study linked the household, health facility and care provider information. Our analysis was based on linked samples for outcome variables, that is, caregivers' awareness of pneumonia treatment (n=4934), care-seeking when the child was sick (n=613) and vaccination of 12–23 months old children with a third dose of pentavalent immunisation (n=860). Care-seeking was assessed for all childhood illness episodes, including symptoms of suspected pneumonia as reported by caregivers for the 2 weeks prior to the survey. The effect of clustering on three of the study outcomes was examined by estimating intraclass correlation coefficients (ICC). A multilevel binary logistic regression model was fitted to examine the association between health post readiness and household level awareness, care-seeking and utilisation of three doses of pentavalent vaccinations. We checked for potential household-level confounders. The fitness of the model was checked through Likelihood Ratio Test. Data were analysed using Stata V.14.

### Patient and public involvement

Patients or the public were not involved in the design or conduct or reporting or dissemination plans of this research.

## RESULTS

### Characteristics of caregivers and children

A total of 10 785 households from 181 study clusters, 165 health posts and 274 health extension workers were included in the survey. A total of 4729 eligible caregivers with 5787 children aged 2–59 months were included in the analyses. A majority of the caregivers had no schooling (59.4%) and were currently married (88.6%). About two-thirds (64.0%) of caregivers were able to access the nearest health facility within 30 min of walk from their home (table 1).

### Characteristics of health posts and health extension workers

The median number of households served by the health post was 1181. The majority (85.1%) of the health posts

**Table 1** Sociodemographic characteristics of caregivers and children aged 2–59 months in four regions of Ethiopia, December 2018 to February 2019

Characteristics	Frequency	Percentage
<b>Caregivers' characteristics (n=4729)</b>		
<b>Age</b>		
<25	885	18.7
25–29	1281	27.1
30–34	1038	22
35–39	867	18.3
≥40	658	13.9
<b>Marital status</b>		
Currently married	4067	88.6
Unmarried	521	11.4
<b>Education</b>		
No schooling	2810	59.4
Schooling	1919	40.6
<b>No of children under-5</b>		
1	3487	73.7
2	1148	24.3
3+	94	2
<b>Socioeconomic quintiles</b>		
Q1 (poorest)	1024	21.7
Q2	982	20.8
Q3	874	18.5
Q4	895	18.9
Q5 (least poor)	954	20.1
<b>Walking distance from household to nearest health facility (n=3918)</b>		
≤30 min	2507	64
>30 min	1411	36
<b>Child (2–59 months) characteristics (n=5787)</b>		
<b>Sex</b>		
Male	2961	51.2
Female	2826	48.8
<b>Age</b>		
2–11 months	959	16.6
12–23 months	992	17.1
24–35 months	1114	19.3
36–59 months	2722	47

were functionally open for 5 days or more per week. More than 1/10 (12.7%) of the health posts were served by only one health extension worker. Most (78.8%) of the health extension workers were trained in the iCCM of childhood illnesses. More than three-fourth (78.8%) had received supportive supervision within 6 months preceding the survey. Three-quarters used community forums or meetings to deliver maternal and child health education within 3 months prior to the survey (table 2).

**Table 2** Characteristics of health posts in four regions of Ethiopia, December 2018 to February 2019

Characteristics	Frequency	Percentage
<b>Health posts catchment area population (n=165)</b>		
No of households, median (IQR)	1181 (841–1572)	
No of children under 5 years, median (IQR)	780 (493–1065)	
<b>Health extension workers' characteristics (274)</b>		
<b>No of health extension workers per health post</b>		
One	35	12.7
Two	142	51.8
Three and above	97	35.4
<b>Health postopening days per week</b>		
1–4 days	41	14.9
5–7 days	233	85.1
<b>Posted health postopening days</b>		
Trained for iCCM of childhood illnesses	216	78.8
Received supportive supervision in the last 6 months	216	78.8
Participated in Performance Review and Clinical Mentorship meetings	126	46.0
Used community forums to deliver maternal and child health education	205	74.8

iCCM, integrated Community Case Management.

### Health postpreparedness to deliver sick child care services

The general service readiness of health posts (n=165) to deliver sick child health services was estimated at 62.8%. Half of the health posts had rapid diagnostic test for malaria, and the mean availability of essential medicines was 66.9%. Relatively higher mean availability (80.1%) of tracer items was shown for basic equipment, while the lowest (48.7%) was for availability of standard precaution items. Very few health posts had all essential medicines and standard precaution equipment. Most of the health posts (84.2%) had vaccination cards (figure 1).

### Awareness of treatment, actual care-seeking and utilisation of preventive immunisation

During the 2 weeks before the survey 704 (12.3%) of the children had any illnesses. Of these, 44 children had symptoms and signs of suspected pneumonia. Only one in five (23.9%) caregivers were aware of the availability of pneumonia treatment services. Healthcare was sought for one-third (36.1%) of children with any illnesses and for 56.8% of children with suspected pneumonia. Almost





**Figure 1** Percentage of health posts (n=165) with drugs and supplies to deliver pneumonia-related and other sick child care services in four regions of Ethiopia, December 2018 to February 2019.

half (49.3%) of children aged 12–23 months had received three doses of pentavalent vaccinations (table 3).

#### Association between health postreadiness and awareness and utilisation of pneumonia care

The ICC indicated that the study outcomes, that is, awareness of pneumonia treatment (ICC 0.29, 95% CI 0.24 to 0.36), care-seeking behaviour (ICC 0.16, 95% CI 0.10 to 0.27) and pentavalent vaccination (ICC 0.28, 95% CI 0.20, 0.38) significantly varied with level of clusters. While checking for the household-level confounders, we found that none of the household, caregiver and child

characteristics were associated with the outcomes and main exposure variables, that is, the five health postreadiness indices. But regardless of the statistical screening criteria ( $p < 0.2$ ), analyses were adjusted for maternal age, education and area of residence (intervention-comparison area) variables.

Analyses tested the association of general health post readiness index with study outcomes were adjusted for health extension workers' iCCM training, supportive supervision, participation at performance review and clinical mentorship meeting, home visiting, use of

**Table 3** Childhood illness and care utilisation by child demographic characteristics in four regions of Ethiopia, December 2018 to February 2019

Service utilisation	Frequency	Percentage
Children with any illnesses		
Yes	704	12.3
No	5021	87.7
Childhood illnesses by sex (n=704)		
Male	362	51.4
Female	342	48.6
Childhood illnesses by age (n=704)		
2–11 months	121	17.2
12–23 months	147	20.9
24–35 months	152	21.6
36–59 months	284	40.3
Child with suspected pneumonia		
Yes	44	0.8
No	5743	99.2
Child with suspected pneumonia treated with antibiotics (n=44)		
Yes	17	38.6
No	27	61.4
Full pentavalent vaccination by sex (n=489)		
Male	258	52.8
Female	231	47.2

community forums, opening days and number of staff at health post, mothers' age, education and area of residence (intervention-comparison area) variables. The adjusted multilevel analyses revealed that general health post readiness was not associated with caregivers' awareness of availability of pneumonia treatment (adjusted OR, AOR 0.9, 95% CI 0.7 to 1.1) or utilisation of pentavalent-3 immunisation (AOR 1.2, 95% CI 0.8 to 1.6). The general health postreadiness was negatively associated with care-seeking for childhood illnesses (AOR 0.6, 95% CI 0.4 to 0.8)] (table 4).

As illustrated in table 5, none of the health post readiness indices were associated with caregivers' awareness of availability of pneumonia treatment and care-seeking for childhood illnesses. Only availability of standard precaution equipment for infection prevention was positively associated with utilisation of pentavalent-3 immunisation (AOR 4.5, 95% CI 1.6 to 12.8). Home visiting by the health extension workers was associated with higher odds for caregivers' awareness of availability of pneumonia treatment (AOR 2.9, 95% CI 2.3 to 3.6).

## DISCUSSION

Overall, this study showed insufficient health post service preparedness and low household awareness and utilisation of preventive and curative services for childhood

**Table 4** General health postreadiness and caregivers' awareness, care-seeking and utilisation of pentavalent-3 immunisation in four regions of Ethiopia, December 2018 to February 2019

Awareness and utilisation	General readiness	
	Crude OR (95% CI)	Adjusted OR (95% CI)
Awareness of treatment service (N=4934)*	0.9 (0.7 to 1.1)	0.9 (0.7 to 1.1)
Care-seeking (N=613)*	0.7 (0.5 to 0.9)	0.6 (0.4 to 0.8)
Pentavalent-3 (N=860)*	1.2 (0.9 to 1.6)	1.2 (0.8 to 1.6)

\*Analyses adjusted for health extension workers' iCCM training, supportive supervision, participation at performance review and clinical mentorship meeting, home visiting, use of community forums, opening days and number of staff at health post, mothers' age, education and area of residence. iCCM, integrated Community Case Management.

suspected pneumonia. There was no consistent association between facility preparedness and utilisation of preventive and curative services.

## Strengths and limitations

With an attempt of narrowing the existing scarcity of evidence, our study examined the association between health post readiness and household-level awareness and utilisation of pneumonia relevant health services in a wider geographic area. Readiness of health posts was measured using the standard WHO Health Service Availability and Readiness Assessment tool. This tool is presumed to generate objective and reliable information that is comparable across or within countries. We pretested and adopted the tool to the local context and to level of care provided at health posts.<sup>38</sup> When vaccination cards were not available at home, children's pentavalent immunisation status was assessed through interviewing the caregivers. Ascertainment of childhood suspected pneumonia and other illnesses was based on the caregivers' 2 weeks reported symptoms prior to the survey. These ascertainment techniques have been used by the Demographic and Health Surveys, but might anyhow be influenced by recall bias.<sup>28</sup> Furthermore, we assessed health post service readiness and pneumonia service utilisation in selected districts of four Ethiopian regions. The findings may not be generalisable to other geographical areas and health system levels.

## Health postpreparedness

This study showed that two-thirds of the health posts were ready to provide sick child care, suggesting that the remaining facilities were not able to deliver such services. More or less similar level of structural preparedness of health posts or primary healthcare facilities for pneumonia and other sick child care were previously reported in Ethiopia and from other low-income and middle-income countries.<sup>10 39 40</sup> Furthermore, health posts or health centres of Ethiopia and other low-income

**Table 5** Health postpreparedness indices associated with caregivers' awareness, care-seeking and utilisation of three doses of pentavalent vaccines in four regions of Ethiopia, December 2018 to February 2019

Characteristics	Awareness of treatment service (N=4934)			Care-seeking (N=613)			Pentavalent-3 (N=860)					
	Aware	Unaware	Crude OR (95% CI)	Adjusted OR (95% CI)	Sought care	Didn't seek care	Crude OR (95% CI)	Adjusted OR (95% CI)	Vaccinated	Not vaccinated	Crude OR (95% CI)	Adjusted OR (95% CI)
<b>Basic amenities</b>												
All not available	923	2867	1.0	1.0	161	270	1.0	1.0	325	337	1.0	1.0
All available	256	888	0.9 (0.6 to 1.5)	0.9 (0.6 to 1.5)	49	133	0.7 (0.4 to 1.1)	0.7 (0.4 to 1.2)	98	100	0.9 (0.6 to 1.8)	0.9 (0.6 to 1.8)
<b>Basic equipment</b>												
All not available	590	2021	1.0	1.0	117	202	1.0	1.0	219	224	1.0	1.0
All available	589	1734	1.3 (0.9 to 1.9)	1.2 (0.8 to 1.9)	93	201	0.8 (0.5 to 1.3)	0.9 (0.5 to 1.4)	204	213	0.9 (0.6 to 1.6)	0.8 (0.5 to 1.4)
<b>Standard precaution equipment for infection prevention</b>												
All not available	1091	3555	1.0	1.0	202	379	1.0	1.0	386	414	1.0	1.0
All available	88	200	1.9 (0.9 to 3.9)	1.9 (0.9 to 4.2)	8	24	0.6 (0.2 to 1.7)	0.8 (0.3 to 2.1)	37	23	2.3 (0.9 to 5.6)	4.5 (1.6 to 12.8)
<b>Rapid diagnostic test for malaria</b>												
No available	597	1858	1.0	1.0	NA	NA	NA	NA	NA	NA	NA	NA
Available	582	1897	0.8 (0.5 to 1.2)	0.7 (0.4 to 1.1)	NA	NA	NA	NA	NA	NA	NA	NA
<b>Essential medicine</b>												
First tertile	354	1025	1.0	1.0	58	98	1	1	108	126	1.0	1.0
Second tertile	396	1355	0.9 (0.5 to 1.4)	0.9 (0.5 to 1.4)	76	142	0.8 (0.4 to 1.4)	0.8 (0.4 to 1.5)	129	145	0.9 (0.5 to 1.8)	0.8 (0.4 to 1.6)
Third tertile	429	1375	0.8 (0.5 to 1.3)	0.8 (0.5 to 1.4)	76	163	0.7 (0.4 to 1.3)	0.7 (0.4 to 1.4)	186	166	1.3 (0.7 to 2.3)	1.1 (0.6 to 2.1)
<b>No of health extension workers per health post</b>												
One	226	784	1.0	1.0	47	71	1.0	1.0	73	68	1.0	1.0
Two and above	953	2971	1.2 (0.7 to 1.9)	1.2 (0.7 to 1.9)	163	332	0.8 (0.4 to 1.4)	0.8 (0.5 to 1.5)	350	369	0.9 (0.5 to 1.6)	0.7 (0.4 to 1.4)
<b>No of health postopening days</b>												
Less than 5 days	209	582	1.0	1.0	43	71	1.0	1.0	61	67	1.0	1.0
Five days and above	970	3173	0.8 (0.5 to 1.3)	0.7 (0.4 to 1.2)	167	332	0.9 (0.5 to 1.5)	0.7 (0.4 to 1.4)	362	370	1.3 (0.7 to 2.5)	1.4 (0.7 to 2.8)
<b>Health extension workers used community forum</b>												
No	297	1003	1.0	1.0	70	139	1.0	1.0	113	131	1.0	1.0
Yes	882	2752	1.2 (0.8 to 1.8)	1.3 (0.8 to 1.9)	140	264	1.0 (0.6 to 1.6)	0.9 (0.6 to 1.5)	310	306	1.3 (0.8 to 2.2)	1.3 (0.7 to 2.2)
<b>Health extension workers received supervision</b>												
No	NA	NA	NA	NA	44	105	1.0	1.0	60	68	1.0	1.0
Yes	NA	NA	NA	NA	166	298	1.3 (0.8 to 2.3)	1.5 (0.8 to 2.6)	363	369	1.4 (0.7 to 2.5)	1.1 (0.5 to 2.2)
<b>Health extension workers received iCCM training</b>												
Did not received training	NA	NA	NA	NA	40	74	1.0	1.0	NA	NA	NA	NA

Continued



Table 5 Continued

Characteristics	Awareness of treatment service (N=4934)				Care-seeking (N=613)				Pentavalent-3 (N=860)			
	Aware	Unaware	Crude OR (95% CI)	Adjusted OR (95% CI)	Sought care	Didn't seek care	Crude OR (95% CI)	Adjusted OR (95% CI)	Vaccinated	Not vaccinated	Crude OR (95% CI)	Adjusted OR (95% CI)
Received training	NA	NA	NA	NA	170	329	0.9 (0.5 to 1.6)	0.9 (0.5 to 1.7)	NA	NA	NA	NA
Health extension workers participated at Performance Review and Clinical Mentorship meeting												
No	NA	NA	NA	NA	123	252	1.0	1.0	232	252	1.0	1.0
Yes	NA	NA	NA	NA	87	151	1.2 (0.8 to 1.9)	1.2 (0.7 to 2.0)	191	185	1.2 (0.7 to 1.9)	0.9 (0.5 to 1.5)
Home visiting												
No	934	3445	1	1	175	357	1	1	372	386	1.0	1.0
Yes	244	309	2.9 (2.4 to 3.7)	2.9 (2.3 to 3.6)	35	46	1.6 (0.9 to 2.6)	1.5 (0.9 to 2.5)	51	38	1.6 (0.9 to 2.7)	1.6 (0.9 to 2.7)

iCCM, integrated Community Case Management; NA, not available.

countries were found with low readiness to provide quality care to sick children.<sup>9</sup> According to the Ethiopia health system, a health centre is structured to support and strengthen five health posts within their catchment areas, hence insufficient preparedness of the surveyed health posts could be explained by scarcity of supplies at health centres.<sup>29 41</sup> The weak linkage and inadequate support from the health centres or the health system could further cause scarcity of drugs and supplies and unpreparedness of staff to serve at health posts.<sup>22 42</sup> The lack of readiness at health posts could also be related to the donor-dependent nature of supplies and the health extension workers' lack of accountability and capacity in supply-chain management.<sup>34 43 44</sup>

Inadequate readiness of health posts in the study setting and other low-income countries indicates a serious challenge to community case management of pneumonia, particularly in the rural or unreached communities, where a majority of preventable deaths occur.<sup>6 28</sup> Most importantly, only a few of the surveyed health posts had all essential medicines and just half had diagnostic equipment, clearly indicating their limitations in providing effective pneumonia or sick child treatment.<sup>5 6</sup> Scarcity of essential medicines in Ethiopia and other sub-Saharan African countries results in missed pneumonia treatments at facility level.<sup>13 17 29</sup> Unavailability of rapid diagnostic tests impairs community health workers' ability to differentiate suspected pneumonia from malaria in case of symptom overlap, a common clinical problem in African children.<sup>45-47</sup>

#### Awareness and utilisation of pneumonia-related health services

Our study revealed low healthcare utilisation for pneumonia-specific preventive and curative services. These levels of service utilisation were lower compared with the reported regional pentavalent-3 immunisation coverage (80%) and care-seeking behaviour (85%) for childhood suspected pneumonia and other illnesses in sub-Saharan African Countries.<sup>48 49</sup> Community awareness of illness and sick child care is a prerequisite for timely utilisation of health services.<sup>50</sup> We found that less than a fifth of caregivers were aware of the availability of pneumonia treatment services, and this might partly explain the observed poor utilisation of pneumonia-related health services in the study setting.<sup>51 52</sup> The reported low care utilisation could also be explained by inadequate readiness or service quality of the primary healthcare facilities for pneumonia-related preventive and treatment services.<sup>39 53</sup> The OHEP evaluation studies have revealed a low quality of sick child care services provided at the primary healthcare facilities, and caregivers of children have also mentioned this as a key barrier to seek care at health posts.<sup>54-56</sup> A study in 22 African countries noted a low level of community trust in public health facilities as an important reason to the low coverage of child vaccination.<sup>57</sup>



