

Somaliland (2012): Baseline study on PSI's programmes:
Behaviors and related factors among married women of reproductive
age for birth spacing, nutrition, pneumonia and prevention and
treatment of diarrhea

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Research & Metrics

Population Services International
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Somaliland (2012): Baseline study on PSI's programmes: Behaviors and related factors among married women of Reproductive Age for birth spacing, nutrition, pneumonia and prevention and treatment of diarrhea

First round

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Summary

1. Acknowledgements

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2. Background and research objective

In February and March 2012, PSI/Somaliland conducted a tracking survey among married women of reproductive age (15-49) with at least one child under the age of five, in urban areas and IDP camps. The study is to provide information on birth spacing, diarrhea prevention and treatment, nutrition, pneumonia and healthcare-seeking behavior of respondents. The study goal was to determine baseline levels of indicators to inform the design of existing and under development programs.

The objective of the research study was to measure levels of use of oral and injectable contraceptives, water treatment products, diarrhea treatment kits, micronutrient supplementation, and pneumonia treatment and related behavioral factors as well as exposure to PSI/Somaliland's interventions.

3. Description of the program

Population Services International (PSI) is a non-profit non-governmental organization (NGO) that specializes in social marketing of birth spacing, water treatment and diarrhea treatment products and health services. PSI/Somaliland has been operating in Somaliland since 2007.

Diarrhea Prevention and Treatment: In response to the growing need for safe drinking water in Somaliland and with the support of DFID, PSI Somaliland introduced BiyoSifeeye household water treatment tablets in 2008.

Within the first year, the project has reached national scale and BiyoSifeeye is now available in all of Somaliland's six regions. The program will end in 2013. There is no baseline data for this program.

In 2011 PSI launched a diarrhea treatment kit (DTK), which includes ORS and zinc, to provide a more integrated and comprehensive approach on diarrheal diseases management.

The social marketing of both BiyoSifeeye and DTK allows care givers of children under 5 to practice healthy behaviors to both prevent and treat diarrhea, one of the leading causes of death of children under five in Somaliland.

PSI's communication strategies around prevention and control of diarrheal diseases include the promotion of BiyoSifeeye water treatment and treatment of diarrhea with DTK, as well as community mobilization, interpersonal communication (IPC) sessions and media awareness. There is no baseline data for this program.

Safe Motherhood: In 2010 PSI/Somaliland launched a safe motherhood program aimed at increasing the quality of care and services vital to safe motherhood and healthy families. One of the objectives of this program is to promote healthy birth spacing among married women of reproductive age through the distribution of modern birth spacing products and a birth spacing communication campaign, which included both IPC and elements of mass media. Later, in November 2011 PSI launched a 3-month injectable contraceptive and rebranded its contraceptive products as "Nasiye" – the original brand name for the Oral Contraceptives had been "Kala Koriye".

Nutrition: PSI Somaliland recognizes the severity of micronutrient deficiency among children 6-59 months in Somaliland and is planning to expand its nutrition interventions by including home fortification through micronutrient powders (MNP) targeted at infants aged 6 to 59 months starting from March 2013.

The project aims at providing affordable and effective means for caregivers of children 6-59 months of age to ensure their children have the required micronutrients during this vulnerable period of development, in a way that reinforces optimal infant feeding practices. Social marketing activities, including the provision of socially marketed MNP will target five regions of Somaliland.

Behavior change messages will address complementary feeding practices and appropriate promotion and use of MNP; messages will be disseminated through a mix of mass media channels and through interpersonal communications (IPC) activities. MNP will be made available through the existing retailer network, such as pharmacies and non pharmacy outlets and through community based distribution. The findings of the TRaC study will be used as a baseline of the new intervention.

Pneumonia: In 2013, PSI is planning to expand access to first line antibiotic for childhood pneumonia treatment in five of the six regions of Somaliland, increase informed demand for management of child with cough/difficult breathing among care givers of children under 5 and improve quality of child health care provision at different

level of health care. Antibiotics for treatment of childhood pneumonia will be made available through the existing retailer network of private pharmacies.

The findings of the TRaC study will be used as a baseline of the new intervention

4. Methodology

A cross sectional household survey was conducted among households with married women of reproductive age (15-49) who were the caregivers of at least one child under five years. A multi-stage cluster sampling approach was used to sample 1614 households across five regional capital cities of the six in Somaliland.

For the sampling frame, 61 clusters were selected from urban areas and IDP camps in Hargeisa, Berbera, Burao, Borama Erigavo and Gabiley. Rural areas were not included in the study since PSI/Somaliland's products are mainly distributed in pharmacies which are rarely available in these areas. Similarly, PSI media campaigns are mainly through TVs and local radio which have limited coverage in rural areas.

In each cluster, 30 households were selected for interviews in urban areas and 25 households in IDPs. Clusters were selected for each strata using probability proportionate to size. The sampling frame for urban areas was drawn from lists from WHO/UNDP and other implementing partners that provide information on all the settlements within each area. For the IDP camps, information on settlements and population sizes was drawn from UNHCR/UNICEF. Clusters were randomly selected.

Within a cluster, a random geographic area was selected as a starting point from interviews. After the first household is interviewed, the interviewer was going to select the next house to their left and continue as such until 30 households have been interviewed in the urban and 25 household in IDPs. In areas where a map is not available to select a random starting point and the settlement is small, the EPI method was used (going to the center of the settlement and selecting a random direction to begin). The larger settlements were subdivided into segments of households, and then numbered, each segment was chosen randomly, and then the interviewer would begin from the center of that segmented settlement.

5. Main findings

Birth Spacing

- Ever use of birth spacing was 44.2% among women in IDPs and 44.5% among women in urban areas. The majority of those who reported ever spacing births (IDP:80.5%; urban: 74.3%) reported spacing their births using LAM
- 14.1% of women in IDPs and 13.1% of women in urban areas overall were currently using any birth spacing method (3.3 % of IDP and 5.3 % of urban women were using a modern birth spacing method)

- Among the women who were using modern birth spacing, 72% (IDP) and 59.1% (urban) were using oral pills while 28% (IDP) and 29.5% (urban) were using injectables
- Among those who were currently using pills or injectables, 44.4% and 76.9% for IDP and urban, respectively, were using the PSI brand
- 34.5% of IDP women and 38.5% of urban women who had ever heard of pills believed that they can cause infertility. Similarly, 36.2% of IDP women and 35.3% of urban women believed that injectables can cause infertility
- 33.3% of IDP women and 37.8% of urban women reported having discussed birth spacing with their husbands
- Fewer than half of the respondents believed that MBS is safe, acceptable in their religion, or respectable in their culture
- 67.3% of IDP women and 65.3% of urban women said they knew where to purchase OCs, 9.7% of IDP women and 15.8% of urban women said they knew where to obtain IUD insertion, and 54.9% and 56.6% for IDP and urban, respectively, reported that they knew where to get injectables
- 32.5% of IDP women and 39.6% of those in urban areas have reported to have heard or seen a birth spacing message
- Among those who have heard of birth spacing messages in the last 3 months, 32.5% (IDP) and 33.1% (Urban) heard from a radio, 36.1% (IDP) and 73.6% seen on TV, 20.1% (IDP) and 10.6% (Urban) heard from education session and 16.1% (IDP) and 13.1% (Urban) from a community health worker