## Association between health post preparedness and utilisation of preventive immunisation and care-seeking behaviour

Earlier studies have shown a positive association between health facility readiness and utilisation of first-level sick child care.<sup>11 21</sup> We did not find any consistent pattern of relationship between facility readiness indices and utilisation of services. There was a positive association between the availability of standard precaution equipment for infection prevention and utilisation of pentavalent-3 immunisation. However, the general health post readiness had no association with awareness and coverage of pentavalent-3 immunisation, but a negative association with care-seeking for childhood suspected pneumonia and other illnesses. Studies in Haiti and Ethiopia have shown absence of association between readiness of primary healthcare facilities for sick child care and caregivers' utilisation and satisfaction to the respective services.<sup>40 58</sup> The lack of consistent positive association may be linked to the dominating low level of health post preparedness. The community's value to quality of healthcare service is a key driver of their decision to seek care, and this may subserve the lack of consistent association between facility readiness and utilisation of pneumonia services. Irrespective of the readiness of health posts, caregivers' preconceived lack of trust to quality of primary child health services could motivate the use of other facilities with perceived higher service quality.<sup>54</sup> Equipping healthcare facilities with relevant equipment is a prerequisite to enhance the quality of iCCM services.<sup>6</sup> Hence, the reported lack of association of health post readiness with awareness and utilisation of pneumonia treatment services suggests that simply equipping facilities with necessary supplies is not a guarantee to reach the intended level of community awareness and utilisation of health services. Health facility strengthening efforts should go along with implementation of awareness creation and demand generation interventions to increase the community awareness, trust and utilisation of pneumonia related and other child health services.<sup>50</sup> Our previous study showed higher parents' care-seeking for childhood suspected pneumonia among those with improved awareness of treatment service.<sup>59</sup> The current study also illustrated that parents' awareness of pneumonia treatment was higher when health extension workers had visited at home. Home visiting by the community health workers is a vital strategy to promote child health and enhance awareness and utilisation of health services.<sup>50 60</sup> A substudy of the same project also showed that awareness creation and delivery of preventive child health interventions (such as immunisations) were the main components of outreach services delivered by the health extension workers.<sup>54</sup>

## Relation of findings with already published OHEP evaluation studies

This study was part of the end line evaluation of the OHEP intervention. The findings showed sizeable gaps in structural readiness of health posts for sick child care. Results of our published baseline study also illustrated the

scarcity of essential drugs and other supplies at the health posts.<sup>29</sup> Substudies of the same project investigated quality of sick child care, showing low clinical performance of the health extension workers to identify and treat childhood suspected pneumonia and other illnesses.<sup>55 56</sup> A qualitative study noted lack of caregivers' trust in the health extension workers' clinical competency to manage sick children and a low availability of essential drugs, diagnostics and other supplies at health posts. The low quality of sick child care at health posts is a barrier to use these services.<sup>54</sup>

## CONCLUSIONS

This study has shown a low health post readiness for services, and low household awareness and utilisation of pneumonia-relevant preventive and curative services. Parents' awareness and utilisation of pneumonia-specific preventive and curative services were not consistently associated with the health post readiness. The results underline the critical importance of intensifying the health extension workers' awareness creation and demand generation efforts in each kebele (the lowest administrative unit in Ethiopia). Enhancing the coverage of home visiting and other awareness creation activities are crucial to boost community awareness and utilisation of pneumonia and other sick child care services. Our findings also underline the pivotal role of improving the availability and quality of pneumonia and other sick child care services to ensure optimal uptake of the services. It is imperative that the district health offices strengthen the linkages within the primary healthcare units to increase the availability of essential medicines and readiness of the health posts for sick child care. The office should also optimise the availability of essential medicines and supplies at health centres that are the suppliers to the satellite health posts. Improving the coverage of regular supportive supervision, performance reviews and clinical mentorship could also help to timely identify and solve gaps in the availability of drug and other supplies at health posts. Community awareness creation and demand generation efforts should simultaneously be accompanied with health facility strengthening strategies.

## Author affiliations

<sup>1</sup>Department of Human Nutrition, Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Amhara Region, Ethiopia

<sup>2</sup>Department of Epidemiology and Biostatistics and Department of Reproductive Health and Population, Addis Continental Institute of Public Health, Addis Ababa, Ethiopia

<sup>3</sup>School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia

<sup>4</sup>Department of Health System and Policy, Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia

<sup>5</sup>London School of Hygiene and Tropical Medicine, London, UK

<sup>6</sup>Ethiopian Public Health Institute, Addis Ababa, Ethiopia

**Acknowledgements** We would like to forward our deepest gratitude to the study participants. Our special thanks to field assistants involved in the data collection process.

**Contributors** AT, LP, YB, YBO, AW and GAB contributed to the conceptualisation of the study. AT analysed and interpreted the data and drafted the manuscript. LP, YB,

YBO, AW and GAB contributed to analysis and writing of the paper. All authors have read and approved the final manuscript. YBO is the guarantor of the work.

**Funding** The study was funded by a grant from the Bill & Melinda Gates Foundation (grant INV-009691) to the London School of Hygiene & Tropical Medicine.

**Disclaimer** The funder had no role in data collection, analysis or interpretation of results.

**Competing interests** None declared.

**Patient and public involvement** Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

**Patient consent for publication** Not applicable.

**Ethics approval** The original study was approved by the Ethical Review Boards of the Ethiopian Public Health Institute (protocol number SERO-012-8-2016), the London School of Hygiene & Tropical Medicine (protocol number 11235), and the University of Gondar (V/P/RCS/05/559/2019). A written informed consent was obtained from each household respondent, caregiver of the index child and the health workers.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Data availability statement** Data are available on reasonable request. The data for this manuscript were primarily collected by the Ethiopian Public Health Institute and London School of Hygiene & Tropical Medicine. Interested researchers may contact the focal person, YBO through email: Yemisrach.Okwaraji@lshtm.ac.uk. All requests will be reviewed by this committee and if granted, data will be shared without any identifiers.

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#### ORCID iDs

Amare Tariku <http://orcid.org/0000-0002-4939-3701>

Lars Åke Persson <http://orcid.org/0000-0003-0710-7954>

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# Dagu End line Household Survey 2018

## Module 1 – Household

Section 1.1: Household identifiers			
100h	Date (dd/mm/yyyy)	__/__/__	
101h	Region	_____	
102h	Zone	_____	
103h	Woreda	_____	
105h	Kebele	_____	
106h	Gote	_____	
107h	Cluster Code	_____	
108h	Household Code	___	
109h	Unique household ID (cluster / household code)	_____/____	
110h	GPS Latitude	_____ DEG	_____ MIN
111h	GPS Longitude	_____ DEG	_____ MIN
113h	Elevation	_____	
114h	Interviewer initials	__	
115h	<b>Interviewer:</b> Have you read him/her the consent form?	1=Yes 2=No-one is available	If the answer is No, fill the revisit form
116h	<b>Interviewer:</b> Does the respondent agree?	1=Yes 2=No. END INTERVIEW	If No Why? State the reason.
112h	Name of household head	_____	
117h	What is the ethnic group of the household head?	01=Agew 02=Amhara 03=Konso 04=Burji 05=Kore 06=Gedeo 08=Derashe 09=Dawuro	11=Konta 12=Ale 13=Oromo 15=Tigray 17=Other, Specify _____



Household Listing with Household Head: Now I would like to ask you about people who are residents of this house. By resident, I mean everyone who has been present for the last 3 months and who normally eat together. *Start with head of the household and older people, then children from oldest to youngest.*

No. of Family members: **Including yourself how many family members do you have?** \_\_\_\_\_

118h_1 Unique ID	118h_2 NAME	118h_3 RELATIONSHIP	118h_4 SEX	118h_5 AGE	118h_E Eligible	118h_6 DATE OF BIRTH	118h_7 MARITAL STATUS	118h_8 RELIGION	118h_9 EDUCATION	118h_10-118h_15 ELIGIBILITY		
		<b>What is the relationship of [Name] to the household head?</b>  01=Head 02=Wife or husband 03=Son or daughter 04=In-law 05=Grandchild 06=Parent 08=Brother or sister 09=Niece or nephew 10=Adopted/stepchild 11=Other relative 12=Not related 99=Don't know	<b>Is [Name] male or female?</b>  1=Male 2=Female	<b>How old is [Name]?</b>  If less than 1 year write in 0		<b>What is [Name] date of birth?</b>  dd/mm/yyyy	<b>For all born after 1966: Is [name] married?</b>  1=Currently married 2= In a union 3=Not married or in a union 4=Divorced 5=Widowed 6=N/A	<b>For all: What religion is [name]?</b>  1=Orthodox 3=Protestant 4=Muslim 8=Other	<b>How many years of formal education have they completed?</b>  <i>Enter number of formal years of education completed</i>	<b>CHECK: Is the person a woman 13-49 years?</b>  From 1969 to 2005 (Eth: 1961-1997) 1=Yes 2=No	<b>CHECK: Is the person a child under 5 years?</b>  1=Yes 2=No	<b>CHECK: If the household has a child under 5 years, is this person the primary caregiver?</b>  1=Yes 2=No
01	---	---	---	---		--/--/--	---	---	---	---	---	---
02	---	---	---	---		--/--/--	---	---	---	---	---	---
03	---	---	---	---		--/--/--	---	---	---	---	---	---
04	---	---	---	---		--/--/--	---	---	---	---	---	---
05	---	---	---	---		--/--/--	---	---	---	---	---	---
06	---	---	---	---		--/--/--	---	---	---	---	---	---
07	---	---	---	---		--/--/--	---	---	---	---	---	---
08	---	---	---	---		--/--/--	---	---	---	---	---	---
09	---	---	---	---		--/--/--	---	---	---	---	---	---

<b>Section 1.2: Characteristics of house and assets</b>			
119h	What is the main material of the roof? <i>Select one</i>	1 = Thatch/grass or leaves 2 = Iron sheets 8 = Other...specify	—
120h	What is the main material of the walls? <i>Select one</i>	2 = Natural materials cane, wood, mud 4 = Stone with mud 5 = Stone with cement/bricks 8 = Other	—
121h	What is the main floor material? <i>Select one</i>	1 = Natural floor (earth/sand/dung) 2 = Rudimentary floor (wood/palm/bamboo) 3 = Finished floor (polished wood, cement, carpet) 8 = Other	—
122h	What kind of toilet facilities does your household have?	1= No facility/bush/field 2= Pit toilet/latrine 3= Ventilated improved pit latrine 8=Other	—
123h	What is the main source of drinking water for members of your household?  <i>Do Not read list</i>	1=Piped water into dwelling 2=Piped water into compound 3=Public tap 4=Borehole in compound 6=Water from protected spring 8=Surface water (river/dam/lake etc) 9=Hand pump 10=Unprotected spring 88=Other	—
124h	Do you do anything to the water to make it safer to drink?	1 = Yes 2 = No (SKIP TO 126) 3 = Don't know (SKIP TO 126)	—
125h	If Yes, what is the main thing you do?  <i>Do Not read list</i>	1 = Let it stand and settle 2 = Strain through a cloth 3 = Use water filter (ceramic/sand/composite/etc) 4 = Boil 5 = Solar disinfection 6 = Add bleach/chlorine 8 = Other	—
126h	What type of fuel does your household mainly use for cooking? <i>Select one</i>	1=Electricity 4=Charcoal 5=Firewood/straw 6=Dung 8=Other	—
127h	Is the house connected to electricity?	1=Yes 2=No	—
<b>In total, how many the following items owned by residents of this household? Enter number of items (zero if None)</b>			
128h	How many <b>Wrist watch</b> ?		—
129h	How many <b>Gold (in grams)</b> ?		—
130h	How many <b>kerosene lamp/pressure lamps</b> ?		—

131h	How many <b>Solar lamp</b> ?		___
132h	How many <b>beds</b> ?		___
134h	How many <b>Mobile phone</b> ?		___
137h	How many <b>Radio</b> ?		___
138h	How many <b>TV</b> ?		___
142h	Do you own this house?	1 = Yes 2 = No	___
143h	Does any member of the household own any agricultural land?	1 = Yes 2 = No	<b>SKIP TO 145</b>
144h	How many hectares of agricultural land do members of this household own?	<i>Enter total number of hectares (If less than 1, Enter in decimals (example 0.5) Enter 9999 if hectares are Not known</i>	____.____
145h	Does this household own any livestock, herds, other farm animals, or poultry?	1 = Yes 2 = No	<b>SKIP TO 155</b>
<i>For each: Enter number. If None, enter 000</i>			
<b>How many of the following animals does this household own?</b>			
146h	How many <b>chickens</b> ?		_____
147h	How many <b>goats</b> ?		___
148h	How many <b>sheep</b> ?		___
149h	How many <b>donkeys</b> ?		___
150h	How many <b>horses</b> ?		___
153h	How many <b>milk cows</b> ?		___
154h	How many <b>ox (bulls)</b> ?		___
155h	At any time in the past 12 months, has anyone come into your house to spray the interior walls of your dwelling against mosquitoes?	1=Yes 2=No 9=Don't know	<b>SKIP TO 158</b> <b>SKIP TO 158</b>
156h	What type of residual spray was done? ( <i>Probe if indoor residual spraying (IRS)</i> )	1=IRS 8=Other 9=Don't know	___
157h	How many months ago was the house last sprayed?	If less than one month write 00. If don't know write 99	___
158h	How many mosquito nets does your household have?	Write total number Count those in use plus those Not in use. If don't know write 9 if "0" SKIP TO MODULE 2	___

<b>Section 1.3: Household protection from malaria</b>					
<i>Write total number of count those in use plus those Not in use (If don't know write 9)</i>					
			<b>Net #1</b>	<b>Net #2</b>	<b>Net #3</b>
159h	<i>Interviewer:</i> Is the Net 1 observed?	1=Yes 2=No	—	—	—
160h	How many months ago did your household obtain the mosquito Net1?	Estimate the number of months ago each net was obtained. If don't know 99	—	—	—
161h	Where did your household get the mosquito Net1 from?	1=Gov. hospital or health centre 2=Private hospital or health centre 3=HEW/HDA 5=Bought from shop/open market 7=Mass campaign 8=Other 9=Don't know	—	—	—
162h	What kind of Net 1 is it?	1= Long-lasting net <b>SKIP TO 166</b> 2=Factory net 8=Other 9=Don't know	—	—	—
163h	When you got Net 1 was it already treated with an insecticide to kill or repel mosquitos?	1=Yes 2=No 9=Don't know	—	—	—
164h	Did anyone sleep under the mosquito Net 1 last night?	1=Yes 2=No <b>If 2 or 9 then, SKIP TO 166</b> 9=Don't know	—	—	—
165h	Who slept under any of the nets last night?	<i>(record the Person ID from household listing)</i>	<i>Enter Person ID</i>		
			—	—	—
			—	—	—
			—	—	—
159h 2	<i>Interviewer:</i> Is the Net 2observed?	1=Yes 2=No	—	—	—
160h 2	How many months ago did your household obtain the mosquito Net2	<i>Estimate the number of months ago each net was obtained. If don't know 99</i>	—	—	—
161h 2	Where did your household get the mosquito Net2 from?	1=Gov. hospital or health centre 2=Private hospital or health centre 3=HEW/HDA 5=Bought from shop/open market 7=Mass campaign 8=Other 9=Don't know	—	—	—
162 h2	What kind of Net 2 is it?	1= Long-lasting net <b>SKIP TO 166</b> 2=Factory net 8=Other 9=Don't know	—	—	—
163h 2	When you got Net 2 was it already treated with an insecticide to kill or repel mosquitos?	1=Yes 2=No 9=Don't know	—	—	—
164h 2	Did anyone sleep	1=Yes	—	—	—



	under the mosquito Net 2 last night?	2=No <b>If 2 or 9 then, SKIP TO 166</b> 9=Don't know			
165h 2	Who slept under any of nets	(Record the Person ID from household listing)	Enter Person ID		
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
159h 3	<b>Interviewer:</b> Is the Net 3 observed	1=Yes 2=No	—	—	—
160h 3	How many months ago did your household obtain the mosquito Net3?	Estimate the number of months ago each net was obtained. If don't know 99	—	—	—
161h 3	Where did your household get the mosquito Net3 from?	1=Gov. hospital or health centre 2=Private hospital or health centre 3=HEW/HDA 5=Bought from shop/open market 7=Mass campaign 8=Other 9=Don't know	—	—	—
162h 3	What kind of Net 3 is it?	1= Long-lasting net ( <b>SKIP TO 166</b> ) 2=Factory net 8=Other 9=Don't know	—	—	—
163h 3	When you got Net 3 was it already treated with an insecticide to kill or repel mosquitos?	1=Yes 2=No 9=Don't know	—	—	—
164h 3	Did anyone sleep under the mosquito Net 3 last night?	1=Yes 2=No <b>If 2 or 9 then, SKIP TO 166</b> 9=Don't know	—	—	—
165h 3	Who slept under this mosquito Net 3 last night	(record the Person ID from household listing)	Enter Person ID		
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____

## Module 2 – Woman aged 13-49 years

Section 2.1: Identification and consent of eligible women			
166h	Name of women		_____
167h	Woman ID		_____
168h	Is it possible to interview the woman?	1=Yes <b>SKIP TO 170</b> 2=No	—
169h	If No, why Not possible to interview the woman?	1=Travelled away 2=Sick 3=Other 4=Currently Not present	—
170h	Interviewer: Have you read her the consent form?	1=Yes 2= No	—
171h	Does she give her consent to be interviewed?	1=Yes 2=No <b>SKIP TO 179</b>	—
<i>Thank you for agreeing to participate in this interview. I would like to first ask you about your involvement in the women development army (WDA)</i>			
172h	Do you participate in WDA?	1=Yes 2=No <b>SKIP TO 175</b>	—
173h	Are you a 1 to 5 WDA leader?	1=Yes 2=No	—
174h	Are you a 1 to 30 WDA team leader?	1=Yes 2=No	—

Section 2.2: Pregnancy history			
175h	Are you pregnant Now?	1=Yes 2=No 8=Unsure	—
176h	Have you ever been pregnant before?	1 = Yes 2 = No <b>(End Interview)</b>	—
177h	Have you ever given birth to a child?	1 = Yes 2 = No	—
178h	How many children have you given birth to in total?	Enter number	—
<i>I understand that it is not easy to talk about children who have died, or pregnancies that did not end up not in live birth, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.</i>			
179h	Have you ever had a pregnancy that's lost before full term?	1=Yes 2=No <b>SKIP TO 181</b>	—
180h	How many pregnancies have you had that did Not end in a live birth?	Enter number	—
<i>Now would like to ask about the information regarding pregnancies beginning of 2009 (Ethiopian calendar).</i>			
181h	Were you pregnant at the time of 2009 or any time afterwards?	1 = Yes 2 = No <b>(End interview)</b>	—

Now I would like to record your births since 2009 (Ethiopian Calendar), whether still alive or not, starting with THE MOST RECENT ONE. *Record twins and triplets on separate lines.*

No\_of\_Preg. How many times were you pregnant at the time of 2009 or any time afterwards?