Diarrhea Prevention

- 97.3% of IDP women and 94.2% of urban women had ever heard of BiyoSifeeye
Among those who had ever heard of BiyoSifeeye, 60.9% of IDP women and 54.4% of urban women had ever used it
- Among those who had ever heard of BiyoSifeeye, 16.3% of IDP women and 12.5% of urban women had treated their water with BiyoSifeeye in the last 24 hours
- Among those who had ever heard of BiyoSifeeye, 49.7% of IDP women and 54.8% of urban women correctly cited all of the instructions of BiyoSifeeye use
- 86% of IDP women and 87.5% of urban women agreed with the statement ‘Water that looks clear is safe to drink’
- 73.9% of IDP women and 80.4% of urban women said they usually wash their hands with soap and water, 18.4% of IDP women and 14.7% of urban said water alone, 5.9% of IDP women and 4.1% of urban women said water and ashes while 1.4% of IDP women and 0.8% of urban women said water and soil

- Around a quarter of all respondents (25.2% and 21.4% for IDP and urban respectively) reported that hand washing helps prevent diarrhea

Diarrhea Treatment

- 47.5% of IDP women and 48.9% of urban women had ever heard of Shuban-Daweeye
- 18.4% of IDP women and 14.8% of urban women had ever purchased Shuban-Daweeye
- 24.8% of IDP women and 21.5% of urban women had ever heard of zinc
- Among those who have heard zinc, 57.4% of IDP women and 59.8% of urban women said that they have ever used zinc
- Among the total respondents, 9.7% (IDP) and 8.9% (urban) knew that zinc reduces duration of diarrhea, 7.1% (IDP) and 6.1% (urban) said it reduces severity of diarrhea, 7.6% (IDP) and 5.1% (urban) said it reduces dehydration while 3.7% (IDP) and 2.9% (urban) said it reduces the risk of new episodes

Nutrition

- Out of the total respondents, 37% of IDP women and 44% of urban women have ever heard of existence of micronutrient supplements (something to add to child's diet to improve nutrition)
- 24.1% and 28.5% (IDP and urban respectively) of children aged between 6-59 months received iron supplementation during the week preceding data collection
- Among the total respondents, 73.3% of those living in the IDP camps and 80.4% of those living in the urban areas were willing to add nutritional supplement to the home cooked food for their children for 60 days
- Among those who were not willing to add nutritional supplement, 24.9% (IDP) and 28.8% (urban) said they do not trust it while 54.7% (IDP) and 58.3% (urban) said it is difficult to remember

Pneumonia

- 88.9% (IDP) and 92.5% (urban) have reported to have ever heard of pneumonia
- 75.1% (IDP) and 65.7% (urban) reported to have ever sought pneumonia treatment for their children
- Among those who ever heard of pneumonia and sought treatment, 66.7% of IDP women and 66.3% of urban women reported that they sought pneumonia treatment for the child from pharmacies; 13.3% (IDP) and 16.7% (urban) sought treatment from a hospital while 15.3% (IDP) and 14.1% (urban) sought treatment from a private clinic

Health Seeking Behavior

- 55.9 % of IDP women and 37.5 % of urban women prefer to take their child for health care when sick to MCH, while 30.3 % (IDP) and 36.9 % (urban) to pharmacy and hospital (10.5 % for IDP and 20.6 % for urban)
- 98.8% of IDP women and 98% of urban women were agreeable to receive health information from CHWs

- 34.6% of IDP women and 35.9% of urban women preferred to receive health information from female CHW, 15.6% of IDP camp women and 16% of urban women preferred male CHW and while the rest (IDP:47.2%; urban: 46.1%) showed no gender preference

6. Limitations

1. In the questionnaire, women who are not pregnant and never used any type of birth spacing method were asked their intentions to use any type of birth spacing method. This question should have been asked also to ever users who are not pregnant and are not currently using any birth spacing method, but accidentally they were left out.
2. In the questionnaire, in the hand washing section, a question was asked to respondents about the critical times when they should wash their hands. The different options given were “before handling food, before feeding the child, after defecating and after handling child’s feces”. Before eating was accidentally left off the list in the translation process.
3. Shuban-Daweeye is available in private pharmacies and clinics but not in hospitals and health posts and it was not distributed through community based distribution when data collection was done. Despite this, above fifty percent of respondents said they knew that the product is available in hospitals, health posts or distributed in the community. Those answers might have been given due to availability of UNICEF ORS in those places and respondents might have been confused of the two products.
4. Respondents were asked if they knew how malnutrition can be prevented and was given ‘exclusive breastfeeding, balanced diet after 6 months and nutritional supplement’ as different options. They should have been able to answer all of these options but in the questionnaire they could only choose one. Similarly, in the question if they knew causes of anemia in under five children, they were compelled to choose one option where they could have chosen more than option.

MONITORING TABLE: Birth Spacing

Trends in modern birth spacing and associated factors, urban areas and IDP camps, 2012

Target population: Married women of reproductive age with at least one child

Behavior: Use of Modern Birth Spacing

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|--|------------------------|------------------------|
| BEHAVIOR/USE | % or Mean | % or Mean |
| Ever used of birth spacing methods | 44.2 | 44.5 |
| Current use of birth spacing | 14.1 | 13.1 |
| Current use of birth spacing (among those who have ever used and not currently pregnant; N=256/295 for IDP and urban respectively) | 42.2 | 36.9 |
| Women currently using modern birth spacing methods (MBS) excluding LAM | 3.3 | 5.3 |
| Women currently using pills | 2.4 | 3.1 |
| Women currently using injectables | 0.9 | 1.6 |
| Current MBS use (among those who have ever used and are not pregnant; N=256/295 for IDP and urban respectively) | 9.4 | 14.9 |
| Use of oral pill (among those who are currently using MBS; N=25/44 for IDP and urban respectively) | 72.0 | 59.1 |
| Use of injectable (among those who are currently using MBS; N=25/44 for IDP and urban respectively) | 28.0 | 29.5 |
| Using branded product for oral pills (among those who have used oral pills N=18/26 for IDP and urban respectively) | 44.4 | 76.9 |
| -PSI brand use –Nasiye | | |
| -German pill | 11.1 | 7.7 |
| -Ethiopian pill | 11.1 | 0.0 |
| -Other pill | 11.1 | 15.4 |
| -Don't know | 22.2 | 0.0 |
| Got with prescription (among those who used method that needs prescription; N=25/41 for IDP and urban respectively) | 68.0 | 68.3 |
| OPPORTUNITY | ¹ % or Mean | % or Mean |
| <u>Availability</u> | | |
| Source of current birth spacing method (among those currently using MBS; N=25/44 for IDP and urban respectively) | 12.0 | 29.5 |
| -Hospital | | |
| -Private pharmacy | 52.0 | 38.6 |
| - MCH | 28.0 | 9.1 |
| -Private clinic | 0.0 | 13.6 |

¹ The % corresponds to the % of those who have agreed or strongly agreed to the opportunity, ability and motivation (OAM) statements

| | | |
|---|------------------|-----------|
| -Health post | 4.0 ² | 6.8 |
| Distance covered to get MBS source (among those currently using MBS; N=25/44 for IDP and urban respectively) | 76.0 | 93.2 |
| -5KM or less | | |
| -Above 5KM | 24.0 | 6.8 |
| Knows where to purchase OC | 67.3 | 65.3 |
| It is easy to find OC in my neighborhood | 60.0 | 60.9 |
| Knows where to obtain IUD insertion | 9.7 | 15.8 |
| Knows where to obtain injectable | 54.9 | 56.6 |
| It is easy to find injectable in my neighborhood | 49.0 | 51.4 |
| <i><u>Social norms</u></i> | | |
| Most of the women of reproductive age I know practice BS | 45.0 | 48.1 |
| Most of the women I know use MBS | 39.0 | 41.9 |
| Most of my friends believe that MBS is healthy | 34.1 | 35.5 |
| ABILITY | % or Mean | % or Mean |
| <i><u>Knowledge</u></i> | | |
| Knows that the pill should be administered daily (among those who have ever heard of pills; N=626/670 for IDP and urban respectively) | 47.9 | 47.3 |
| Knows that injectables should be prescribed by a doctor (among those who have heard of injectable; N=531/527 for IDP and urban) | 81.4 | 83.5 |
| Knows that injectables are taken four times a year (among those who have heard of injectable; N=531/527 for IDP and urban) | 8.7 | 8.7 |
| The optimal space between two births in years | | |
| - 1 year | 9.5 | 10.8 |
| -2 years | 73.5 | 69.7 |
| -3 years | 5.8 | 7.6 |
| Knows the two main benefits of birth spacing : good for mothers health and good for child's health | 53.7 | 48.6 |
| <i><u>Social Support</u></i> | | |
| Has discussed birth spacing with husband | 33.3 | 37.8 |
| Has discussed birth spacing with family members | 27.2 | 32.7 |
| <i><u>Self-Efficacy</u></i> | | |
| Confidence to discuss birth spacing with husband | 44.7 | 49.7 |
| MOTIVATION | % or Mean | % or Mean |
| <i><u>Attitudes</u></i> | | |
| MBS is acceptable within our religion | 48.4 | 49.2 |
| MBS is acceptable in our culture | 48.9 | 44.3 |
| <i><u>Beliefs</u></i> | | |
| Modern birth spacing is safe | 46.5 | 46.2 |

² Contraceptives are not available in health posts, but many people don't know the difference between MCH and health post.

| | | |
|--|-------------------|--------------------------|
| Pills are effective in preventing pregnancy (among those who have ever heard of pills; N=626/670 for IDP and urban respectively) | 51.3 | 45.7 |
| Injectables are effective in preventing pregnancy (among those who have heard of injectable; N=531/527 for IDP and urban) | 42.2 | 46.7 |
| Pills can cause infertility (among those who have ever heard of pills; N=626/670 for IDP and urban respectively) | 34.5 | 38.5 |
| Injectables can cause infertility (among those who have heard of injectable; N=531/527 for IDP and urban) | 36.2 | 35.3 |
| Traditional methods are effective (those agreed). | 71.9 | 65.9 |
| <u>Intention</u> | | |
| Intends to use birth spacing in the future (among those who have never used birth spacing and are not pregnant; N=339/376 for IDP and urban respectively) | 15.3 | 13.6 |
| <u>Threat</u> | | |
| Perception of likelihood of unwanted pregnancy(among those who are not currently using birth spacing and are not pregnant; N=488/186 for IDP and urban respectively) | 32.0 | 58.1 |
| <u>Willingness to Pay</u> | Mean | Mean |
| Affordable price to the consumers (Pills): Mean | 3800 (0-45000) | 4023.1 (100-45000) |
| Affordable price to the consumers (Injectable): Mean | 7050 (0-30000) | 7537.8 (100-120,0000) |
| ADDITIONAL INDICATORS | % or Mean | % or Mean |
| Ideal family size :Mean | 9.1 | 9.0 |
| Advantages of having many children | | |
| - Clan acceptance | 57.4 | 56.9 |
| - Family economy | 49.3 | 45.8 |
| -Religious reasons | 54.5 | 54.8 |
| Disadvantages of having many children | | |
| -Tiredness | 46.1 | 45.2 |
| -Stress | 43.9 | 38.4 |
| -Health problem | 42.2 | 39.0 |
| -Financial problem | 33.1 | 31.6 |
| -Family conflict | 19.0 | 23.5 |
| -Being busy | 45.0 | 50.4 |
| EXPOSURE | % or Mean | % or Mean |
| Seen/heard any messages about BS about the past three months | 32.5 | 39.6 |
| Channels that you have seen/heard from (among those who have heard of BS messages for the last 3 months; N=249/329 for IDP and urban respectively) | | |
| - Radio | 32.5 | 33.1 |
| -Television | 36.1 | 73.6 |
| -Education session | 20.1 | 10.6 |

| | | |
|--|------|------|
| -Community health worker | 16.1 | 13.1 |
| -Clinic doctor/nurse | 6.0 | 3.0 |
| -Neighbor/friend | 14.5 | 13.4 |
| -Newspaper | 0.0 | 1.2 |
| -Banner/poster | 2.8 | 4.9 |
| The main message that you have seen/heard about BS (among those who have heard of BS messages for the last 3 months; N=249/329 for IDP and urban respectively) | | |
| -Care for the child and get rested | 51.0 | 48.9 |
| -For the child to grow practice birth spacing | 34.5 | 31.6 |
| -Help the child grow and help yourself recover (Nasiye's tagline) | 59.0 | 63.2 |
| -Birth spacing is good for health | 23.3 | 23.1 |
| Prefers to get information about reproductive health | | |
| -MCH | 68.4 | 52.0 |
| -Pharmacy | 23.5 | 30.4 |
| -Hospital | 3.4 | 8.5 |
| -Community health worker | 2.1 | 2.0 |

MONITORING TABLE: Diarrhea Prevention

Trends in diarrhea prevention and associated factors, urban areas and IDP camps, 2012

Target population: Married women of reproductive age with at least one child

Behavior: Use of BiyoSifeeye water treatment product

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|---|------------------------|------------------------|
| BEHAVIOR/USE | % or Mean | % or Mean |
| Ever used BiyoSifeeye to treat drinking water (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 60.9 | 54.4 |
| Treated water in the last 24 hours with BiyoSifeeye (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 16.3 | 12.5 |
| OPPORTUNITY | ³ % or Mean | % or Mean |
| <u>Availability</u> | | |
| Know where to purchase BiyoSifeeye (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively). | 95.2 | 93.8 |
| It is easy to find BiyoSifeeye nearby my home (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 94.9 | 93.6 |
| ABILITY | % or Mean | % or Mean |
| <u>Knowledge</u> | | |
| Can correctly cite all instructions for BiyoSifeeye use (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 49.7 | 54.8 |
| Can correctly cite BiyoSifeeye use (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 85.1 | 86.2 |
| -20L of clear water with 1 tablet | | |
| -20L of unclear water with 2 tablet | 70.1 | 69.8 |
| -Wait 30 minutes | 69.2 | 67.6 |
| -Duration of treatment effect: 24 hours | 63.2 | 62.7 |
| It is always necessary to clean your water to make it safe to drink | 87.2 | 89.3 |
| Know methods of water treatment at least one of those: (Boil water, chlorine, Asal, filtering, BiyoSifeeye) | 96.3 | 97.0 |
| <u>Social Support</u> | | |
| My neighbors suggest that I treat my water to make it safer | 67.3 | 68.2 |
| Discussion with neighbors/friends about water treatment methods | 65.5 | 66.3 |
| <u>Self-Efficacy</u> | | |