Is your younger child 2 or under 2 years of age?

167h Woman ID	181h_a Pregnancy ID	181h_b Outcome of pregnancy	181h_c Baby's name	181h_d Date of birth/ Pregnancy ended	181h_e Born as a twin?	181h_f Sex	181h_g Still alive?	181h_h If still alive, how old in months?	181h_i If the child died, when did s/he die?
		1=Live birth 2=Baby born dead, <b>Skip to 181</b> 3=Lost before full- term <b>Skip to 181</b>	<i>Enter "Not given" if Not given a name</i>	<i>Enter 01 for day if Not known. Probe for months/ years if Not known</i>	1 = Yes 2 = No 3=Don't know	1=Male 2=Female 3=Don't know	1=Yes 2=No	<i>If less than 28 days enter number of days</i>	<i>Enter 01 for day if Not known. Probe for months/years if Not known</i>
	1	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY
	2	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY
	3	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY
	4	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY
	5	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY
	6	—	—	DD/MM/ YYYY	—	—	—	DD/MM	DD/MM/ YYYY

<b>Section 2.3: Pregnancy care for last birth (in the last two years.</b>			
<i>Now I want to talk to you about the last birth you had that ended in [DATE], with the birth of [NAME]</i>			
182h	Do you have a family health card with information about that pregnancy and birth?	1=Yes 2=No <b>SKIP TO 184</b>	—
183h	May I see your family health card?	1=Yes 2=No because it isn't at home 3=No, refused permission	—
184h	When pregnant with [NAME], did you receive any care during pregnancy? ( <i>Probe: by care I mean any care from HEW, HW, nurses, midwives or doctors, clinics</i> )	1=Yes 2=No <b>SKIP TO 236</b>	—
185h_a	Where did you go for pregnancy care? <b>At home</b>	1=Yes 2=No	—
185h_b	Where did you go for pregnancy care? <b>At Health Post</b>	1=Yes 2=No	—
185h_c	Where did you go for pregnancy care? <b>At Health Centre</b>	1=Yes 2=No	—
185h_d	Where did you go for pregnancy care? <b>At Hospital</b>	1=Yes 2=No	—
185h_e	Where did you go for pregnancy care? <b>Other</b>	1=Yes 2=No	—
<b>For women who received pregnancy care at a hospital, health center or health post</b>			
186h	How many times did you attend the hospital for pregnancy (antenatal) care for that pregnancy?	Enter the number of times If the answer is "0" Skip to 190	—
188h	How old was your pregnancy at the first visit?	<i>Record No. of weeks. If don't know 99. Record from FHC/ANC appointment card if available</i>	—
190h	How many times did you attend the health center for pregnancy (antenatal) care for that pregnancy?	Enter the number of times If the answer is "0" Skip to 194	—
192h	How old was your pregnancy at the first visit?	<i>Record No. of weeks. If don't know 99. Record from FHC/ANC appointment card if available</i>	—
194h	How many times did you attend the health post for pregnancy (antenatal) care for that pregnancy?	Enter the number of times If the answer is "0" Skip to 199	—
196h	How old was your pregnancy at the first visit?	<i>Record No. of weeks. If don't know 99. Record from FHC/ANC appointment card if available</i>	—
<b>For women who receive pregnancy care at home</b>			
199h	How many times <u>did the HEW visit you</u> at home for pregnancy care that pregnancy?	Enter number of times If answer is "0" Skip to 201	—
200h	How old was your pregnancy at the first HEW visit?	<i>Record No. of weeks. If don't know 99. Record from FHC/ANC appointment card if available</i>	—
<b>Now I want to ask you about the pregnancy care you received (Verify with family health card if available)</b>			
201h	Was your weight measured?	1=Yes 2=No <b>SKIP TO 203</b>	—
202h	In which location was this service first provided?	1=Home by HEW 2=Health Post 3=Health Centre 4=Hospital 8=Other	—
203h	Was your height measured?	1=Yes 2=No <b>SKIP TO 205</b>	—
204h	In which location was this service first provided?	1=Home by HEW 2=Health Post 3=Health Centre	—



		4=Hospital 8=Other	
205h	Did you receive information about breastfeeding?	1=Yes 2=No <b>SKIP TO 207</b>	—
206h	In which location was this service first provided?	1=Home by WDA 2=Home by HEW 3=Health post 4=Health center 5=Hospital 8=Other	—
207h	Was your blood pressure measured? (Probe: when a strap was put around your upper arm and a measure taken).	1=Yes 2=No <b>SKIP TO 209</b>	—
208h	In which location was this service first provided?	1=Home by HEW 2=Health post 3=Health center 4=hospital 8=other	—
209h	Did you give a urine sample for a test?	1=Yes 2=No <b>SKIP TO 211</b>	—
210h	In which location was this service provided?	1=Home by HEW 2=Health post 3=Health center 4=Hospital 8=other	—
211h	Did you give blood for any test for syphilis?	1=Yes 2=No <b>SKIP TO 213</b>	—
212h	In which location was this service provided?	1=Home by HEW 2=Health Post 3=Health Centre 4=Hospital 8=Other	—
213h	Did you receive iron folate tablets or iron syrup?	1=Yes 2=No <b>SKIP TO 216</b>	—
214h	In which location was this service provided?	1=Home by HEW 2=Health post 3=Health Centre 4=Hospital 8=other	—
215h	For how many days did you take the tablets or syrup?	Enter number of days Enter 999 if Not known	—
216h	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1=Yes 2=No <b>SKIP TO 222</b>	—
217h	If Yes: How many times did you get a tetanus injection?	Write number of times	—
218h	If less than 2 times: <b>At any time before this pregnancy did you receive any tetanus injections?</b>	1=Yes 2=No <b>SKIP TO 221</b>	—
221h	In which health facility was tetanus injection given?	1=Home by HEW 2=Health post 3=Health Centre 4=Hospital 8=Other	—
222h	Did you receive HIV information?	1=Yes 2=No <b>SKIP TO 224</b>	—

223h	In which location was this service first provided?	1=Home by WDA 2=Home by HEW 3=Health post 4=Health Centre 5=Hospital 8=other	—
224h	Did you receive STI testing?	1=Yes 2=No <b>SKIP TO 226</b>	—
225h	In which location was this service provided?	1=Health Centre 2=Hospital 8=Other	—
226h	Did you receive any STI treatment?	1=Yes 2=No <b>SKIP TO 228</b>	—
227h	In which location was this service provided?	1=Health center 2=Hospital 8=Other	—
228h	Did you receive information on nutrition?	1=Yes 2=No <b>SKIP TO 230</b>	—
229h	In which location was this service first provided?	1=Home by WDA 2=Home by HEW 3=Health post 4=Health Centre 5=Hospital 8=Other	—
230h	Did you receive information on pregnancy danger signs?	1=Yes 2=No <b>SKIP TO 232</b>	—
231h	In which location was this service first provided?	1=Home by WDA 2=Home by HEW 3=Health post 4=Health Centre 5=Hospital 8=Other	—
232h	Were you advised on birth preparedness and complication readiness? <i>Probe: for finances, for help during delivery, for transport, for emergencies?</i>	1=Yes 2=No <b>SKIP TO 236</b>	—
233h	In which location was this service first provided?	1=Home by WDA 2=Home by HEW 3=Health post 4=Health Centre 5=Hospital 8=Other	—
234h	<b>Was your birth preparedness and complication readiness plan recorded?</b>	1=Yes 2=No <b>SKIP TO 236</b>	—
235h	<b>In which location was this service provided?</b>	1=Home by WDA 2=Home by HEW 3=Health post 4=Health Centre 5=Hospital 8=Other	—
<b>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</b>			
236h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Severe headache</b>	1=Yes 2= No	—
237h	Can you tell me what are problems in pregnancy might need	1=Yes	—

	medical treatment? <b>Blurry vision</b>	2= No	
238h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Reduced or absent fetal movement</b>	1=Yes 2= No	—
239h	Can you tell me what are problems in pregnancy might need medical treatment? <b>High blood pressure</b>	1=Yes 2= No	—
240h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Edema of the face/hands (i.e. swelling)</b>	1=Yes 2= No	—
241h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Convulsions</b>	1=Yes 2= No	—
242h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Excessive vaginal bleeding</b>	1=Yes 2= No	—
243h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Severe lower abdominal pain</b>	1=Yes 2= No	—
244h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Fever</b>	1=Yes 2= No	—
245h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Anemia</b>	1=Yes 2= No	—
246h	Can you tell me what are problems in pregnancy might need medical treatment? <b>Other</b>	Specify	—
247h	Were you told where to go if you had any complications?	1=Yes 2= No <b>SKIP TO 249</b>	—
248h	If Yes, where were you told to go?	1= Health post 2= Health Centre 3= Hospital 8=Other (specify) 9=Don't know	—
249h	During your last pregnancy did you make any preparations for your delivery? <i>Probe: for finances, for help during delivery, transport, emergencies?</i>	1=Yes 2= No <b>SKIP TO 260</b>	—
<b>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</b>			
250h	What preparations did you make for the delivery? <b>Financial</b>	1=Yes 2= No	—
251h	What preparations did you make for the delivery? <b>Transport</b>	1=Yes 2= No	—
252h	What preparations did you make for the delivery? <b>Food</b>	1=Yes 2= No	—
253h	What preparations did you make for the delivery? <b>Identification of birth attendant</b>	1=Yes 2= No	—
254h	What preparations did you make for the delivery? <b>Identification of facility</b>	1=Yes 2= No	—
255h	What preparations did you make for the delivery? <b>Clean clothes</b>	1=Yes 2= No	—
256h	What preparations did you make for the delivery?	1=Yes 2= No	—

	<b>Cover to deliver on</b>		
257h	What preparations did you make for the delivery? <b>Gloves</b>	1=Yes 2= No	—
258h	What preparations did you make for the delivery? <b>Cotton gauze</b>	1=Yes 2= No	—
259h	What preparations did you make for the delivery? <b>Other</b>	Specify	—

<b>Section 2.4 Delivery for last birth</b>			
260h	Who assisted with the delivery?	1=Doctor 2=Nurse/Midwife 3=Health Extension Worker 4=Traditional Birth Attendant 5=Relative/friend 6=No-one 8= Other (specify)	—
261h	When you gave birth, did the person assisting you wear gloves during delivery?	1=Yes 2= No 9=Don't know	—
262h	When you gave birth, did the person assisting you wash her hands before the delivery?	1=Yes 2= No 9=Don't know	—
263h	Where did you give birth?	1=Home 2=Health post 3=Health Centre 4=Hospital 8=Other	—
264h	If health post/health centre/hospital: After giving birth, for how many days did you stay at the health post/health Centre/hospital in total?	Enter number of days, enter 0 if she left on the same day as delivery	—
265h	Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out?	1=Yes 2= No	—
<b>Read out the list</b>			
266h	During the delivery of [NAME] did you experience any of the following? <b>Heavy bleeding</b>	1=Yes 2= No	—
267h	During the delivery of [NAME] did you experience any of the following? <b>Labour more than 12 hours</b>	1=Yes 2= No	—
268h	During the delivery of [NAME] did you experience any of the following? <b>Loss of consciousness</b>	1=Yes 2= No	—
269h	During the delivery of [NAME] did you experience any of the following? <b>Premature labour</b>	1=Yes 2= No	—
270h	During the delivery of [NAME] did you experience any of the following? <b>Foul discharge</b>	1=Yes 2= No	—
271h	During the delivery of [NAME] did you experience any of the following? <b>Baby in abnormal position</b>	1=Yes 2= No	—
272h	During delivery were you advised to go to a different facility for specialist care (if home birth to a health post/health center/hospital, if health post/facility to a hospital/different	1=Yes 2= No	—

	facility)?		
273h	If Yes: Did you go to that different facility to get the specialist care (referral)?	1=Yes 2= No <b>SKIP TO 275</b>	—
274h	If Yes: What transport did you take to get there?	1=Own transport 2=Public transport 3=Hired transport 4=District/ambulance 5=Traditional ambulance (Qareza/cart) 6=Motor Bike/Bajaj 7=Walked 8=Other (specify)	—
275h	Did anyone check on your health after the delivery?	1=Yes 2= No <b>SKIP TO 288</b>	—
276h	How many times did anyone check on your health in the first month after delivery?	Write number. If don't know 99.	—
277h	How long after delivery did the first check take place?	Record number of days if same day as delivery enter 0. If don't know 99.	—
278h	Who checked on your health for the first time after you gave birth to [NAME]? ( <i>Probe for most qualified person</i> )	1=Doctor/Health Officer 2=Nurse/Midwife/Health Officer 3=Health Extension Worker 4=Traditional birth attendant 8=Other (specify)	—
279h	Where did this check take place?	1=Home 2=Health post 3=Health center 4=Hospital 8=Other (specify)	—
280h	<i>If her health was checked at least twice (see Q above):</i> How long after delivery did the second check take place?	Record number of days. If don't know 99.	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
281h	During any of the health checks what was done to check on your health? <b>Examined body</b>	1=Yes 2= No	—
282h	During any of the health checks what was done to check on your health? <b>Checked breasts</b>	1=Yes 2= No	—
283h	During any of the health checks what was done to check on your health? <b>Checked for heavy bleeding</b>	1=Yes 2= No	—
284h	During any of the health checks what was done to check on your health? <b>Counselled on danger signs</b>	1=Yes 2= No	—
285h	During any of the health checks what was done to check on your health? <b>Counselled on family planning</b>	1=Yes 2= No	—
286h	During any of the health checks what was done to check on your health? <b>Counselled on nutrition</b>	1=Yes 2= No	—
287h	During any of the health checks what was done to check on your health? <b>Referred to a health facility</b>	1=Yes 2= No	—
287h_n	During any of the health checks what was done to check on your health? <b>None from the list</b>	1=Yes 2= No	—



<b>Section 2.5: Newborn Care</b>			
<i>Now I have some questions about what happened to [NAME] at the birth and immediately after.</i>			
288h	Can I see a card recording information about the birth? (use the card to verify all information if possible)	1=Yes 2=No	—
289h	Was [NAME] weighed at birth?	1=Yes 2=No <b>SKIP TO 291</b>	—
290h	If Yes, how much did [NAME] weigh at birth? (use the weight recorded on the card if possible)	Weight in grams e.g. if the weight was 1.9 kilograms enter 1900, If don't know 9999.	—
291h	Did [NAME] have any difficulty breathing/crying at birth?	1=Yes 2=No <b>SKIP TO 293</b>	—
292h_a	Did anyone do <b>Rubbing</b> to [NAME] immediately after birth?	1= Yes 2= No 9 = Don't know	—
292h_b	Did anyone do <b>Stimulating</b> to [NAME] immediately after birth?	1= Yes 2= No 9 = Don't know	—
292h_c	Did anyone do <b>Mouth-to-mouth</b> to [NAME] immediately after birth?	1= Yes 2= No 9= Don't know	—
292h_d	Did anyone do <b>Resuscitation</b> to [NAME] immediately after birth?	1= Yes 2= No 99 = Don't know	—
292h_e	Did anyone do <b>None of these</b> to [NAME] immediately at birth?	1= Yes 2= No 9= Don't know	—
293h	Where was [NAME] placed immediately after delivery?	1=Alone/on the floor 2=On the mother's belly/chest 3=Beside the mother 4=With someone else 8=Other (specify) 9= Don't know	—
294h	When [NAME] was born, was she/he dried/wiped?	1=Yes 2=No <b>If 2 or 9 Skip to 296</b> 9=Don't know	—
295h	How long after [NAME] was born was she/he dried/wiped?	Enter in minutes, check for time after the baby was born (Not time after the placenta came out). If don't know 99	—
296h	When [NAME] was born, was she/he wrapped with a cloth?	1=Yes 2= No <b>If 2 or 9 SKIP TO 298</b> 9=Don't know	—
297h	How long after [NAME] was born was she/he wrapped with a cloth?	Enter in minutes, check for time after the baby was born (Not time after the placenta came out). If don't know 99	—
298h	What was used to tie the cord?	1=New string/thread 2=Boiled string/thread 3=Any string/thread 4=Nothing 8=Other (specify) 9=Don't know	—
299h	What was used to cut the cord?	1=New razor blade 2=Any razor blade 3=Scissors 8=Other (specify) 9=Don't know	—
300h	Was anything applied to the cord after cutting and tying?	1=Yes 2= No <b>SKIP TO 308</b>	—