³ The % corresponds to the % of those who have agreed or strongly agreed to the opportunity, ability and motivation (OAM) statements

| | | |
|--|-----------|-----------|
| Confidence to follow the instructions for how to use BiyoSifeeye (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 95.9 | 91.0 |
| MOTIVATION | % or Mean | % or Mean |
| <u>Belief</u> | | |
| BiyoSifeeye is effective in preventing Diarrhea (among those ever heard of BiyoSifeeye; N=747/777 for IDP and urban respectively) | 95.6 | 92.8 |
| Believes that diarrhea cannot be prevented by treating water | 45.1 | 46.9 |
| <u>Threat</u> | | |
| Worries that her children could die from diarrhea | 59.7 | 52.9 |
| Seriously concerned about the quality of drinking water | 56.9 | 54.9 |
| Quality of drinking water causes serious problems | 57.3 | 50.5 |
| Children are at risk getting diarrhea from contaminated drinking water | 55.7 | 52.2 |
| Risk of getting diarrhea from a contaminated drinking water | 52.8 | 48.1 |
| ADDITIONAL INDICATORS | % or Mean | % or Mean |
| Water that looks clear is safe to drink (who said true) | 86.0 | 87.5 |
| Thinks that water is not safe to drink in | | |
| -Rainy season | 44.1 | 42.4 |
| -Dry season | 28.8 | 24.5 |
| Water is always safe to drink | 25.5 | 30.8 |
| EXPOSURE | | |
| Ever heard of BiyoSifeeye | 97.3 | 94.2 |

Behavior: Handwashing

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|--|----------------------|------------------------|
| | % | % |
| Uses to wash hands with | | |
| -water only | 18.4 | 14.7 |
| -water and soap | 73.9 | 80.4 |
| water and ashes | 5.9 | 4.1 |
| -water and soil | 1.4 | 0.8 |
| Knows Hand washing benefits | | |
| -cleanliness | 55.2 | 56.0 |
| -diarrhea prevention | 25.2 | 21.4 |
| - remove germs/bacteria | 19.1 | 22.0 |
| Knows when it is important to wash hands | | |
| -before preparing/handling food | 66.7 | 71.8 |
| -before feeding a child | 42.7 | 44.5 |
| -after defecating | 52.7 | 51.0 |
| -after handling child's feces | 45.6 | 46.3 |

| | | |
|--|------|------|
| <u><i>Social norms</i></u> | | |
| People they know who wash their hands with water and soap or ash | 80.7 | 81.7 |

MONITORING TABLE: Diarrhea Treatment

Trends in diarrhea treatment and associated factors, urban areas and IDP camps, 2012

Target population: Married women of reproductive age with at least one child

Behavior: Use of diarrhea treatment kit Shuban-Daweeye

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|--|----------------------|------------------------|
| BEHAVIOR/USE | % or Mean | % or Mean |
| Youngest child had diarrhea in the last two weeks | 22.9 | 17.7 |
| When the child has diarrhea, the caregiver gives | | |
| - ORS | 79.6 | 78.6 |
| -ORS plus Zinc | 9.4 | 6.4 |
| -Salt and Sugar | 1.7 | 1.3 |
| -Asal herb | 0.9 | 0.7 |
| -Dhigri herb | 0.3 | 1.0 |
| -Antibiotics | 3.3 | 7.2 |
| -No treatment | 1.0 | 1.3 |
| OPPORTUNITY | % or Mean | % or Mean |
| <u>Availability</u> | | |
| Know where to get Shuban-daweeye (among those who have heard of it; N=363/406 for IDP and urban respectively) | | |
| -Hospital | 22.0 | 32.3 |
| -MCH | 24.8 | 20.0 |
| -Private clinic | 9.6 | 13.3 |
| -Local pharmacy | 72.7 | 69.7 |
| -Community distributor | 11.3 | 10.1 |
| ABILITY | % or Mean | % or Mean |
| <u>Knowledge</u> | | |
| Knows to increase fluids when the child has diarrhea | 68.5 | 69.9 |
| Know the benefits of ORS and Zinc | | |
| -Reduces duration of diarrhea | 9.7 | 8.9 |
| -Reduces severity of diarrhea | 7.1 | 6.1 |
| -Reduces risk of dehydration | 7.6 | 5.1 |
| -Reduces new episodes | 3.7 | 2.9 |
| Knows that ORS should be given the child immediately after having 3 times of watery stools in 24 hours | 82.5 | 81.3 |
| Can correctly cite that the dosage of Zinc is half tablet for children under 6 months (among those who know Zinc and ever used it; N= 109/107 for IDP and urban respectively) | 56.0 | 51.4 |
| Can correctly cite that the duration of Zinc should be 10 days for children under 6 months among those who know Zinc and ever used it; N=109/107 for IDP and urban respectively) | 33.9 | 43.0 |

| | | |
|---|-----------|-----------|
| Can correctly cite that the dosage of Zinc is 1 tablet for children over 6 months among those who know Zinc and ever used it; N=109/107 for IDP and urban respectively) | 89.9 | 80.4 |
| Can correctly cite that the duration of Zinc should be 10 days over 6 months among those who know Zinc and ever used it; N=109/107 for IDP and urban respectively) | 45.9 | 44.9 |
| MOTIVATION | % or Mean | % or Mean |
| <u>Willingness to pay</u> | | |
| Affordable price for DTK : Mean | 2667SH | 3979SH |
| <u>Belief</u> | | |
| Thinks that combination of ORS and Zinc is effective way to treat diarrhea | 14.1 | 12.0 |
| ADDITIONAL INDICATORS | % or Mean | % or Mean |
| Ever purchased Shuban-Daweeye | 18.4 | 14.8 |
| Ever sought diarrhea treatment outside home | 84.6 | 84.6 |
| Knows what Zinc is | 24.8 | 21.5 |
| Ever used Zinc (among those ever heard; N= 190/179) | 57.4 | 59.8 |
| EXPOSURE | % or Mean | % or Mean |
| Ever heard of Shuban-Daweeye | 47.5 | 48.9 |
| Seen/heard Shuban-daweeye from (among those who have heard of Shuban-Daweeye; N=363/406) | | |
| -Radio | 36.4 | 32.3 |
| -Television | 26.4 | 66.0 |
| -Education session | 4.7 | 2.7 |
| -Community sales agent | 1.9 | 1.5 |
| -Village health talk | 15.7 | 16.0 |
| -Clinic health talk/nurse | 1.4 | 2.2 |
| -Pharmacy | 15.7 | 15.3 |
| -Community health worker | 17.9 | 11.8 |
| -Doctor | 8.5 | 8.6 |
| -Friend/neighbor | 22.6 | 16.3 |
| -MCH | 8.0 | 8.6 |
| -Hospital | 4.4 | 7.9 |
| Heard or seen the following messages for the last three months: | | |
| -Protect your child from repetitive diarrhea, use ORS with zinc | 24.0 | 23.3 |
| -Give one sachet of ORS with one liter of clean water to keep your child safe from dehydration | 14.2 | 20.6 |
| -To build immunity against diarrhea, ensure your child 10 tablets of zinc in 10 days | 9.3 | 8.7 |

MONITORING TABLE: Nutrition

Trends in Nutrition and associated factors, urban areas and IDP camps, 2012

Target population: Married women of reproductive age with at least one child

Behavior: Use of micronutrient supplementation

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|--|----------------------|------------------------|
| BEHAVIOR/USE | % or Mean | % or Mean |
| Children aged 6-59 months who received iron supplementation in the last week (syrup or pill) | 24.1 | 28.5 |
| OPPORTUNITY | % or Mean | % or Mean |
| <u>Availability</u> | | |
| Preferred place to find micronutrient supplementation | 49.2 | 47.5 |
| -MCH | | |
| -Hospital | 18.7 | 16.8 |
| -Child health days | 5.5 | 5.5 |
| -Community health worker | 5.1 | 3.7 |
| -Pharmacy | 20.8 | 24.8 |
| ABILITY | % or Mean | % or Mean |
| <u>Knowledge</u> | | |
| Knows poor nutrition can cause health problems to CU5 | 94.9 | 99.5 |
| Knows the consequences of malnutrition in CU5 | | |
| - Stunting | 51.4 | 52.5 |
| -Low weight | 37.8 | 40.3 |
| -Lack of attention | 3.8 | 4.0 |
| -Learning disability | 0.3 | 1.0 |
| Knows at least two signs of malnutrition | 84.0 | 87.4 |
| Knows signs of malnutrition | | |
| -Irritability | 1.6 | 4.6 |
| -Fatigue | 49.4 | 53.4 |
| -Slow or no growth | 22.0 | 30.7 |
| -Weight loss | 36.3 | 40.3 |
| -Bloated or swollen abdomen | 31.2 | 29.2 |
| -Dry skin | 17.4 | 19.1 |
| -Hair loss | 23.4 | 20.9 |
| -Change of hair color | 30.7 | 33.2 |
| -Brittle or spooned nails | 9.7 | 13.8 |
| -Lack of appetite | 37.4 | 35.1 |
| -Slow healing | 5.2 | 5.2 |

| | | |
|--|------------------|------------------|
| -Sunken temples | 0.4 | 1.8 |
| Knows how malnutrition can be prevented | | |
| -Exclusive breastfeeding | 37.8 | 36.2 |
| -Balanced diet after 6 months | 35.6 | 39.6 |
| -Nutritional supplement | 21.3 | 20.5 |
| Knows that anemia is a problem in CU5 (among those ever heard of anemia; N=748/815 for IDP and urban respectively) | 99.1 | 98.8 |
| Knows causes of anemia in CU5 (among those ever heard of anemia; N=748/815 for IDP and urban respectively) | 49.7 | 55.2 |
| -Poor diet | | |
| -Poor iron intake | 23.7 | 19.9 |
| -Lack of vitamins | 25.0 | 22.3 |
| Knows the ways to prevent and treat anemia (among those ever heard of anemia; N=748/815 for IDP and urban respectively) | | |
| -iron supplement (tablet or syrup) | 57.6 | 61.1 |
| -traditional medicine | 8.6 | 5.6 |
| -increased food intake | 28.5 | 27.1 |
| -home fortification | 3.6 | 4.2 |
| Knows consequences of anemia in CU5 (among those ever heard of anemia; N=748/815 for IDP and urban respectively) | | |
| -Stunting | 66.6 | 67.9 |
| -Low weight | 57.4 | 62.2 |
| -Lack of attention | 20.1 | 24.2 |
| -Learning disability | 9.9 | 15.5 |
| Knows when a child should be given additional food other than breast milk at 6 months of age | 84.1 | 86.9 |
| Knows consequences of poor nutrition in pregnant mother (among those who know the risk of poor nutrition in pregnancy; N=756/818 for IDP and urban respectively) | | |
| -Increased risk of complication | 58.3 | 58.8 |
| -Increased risk of maternal mortality | 56.2 | 52.3 |
| -Premature delivery | 24.6 | 33.3 |
| -Low birth weight | 24.9 | 27.9 |
| -Anemia | 47.6 | 47.2 |
| -Brain damage to the child | 9.8 | 11.7 |
| -Miscarriage | 20.0 | 20.7 |
| MOTIVATION | % or Mean | % or Mean |
| <u>Willingness to pay</u> | | |
| Affordable price to the consumers for 2 weeks micronutrient supplement : Mean | 6341SH | 7804SH |
| Affordable price for 2 weeks of iron folic acid for pregnant women : Mean | 5020SH | 6618SH |

| ADDITIONAL INDICATORS | % or Mean | % or Mean |
|---|------------------|------------------|
| Willing to add nutritional supplement to the home cooked food for your child for 60 days | 73.3 | 80.4 |
| Why not interested in using micronutrient supplementation (among those not willing to use; N=201/163 for IDP and urban) | 24.9 | 28.8 |
| -Lack of trust | | |
| -Difficult to remember | 54.7 | 58.3 |
| Caregivers know where to get advice on child's nutrition | | |
| -Mother | 19.3 | 21.4 |
| -Husband | 29.3 | 32.3 |
| -In-laws | 1.7 | 3.7 |
| -Health provider | 26.5 | 33.3 |
| -Community health worker | 9.5 | 10.7 |
| -Pharmacy | 22.2 | 23.0 |
| -Neighbor | 5.8 | 5.9 |
| -No one | 25.6 | 18.2 |
| Prefers to get the child's nutrition care from | | |
| -Public health facility | 63.8 | 54.3 |
| -Private health facility | 14.8 | 14.6 |
| -Pharmacy | 18.8 | 26.5 |
| -Community health worker | 1.0 | 2.3 |
| -Traditional healer | 0.3 | 1.0 |
| EXPOSURE | % or Mean | % or Mean |
| Caregivers who heard that there is micronutrient supplement (something to add to child's diet to improve their nutrition) | 37.0 | 44.0 |
| Caregivers who ever heard of anemia | 97.8 | 98.1 |

MONITORING TABLE: Pneumonia

Trends in pneumonia and associated factors, urban areas and IDP camps, 2012

Target population: Married women of reproductive age with at least one child

Behavior: Pneumonia treatment

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|--|----------------------|------------------------|
| BEHAVIOR/USE | % or Mean | % or Mean |
| Have you ever sought pneumonia treatment for your child | 75.1 | 65.7 |
| Where have you sought pneumonia treatment for the child (among those who have ever heard pneumonia and sought treatment N=511 /546 for IDP and urban, respectively) | | |
| -Public health facility | 13.3 | 16.7 |
| -Private health facility | 15.3 | 14.1 |
| -Pharmacy | 66.7 | 66.3 |
| -Community health worker/TBA | 2.9 | 2.2 |
| OPPORTUNITY | % or Mean | % or Mean |
| <u>Availability</u> | | |
| Know where to obtain pneumonia treatment for the child (among those who have heard of it; N=680/769) | 97.4 | 97.0 |
| ABILITY | % or Mean | % or Mean |
| <u>Knowledge</u> | | |
| Knows signs of pneumonia (among those who have ever heard of pneumonia; N=680/769 for IDP and urban respectively) | 75.4 | 69.1 |
| -difficulty in breathing | | |
| -Fast breathing | 46.8 | 51.8 |
| -Fever | 54.4 | 60.2 |
| -Cough | 46.5 | 49.8 |
| -Diarrhea | 13.5 | 15.3 |
| Knows that pneumonia treatment should be sought within first 24 hours of having fever and cough (among those who have ever heard of pneumonia; N=680/769 for IDP and urban respectively) | 86.8 | 86.9 |
| MOTIVATION | % or Mean | % or Mean |
| <u>Willingness to pay</u> | | |
| Affordable price for pneumonia treatment of your child: Mean | 7303 (300-75000) | 9214 (500-75000) |
| ADDITIONAL INDICATORS | % or Mean | % or Mean |
| What should you do if child has fast breathing and cough | | |
| -Treat at home | 18.6 | 19.6 |
| -Go to health facility | 64.7 | 66.4 |
| -Go to pharmacy | 3.9 | 4.3 |
| How would you treat your child at home | 32.2 | 23.8 |

| | | |
|-------------------------------|-----------|-----------|
| -Give fluids | | |
| -Give drugs available at home | 48.2 | 46.9 |
| EXPOSURE | % or Mean | % or Mean |
| Ever heard Pneumonia | 88.9 | 92.5 |