		9=Don't know <b>SKIP TO 308</b>	
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
301h	What was applied to the cord just after cutting the cord? <b>Butter</b>	1= Yes 2= No	—
302h	What was applied to the cord just after cutting the cord? <b>Ash</b>	1= Yes 2= No	—
303h	What was applied to the cord just after cutting the cord? <b>Ointment</b>	1= Yes 2= No	—
304h	What was applied to the cord just after cutting the cord? <b>Animal dung</b>	1= Yes 2= No	—
305h	What was applied to the cord just after cutting the cord? <b>Oil</b>	2= No 1= Yes	—
306h	What was applied to the cord just after cutting the cord? <b>Cold water</b>	1= Yes 2= No	—
307h	What was applied to the cord just after cutting the cord? <b>Other</b>	Specify _____	—
308h	When [NAME] was born, how soon was [NAME] bathed?	1=In the first hour 2=After one-hour <b>SKIP TO 310</b> 3=After one day <b>SKIP TO 311</b>	—
309h	If in the first hour: After how many minutes would you say?	Write number of minutes. <b>SKIP TO 310</b>	—
310h	If after one hour: After how many hours would you say?	<i>Write number of hours. If response is 'after one hour' enter 1. If response is 'after one and a half hours' enter 1.</i> <b>SKIP TO 312</b>	—
311h	If after one day: After how many days would you say?	<i>Write number of days. If response is 'after one day' enter 1. If response is 'after one and a half days' enter 1.</i>	—
312h	In the first week of life, did you hold [NAME] skin to skin against your breasts during the daytime and night time?	1=Yes always 2=Yes very often 3=Yes sometime 4=Never 9=Don't know	—
313h	In the first week of life, did you sleep with [NAME] against you at night, or did you lay him/her alone on the bed or elsewhere?	1=Slept with mother 2=Baby slept alone 3=Baby slept with another person	—
314h	Did you ever breastfeed [NAME]?	1=Yes 2= No <b>SKIP TO 319</b>	—
315h	How long after birth did you first put [NAME] to the breast?	1=In the first hour 2=After one-hour <b>SKIP TO 317</b> 3=After one day <b>SKIP TO 318</b>	—
316h	If in the first hour: After how many minutes would you say?	Write number of minutes. <b>SKIP TO 319</b>	—
317h	If after one hour: After how many hours would you say?	<i>Write number of hours. If response is 'after one hour' enter 1. If response is 'after one and a half hours' enter 1.</i> <b>SKIP TO 319</b>	—
318h	How soon after the baby born did you bath him/ her?	<i>Write number of days. If response is 'after one day' enter 1. If response is 'after one and a half days' enter 1.</i>	—
319h	Did [NAME] receive vitamin K injection after delivery?	1 = Yes 2 = No 9= Don't know	—

320h	Did [NAME] receive TTC eye ointment after delivery?	1 = Yes 2 = No 9= Don't know	—
321h	Did [NAME] receive oral polio vaccine-after delivery?	1 = Yes 2 = No 9= Don't know	—
322h	Did you squeeze out and throw away the first milk?	1=Yes 2= No	—
323h	In the first three days after delivery, was [NAME] given anything to drink other than breast milk?	1=Yes 2= No	—
<i>Now about care for [name] in the first month of his/her life</i>			
324h	In the month after [NAME] was born, did any health care provider or a traditional birth attendant check on his/her health? <i>Probe for checks done at the place of birth on the same day as birth, and checks after</i>	1=Yes 2= No <b>SKIP TO 340</b>	—
325h	If Yes: In the month after [NAME] was born, how many times did a health care provider or a traditional birth attendant check on his/her health?	Write number of times.	—
326h	If Yes: How long after delivery did the first check take place?	<i>Record number of days if same day as delivery enter 0</i>	—
327h	If more than one time: How long after delivery did the second check take place?	<i>Record number of days</i>	—
328h	Who checked on [NAME] health the first time? (Probe for most qualified person)	1=Doctor/Health Officer 2=Nurse/Midwife 3=Health Extension Worker 4=Traditional birth attendant 8=Other (specify)	—
329h	Where did the first check on [NAME] take place?	1=Home 2=Health post 3=Health centre 4=Hospital 8=Other (specify)	—
330h	At any of the health checks in the first month, what was done to check the health of baby? <b>Generally examined/ looked at baby's body</b>	1=Yes 2= No	—
331h	At any of the health checks in the first month, what was done to check the health of baby? <b>Weighed baby</b>	1=Yes 2= No	—
332h	At any of the health checks in the first month, what was done to check the health of baby? <b>Checked cord</b>	1=Yes 2= No	—
333h	At any of the health checks in the first month, what was done to check the health of baby? <b>Counselled on breastfeeding</b>	1=Yes 2= No	—
334h	At any of the health checks in the first month, what was done to check the health of baby? <b>Observed breastfeeding</b>	1=Yes 2= No	—
335h	At any of the health checks in the first month, what was done to check the health of baby? <b>Counselled on skin-to-skin contact/warmth</b>	1=Yes 2= No	—
336h	At any of the health checks in the first month, what was done to check the health of baby?	1=Yes 2= No	—

	<b>Checked baby for danger signs</b>		
337h	At any of the health checks in the first month, what was done to check the health of baby? <b>Counselled on danger signs</b>	1=Yes 2= No	—
338h	At any of the health checks in the first month, what was done to check the health of baby? <b>Referred to a health facility</b>	1=Yes 2= No	—
339h	At any of the health checks in the first month, what was done to check the health of baby? <b>Nothing</b>	1=Yes 2= No	—
<i>Now I want to talk to you about any sickness your child experienced in the <b>first month of life.</b></i>			
341h	Was [NAME] sick in the first month?	1=Yes 2= No <b>SKIP TO 396</b>	—
342h	Can I just check, did [NAME] have any of the following symptoms? <b>Stopped feeding well</b>	1=Yes 2= No	—
343h	Can I just check, did [NAME] have any of the following symptoms? <b>Difficult or fast breathing</b>	1=Yes 2= No	—
344h	Can I just check, did [NAME] have any of the following symptoms? <b>Chest in-drawing</b>	1=Yes 2= No	—
345h	Can I just check, did [NAME] have any of the following symptoms? <b>Unusually hot or cold</b>	1=Yes 2= No	—
346h	Can I just check, did [NAME] have any of the following symptoms? <b>Baby less active than usual</b>	1=Yes 2= No	—
347h	Can I just check, did [NAME] have any of the following symptoms? <b>Body became yellow</b>	1=Yes 2= No	—
348h	Can I just check, did [NAME] have any of the following symptoms? <b>Other</b>	<b>Specify</b>	—
349h	If any sickness/symptom reported: How old was [NAME] when sick for the first time?	<i>Record number of days of age when [NAME] was first sick if on first day of life enter 0</i>	—
<b>Check all the following symptoms: (Read all)</b>			
350h	When [NAME] was sick that first time what was the problem? <b>Fever</b>	1=Yes 2= No	—
351h	When [NAME] was sick that first time what was the problem? <b>Unable to suckle/feed</b>	1=Yes 2= No	—
352h	When [NAME] was sick that first time what was the problem? <b>Difficult/fast breathing</b>	1=Yes 2= No	—
353h	When [NAME] was sick that first time what was the problem? <b>Severe chest in-drawing</b>	1=Yes 2= No	—
354h	When [NAME] was sick that first time what was the problem? <b>Diarrhea</b>	1=Yes 2= No	—
355h	When [NAME] was sick that first time what was the problem? <b>Convulsions</b>	1=Yes 2= No	—
356h	When [NAME] was sick that first time what was the problem? <b>Persistent vomiting</b>	1=Yes 2= No	—
357h	When [NAME] was sick that first time what was the problem? <b>Yellow palms/soles/eyes</b>	1=Yes 2= No	—

358h	When [NAME] was sick that first time what was the problem? <b>Lethargy</b>	1=Yes 2= No	—
359h	When [NAME] was sick that first time what was the problem? <b>Unconscious</b>	1=Yes 2= No	—
360h	When [NAME] was sick that first time what was the problem? <b>Red/discharge eyes</b>	1=Yes 2=No	—
361h	When [NAME] was sick that first time what was the problem? <b>Skin pustules</b>	1=Yes 2=No	—
362h	When [NAME] was sick that first time what was the problem? <b>Skin around cord was red</b>	1=Yes 2=No	—
363h	When [NAME] was sick that first time what was the problem? <b>Pus from cord</b>	1=Yes 2=No	—
364h	When [NAME] was sick that first time what was the problem? <b>Other</b>	Specify	_____
<i>Select all that apply for the time before the baby was taken for extra care (do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)</i>			
365h	How was [NAME] treated for this illness at home? <b>Giving drugs</b>	1=Yes 2=No	—
366h	How was [NAME] treated for this illness at home? <b>Giving herbs</b>	1=Yes 2=No	—
367h	How was [NAME] treated for this illness at home? <b>Contacting a provider for advice</b>	1=Yes 2=No	—
368h	How was [NAME] treated for this illness at home? <b>Contacting someone else for advice</b>	1=Yes 2=No	—
369h	How was [NAME] treated for this illness at home? <b>No treatment given at home</b>	1=Yes 2=No	—
370h	How was [NAME] treated for this illness at home? <b>Don't remember</b>	1=Yes 2=No	—
371h	Did you seek care for [NAME] outside the home at that time?	1=Yes <b>SKIP TO 373</b> 2= No	—
372h_a	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Expected him/her to get better</b>	1=Yes 2=No	—
372h_b	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Health facility too far</b>	1=Yes 2=No	—
372h_c	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Cost of treatment too expensive</b>	1=Yes 2=No	—
372h_d	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Don't trust the facility</b>	1=Yes 2=No	—
372h_e	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Family member didn't allow</b>	1=Yes 2=No	—
372h_f	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Community advisor/TBA advised against it</b>	1=Yes 2=No	—
372h_g	If No care sought at that time: Why didn't you seek care for [NAME] outside the home during that first illness? <b>Other</b>	Specify	—



373h	If sought care: How many times did you seek care for that illness?	Write number of times	—
374h	Where outside the home did you seek care from the first time?	1=Health post 2=Health centre 3=Hospital 4=Pharmacy/shop 8=Other (specify)	—
375h	Do you have any medical record from when you went for health care outside the home the first time?	1=Yes 2= No <b>SKIP TO 377</b>	—
376h	If Yes, can I see it?	1=Yes 2= No	—
377h	After how many days did you seek care the first time?	Write number of days from the onset of illness, if first day of illness write 0. If possible use the medical record to confirm	—
378h	If Yes to any of the symptoms (342-348): At any time during the illness, did [NAME] take any drugs for the illness?	If the information is available from the card use it 1=Yes 2= No <b>(END OF MODULE)</b>	—
<i>Select all mentioned (do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)</i>			
379h	What drugs did [NAME] take? <b>Antimalarial tablet</b>	1=Yes 2= No	—
382h	What drugs did [NAME] take? <b>Antibiotic: Gentamicin injection</b>	1=Yes 2= No	—
383h	What drugs did [NAME] take? <b>Antibiotic: Amoxicillin syrup or tablet</b>	1=Yes 2= No	—
384h	What drugs did [NAME] take? <b>Antibiotic: Cotrimoxazole syrup</b>	1=Yes 2= No	—
385h	What drugs did [NAME] take? <b>Antibiotic: Other /Not known</b>	1=Yes 2= No	—
386h	What drugs did [NAME] take? <b>Tetracycline eye ointment</b>	1=Yes 2= No	—
387h	What drugs did [NAME] take? <b>Zinc</b>	1=Yes 2= No	—
388h	What drugs did [NAME] take? <b>ORS</b>	1=Yes 2= No	—
389h	What drugs did [NAME] take? <b>Combined Zinc-ORS</b>	1=Yes 2= No	—
390h	What drugs did [NAME] take? <b>Vitamin A</b>	1=Yes 2= No	—
391h	What drugs did [NAME] take? <b>Paracetamol</b>	1=Yes 2= No	—
392h	What drugs did [NAME] take? <b>Traditional remedies herbs/local remedy</b>	1=Yes 2= No	—
393h	What drugs did [NAME] take? <b>Other</b>	Specify	_____
394h	If Yes to gentamicin injection: Did [NAME] receive <b>7 consecutive days of gentamycin injection?</b>	1=Yes 2= No 9 = Don't know	—
395h	If Yes to amoxicillin: Did [NAME] receive <b>7 consecutive days of amoxicillin?</b>	1=Yes 2= No 9 = Don't know	—

**End – thank the participant. Check to see if the participant needs to answer the child module. If so, continue to Module 3. Otherwise check whether there is another woman aged 13-49 in the house.**

### Module 3 – Child Health

Section 3.1: Identification of and consent from caregivers		
396h	<b>Interviewer:</b> How many children under 5 years of age live in this household? Check household listing.	—
397h	<b>Interviewer:</b> select name of caregiver from household listing	—
398h	<b>Interviewer:</b> select ID of the caregiver from household listing	—
399h	Is it possible to interview the caregiver?	1=Yes <b>SKIP TO 401</b> 2=No
400h	If No, why Not possible to interview the caregiver?	1=Travelled away 2=Sick 3=Currently Not present 8=Other reason
401h	<b>Interviewer:</b> Have you read her the consent form?	1=Yes 2= No-one is available (add reason)
402h	<b>Interviewer:</b> Does he/she give her consent to be interviewed??	1=Yes 2=No END INTERVIEW.

Section 3.2: Knowledge of malaria, diarrhea & pneumonia		
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>		
403h	Why do you sleep under a mosquito net? <b>Protects from malaria</b>	1=Yes 2=No
404h	Why do you sleep under a mosquito net? <b>Protects from mosquitoes</b>	1=Yes 2=No
405h	Why do you sleep under a mosquito net? <b>Given free</b>	1=Yes 2=No
406h	Why do you sleep under a mosquito net? <b>Bought cheaply</b>	1=Yes 2=No
407h	Why do you sleep under a mosquito net? <b>Look attractive</b>	1=Yes 2=No
408h	Why do you sleep under a mosquito net? Health worker said to use	1=Yes 2=No
409h	Why do you sleep under a mosquito net? <b>Someone told me to use it</b>	1=Yes 2=No
410h	Why do you sleep under a mosquito net? <b>Neighbor uses it</b>	1=Yes 2=No
411h	Why do you sleep under a mosquito net? <b>Other</b>	Specify
412h	Why do you sleep under a mosquito net? <b>Don't know</b>	1=Yes 2=No

<b>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</b>		
413h	If you don't want to get sick from malaria, how can you protect yourself? <b>Use a Bednet</b>	1=Yes 2=No
414h	If you don't want to get sick from malaria, how can you protect yourself? <b>Use repellent or spray</b>	1=Yes 2=No
415h	If you don't want to get sick from malaria, how can you protect yourself? <b>Avoid mosquitoes/bites</b>	1=Yes 2=No
416h	If you don't want to get sick from malaria, how can you protect yourself? <b>Take medication for</b>	1=Yes 2=No
417h	If you don't want to get sick from malaria, how can you protect yourself? <b>prevention Keep surroundings clean</b>	1=Yes 2=No
418h	If you don't want to get sick from malaria, how can you protect yourself? <b>Eat well</b>	1=Yes 2=No
419h	If you don't want to get sick from malaria, how can you protect yourself? <b>Drink boiled water</b>	1=Yes 2=No
420h	If you don't want to get sick from malaria, how can you protect yourself? <b>Avoid getting wet from rain</b>	1=Yes 2=No
421h	If you don't want to get sick from malaria, how can you protect yourself? <b>Other</b>	Specify
422h	If you don't want to get sick from malaria, how can you protect yourself? <b>Don't know</b>	1=Yes 2=No
<b>423h</b>	Have you seen or hear any messages on: <b>Bed nets</b>	1=Yes 2=No
	<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)</i>	
423h_1	Where did you hear the message about <b>Bed nets</b> from? <b>Friend</b>	1=Yes 2=No
423h_2	Where did you hear the message about <b>Bed nets</b> from? <b>At Health Centre</b>	1=Yes 2=No
423h_3	Where did you hear the message about <b>Bed nets</b> from? <b>HEW</b>	1=Yes 2=No
423h_4	Where did you hear the message about <b>Bed nets</b> from? <b>WDA</b>	1=Yes 2=No
423h_5	Where did you hear the message about <b>Bed nets</b> from? <b>Newspaper</b>	1=Yes 2=No
423h_6	Where did you hear the message about <b>Bed nets</b> from? <b>TV</b>	1=Yes 2=No
423h_7	Where did you hear the message about <b>Bed nets</b> from? <b>Radio</b>	1=Yes 2=No
423h_8	Where did you hear the message about <b>Bed nets</b> from? <b>Government official</b>	1=Yes 2=No
423h_9	Where did you hear the message about <b>Bed nets</b> from? <b>Church/Mosque</b>	1=Yes 2=No
423h_10	Where did you hear the message about <b>Bed nets</b> from? <b>School</b>	1=Yes 2=No
423h_11	Where did you hear the message about <b>Bed nets</b> from? <b>Poster/flier</b>	1=Yes 2=No

423h_12	Where did you hear the message about <b>Bed nets</b> from? <b>Meeting</b>	1=Yes 2=No
423h_13	Where did you hear the message about <b>Bed nets</b> from? <b>Street announcement</b>	1=Yes 2=No
423h_14	Where did you hear the message about <b>Bed nets</b> from? <b>Other</b>	Specify
<b>424h</b>	Have you seen or hear any messages on: <b>Malaria treatment using ACT</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
424h_1	Where did you hear the message about <b>ACT</b> from? <b>Friend</b>	1=Yes 2=No
424h_2	Where did you hear the message about <b>ACT</b> from? <b>At Health Centre</b>	1=Yes 2=No
424h_3	Where did you hear the message about <b>ACT</b> from? <b>HEW</b>	1=Yes 2=No
424h_4	Where did you hear the message about <b>ACT</b> from? <b>WDA</b>	1=Yes 2=No
424h_5	Where did you hear the message about <b>ACT</b> from? <b>Newspaper</b>	1=Yes 2=No
424h_6	Where did you hear the message about <b>ACT</b> from? <b>TV</b>	1=Yes 2=No
424h_7	Where did you hear the message about <b>ACT</b> from? <b>Radio</b>	1=Yes 2=No
424h_8	Where did you hear the message about <b>ACT</b> from? <b>Government official</b>	1=Yes 2=No
424h_9	Where did you hear the message about <b>ACT</b> from? <b>Church/Mosque</b>	1=Yes 2=No
424h_10	Where did you hear the message about <b>ACT</b> from? <b>School</b>	1=Yes 2=No
424h_11	Where did you hear the message about <b>ACT</b> from? <b>Poster/flier</b>	1=Yes 2=No
424h_12	Where did you hear the message about <b>ACT</b> from? <b>Meeting</b>	1=Yes 2=No
424h_13	Where did you hear the message about <b>ACT</b> from? <b>Street announcement</b>	1=Yes 2=No
424h_14	Where did you hear the message about <b>ACT</b> from? <b>Other</b>	Specify
<b>425h</b>	Have you seen or hear any messages on: <b>Rapid diagnostic tests (RDT) for malaria</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
425h_1	Where did you hear the message about <b>RDT</b> from? <b>Friend</b>	1=Yes 2=No
425h_2	Where did you hear the message about <b>RDT</b> from? <b>At Health Centre</b>	1=Yes 2=No
425h_3	Where did you hear the message about <b>RDT</b> from? <b>HEW</b>	1=Yes 2=No

425h_4	Where did you hear the message about <b>RDT</b> from? <b>WDA</b>	1=Yes 2=No
425h_5	Where did you hear the message about <b>RDT</b> from? <b>Newspaper</b>	1=Yes 2=No
425h_6	Where did you hear the message about <b>RDT</b> from? <b>TV</b>	1=Yes 2=No
425h_7	Where did you hear the message about <b>RDT</b> from? <b>Radio</b>	1=Yes 2=No
425h_8	Where did you hear the message about <b>RDT</b> from? <b>Government official</b>	1=Yes 2=No
425h_9	Where did you hear the message about <b>RDT</b> from? <b>Church/Mosque</b>	1=Yes 2=No
425h_10	Where did you hear the message about <b>RDT</b> from? <b>School</b>	1=Yes 2=No
425h_11	Where did you hear the message about <b>RDT</b> from? <b>Poster/flier</b>	1=Yes 2=No
425h_12	Where did you hear the message about <b>RDT</b> from? <b>Meeting</b>	1=Yes 2=No
425h_13	Where did you hear the message about <b>RDT</b> from? <b>Street announcement</b>	1=Yes 2=No
425h_14	Where did you hear the message about <b>RDT</b> from? <b>Other</b>	Specify
<b>426h</b>	Have you seen or hear any messages on: <b>Rectal artesunate</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
426h_1	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Friend</b>	1=Yes 2=No
426h_2	Where did you hear the message about <b>Rectal artesunate</b> from? <b>At Health Centre</b>	1=Yes 2=No
426h_3	Where did you hear the message about <b>Rectal artesunate</b> from? <b>HEW</b>	1=Yes 2=No
426h_4	Where did you hear the message about <b>Rectal artesunate</b> from? <b>WDA</b>	1=Yes 2=No
426h_5	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Newspaper</b>	1=Yes 2=No
426h_6	Where did you hear the message about <b>Rectal artesunate</b> from? <b>TV</b>	1=Yes 2=No
426h_7	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Radio</b>	1=Yes 2=No
426h_8	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Government official</b>	1=Yes 2=No
426h_9	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Church/Mosque</b>	1=Yes 2=No
426h_10	Where did you hear the message about <b>Rectal artesunate</b> from? <b>School</b>	1=Yes 2=No
426h_11	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Poster/flier</b>	1=Yes 2=No



426h_12	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Meeting</b>	1=Yes 2=No
426h_13	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Street announcement</b>	1=Yes 2=No
426h_14	Where did you hear the message about <b>Rectal artesunate</b> from? <b>Other</b>	Specify
<b>427h</b>	Have you seen or hear any messages on: <b>Diarrhea treatment</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
427h_1	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Friend</b>	1=Yes 2=No
427h_2	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>At Health Centre</b>	1=Yes 2=No
427h_3	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>HEW</b>	1=Yes 2=No
427h_4	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>WDA</b>	1=Yes 2=No
427h_5	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Newspaper</b>	1=Yes 2=No
427h_6	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>TV</b>	1=Yes 2=No
427h_7	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Radio</b>	1=Yes 2=No
427h_8	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Government official</b>	1=Yes 2=No
427h_9	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Church/Mosque</b>	1=Yes 2=No
427h_10	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>School</b>	1=Yes 2=No
427h_11	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Poster/flier</b>	1=Yes 2=No
427h_12	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Meeting</b>	1=Yes 2=No
427h_13	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Street announcement</b>	1=Yes 2=No
427h_14	Where did you hear the message about <b>Diarrhea treatment</b> from? <b>Other</b>	Specify
<b>428h</b>	Have you seen or hear any messages on: <b>Pneumonia treatment</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
428h_1	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Friend</b>	1=Yes 2=No
428h_2	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>At Health Centre</b>	1=Yes 2=No
428h_3	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>HEW</b>	1=Yes 2=No

428h_4	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>WDA</b>	1=Yes 2=No
428h_5	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Newspaper</b>	1=Yes 2=No
428h_6	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>TV</b>	1=Yes 2=No
428h_7	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Radio</b>	1=Yes 2=No
428h_8	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Government official</b>	1=Yes 2=No
428h_9	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Church/Mosque</b>	1=Yes 2=No
428h_10	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>School</b>	1=Yes 2=No
428h_11	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Poster/flier</b>	1=Yes 2=No
428h_12	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Meeting</b>	1=Yes 2=No
428h_13	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Street announcement</b>	1=Yes 2=No
428h_14	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Other</b>	Specify
<b>429h</b>	Have you seen or hear any messages on: <b>Treatment for sick newborns</b>	1=Yes 2=No
429h_1	Where did you hear the message about <b>Pneumonia treatment</b> from? <b>Friend</b>	1=Yes 2=No
<i>Multiple options are possible. (do Not read out list, prompt, 'anything else' for all that apply)</i>		
429h_2	Where did you hear the message <b>Treatment for sick newborns</b> from? <b>At Health Centre</b>	1=Yes 2=No
429h_3	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>HEW</b>	1=Yes 2=No
429h_4	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>WDA</b>	1=Yes 2=No
429h_5	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Newspaper</b>	1=Yes 2=No
429h_6	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>TV</b>	1=Yes 2=No
429h_7	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Radio</b>	1=Yes 2=No
429h_8	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Government official</b>	1=Yes 2=No
429h_9	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Church/Mosque</b>	1=Yes 2=No
429h_10	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>School</b>	1=Yes 2=No
429h_11	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Poster/flier</b>	1=Yes 2=No

429h_12	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Meeting</b>	1=Yes 2=No
429h_13	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Street announcement</b>	1=Yes 2=No
429h_14	Where did you hear the message about <b>Treatment for sick newborns</b> from? <b>Other</b>	Specify

Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)			
444h	If your child is sick with a <b>fever</b> what should you do? <b>Ignore it will go away</b>	1=Yes 2=No	—
445h	If your child is sick with a <b>fever</b> what should you do? <b>Go to health centre</b>	1=Yes 2=No	—
446h	If your child is sick with a <b>fever</b> what should you do? <b>Go to HEW</b>	1=Yes 2=No	—
447h	If your child is sick with a <b>fever</b> what should you do? <b>Go to WDA</b>	1=Yes 2=No	—
448h	If your child is sick with a <b>fever</b> what should you do? <b>Go to traditional healer</b>	1=Yes 2=No	—
449h	If your child is sick with a <b>fever</b> what should you do? <b>Ask to be tested for malaria</b>	1=Yes 2=No	—
450h	If your child is sick with a <b>fever</b> what should you do? <b>Treat with antimalarial / ACT</b>	1=Yes 2=No	—
451h	If your child is sick with a <b>fever</b> what should you do? <b>Treat with paracetamol</b>	1=Yes 2=No	—
452h	If your child is sick with a <b>fever</b> what should you do? <b>Treat with antibiotic</b>	1=Yes 2=No	—
453h	If your child is sick with a <b>fever</b> what should you do? <b>Treat with other medicine</b>	1=Yes 2=No	—
454h	If your child is sick with a <b>fever</b> what should you do? <b>Other</b>	Specify	—
Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)			
455h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Ignore it will go away</b>	1=Yes 2=No	—
456h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Go to health centre</b>	1=Yes 2=No	—
457h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Go to HEW</b>	1=Yes 2=No	—
458h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Go to WDA</b>	1=Yes 2=No	—
459h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Go to traditional healer</b>	1=Yes 2=No	—
460h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Fluid made from a special</b>	1=Yes 2=No	—

	<b>packet / ordinary rehydration salts (ORS)</b>		
461h	If your child is sick with a <b>diarrhea</b> what should you do? <b>A gov-recommended home-made fluid for diarrhoea</b>	1=Yes 2=No	—
462h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Treat with paracetamol</b>	1=Yes 2=No	—
463h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Treat with antibiotic</b>	1=Yes 2=No	—
464h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Treat with other medicine</b>	1=Yes 2=No	—
465h	If your child is sick with a <b>diarrhea</b> what should you do? <b>Other</b>	Specify	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)</i>			
466h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Ignore it will go away</b>	1=Yes 2=No	—
467h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Go to health centre</b>	1=Yes 2=No	—
468h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Go to HEW</b>	1=Yes 2=No	—
469h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Go to WDA</b>	1=Yes 2=No	—
470h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Go to traditional healer</b>	1=Yes 2=No	—
471h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Treat with antibiotic</b>	1=Yes 2=No	—
472h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Treat with paracetamol</b>	1=Yes 2=No	—
473h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Treat with other medicine</b>	1=Yes 2=No	—
474h	If your child is sick with a <b>cough/ respiratory infection</b> what should you do? <b>Other action</b>	Specify	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply)</i>			
475h	What are the signs of illness for a newborn baby? <b>Reduced feeding</b>	1=Yes 2=No	—
476h	What are the signs of illness for a newborn baby? <b>Difficult or fast breathing</b>	1=Yes 2=No	—
477h	What are the signs of illness for a newborn baby? <b>Movement only when stimulated or No movement even when stimulated</b>	1=Yes 2=No	—

478h	What are the signs of illness for a newborn baby? <b>Unusually hot or cold</b>	1=Yes 2=No	—
479h	What are the signs of illness for a newborn baby? <b>Convulsions</b>	1=Yes 2=No	—
480h	What are the signs of illness for a newborn baby? <b>Severe chest in-drawing</b>	1=Yes 2=No	—
481h	What are the signs of illness for a newborn baby? <b>Yellow palms/soles/eyes</b>	1=Yes 2=No	—
482h	What are the signs of illness for a newborn baby? <b>Diarrhea</b>	1=Yes 2=No	—
483h	What are the signs of illness for a newborn baby? <b>Skin pustules</b>	1=Yes 2=No	—
484h	What are the signs of illness for a newborn baby? <b>Cord red or draining puss</b>	1=Yes 2=No	—
485h	What are the signs of illness for a newborn baby? <b>Small infant (weight &lt;2000 grams)</b>	1=Yes 2=No	—
<i>Symptoms are: reduced feeding, difficult or fast breathing, Movement only when stimulated or No movement even when stimulated, unusually hot or cold, convulsions, severe chest in-drawing</i>			
486h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Ignore it will go away</b>	1=Yes 2=No	—
487h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Go to health centre</b>	1=Yes 2=No	—
488h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Go to HEW</b>	1=Yes 2=No	—
489h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Go to WDA</b>	1=Yes 2=No	—
490h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Go to traditional healer</b>	1=Yes 2=No	—
491h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Treat with antibiotic</b>	1=Yes 2=No	—
492h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Treat with paracetamol</b>	1=Yes 2=No	—
493h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Treat with other medicine</b>	1=Yes 2=No	—
494h	If your newborn child has <b>symptoms of neonatal sepsis</b> what should you do? <b>Other action</b>	Specify	—



<b>Section 3.3: Health care available in kebele and recent interactions</b>			
495h	Is there a health post in your kebele?	1= Yes 2=No <b>SKIP TO 506</b>	___
496h	How long does it take you to walk to the nearest health post?	<i>Record the distance in minutes. If don't know, record 99</i>	___
497h	How many times have you visited the health post in the last six months?	<i>Record the number of times If any visits last 6 months, <b>SKIP TO 504</b></i>	___
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply then SKIP TO 504</i>			
498h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>No illness in the family/No births</b>	1=Yes 2=No	___
499h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>Health post is too far away</b>	1=Yes 2=No	___
500h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>health post Costs too much to go to</b>	1=Yes 2=No	___
501h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>Not enough time to visit</b>	1=Yes 2=No	___
502h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>Poor services available at the health post</b>	1=Yes 2=No	___
503h	If never in the last 6 months: What are the reasons why you have Not visited the health post in the last six months? <b>Other</b>	Specify	_____
504h	When was the last time you visited that health post?	<i>Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM</i>	___/___
505h	The last time you visited the health post, what was the primary reason?	01=Family planning 02=Child immunisation 03=Antenatal care 04=Delivery care 05=Postnatal care 06=Neonatal care 07=Health education 08=Growth monitoring 09=Referral of sick child 10=Diarrhea treatment 11=Malaria treatment 13=Pneumonia treatment 14=other treatment of sickness 15=receive mosquito nets 88=other (specify)	___
506h	Is there another health facility in your kebele?	1= Yes 2=No <b>SKIP TO 518</b>	___
507h	What kind of a health facility	1=Health Centre 2=Hospital	___

		3=Private clinic 8=Other	
508h	How long does it take you to walk to the nearest health facility?	Record the distance in minutes. If don't know, record 99	_____
509h	How many times have you visited the health facility in the last 6 months?	Record the number of times If any visits last 6 months, <b>SKIP TO 516</b>	___
<b>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply Then SKIP TO 516</b>			
510h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>No illness in the family/No births</b>	1=Yes 2=No	___
511h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>Health facility is too far away</b>	1=Yes 2=No	___
512h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>Costs too much to go to health post</b>	1=Yes 2=No	___
513h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>Not enough time to visit</b>	1=Yes 2=No	___
514h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>Poor services available at the health facility</b>	1=Yes 2=No	___
515h	If never in the last 6 months: What are the reasons why you have Not visited the health facility in the last six months? <b>Other</b>	Specify	_____
516h	When was the last time you visited that health facility?	Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM	___/___
517h	The last time you visited the health facility, what was the primary reason?	01=Family planning 02=Child immunisation 03=Antenatal care 04=Delivery care 05=Postnatal care 06=Neonatal care 07=Health education 08=Growth monitoring 09=Referral of sick child 10=Diarrhoea treatment 11=Malaria treatment 13=Pneumonia treatment 14=Other treatment of sickness 15=Receive mosquito nets 88=Other (specify)	_____
518h	Have you been visited at home during the past 6 months by a Health Extension Worker to talk about health related issues?	1= Yes 2=No <b>SKIP TO 537</b>	___
519h	When was the last time the HEW visited you at home?	Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM	___/___
<b>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</b>			

520h	Who did the HEW talk to the last time she visited you at home? <b>Myself</b>	1=Yes 2=No	—
521h	Who did the HEW talk to the last time she visited you at home? <b>Other adult woman</b>	1=Yes 2=No	—
522h	Who did the HEW talk to the last time she visited you at home? <b>Head of household</b>	1=Yes 2=No	—
523h	Who did the HEW talk to the last time she visited you at home? <b>Other adult male</b>	1=Yes 2=No	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
524h	What was discussed the last time the HEW visited you at home? <b>Immunisation</b>	1= Yes 2=No	—
525h	What was discussed the last time the HEW visited you at home? <b>Child nutrition</b>	1=Yes 2=No	—
526h	What was discussed the last time the HEW visited you at home? <b>Family planning</b>	1=Yes 2=No	—
527h	What was discussed the last time the HEW visited you at home? <b>Pregnancy care</b>	1=Yes 2=No	—
528h	What was discussed the last time the HEW visited you at home? <b>Delivery care</b>	1=Yes 2=No	—
529h	What was discussed the last time the HEW visited you at home? <b>Newborn care / postnatal care</b>	1=Yes 2=No	—
530h	What was discussed the last time the HEW visited you at home? <b>Information about HIV/AIDS</b>	1=Yes 2=No	—
531h	What was discussed the last time the HEW visited you at home? <b>Information on hygiene</b>	1=Yes 2=No	—
532h	What was discussed the last time the HEW visited you at home? <b>Diarrhea treatment</b>	1=Yes 2=No	—
533h	What was discussed the last time the HEW visited you at home? <b>Malaria treatment</b>	1=Yes 2=No	—
534h	What was discussed the last time the HEW visited you at home? <b>Pneumonia treatment</b>	1=Yes 2=No	—
535h	What was discussed the last time the HEW visited you at home? <b>Promotion of latrine use</b>	1=Yes 2=No	—
536h	What was discussed the last time the HEW visited you at home? <b>Promotion of safe water use</b>	1=Yes 2=No	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
537h	Are you aware of women development army who visit people at home to talk about health issues?	1= Yes 2=No <b>SKIP TO 556</b>	—
538h	If Yes When was the last time the WDA visited you at home?	<i>Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM</i>	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
539h	Who did the WDA talk to at that last visited to your home? <b>Myself</b>	1=Yes 2=No	—
540h	Who did the WDA talk to at that last visited to your home? <b>Other adult woman</b>	1=Yes 2=No	—
541h	Who did the WDA talk to at that last visited to your home? <b>Head of household</b>	1=Yes 2=No	—
542h	Who did the WDA talk to at that last visited to your home? <b>Other adult male</b>	1=Yes 2=No	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
543h	What was discussed the last time the WDA visited you at home? <b>Immunisation</b>	1=Yes 2=No	—
544h	What was discussed the last time the WDA visited you at home? <b>Child nutrition</b>	1=Yes 2=No	—