Behavior: Health Seeking Behaviors

| INDICATORS | 2012 IDP N=765 | 2012 Urban N=831 |
|---|----------------------|------------------------|
| Prefers to take her child when sick to | | |
| -MCH | 55.9 | 37.5 |
| -Hospital | 10.5 | 20.6 |
| -Pharmacy | 30.3 | 36.9 |
| Distance it takes caregivers to get the health provider: Mean (KMs) | 1.9 | 1.4 |
| Agreeable to receive health information from CHWs | 98.8 | 98.0 |
| Prefers to receive information from | | |
| -Female CHW | 34.6 | 35.9 |
| -Male CHW | 15.6 | 16.0 |
| -No preference on gender | 47.2 | 46.1 |
| Allows CHWs to enter their house | 95.9 | 96.8 |
| Convenient time to discuss with CHW | | |
| -Early morning (6:00am to 8:00 am) | 13.5 | 15.5 |
| -Morning (8:00 am to 12:00 am) | 61.4 | 61.7 |
| -Afternoon (12:00pm to 3:00pm) | 24.4 | 21.7 |
| Prefer to buy medicines at | | |
| -Pharmacy | 58.2 | 66.8 |
| -MCH | 39.7 | 26.5 |

APPENDIX 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

| Socio-demographic features | | IDP | Urban |
|---------------------------------------|-----------------------|------|-------|
| | | % | % |
| Housing | Brick house | 3.8 | 85.6 |
| | Mud house | 0.9 | 0.6 |
| | Grass house | 46.0 | 4.0 |
| | Tin house | 42.4 | 0.4 |
| | Other | 6.8 | 9.0 |
| Previous Residence | Urban | 12.8 | 11.3 |
| | Rural | 6.0 | 2.4 |
| | IDP | 3.0 | 0.1 |
| | Lived same place | 78.2 | 86.2 |
| Age | 16-30 | 64.6 | 63.1 |
| | 31-49 | 35.4 | 36.7 |
| Employment Status | Employed | 12.4 | 8.7 |
| | Unemployed | 87.6 | 91.3 |
| Schooling | Never attended | 78.6 | 57.9 |
| | Primary | 12.0 | 25.0 |
| | Secondary+ | 2.6 | 9.5 |
| | Informal/Quranic | 6.8 | 7.6 |
| Newspaper readership | Not at all | 16.7 | 23.5 |
| | Less than once a week | 2.0 | 9.6 |
| | At least once a week | 2.0 | 6.1 |
| | Almost every day | 0.8 | 2.9 |
| | Illiterate | 78.6 | 57.9 |
| Exposure to Television | Never | 82.1 | 38.0 |
| | 1-5 days /week | 7.8 | 15.6 |
| | Every day | 9.9 | 46.3 |
| Radio Listenership | Never | 69.7 | 60.2 |
| | Once a week | 4.7 | 5.3 |
| | 2-3 days a week | 6.5 | 10.8 |
| | 4-5 days a week | 6.4 | 6.6 |
| | Every day | 12.7 | 17.1 |
| Types of programs regularly listen to | News | 30.1 | 38.6 |
| | Sports | 9.0 | 10.3 |
| | Drama | 14.6 | 18.3 |
| | Religion | 21.4 | 28.0 |
| | Health | 24.3 | 27.0 |
| | Music | 16.2 | 17.1 |
| | Commercials | 15.2 | 15.3 |

| | | | |
|----------------------------|----------------|------|------|
| Radio stations listen to | Hargeisa | 26.4 | 23.9 |
| | BBC | 24.8 | 33.1 |
| | VOA | 20.3 | 26.7 |
| | Djibouti | 3.7 | 4.3 |
| | Ethiopia | 2.5 | 3.0 |
| Time of day tend to listen | 6.30 - 8.00am | 24.2 | 25.5 |
| | 2:00 – 4:00pm | 17.1 | 20.9 |
| | 4:00 – 6:00pm | 18.6 | 24.3 |
| | 6:00 – 8:00pm | 18.8 | 21.3 |
| | 8:00 – 10:00pm | 18.3 | 16.1 |
| Socioeconomic status (SES) | Low | 34.1 | 33.3 |
| | Medium | 41.2 | 35.7 |
| | High | 24.3 | 30.9 |

APPENDIX 2: EFFECT OF AGE, EDUCATION AND SES ON BEHAVIOR

- Women who have education are more likely to have ever used birth spacing than those who have no education (urban: $p<0.001$; IDP: $P=0.004$)
- Women with higher SES were more likely to have ever used birth spacing than those with lower SES (urban: $P=0.008$; IDP: $P<0.001$).
- Women with a background of education were more likely to wash their hands with water and soap or ash than those with no education (urban: $P=0.028$; IDP: $P=0.007$)
- Urban women with higher socioeconomic status were more likely to have given their children iron supplement (urban: $P=0.044$; IDP: $P=0.38$)
- Urban women with lower SES were less likely willing to add micronutrient supplements to the home cooked food for their child for 60 days than those with high SES ($P=0.001$)
- IDP women with higher SES were more likely to wash their hands with water and soap or ash than those with lower SES ($P<0.001$)
- IDP women with higher SES were more likely to have ever used zinc($P=0.005$)
- IDP women with education background were less likely to have ever purchased Shuban-Daweeye than those with no education ($p=0.01$)
- IDP women with higher SES were more likely to seek pneumonia treatment for their child than those with lower SES($P=0.013$)
- IDP women with higher SES were likely to seek diarrhea treatment outside home than those with lower SES ($p=0.001$)

APPENDIX 3: SAMPLE SIZE CALCULATION

As this study seeks to estimate the population parameter, only, the formula for point estimation was used, which is:

$$N = \text{deff} \times Z^2 p(100-p)/e^2$$

- N is the required sample size.
- deff is the design effect to account for multistage cluster sampling - here we used 2.
- Z is a value corresponding to your significance level (the "standard normal deviation"); and here is estimated at 1.96 for 5 percent significance levels.
- P is the estimated proportion.
- *e* is the desired precision - here we use 10%.

To account for loss, we included additional women in the urban areas. Of the households approached in the 2006 MICS, nearly 99% of eligible women participated. To be more conservative, we assumed a response rate of 95%. Thus, to achieve 768 women, we contacted 807 women.

APPENDIX 4: QUESTIONNAIRE (ENGLISH VERSION)

**SOCIAL MARKETING SOMALILAND QUESTIONNAIRE FOR OC, DTK and BIYOSIFEEYE
POPULATION SERVICES INTERNATIONAL
(PSI)**

A1. Identification:

| | | |
|----------------|--|---------------|
| N ⁰ | Questions and filters | Codes |
| | Questionnaire number | [][][][] |
| | Region 1 = Awdal 2 = Togdheer 3 = W/Galbeed 4 = Sahil 5 = Sanaag | [][] |
| | Type of area 1 = Urban 2 = IDPs | [] |
| | District number | [][] [][] |
| | (Cluster) Village / Xaafad Number | [][] [][] |
| | Household number | [][][] |
| | Respondent's number | [][] |

INTERVIEWER'S VISITS

| | Visit 1 | Visit 2 | Visit 3 | FINAL Visit |
|--------------------|---------------------|---------------------|---------------------|---------------------|
| Date | [] [][][][][] | [] [][][][][] | [] [][][][][] | [] [][][][][] |
| Interviewer's Name | _____ | _____ | _____ | _____ |
| Result* | [] | [] | [] | [] |
| Date next visit | [] [][][][][] | [] [][][][][] | [] [][][][][] | |

*** Codes Result**

1=Questionnaire completed
2=Refusal
3=Deferred
4=Interviewee/household not present

5=House not occupied
6=House not seen/not exist
7=Other (specify) _____

| Supervisor | Data Editor | Keyed by |
|--------------------------|--------------------------|--------------------------|
| Name _____ Date _____ | Name _____ Date _____ | Name _____ Date _____ |

A2. Identification: Household Schedule:

Now we would like some information about the people who usually live in your household or who are staying with you now.