545h	What was discussed the last time the WDA visited you at home? <b>Family planning</b>	1=Yes 2=No	—
546h	What was discussed the last time the WDA visited you at home? <b>Pregnancy care</b>	1=Yes 2=No	—
547h	What was discussed the last time the WDA visited you at home? <b>Delivery care</b>	1=Yes 2=No	—
548h	What was discussed the last time the WDA visited you at home? <b>Newborn care / postnatal care</b>	1=Yes 2=No	—
549h	What was discussed the last time the WDA visited you at home? <b>Information about HIV/AIDS</b>	1=Yes 2=No	—
550h	What was discussed the last time the WDA visited you at home? <b>Information on hygiene</b>	1=Yes 2=No	—
551h	What was discussed the last time the WDA visited you at home? <b>Diarrhoea treatment</b>	1=Yes 2=No	—
552h	What was discussed the last time the WDA visited you at home? <b>Malaria treatment</b>	1=Yes 2=No	—
553h	What was discussed the last time the WDA visited you at home? <b>Pneumonia treatment</b>	1=Yes 2=No	—
554h	What was discussed the last time the WDA visited you at home? <b>Promotion of latrine use</b>	1=Yes 2=No	—
555h	What was discussed the last time the WDA visited you at home? <b>Promotion of safe water use</b>	1=Yes 2=No	—
556h	Have you participated in developing local community-based action plan addressing maternal newborn and child health issues about health issues in the past 12 months?	1= Yes 2=No	<b>SKIP TO 559</b> —
557h	If Yes: When did you last participate in a community-based action plan?	<i>Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM</i>	___/___
558h	Who organized the community-based action plan?	1=Kebele health team 2=Health extension worker 3=Community health worker 8=other (specify) 9=don't know	—
559h	Have you attended any meetings in your community (outside your home) about health issues in the past 12 months?	1= Yes 2=No	<b>SKIP TO 575</b> —
560h	If Yes: When was the last meeting you attended outside your home?	<i>Record DD/MM. If don't know 99/99. If know month but Not day record 99/MM</i>	___/___
561h	Who organised the last meeting?	1=Kebele health team 2=Health extension worker 3=Community health worker 8=other (specify) 9=don't know	—
<i>Do Not read out list, prompt, 'anything else' record 1=Yes for all that apply</i>			
562h	What was discussed at the last community meeting you attended outside your home? <b>Immunisation</b>	1= Yes 2=No	—
563h	What was discussed at the last community meeting you attended outside your home? <b>Child nutrition</b>	1= Yes 2=No	—
564h	What was discussed at the last community meeting you attended outside your home? <b>Family planning</b>	1= Yes 2=No	—
565h	What was discussed at the last community meeting you attended outside your home?	1= Yes 2=No	—

	<b>Pregnancy care</b>		
566h	What was discussed at the last community meeting you attended outside your home? <b>Delivery care</b>	1= Yes 2=No	—
567h	What was discussed at the last community meeting you attended outside your home? <b>Newborn care / postnatal care</b>	1= Yes 2=No	—
568h	What was discussed at the last community meeting you attended outside your home? <b>Information about HIV/AIDS</b>	1= Yes 2=No	—
569h	What was discussed at the last community meeting you attended outside your home? <b>Information on hygiene</b>	1= Yes 2=No	—
570h	What was discussed at the last community meeting you attended outside your home? <b>Diarrhea treatment</b>	1= Yes 2=No	—
571h	What was discussed at the last community meeting you attended outside your home? <b>Malaria treatment</b>	1= Yes 2=No	—
572h	What was discussed at the last community meeting you attended outside your home? <b>Pneumonia treatment</b>	1= Yes 2=No	—
573h	What was discussed at the last community meeting you attended outside your home? <b>Promotion of latrine use</b>	1= Yes 2=No	—
574h	What was discussed at the last community meeting you attended outside your home? <b>Promotion of safe water use</b>	1= Yes 2=No	—

<b>Section 3.4: Identification of child &amp; general questions</b>			
<i>The following questions are to be asked for all under 5 years old. Start with the youngest</i>			
575h	<b>Interviewer:</b> What is the name of the youngest child?	Check household listing	_____
576h	<b>Interviewer:</b> select ID of the child from household listing		_____
577h	Did you ever breastfeed [name]? OR Was [name] breastfed?	1=Yes 2=No 9=Don't know	___
578h	Are you still breastfeeding [name]? OR Is [name] still being breastfed?	1=Yes 2=No 9=Don't know	___
579h	For how many months did you breastfeed? OR For how many months was [name] breastfed?	Record number of months. If don't know record 98	___
580h	Did [name] receive a vitamin A dose (like this) during the last 6 months?	Show ampule/capsule/syrup 1=Yes 2=No 9=Don't know	___

<b>Section 3.5: Immunizations</b>			
581h	Do you have a card where [name's] vaccinations are written down? If Yes, may I see it?	1=Yes seen <b>SKIP TO 583</b> 2=Yes Not seen <b>SKIP TO 599</b> 3=No 9=Don't know	___
582h	If No card, did you ever have a vaccination card?	1=Yes 2=No 9=Don't know	___ If ALL answered <b>SKIP TO 599</b>
<i>Record 44 in the DAY column if card shows that a vaccination was given but No date is recorded.) Record DD/MM/YYYY.</i>			
583h	Copy vaccination date for <b>BCG</b> from the card	___/___/_____	
584h	Copy vaccination date for <b>Polio 0 (Polio given at birth)</b> from the card	___/___/_____	
585h	Copy vaccination date for <b>Polio 1</b> from the card	___/___/_____	
586h	Copy vaccination date for <b>Polio 2</b> from the card	___/___/_____	
587h	Copy vaccination date for <b>Polio 3</b> from the card	___/___/_____	
588h	Copy vaccination date for <b>Pentavalent (DPT, HIV, Hep B)</b> from the card	___/___/_____	
589h	Copy vaccination date for <b>Pentavalent 2</b> from the card	___/___/_____	
590h	Copy vaccination date for <b>Pentavalent 3</b> from the card	___/___/_____	
591h	Copy vaccination date for <b>PCV 1</b> from the card	___/___/_____	

592h	Copy vaccination date for <b>PCV 2</b> from the card	___/___/_____	
593	Copy vaccination date for <b>Rota 1</b> from the card	___/___/_____	
594	Copy vaccination date for <b>Rota 2</b> from the card	___/___/_____	
595	Copy vaccination date for <b>Rota 3</b> from the card	___/___/_____	
596	Copy vaccination date for <b>Measles</b> from the card	___/___/_____	
597	Copy vaccination date for <b>Vitamin A</b> from the card	___/___/_____	
598	Copy vaccination date for <b>Deworming</b> from the card	___/___/_____	
<i>Ask and fill this question, only if the vaccination status in the card is empty (583-598)</i>			
599h	Did [name] receive any vaccinations that are not on this card, including vaccinations received in a national immunization campaign?	1=Yes 2=No 9=Don't know	<i>Record Yes only if respondent mentions BCG, Polio 0-3, Pentavalent, and/or measles vaccine(s)</i>
600h	Did [name] receive <b>BCG</b> ?	1=Yes 2=No 9=Don't know	—
601h	Did [name] receive <b>Polio 0 (Polio given at birth)</b> ?	1=Yes 2=No 9=Don't know	—
602h	Did [name] receive <b>Polio 1</b> ?	1=Yes 2=No 9=Don't know	—
603h	Did [name] receive <b>Polio 2</b> ?	1=Yes 2=No 9=Don't know	—
604h	Did [name] receive <b>Polio 3</b> ?	1=Yes 2=No 9=Don't know	—
605h	Did [name] receive <b>Pentavalent (DPT, HIV, Hep B)</b> ?	1=Yes 2=No 9=Don't know	—
606h	Did [name] receive <b>Pentavalent 2</b> ?	1=Yes 2=No 9=Don't know	—
607h	Did [name] receive <b>Pentavalent 3</b> ?	1=Yes 2=No 9=Don't know	—
608h	Did [name] receive <b>PCV 1</b> ?	1=Yes 2=No 9=Don't know	—
609h	Did [name] receive <b>PCV 2</b> ?	1=Yes 2=No 9=Don't know	—
610h	Did [name] receive <b>Rota 1</b> ?	1=Yes 2=No 9=Don't know	—



611h	Copy vaccination date for <b>Rota 2</b> ?	1=Yes 2=No 9=Don't know	—
612h	Did [name] receive <b>Rota 3</b> ?	1=Yes 2=No 9=Don't know	—
613h	Did [name] receive <b>Measles</b> ?	1=Yes 2=No 9=Don't know	—
614h	Did [name] receive <b>Vitamin A</b> ?	1=Yes 2=No 9=Don't know	—
615h	Did [name] receive <b>Deworming</b> ?	1=Yes 2=No 9=Don't know	—
616h	Did [name] ever receive any vaccinations to prevent him/her getting diseases, including vaccinations received in a national immunization day campaign?	1=Yes 2=No 9=Don't know	—
<b>Please tell me if [name] received any of the following vaccinations:</b>			
617h	A BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that usually causes a scar?	1=Yes 2=No 9=Don't know	—
618h	A POLIO vaccination, that is drops in the mouth?	1=Yes 2=No 9=Don't know	—
619h	When was the first polio vaccine received, just after birth or later?	1=just after birth 2=later	—
620h	How many times was the polio vaccine received?	Record number. 9=don't know	—
621h	A PENTAVALENT vaccination, which is an injection given in the thigh or buttocks, sometimes at the same time as the polio drops?	1=Yes 2=No 9=Don't know	—
622h	How many times was pentavalent received?	Record number. 9=don't know	—
623h	An injection to prevent MEASLES, usually in the upper left arm?	1=Yes 2=No 9=Don't know	—
624h	Has [name] had any illness at any time in the last 2 weeks?	1=Yes 2=No <b>Go to 718</b> 9=Don't know <b>Go to 718</b>	—

<b>Section 3.6: Two-Week Morbidity Module (symptoms, care seeking and drugs)</b>			
<b>FILL IN THE MODULE BELOW IF THE CHILD WAS ILL IN THE PREVIOUS TWO WEEKS. IF THE CHILD HAD MORE THAN ONE EPISODE, CONSIDER ONLY THE MOST RECENT ONE.</b>			
625h	For how many days was [name] ill?	<i>If less than one day record 00 99 if don't know</i>	—
626h	Is [name] ill Now?	1=Yes 2=No	—
<b>Symptoms</b>			
627h	Did [name] have any of the following at any time in the last 2 weeks? <b>Convulsions</b>	1=Yes 2=No	—
628h	Did [name] have any of the following at any time in the last 2 weeks? <b>Very sleepy</b>	1=Yes 2=No	—
629h	Did [name] have any of the following at any time in the last 2 weeks? <b>Vomiting everything</b>	1=Yes 2=No	—
630h	Did [name] have any of the following at any time in the last 2 weeks? <b>Drinking poorly/Not able to drink or breastfeed</b>	1=Yes 2=No	—
631h	Did [name] have any of the following at any time in the last 2 weeks? <b>Fever</b>	1=Yes 2=No	—
632h	Did [name] have any of the following at any time in the last 2 weeks? <b>Cough</b>	1=Yes 2=No	—
633h	Did [name] have any of the following at any time in the last 2 weeks? <b>Difficult breathing</b>	1=Yes 2=No	—
634h	Did [name] have any of the following at any time in the last 2 weeks? <b>Diarrhea</b>	1=Yes 2=No	—
635h	Did [name] have any of the following at any time in the last 2 weeks? <b>Ear pain</b>	1=Yes 2=No	—
636h	Did [name] have any of the following at any time in the last 2 weeks? <b>Loss of appetite</b>	1=Yes 2=No	—
637h	Did [name] have any of the following at any time in the last 2 weeks? <b>Blocked or runny Nose</b>	1=Yes 2=No	—
638h	Did [name] have any of the following at any time in the last 2 weeks? <b>Fast breathing</b>	1=Yes 2=No	—
639h	Did [name] have any of the following at any time in the last 2 weeks? <b>Eye problems</b>	1=Yes 2=No	—
640h	Did [name] have any of the following at any time in the last 2 weeks? <b>Generalized rash</b>	1=Yes 2=No	—
641h	Did [name] have any of the following at any time in the last 2 weeks? <b>Other signs/symptoms</b>	1=Yes 2=No	—
642h	How many days ago did this start	<i>If less than one day record 00 99 if don't know</i>	—
<b>If symptoms Fast Breathing or Difficult Breathing were selected ask the following question:</b>			
643h	Were symptoms of fast or difficult breathing due to problem in the chest or to a blocked Nose?	1=Chest 2=Nose 3=Both	—

		8= Other 9=Don't know	
<i>If Diarrhea was selected ask the following questions:</i>			
644h	When [name] was sick with diarrhea, how many watery stools did [name] have?	If less than one day record 00 99 if don't know	—
645h	During the diarrhea, did [name] have? <b>Repeated vomiting</b>	1=Yes 2=No	—
646h	During the diarrhea, did [name] have? <b>Marked thirst</b>	1=Yes 2=No	—
647h	During the diarrhea, did [name] have? <b>Not eating/drinking well</b>	1=Yes 2=No	—
648h	During the diarrhea, did [name] have? <b>Blood in the stool</b>	1=Yes 2=No	—
649h	During the diarrhea, did [name] have? <b>Not getting better/getting sicker</b>	1=Yes 2=No	—
650h	Now I would like to know how much [name] was offered to drink during the diarrhoea. Was he/she given less to drink than usual, more than usual, or about the same amount? If less, probe: was he/she given <i>much less than usual to drink or somewhat less</i> .	1=Much less 2=Somewhat less 3=About the same 4=More 5=Nothing to drink 9=Don't know	—
651h	When [name] had diarrhea, was he/she given less to eat than usual, more than usual, or about the same amount? If less, probe: was he/she given <i>much less than usual to eat or somewhat less</i> .	1=Much less 2=Somewhat less 3=About the same 4=More 5=Nothing to drink 9=Don't know	—
<b>Care seeking</b>			
652h	Did you seek advice or treatment for [name]'s illness from any source?	1= Yes <b>SKIP TO 660</b> 2= No <b>SKIP TO 664</b> 9=Don't know	—
653h	Why did you Not seek advice or treatment from any source? <b>Health facility too far</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
654h	Why did you Not seek advice or treatment from any source? <b>Had no time</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
655h	Why did you Not seek advice or treatment from any source? <b>Had no money</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
656h	Why did you Not seek advice or treatment from any source? <b>Did Not want to attend a health facility</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
657h	Why did you Not seek advice or treatment from any source? <b>Could manage at home</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
658h	Why did you Not seek advice or treatment from any source? <b>Spouse did Not allow</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
659h	Why did you Not seek advice or treatment from any source? <b>Other</b>	1= Yes <b>SKIP TO 718</b> 2= No	—
660h	Where did you seek advice or treatment? Anywhere else? <b>Health Post</b>	1= Yes 2= No	—
661h	Where did you seek advice or treatment? Anywhere else? <b>Health Centre</b>	1= Yes 2= No	—

662h	Where did you seek advice or treatment? Anywhere else? <b>Hospital</b>	1= Yes 2= No	—
663h	Where did you seek advice or treatment? Anywhere else? <b>Other</b>	Specify	_____
664h	<b>Interviewer:</b> Check was treatment sought at two or more places?	1=Yes 2=No <b>SKIP TO 665</b>	—
665h	Where did you first seek treatment?	1=Health Post 2=Health Centre 3=Hospital 8=Other	—
666h	How many days after the illness began did you first seek treatment for [name]?	<i>If same day record 00. If don't know record 99.</i>	_____
667h	Did the health worker ask you to bring [name] back to be seen again?	1=Yes 2=No 9=Don't know <b>SKIP TO 670</b>	—
668h	When did he/she say that [name] should be brought back?	1=Before today's date 2=After today's date <b>SKIP TO 670</b> 9=Don't know <b>SKIP TO 670</b>	—
669h	Did you take [name] back?	1=Yes 2=No 9=Don't know	—
670h	Has [name] been hospitalized for this illness?	1=Yes 2=No <b>SKIP TO 672</b> 9=Don't know <b>SKIP TO 672</b>	—
671h	How many nights has [name] been hospitalized during this illness?	<i>Record number of nights. If don't know record 99.</i>	_____
672h	Has [name] been hospitalized at any time in the last 3 months?	1=Yes 2=No 9=Don't know	—
673h	How many nights has [name] been hospitalized in the last three months?	<i>Record number of nights. If don't know record 99.</i>	_____
674h	At any time during this illness, did [name] have blood taken from his/her finger or heel for testing?	1=Yes 2=No <b>SKIP TO 678</b> 9=Don't know <b>SKIP TO 678</b>	—
675h	Which test was done?	1=Microscopy 2=RDT 9=Don't know	—
676h	Where was the test done?	1=Health Post 2=Health Centre 3=Hospital 8=Other	—
677h	Was the test positive for malaria?	1=Yes 2=No 9=Don't know	—
678h	In addition, did you seek advice from any of the following? <b>Traditional birth attendants</b>	1=Yes 2=No	—
679h	In addition, did you seek advice from any of the following? <b>Religious leader</b>	1=Yes 2=No	—
680h	In addition, did you seek advice from any of the following? <b>Pharmacy</b>	1=Yes 2=No	—
681h	In addition, did you seek advice from any of	1=Yes 2=No	—

	the following? <b>Traditional drug seller</b>		
682h	In addition, did you seek advice from any of the following? <b>Relative or friend</b>	1=Yes 2=No	—
683h	In addition, did you seek advice from any of the following? <b>Other</b>	<b>Specify</b>	_____

<b>Drugs</b>			
684h	At any time during the illness, was [name] prescribed any drugs for the illness?	1=Yes 2=No 9=Don't know	<b>SKIP TO 718</b> <b>SKIP TO 718</b>
685h_a	What drugs did [name] take? <b>Antimalarial tablet (Co-artem, Chloroquine, etc)</b>	1= Yes 2 = No	—
685h_b	How long after the illness started did [name] first take <b>Antimalarial tablet</b> ?	Write number of days. If child did Not take drug write 0 If 7 days or more write 7. If don't know write 9	—
685h_c	<b>Did [name] complete taking the Antimalarial tablet?</b>	1= Yes 2 = No	—
685h_d	<b>Did you have [Antimalarial tablet] at home or did you get it from somewhere else.</b>  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
694h_a	What drugs did [name] take? <b>Amoxicillin</b>	1= Yes 2 = No	—
694h_b	How long after the illness started did [name] first take <b>Amoxicillin</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
694h_c	Did [name] complete taking the <b>Amoxicillin</b> ?	1= Yes 2 = No	—
694h_d	Did you have <b>Amoxicillin</b> at home or did you get it from somewhere else.  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
695h_a	What drugs did [name] take? <b>Erythromycin</b>	1= Yes 2 = No	—
695h_b	How long after the illness started did [name] first take <b>Erythromycin</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
695h_c	Did [name] complete taking the <b>Erythromycin</b> ?	1= Yes 2 = No	—
695h_d	Did you have <b>Erythromycin</b> at home or did you get it from somewhere else?  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____	—