INSTRUCTION: COMPLETE ONE ROW FOR EACH HOUSEHOLD MEMBER

| Line No. (101) | Usual residents (102) | Relation to the female head of household (use codes below and place* next to person interviewed) (103) | Sex (104) | Residence (106) | Age (107) | If a child under five |
|-------------------|---|--|---|---|---|--|
| | Please give me the first names of the persons who are WRAs and CU5. | What is the relationship of (NAME) to the head of the household? Enter code | Is (NAME) male or female? 1 = Female 2 = Male | Did (Name) stay here last night? 1 = Yes 0 = No | How old is (NAME)? _____ (List age) | Who is the primary caretaker for this child? |
| 01 | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| 05 | | | | | | |
| 06 | | | | | | |
| 07 | | | | | | |
| 08 | | | | | | |
| 09 | | | | | | |
| 10 | | | | | | |

CODES FOR Q103: RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 HEAD
02 WIFE OR HUSBAND
03 SON OR DAUGHTER
04 SON-IN-LAW OR DAUGHTER-IN LAW
05 GRANDCHILD

06 PARENT
07 PARENT IN LAW
08 BROTHER OR SISTER
09 CO-WIFE
10 OTHER RELATIVE

11 ADOPTED/FOSTER CHILD
12 NOT RELATED
13 DOMESTIC WORKER
14 DON'T KNOW
15 AUNT

16 UNCLE

MODULE 1: POPULATION CHARACTERISTICS (ALL RESPONDENTS)

INSTRUCTION: Interviewer: You are eligible to participate in this survey because you have children between the ages of 0 and 5 years. This section of the survey asks about your personal characteristics.

Respondent selected from household schedule LINE NO [___]

NAME _____

| Population Characteristics – MODULE 1 – ALL RESPONDENTS | | | | |
|---|---|---|--|-----------------------------------|
| C1 | Type of dwelling BY INTERVIEWER OBSERVATION | 1 2 3 4 5 6 | Brick house Mud house w/ grass roof Grass/bamboo house Tent Tin house Other (specify) _____ | |
| C2 | Have you lived most of your life in this area? | 0 1 | No Yes | 0 → D 03 1 → D04 |
| C3 | If no, Where have you lived most of your life in an urban, rural or IDP? | 1 2 3 | Urban Rural IDP | |
| C4 | How old are you? | _____ | _____ years Don't know | |
| C5 | Does your household have: a. Electricity b. A kerosene lamp c. A radio d. A television e. A mobile phone f. A fixed phone g. A refrigerator h. A VCR/DVD i. A fan j. A satellite dish k. A Wheel borrow l. A bed m. Termus n. Gir gire o. Gambar | a____ b____ c____ d____ e____ f____ g____ h____ i____ j____ k____ l____ m____ n____ o____ | 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES | |
| C6 | Does any member of your household have: a. A watch b. A bicycle c. An animal drawn cart d. A hand drawn cart for human transport e. A car or truck f. A sewing machine | a____ b____ c____ d____ e____ f____ | 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES 0=NO, 1= YES | |
| C7 | Do you earn your own money? | 0 1 | No-----0 Yes-----1 | 0 → D11 |

| | | | | |
|-----|---|---|--|----------------|
| C8 | How do you earn money? (ONE RESPONSE ONLY, CIRCLE THE RESPONSE) | 1 2 3 4 5 6 7 8 9 10 11 | Crop Farming Skilled labour Livestock rearing Haftooley Shashaari Chat seller Grocery Vendor Tea Café Shop Tailor Vendor street Other (specify) _____ | |
| C9 | Who mainly decides how the money you earn will be used? | 1 2 3 4 5 6 | Respondent/Self Husband Respondent and husband Mother-in-law Someone else Respondent and someone else | |
| C10 | Who buys household goods in your family? | 1 2 3 4 5 6 | Respondent Husband Respondent and husband Mother-in-law Someone else Respondent and someone else | |
| C11 | Have you ever been to school? | 0 1 | No-----0 Yes-----1 | 0 → D15 |
| C12 | What is the highest level of education that you attained? | 1 2 3 4 5 6 7 | Primary Intermediate Secondary University Technical / Vocational training Koranic education | |
| C13 | Now I would like you to read this sentence to me. Show card to respondent. If respondent cannot read whole sentence, PROBE: Can you read any part of the sentence to me? | 1 2 3 4 | Cannot read at all Able to read only parts of sentence Able to read whole sentence Blind/Visually impaired | |
| C14 | How often do you read a newspaper or magazine? | 1 2 3 4 | Not at all Less than once a week At least once a week Almost every day | |
| C15 | How frequently do you listen to the radio? | 1 2 3 4 5 | Never About once a week 2-3 days a week 4-5 days a week Every day | 1 → D19 |
| C16 | What types of radio programs do you listen to? MULTIPLE RESPONSES ALLOWED a. News b. Sports c. Drama / soaps d. Religious programs e. Health programs f. Music programs g. Commercials | a__ b__ c__ d__ e__ f__ | 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES | |

| | | | | |
|-----|---|--|--|--|
| | | g.____ | 0=NO, 1=YES | |
| C17 | <p>What radio STATIONS do you listen to?</p> <p>MULTIPLE RESPONSES ALLOWED</p> <p>a. Radio Hargeisa b. BBC c. Radio Djibouti d. Radio Ethiopia e. Other</p> | <p>a.____ b.____ c.____ d.____ e.____</p> | <p>0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES</p> | |
| C18 | <p>What time of day do you tend to listen to the radio?</p> <p>MULTIPLE RESPONSES ALLOWED</p> <p>a. 6.30am – 8.00am b. 8.00am – 10am c. 10am - 12pm d. 12pm – 2pm e. 2pm – 4pm f. 4pm – 6pm g. 6pm – 8pm h. 8pm – 10pm</p> | <p>a.____ b.____ c.____ d.____ e.____ f.____ g.____ h.____</p> | <p>0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES 0=NO, 1=YES</p> | |
| C19 | How frequently do you watch television? | <p>1 2 3 4 5</p> | <p>Never -----1 About once a week----2 2-3 days a week-----3 4-5 days a week-----4 Every day-----5</p> | |

MODULE 2A: BIRTH SPACING – OC'S

IN THIS SECTION OF THE SURVEY WE ARE GOING TO ASK ABOUT BIRTH SPACING

INSTRUCTIONS: Enter Respondent selected from household schedule LINE NO [____]
NAME _____