		9=Don't know	
696h_a	What drugs did [name] take? <b>Azithromycin</b>	1= Yes 2 = No	—
696h_b	How long after the illness started did [name] first take <b>Azithromycin</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
696h_c	Did [name] complete taking the <b>Azithromycin</b> ?	1= Yes 2 = No	—
696h_d	Did you have <b>Azithromycin</b> at home or did you get it from somewhere else.  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
697h_a	What drugs did [name] take? <b>Cotrimoxazole</b>	1= Yes 2 = No	—
697h_b	How long after the illness started did [name] first take <b>Cotrimoxazole</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
697h_c	<b>Did [name] complete taking the Cotrimoxazole?</b>	1= Yes 2 = No	—
697h_d	Did you have <b>Cotrimoxazole</b> at home or did you get it from somewhere else.  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
698h_a	What drugs did [name] take? <b>Other antibiotic (pill or syrup)</b>	1= Yes 2 = No	—
698h_b	How long after the illness started did [name] first take <b>other antibiotic (pill or syrup)</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
698h_c	Did [name] complete taking <b>other antibiotic (pill or syrup)</b> ?	1= Yes 2 = No	—
698h_d	Did you have <b>other antibiotic (pill or syrup)</b> at home or did you get it from somewhere else.  <i>If somewhere else, probe for the source.</i>	1=Home 2=Public health facility 3=Private health facility 4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
699h_a	What drugs did [name] take? <b>Antibiotic injection</b>	1= Yes 2 = No	—
699h_b	How long after the illness started did [name] first take <b>antibiotic injection</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
699h_c	Did [name] complete taking <b>antibiotic injection</b> ?	1= Yes 2 = No	—
699h_d	Did you have <b>antibiotic injection</b> at home or did you get it from somewhere else.	1=Home 2=Public health facility 3=Private health facility	

	<i>If somewhere else, probe for the source.</i>	4=HEW 5=Shop 8=Other Specify _____ 9=Don't know	—
700h_a	What drugs did [name] take? <b>Zinc</b>	1= Yes 2 = No	—
700h_b	How long after the illness started did [name] first take <b>Zinc</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
700h_c	Did [name] complete taking the <b>Zinc</b> ?	1= Yes 2 = No	—
700h_d	Did you have <b>Zinc</b> at home or did you get it from somewhere else. <i>If somewhere else, probe for the source.</i>	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
701h_a	What drugs did [name] take? <b>Fluid made from special packet called ORS</b>	1= Yes 2 = No	—
701h_b	How long after the illness started did [name] first take <b>fluid made from special packet called ORS</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
702h_a	What drugs did [name] take? <b>ORS-Zinc combined</b>	1= Yes 2 = No	—
702h_b	How long after the illness started did [name] first take <b>ORS-Zinc combined</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
704h_a	What drugs did [name] take? <b>Gov. recommended home mad fluid</b>	1= Yes 2 = No	—
704h_b	How long after the illness started did [name] first take <b>Gov. recommended home mad fluid</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
705h_a	What drugs did [name] take? <b>Pill or Syrup</b>	1= Yes 2 = No	—
705h_b	How long after the illness started did [name] first take <b>Pill or Syrup</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
706h_a	What drugs did [name] take? <b>Injection</b>	1= Yes 2 = No	—
706h_b	How long after the illness started did [name] first take <b>Injection</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
707h_a	What drugs did [name] take? <b>IV intravenous</b>	1= Yes 2 = No	—
707h_b	How long after the illness started did [name] first take <b>IV intravenous</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
708h_a	What drugs did [name] take? <b>Home remedies/herbal medicine</b>	1= Yes 2 = No	—
708h_b	How long after the illness started did [name] first take <b>home remedies/herbal medicine</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
709h_a	What drugs did [name] take? <b>Paracetamol</b>	1= Yes 2 = No	—
709h_b	How long after the illness started did [name]	Write number of days. If child did Not take drug	—



	first take <b>Paracetamol</b> ?	write 0. If 7 days or more write 7. If don't know write 9	
710h_a	What drugs did [name] take? <b>Panadol</b>	1= Yes 2 = No	—
710h_b	How long after the illness started did [name] first take <b>Panadol</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
711h_a	What drugs did [name] take? <b>Aspirin</b>	1= Yes 2 = No	—
711h_b	How long after the illness started did [name] first take <b>Aspirin</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
712h_a	What drugs did [name] take? <b>Ibuprofen</b>	1= Yes 2 = No	—
712h_b	How long after the illness started did [name] first take <b>Ibuprofen</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
713h_a	What <b>other</b> drugs did [name] take? <b>Other</b>	Specify	—
713h_b	How long after the illness started did [name] first take <b>other drug</b> ?	Write number of days. If child did Not take drug write 0. If 7 days or more write 7. If don't know write 9	—
714h	What <b>other</b> drugs did [name] take? <b>Don't know</b>	1= Yes 2 = No	—
<b>Section 3.7: MUAC</b>			
718h	Mid-upper arm circumference	<i>In centimeters</i> 9994= <i>If Not present</i> 9995= <i>Refused</i> 9996= <i>Other</i>	— —



	<b>sources (example, gas/solar generator)</b>	<b>2 = No-SKIP 119</b>	
118	<b>Electricity supply on day of survey?</b>	1 = Yes 2 = No	__
119	<b>Functional sterilizer that works on the day of the survey?</b>	1 = Yes 2 = No	__
120	<b>Functional fridge that works on the day of the survey?</b>	1 = Yes 2 = No	__
121	<b>Toilets accessible to facility users?</b>	1 = Yes 2 = No	__
122	<b>Generally is there a cell phone signal at this health post?</b>	1 = Yes 2 = No	__
123	<b>Is it all functional today?</b> <i>INTERVIEWER -check your phone if there is signal on day of survey</i>	1 = Yes 2 = No	__
	<b>Which means of communication do you have to speak to the health facility?</b>	For each:1 = Yes 2 = No	
	<b>Check all that apply</b>	124 Facility landline/mobile phone	__
		125 Staff member mobile phone	__
		126 Phone outside the facility	__
		127 In person communication	__
128	<b>During the last sick newborn referral from the health post to health center, did you speak to the health facility directly?</b>	1 = Yes 2 = No – GO TO 130 3 =Don't know - GO TO 130	__
129	<b>IF YES, Which means of communication did you use?</b>	1 = Facility landline/mobile phone 2 = Staff member mobile phone; 3 = Phone outside the facility 4 = Radio 5 = In person communication;	__
130	<b>When referring from this health post to the health center for further care, do you use referral forms?</b>	1 = Yes (NOTE: check to see if an official referral form) 2 = No	__
131	<b>Do you receive any back referral forms on cases you have referred?</b>	1 = Yes 2 = No	__

<b>Walk around the facility with the respondent and personally check the availability of medicine</b>					
	<b>Does the facility have the following medicines today?</b>			<b>If not available or expired, what was the duration of stock out /expiry for?</b>	
	<i>For each: 1 = Yes 2 = Not available 3= Expired 4 = Never available</i>			<i>Check for the last three months and what was the longest number of consecutive days without that item (in days)</i>	
132	Vitamin k 1 mg	__	133	Vitamin k 1 mg	__ __ __
132A	Vitamin k 10 mg	__	132B	Vitamin k 10 mg	__ __ __
134	Vitamin A 200,000 IU	__	135	Vitamin A 200,000 IU	__ __ __
136	Vitamin A 100,000 IU	__	137	Vitamin A 100,000 IU	__ __ __
138	TTC eye ointment	__	139	TTC eye ointment	__ __ __
140	Chlorohexidine	__	141	Chlorohexidine	__ __ __

142	Gentamycin 20 mg/2ml, box of 50 amp	__	143	Gentamycin 20 mg/2ml, box of 50 amp	__ __
144	Gentamycin 80mg/2ml		145	Gentamycin 80mg/2ml	__ __
146	Amoxicillin suspension (125 mg/5 ml)	__	147	Amoxicillin suspension (125 mg/5 ml)	__ __
148	Amoxicillin tab 250 (dispersible)	__	149	Amoxicillin tab 250 (dispersible)	__ __
150	Amoxicillin tab 125 mg (dispersible)	__	151	Amoxicillin tab 125 mg (dispersible)	__ __
152	Ampicillin powder for inj, 500 mg	__	153	Ampicillin powder for inj, 500 mg	__ __
154	Paracetamol	__	155	Paracetamol	__ __
156	Iron	__	157	Iron	__ __
158	Folate	__	159	Folate	__ __
160	BCG	__	161	BCG	__ __
162	Polio vaccine	__	163	Polio vaccine	__ __
164	ORS	__	165	ORS	__ __
166	Zinc	__	167	Zinc	__ __
168	Zinc-ORS combined	__	169	Zinc-ORS combined	__ __
170	Malaria RDT	__	171	Malaria RDT	__ __
172	Coartem (Artemether/lumefantrine)	__	173	Coartem (Artemether/lumefantrine)	__ __
174	Chloroquine syrup	__	175	Chloroquine syrup	__ __
176	Artesunate suppository	__	177	Artesunate suppository	__ __
178	HIV diagnostic tests	__	179	HIV diagnostic tests	__ __
180	Cotrimoazole	__	181	Cotrimoazole	__ __
182	Plumpy nut	__	183	Plumpy nut	__ __
184	BP100	__	185	BP100	__ __

	Does the facility have the following functional equipment today?	For each 1=yes, 2=no	
	186	Ambu bag / face mask (full size 0 and 1)	__
	187	Any Thermometer	__
	188	Infant scale	__
	189	Weighing sling	__
	190	Blood pressure cuff	__
	191	Stethoscope	__
	192	Watch or clock	__
	193	Tape measure	__
	194	Examination couch	__
	195	Drape	__
	196	Washable mackintosh	__
	197	Dustbin	__

		198	Cups/drinking water	__
		199	Sharps container	__
		200	Chlorine bleach	__
		201	Bucket for decontamination solution	__
		202	Contaminated waste container	__
		203	Soap and towel or handrub	__
		204	Alcohol-based hand rub	__
		205	Clean glove	__
		206	Syringe with needle for Gentamycin injection	__
		207	MUAC tape measure	__
	<b>Does the facility have the following job aids and forms today?</b>		<i>For each 1=yes, 2=no</i>	
		208	Pregnant woman registration book	__
		209	ANC Register	__
		210	Delivery Register	__
		211	PNC Register	__
		212	ICCM registration book for 0- under 2 months	__
		213	ICCM registration book 2 -59 months	__
		214	Family health cards	__
		215	Vaccination cards	__
		216	Family folder	__
		217	Stock card/bin card	__
		218	HMIS forms (monthly and quarterly reporting)	__
		219	Request and re-supply form	__
	220	Chart booklet	__	

### MODULE 3: HEALTH POST REGISTER REVIEW BY THE DATA COLLECTOR

PLEASE LOOK AT THE SPECIFIED HEW REGISTERS DETAILED BELOW FOR THE DIFFERENT DATA ELEMENTS. WRITE 9999, 999 OR 99 IF NOT AVAILABLE.

*I would now like to take a look at your registers to abstract information about the community in this kebele and the services provided them. I will ask about the population profile for the last 12 months and services provided by you for the last three months from \_\_\_\_\_ to \_\_\_\_\_.*

	<b>Obtain data on population FOR THE YEAR from the day of survey from Health Post wall records</b>	
221	Number of people in the kebele	_ _ _ _
222	Number of households in the kebele	_ _ _ _
223	Total number of women of reproductive age	_ _ _ _
224	Total number of under 5 children in the kebele	_ _ _ _
	<b>Obtain data on expected number of pregnancies and births from the PAST QUARTER from Health Post wall records</b>	
225	Expected number pregnancies	_ _ _ _
226	Expected number of births	_ _ _ _

227	Expected number of facility births	_ _ _ _
	<b>Obtain data from ANC registers for the PAST QUARTER</b>	
228	Number of women receiving 1 visit	_ _ _
229	Number of women receiving 2 visits	_ _ _
230	Number of women receiving 3 visits	_ _ _
231	Number of women receiving 4 visits	_ _ _
	<b>Obtain data from delivery registers for the PAST QUARTER</b>	
232	Number of births attended by the HEW	_ _ _
233	Number of total births (home, health post, health center, hospital)	_ _ _ _
234	Number of live births	_ _ _
235	Number of newborn deaths (28 days or less)	_ _ _
	<b>PNC data</b>	
236	Is there a Post Natal Care register (standard or otherwise) in this health post 1= Yes, 2=No	_
	<b>If Post Natal Care register is not available but family folder is available, obtain the information from the family folder given for the PAST QUARTER. Ask the HEWs to separate those.</b>	
237	Number receiving 1 visit	_ _ _
238	Number receiving 2 visits	_ _ _
239	Number receiving 3 visits	_ _ _
	<b>If information is not available from register books on the following, enquire from the HEW where to obtain the following information for the PAST QUARTER</b>	
240	Number of newborns treated for asphyxia, initial stimulation, or resuscitation by the HEW	_ _ _
241	Number of newborns given chlorohexidine cord care by the HEW	_ _ _
	<b>Obtain data from the ICCM 2-59 month register for the PAST QUARTER</b>	
242	Number of initial consultations with children	_ _ _ _
243	Number of sick children who were referred	_ _ _ _
244	Number of children classified as having pneumonia	_ _ _ _
245	Number of children classified as having diarrhea	_ _ _ _
246	Number of children classified as having malaria	_ _ _ _
247	Number of children who received antibiotic for pneumonia	_ _ _ _
248	Number of children who received ORS for diarrhea	_ _ _ _
249	Number of children who received zinc for diarrhea	_ _ _ _
250	Number of children who received zinc-ORS combined for diarrhea	_ _ _ _
251	Number of children who received RDT for malaria	_ _ _ _
252	Number of children who received ACT for malaria	_ _ _ _

**Obtain data from iCCM 0-2 month registration book for information below for the PAST QUARTER**  
**For each of the newborn less than 2 months old seen at the health center (recorded above) complete a separate record review.**

**Record 1**

253A	How many 0-2 months were seen in the last quarter?	_ _ _ _	
253	<b>Name of child</b>	_____ First name	
		_____ Last name	
254	<b>Address of child</b>	_____ Gote name	
		_____ Keble name	
255	<b>Date Seen</b>	<i>Gregorian calendar (DD/MM/YY)</i>	_ _ _ / _ _ _ / _ _ _
256	<b>Age of baby at the time of consultation in weeks</b>	<i>Record age of baby in weeks ranging from 1-8 weeks. If unknown 9</i>	_ _  weeks
257	<b>Gender of baby</b>	1 = Male 2 = Female	_ _
258	<b>Weight on the day of consultation in grams</b>	<i>If weight is given in KGs record in grams e.g 3.5 KG = 3500 grams. If unknown 9999</i>	_ _ _ _ _ _ _  grams
259	<b>Birth Weight (Written for those less than 7 days)</b>	1= < 1,500 grams 2= 1,500 - < 2,500 grams 3= >/= 2,500 grams 9= Unknown	_ _
260	<b>Gestational Age (in weeks)</b>	1= < 32 weeks 2= 32 – 36 weeks 3= >/= 37 weeks 9= Unknown	_ _
261	<b>Temperature on the day of consultation in degree Celsius</b>	<i>Record temperature to one decimal place (e.g. 34.3 °C) If unknown 99.9</i>	_ _ _ _ . _ _  °C
262	<b>Respiratory Rate per minute on the day of consultation</b>	<i>If unknown 999</i>	_ _ _ _
	<b>Signs and symptoms of the newborn at the time of consultation?</b>	For each: 1 = Yes 2 = No	
	<b>Record all that apply</b>	263 Reduced feeding/unable to feed	_ _
		264 Convulsion	_ _
		265 Severe Chest in-drawing	_ _
		266 Vomiting	_ _
		267 Fever	_ _
		268 Diarrhea	_ _
		269 Fast breathing	_ _
		270 Coughing	_ _
		271 Grunting	_ _
		272 Skin pustules	_ _
		273 Yellow palms and soles	_ _
		274 Yellow eyes and skin	_ _
		275 Red umbilicus or draining pus	_ _
		276 Movement only when stimulated or no movement even when stimulated	_ _
		277 Movement only when stimulated or no movement even when stimulated	_ _



		278	Bulging fontanelle	<input type="checkbox"/>
		279	Restless/Irritable	<input type="checkbox"/>
		280	Sunken eyes	<input type="checkbox"/>
		281	Skin pinch goes back slowly	<input type="checkbox"/>
		282	Skin pinch goes back very slowly	<input type="checkbox"/>
		283	Diarrhea lasting 14 days or more	<input type="checkbox"/>
		284	Blood in the stool	<input type="checkbox"/>
		285	Not suckling well	<input type="checkbox"/>
		286	Less than 8 breast feeds in 24 hours	<input type="checkbox"/>
		287	Switching to another breast before one is emptied	<input type="checkbox"/>
		288	Not breast feeding more frequently and longer during sickness	<input type="checkbox"/>
		289	Poor positioning during breast feeding	<input type="checkbox"/>
		290	Not well attached during breast feeding	<input type="checkbox"/>
		291	Receives other foods or drinks (even water)	<input type="checkbox"/>
		292	Low weight for age	<input type="checkbox"/>
		293	Thrush (ulcers or white patches in mouth)	<input type="checkbox"/>
		294	Signs and symptoms not given	<input type="checkbox"/>
		295	Other – GO TO 297	<input type="checkbox"/>
		296	Specify _____	
			For each:1 = Yes 2 = No	
	<b>Disease classification of the newborn</b> <b>Record all that apply</b>	297	Very Preterm and/or very low birth weight	<input type="checkbox"/>
		298	Preterm and/or low birth weight	<input type="checkbox"/>
		299	VSD	<input type="checkbox"/>
		300	Local bacterial infection	<input type="checkbox"/>
		301	Severe Dehydration	<input type="checkbox"/>
		302	Some Dehydration	<input type="checkbox"/>
		303	No Dehydration	<input type="checkbox"/>
		304	Severe Persistent Diarrhea	<input type="checkbox"/>
		305	Dysentery	<input type="checkbox"/>
		306	Jaundice	<input type="checkbox"/>
		307	Severe Jaundice	<input type="checkbox"/>
		308	Malaria	<input type="checkbox"/>
		309	Feeding problem or low weight	<input type="checkbox"/>
		310	Classification not given	<input type="checkbox"/>
	311	Other Go to 313	<input type="checkbox"/>	
	312	Specify _____		
			For each:1 = Yes 2 = No	
	<b>Treatment given to the newborn</b> <b>Record all that apply</b>	313	Gentamycin IM first dose	<input type="checkbox"/>
		314	Gentamycin IM for seven days	<input type="checkbox"/>
		315	Amoxicillin suspension/dispersible first dose	<input type="checkbox"/>
		316	Amoxicillin suspension/dispersible for 7 days	<input type="checkbox"/>
		317	Amoxicillin suspension/dispersible for 5 days	<input type="checkbox"/>
		318	ORS (Plan B) – Facility treatment	<input type="checkbox"/>
		319	ORS (Plan A) – Home treatment	<input type="checkbox"/>
		320	Zinc for 10 days	<input type="checkbox"/>
		321	Zinc-ORS combined	<input type="checkbox"/>
		322	Oral chloroquine (Anti-malarial)	<input type="checkbox"/>
		323	Oral quinine (Anti-malarial)	<input type="checkbox"/>
		324	Oral coartem (Anti-malarial)	<input type="checkbox"/>
		325	Rectal Artesunate (Anti-malarial)	<input type="checkbox"/>
		326	IV Quinine (Anti-malarial)	<input type="checkbox"/>
		327	Other Antimalarial (specify)	<input type="checkbox"/>

		328	TTC (Tetracycline) eye ointment	__
		329	GV paint (Gentian Violet)	__
		330	Nutritional Counseling	__
		331	Exposing to sunshine 20– 30 minutes everyday	__
		332	Other treatment GO TO 334	__
		333	Specify _____	
334	<b>Was newborn referred to a higher facility?</b>		1 = Yes – GO TO 337 2 = No	__
335	<b>If newborn had VSD and was treated at health post was gentamycin treatment completed?</b>		1 = Yes 2 = No 3 = Not VSD case	__
	<b>Outcome of the newborn treatment</b>		For each:1 = Yes 2 = No	
		336	Health improved/healed	__
		337	Died	__
		338	Worsened	__
		339	Same	__
		340	Unknown	__

**Obtain data from iCCM 2-59 registration book for information below for the PAST QUARTER**  
**For the past 10 children seen at the health post (recorded above) complete a separate record review.**

**Record 1**

341A	How many 2-59 months were seen in the last quarter?	_ _ _ _	
341	Name of child	_____ First name	
		_____ Last name	
342	Address of child	_____ Gote name	
		_____ Keble name	
343	Date Seen	Gregorian calendar (DD/MM/YY)	_ _ / _ _ / _ _
344	Age of child at the time of consultation	Record age of child in months. If unknown 99	_ _  months
345	Gender	1 = Male 2 = Female	_
346	Weight on the day of consultation in grams	If weight is given in KGs record in grams e.g 3.5 KG = 3500 grams. If unknown 9999	_ _ _ _  grams
347	Temperature on the day of consultation in degree Celsius	Record temperature to one decimal place (e.g. 34.3 °C) If unknown 99.9	_ _ . _   °C
348	Respiratory Rate per minute on the day of consultation	If unknown 999	_ _ _
Signs and symptoms of the child at the time of consultation?  Record all that apply		For each: 1 = Yes 2 = No	
	349	Reduced feeding/unable to feed	_
	350	Vomiting	_
	351	Convulsion	_
	352	Movement only when stimulated or no movement even when stimulated	_
	353	Movement only when stimulated or no movement even when stimulated	_
	354	Restless/Irritable	_
	355	Difficult breathing	_
	356	Fast breathing	_
	357	Coughing	_
	358	Severe Chest in-drawing	_
	359	Stridor	_
	360	Diarrhea	_
	361	Diarrhea lasting 14 days or more	_
	362	Blood in the stool	_
	363	Skin pinch goes back slowly	_
	364	Skin pinch goes back very slowly	_
	365	Fever	_
	366	Bulging fontanelle	_
	367	Rash	_
368	Mouth ulcers	_	
369	Pus or clouding of cornea	_	
370	Perform malaria RDT	_	
371	Discharge / pus in the ear	_	
372	Swelling	_	
373	Visible severe wasting	_	

		374	Palmar pallor	__
		375	Signs and symptoms not given	__
		376	Other – GO TO 377	__
		377	Specify _____	
	<b>Disease classification of the child</b> <b>Record all that apply</b>		For each:1 = Yes 2 = No	
		378	One or more danger signs (unable to drink or breastfeed, vomits everything, convulsions, movement only when stimulated or no movement even when stimulated)	__
		379	Severe pneumonia/very severe disease	__
		380	Pneumonia	__
		381	Severe dehydration	__
		382	Some dehydration	__
		383	Severe persistent diarrhoea	__
		384	Persistent diarrhoea	__
		385	Dysentery	__
		386	Very severe febrile disease	__
		387	Malaria	__
		388	Fever, malaria unlikely	__
		389	Fever, no malaria	__
		390	Severe complicated measles	__
		391	Measles with eye/mouth complications	__
		392	Measles	__
		393	Acute ear infection	__
		394	Chronic ear infection	__
		395	Severe malnutrition	__
		396	Moderate malnutrition	__
	397	Severe anaemia	__	
	398	Anaemia	__	
	399	Vaccination status not up-to-date	__	
	400	Vaccine(s) needed (specify)	__	
	401	Vitamin A status not up-to-date	__	
	402	Classification not given	__	
	403	Other Go to 404	__	
	404	Specify _____		
	<b>Treatment given to the child</b> <b>Record all that apply</b>		For each:1 = Yes 2 = No	
		405	ORS (Plan A) – Home treatment	__
		406	ORS (Plan B) – Facility treatment	__
		407	Zinc for ten days	__
		408	Oral coartem (Anti-malarial)	__
		409	Oral chloroquine (Anti-malarial)	__
		410	Oral quinine (Anti-malarial)	__
		411	Rectal Artesunate (Anti-malarial)	__
		412	IV Quinine (Anti-malarial)	__
		413	Other Antimalarial (specify)	__
		414	Cotrimoxazole	__
		415	Vitamin A	__
		416	Paracetamol	__
		417	Gentamycin IM first dose	__
		418	Gentamycin IM for seven days	__
	419	Amoxicillin suspension/dispersible first dose	__	
	420	Amoxicillin suspension/dispersible for seven days	__	
	421	Amoxicillin suspension/dispersible for five days	__	

		422	TTC (Tetracycline) eye ointment	__
		423	Plumpy nut	__
		424	BP100	__
		425	Nutritional Counseling	__
		426	Other treatment GO TO 427	__
		427	Specify _____	
428	<b>Was the child referred to a higher facility?</b>		1 = Yes 2 = No	__
	<b>Outcome of the child treatment</b>		For each:1 = Yes 2 = No	
		429	Health improved/healed	__
		430	Died	__
		431	Worsened	__
		432	Same	__
		433	Unknown	__

# OHEP HEW Questionnaire

Unique ID-----

100	<b>Date (dd/mm/yyyy) Gregorian Calendar</b>	_ _ _  /  _ _ _  /  _ _ _  dd / mm / yy	
101	<b>Region Name</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
102	<b>Zone Name</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
103	<b>Woreda Name</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
104	<b>PHCU/Health Center Name</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
104A	<b>Health post code</b>	_	
104B	<b>HEW code</b>	_	
105	<b>Kebele</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
106	<b>Gote</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
107	<b>Cluster Code</b>	_ _ _	
108	<b>GPS Latitude</b>	_ _ _  :  _ _ _ _ _ _ _ _ _ _	
109	<b>GPS Longitude</b>	_ _ _  :  _ _ _ _ _ _ _ _ _ _	
<b>ELEVATION</b>	<b>Elevation</b>		
110	<b>Interviewer Initials</b>	_ _ _	
111	<b>Did you read the HEW the consent form?</b>	1 = Yes 2 = No	_
112	<b>Did the HEW agree to be interviewed?</b>	1= Yes – GO TO MODULE 2 2 = No	_
113	<b>If not, why not?</b>	_____ <b>END</b>	

## 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 (3<sup>rd</sup> and 7<sup>th</sup> day and 6<sup>th</sup> week) PNC visits for newborn?</u>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	<b>For each: 1 = Yes 2 = No</b>		
	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	<b>For each: 1 = Yes 2 = No</b>		
	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	<b>For each: 1 = Yes 2 = No</b>		

<b>during breast feeding?</b>  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	
<b>How do you determine feeding problems in a newborn?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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		
<b>When a newborn shows signs of feeding problems or is underweight, what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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		
<b>What are the main signs for very severe disease in newborns?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<p><b>When the newborn presents sign of very severe disease, what initial steps do you take?</b></p> <p>Do not prompt Select all mentioned</p>	<b>For each: 1 = Yes 2 = No</b>		
	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	
<p><b>What are the main signs for local bacterial infection in newborns?</b></p> <p>Do not prompt Select all mentioned</p>	<b>For each: 1 = Yes 2 = No</b>		
	208	Umbilicus red	__
	209	Umbilicus draining pus	__
	210	Skin pustules	__
	999	None mentioned from the list	
<p><b>When the newborn presents signs of local bacterial infection, what initial steps do you take?</b></p> <p>Do not prompt Select all mentioned</p>	<b>For each: 1 = Yes 2 = No</b>		
	211	Give amoxicillin syrup for 5 days	__
	212	Follow up care on 2 <sup>nd</sup> 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?	<p><b>1= Yes –</b> <b>2 = No – Skip to 228</b></p>	__
	<b>For each: 1 = Yes 2 = No</b>		
218	What are the possible side effects of using injectable gentamicin for neonatal illness?		
<p><b>What are the possible side effects of using injectable gentamicin for neonatal illness?</b></p>	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	__
<b>What are the main symptoms/signs for severe jaundice in newborns?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>When the newborn presents symptoms /signs of severe jaundice what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	249	Breastfeed more frequently	__
	250	Refer URGENTLY to health center /hospital	__
	251	Keep the baby warm	__
<b>What are the main signs for some dehydration caused by diarrhea in newborns?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	252	Restless and irritable	__
	253	Sunken eyes	__
	254	Skin pinch goes back slowly	__
	999	None mentioned from the list	
<b>When the newborn presents signs of some dehydration caused by diarrhea what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>What are the main symptoms/signs for severe dehydration caused by diarrhea in newborns?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	261	Limited or No movement even when stimulated	__
	262	Sunken eyes	__
	263	Skin pinch goes back VERY slowly	__
	999	None mentioned from the list	
<b>When the newborn presents signs of severe dehydration caused by diarrhea what initial steps do you take?</b>  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	__
<b>What are the main signs and symptoms of pneumonia in a child aged 2-59 months?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	270	Cough	__
	271	Difficult or fast breathing	__
	272	Chest indrawing	__
	273	Stridor	__
	999		
<b>When the child presents signs and symptoms of pneumonia what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>What are the main signs and symptoms of diarrhea in a child aged 2-59 months?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>When the child presents signs and symptoms of diarrhea what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>What are the main signs and symptoms of malaria in a child aged 2-59 months?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	290	Fever	__
	291	Chillis	__
<b>When the child presents signs and symptoms of malaria what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	

<b>What are the main signs and symptoms of acute malnutrition in a child aged 2-59 months?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>When the child presents signs and symptoms of acute malnutrition what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	__
<b>What are general danger signs in child aged 2-59 months?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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	
<b>When the child presents with general danger signs and symptoms what initial steps do you take?</b>  Do not prompt Select all mentioned	<b>For each: 1 = Yes 2 = No</b>		
	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> ?  <b>Do not give options to the respondent</b>	<b>1 = Yes was satisfied</b> <b>2 = No was not satisfied – GO TO 328</b> <b>3 = Neither satisfied nor dissatisfied – GO TO 329</b> <b>4= No training in the last 12 months –GO TO 335</b>			<input type="checkbox"/>	
327	<b>IF YES</b> , then what was the level of satisfaction  <b>Give both options to the respondent</b>	<b>1. Fully satisfied – GO TO 329</b> <b>2. Somewhat satisfied – GO TO 329</b>			<input type="checkbox"/>	
328	<b>IF NO</b> , then what was the level of dissatisfaction  <b>Give both options to the respondent</b>	<b>1. Fully dissatisfied</b> <b>2. Somewhat dissatisfied</b>			<input type="checkbox"/>	
How can the quality of the training be further improved <b>Read list.</b> <b>Select all that apply.</b>		<b>For each: 1 = Yes 2 = No</b>				
		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 – <b>GO TO 334</b>			<input type="checkbox"/>
334	Specify _____					

<b>MODULE 5: SUPPORTIVE SUPERVISION</b>				
<b>INTERVIEWER:</b> <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>				
<b>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.</b>				
<b><u>LAST 6 MONTHS: STATE THE START &amp; END MONTHS</u></b>				
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"/>	
<b>IF YES:</b> Who from?  <b>Select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>		
		336	Woreda health office	<input type="text"/>
		337	PHCU/health centre	<input type="text"/>
		338	NGO	<input type="text"/>
339	<b>IF YES:</b> How many times did you receive this visit in the last 6 months?	<b>Enter total number of times</b> <b>IF 0 skip to 342</b>	<input type="text"/>	
340	How many of these visits were in last 3 months?	<b>Enter total number of times</b> <b>IF 0 skip to 342</b>	<input type="text"/>	
341	How many of these visits were in last 1 month?	<b>Enter total number of times</b>	<input type="text"/>	
342	Who provided the most recent supervisory visit? <b>Select one</b>	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"/>	
<b>IF YES to 335:</b> Did that visit include any of the following?  <b>Read all the following</b>		<b>For each: 1 = Yes 2 = No</b>		
		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 <b>CBNC work</b> ?	<b>1 = Yes</b> <b>2 = No – GO TO 371</b> <b>3 = No CBNC training –GO TO 371</b>	<input type="checkbox"/>
		<b>For each: 1 = Yes 2 = No</b>	
If received CBNC post-training visit who conducted 6 weeks follow up visit?		367	Zone <input type="checkbox"/>
<b>Select all that apply</b>		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?  <b>Do not read options</b>	<b>1 = Yes was satisfied</b> <b>2 = No was not satisfied – GO TO 373</b> <b>3 = Neither satisfied nor dissatisfied – GO TO 374</b> <b>4 = no supportive supervision in the last 6 months</b> <b>GO TO 379</b>	<input type="checkbox"/>	
372	<b>IF YES</b> , then what was the level of satisfaction?  <b>Read options</b>	<b>1. Fully satisfied -GO TO 379</b> <b>2. Somewhat satisfied -GO TO 374</b>	<input type="checkbox"/>	
373	<b>IF NO</b> , then what was the level of dissatisfaction?  <b>Read options</b>	<b>1. Fully dissatisfied</b> <b>2. Somewhat dissatisfied</b>	<input type="checkbox"/>	
How can the quality of the supervision be further improved:  <b>Read list</b> <b>Select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>		
		374	More visits	<input type="checkbox"/>
		375	More crash trainings during supervision	<input type="checkbox"/>
		376	More technical supervision	<input type="checkbox"/>
		377	Other <b>can the quality of the supervision be further improved</b>	<input type="checkbox"/>
		378	Specify _____	<input type="checkbox"/>

<b>Interviewer:</b> <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>			
<b>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.</b>			
<b>LAST 6 MONTHS: STATE THE START &amp; END MONTHS</b>			
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?  <b>Read all the following</b>		<b>For each: 1 = Yes 2 = No</b>	
	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; ONLY COUNT EVENTS ATTENDED BY THE SPECIFIC HEW BEING INTERVIEWED:**

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

**LAST 3 MONTHS: STATE THE START & END MONTHS**

**START MONTH \_\_\_\_\_**

**END MONTH \_\_\_\_\_**

397	In the last three months did you use community <b>forums</b> and meeting to deliver maternal newborn and child health education?	1 = Yes 2 = No – <b>GO TO 406</b>	<input type="checkbox"/>
In the last three months did you meet any of the following to deliver maternal newborn and child health education?  <b>Read list. Choose all that apply.</b>	<b>For each: 1 = Yes 2 = No</b>		
	398	Religious leaders	<input type="checkbox"/>
	399	Edir (Traditional community organization whose members assist each other during the mourning process)	<input type="checkbox"/>
	400	Women's savings group	<input type="checkbox"/>
	401	Command post	<input type="checkbox"/>
	402	Traditional birth attendants	<input type="checkbox"/>
	403	Other	<input type="checkbox"/>
404	Other Specify _____		
405	When was the last time you used community <b>forum</b> and meeting to deliver maternal newborn and child health education?	<input type="text"/> / <input type="text"/> / <input type="text"/> dd / mm / yy	
406	Did you conduct pregnant women conference in the community in the last 3 months?	1 = Yes 2 = No – <b>GO TO 411</b>	<input type="checkbox"/>
407	When was the last time you conducted a pregnant women's conference?	<input type="text"/> / <input type="text"/> / <input type="text"/> dd / mm / yy	
408	How regularly do you conduct the pregnant women's conference?	1 = <b>Once a week</b> 2 = <b>Every two weeks</b> 3 = <b>Once a month</b> 4 = <b>Every other month</b> 5 = <b>Once every three months</b>	<input type="checkbox"/>

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

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