BIRTH SPACING

| Section 2. Childbearing and Fertility | | |
|---|---|--|
| C20 | How many living children do you have both at home and away? | / ____ / ____ / |
| C21 | Have you given birth in the last 5 years (since)? | Ye.....1 No.....0 |
| C22 | Are you currently pregnant? | Yes-----1 (go to next question) No-----0 (skip next question) |
| C23 | After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children? | Have another child.....1 (Skip to C25) No more.....2 (skip to C27) Unsure/don't know.....3 (skip to C26) |
| C24 | Would you like to have a child in the future? | Ye.....1 No.....0 (skip to C27) Don't know.....98 (C26) |
| C25 | How many children would you like to have in the future? | None / ____ / ____ / |
| Section 3. Birth Spacing | | |
| Now I would like to ask you about birth spacing | | |
| C26 | Which methods of birth spacing do you know? | IUD.....1 Injectables.....2 Oral pill.....3 Male condom.....4 Diaphragm.....5 Foam/Jelly.....6 LAM.....7 Periodic abstinence/rhythm/calendar method...9 Withdrawal.....10 Other _____ |
| C27 | Have you ever used any method to space birth? | Yes1 No..... (skip to next Module) |
| C28 | Which methods of birth spacing have you ever used? (Circle all methods mentioned) | IUD.....1 Injectables.....2 Implants.....3 Oral pill.....4 Male condom.....5 Diaphragm/Female condom.....6 Foam/Jelly.....7 LAM.....8 Periodic abstinence/rhythm/calendar method...9 Withdrawal.....10 Other _____ |

| | | |
|-----|--|---|
| C29 | How many children, if any, did you have when you first started using birth spacing methods? | / ____ / ____ / None0 |
| C30 | Are you currently using any method to space birth? For non pregnant women | Yes 1 (Skip to C46) No.....0 |
| C31 | Which method are you currently using? (Circle all methods mentioned) | IUD.....1 Injectables.....2 Implants.....3 Oral pill.....4 Male condom.....5 Diaphragm/Female condom.....6 Foam/Jelly.....7 LAM.....8 Periodic abstinence/rhythm/calendar method...9 Withdrawal.....10 Other..... |
| C32 | How long have you been continuously using your current method? | / ____ / ____ / months / ____ / ____ / years |
| C33 | Did anyone recommend your current method to you? | Yes 1 No.....0(skip to C35) |
| C34 | Who recommended your current method to you? (Allow multiple answers) | Husband 1 Mother..... 2 Mother-in-law2 Sibling3 Friend4 Neighbor.....5 Doctor/Health staff6 Media.....7 Other:..... (Specify) |
| C35 | Were you ever told by a health provider or community worker about other methods of birth spacing that you could use besides your current method? | Yes 1 No.....0 |
| C36 | Were you ever told by a health provider about side effects or problems you might have with your current method? Ask everyone | Yes 1 No.....0 |
| C37 | Were you told what to do if you experienced side effects or problems with your current method? | Yes 1 No.....0 |
| C38 | Where did you obtain your current method the last time? (Only for users of MBS) | Hospital1 Private Pharmacy.....2 Private Clinic / Hospital.....3 MCH4 Health post5 Friend/relative.....6 Other:..... (Specify) Don't know.....98 |

| | | |
|-----|---|---|
| C39 | How far from your home did you have to travel to obtain your current method the last time? (Only for users of MBS) | Distance 0 - 1 Km _____ 1 - 2 Km _____ 2 - 3 Km _____ 3 - 4 Km _____ 4 - 5 Km _____ Over 5 _____ |
| C40 | How much did you pay in total for your last purchase of your birth spacing method? (Only for users of MBS) | _____ (SLSH) _____ ((SLSH) Free.....97 Don't know.....98 |
| C41 | Did this include any provider fee? (Only for users of MBS) | Yes.....1 No.....0 Don't Know.....98 |
| C42 | Did you get it with a prescription? (Only for users of MBS) | Yes.....1 No.....0 (skip to C46) |
| C43 | Was it easy to get a prescription? (Only for users of MBS) | Yes.....1 (skip next question) No.....0 (go to next question) Don't know.....98 (skip next question) |
| C44 | If 'No' why? (Only for users of MBS) | Line is too long.....1 No doctor.....2 Cost reason.....3 No privacy.....4 Other.....specify..... |
| C45 | What brand are you currently using? (Single answers and for oral pill users only) | KK.....1 Germany.....2 Ethiopian Pill.....3 Other: _____ (Specify) Don't know.....98 |
| C46 | Have you ever started using a birth spacing method and then stopped? | Yes.....1 No.....0 (skip to C50) |
| C47 | What was the last birth spacing method you stopped using? (Single answers) | IUD.....1 Injectables.....2 Implants.....3 Oral pill.....4 Male condom.....5 Diaphragm.....6 Foam/Jelly.....7 LAM.....8 Periodic abstinence/rhythm/calendar method...9 Withdrawal.....10 Other: _____ (Specify) |
| C48 | What is the main reason you stopped using this method? | Side effects.....1 Fear of Infertility2 Want more children.....3 Husband opposed to use.....4 |

| | | |
|-----|---|---|
| | (Single answers) | Lack of access(too far).....5 Drug not available at my outlet Costs too much.....6 Religious / Cultural belief.....7 It's bad for my health.....8 Inconvenient to use.....9 Other:..... (Specify) Don't know.....98 |
| C49 | Why aren't you using a contraceptive method at the moment? Non-users and non-pregnant women | Side effects.....1 Fear of Infertility2 Want more children.....3 Husband opposed to use.....4 Lack of access/(too far).....5 Drugs not available at my outlet.....6 Costs too much.....7 Inconvenient to use.....8 Religion doesn't allow it.....9 It's bad for my health.....10 Other.....specify..... |
| C50 | Do you believe that you are at risk of an unintended pregnancy? <i>For never users and those not currently using a contraceptive method; among those not pregnant</i> | Yes1 No.....0 Don't know.....98 |
| C51 | Do you intend to use hormonal contraceptives in the future? <i>For never users and those not currently using a contraceptive method; among those not pregnant</i> | Yes 1 (go to C53) No..... 0 (go to C54) Don't know.....98 (go to C55) |
| C52 | If yes when? | Next 3 months1 6 months.....2 1 year.....3 Over 1 year.....4 |
| C53 | If no, what is the reason? | Side effects.....1 Infertile.....2 Want more children.....3 Partner opposed to use.....4 Lack of access/too far.....5 Costs too much.....6 Inconvenient to use.....7 Religion doesn't allow it.....8 Other.....9 Specify |
| C54 | What is the ideal amount of time between two births? | ___/___ months ___/___ years |
| C55 | What is the ideal number of children? | Ideal _____ |
| C56 | How many is too many children? | Too Many ----- |
| C57 | How few is too few children? | Too few- ----- |

| | | |
|---------------------------|--|---|
| C58 | What are the advantages of having many children? | Clan acceptance1 Good for family economic.....2 Religious reason.....3 Other.....specify..... |
| C59 | What are the disadvantages of having many children? (Multiple response are possible) | Busy.....1 Tired.....2 Stressed.....3 Health problem.....4 Financial problem.....5 Family conflict.....6 Other...specify.....7 |
| C60 | According to you, what are the main benefits of spacing births? | Good for mother's health.....1 Good for children's health.....2 Gives mother time to recover.....3 Gives chance to baby to breast feed for two years...4 Reduces maternity mortality.....5 Other |
| C61 | How much time interval between the births of your children would you like? | 1 year.....1 2 years.....2 3 years.....3 4 years.....4 Other...Specify..... |
| OPPORTUNITY | | |
| <i>Availability</i> | | |
| C62 | Do you know of a place where you can obtain OC pills? | Yes1 No.....0 Don't know.....98 |
| C63 | Is it easy to find a place where OC pills are sold in your neighborhood? | Yes1 No.....0 Don't know.....98 |
| C64 | Do you know of a place where you can obtain injectable contraceptive? | Yes1 No.....0 Don't know.....98 |
| C65 | Is it easy to find a place which is providing injectable contraception in your neighborhood? | Yes1 No.....0 Don't know.....98 |
| C66 | Do you know of a place where you can obtain IUD insertion? | Yes1 No.....0 Don't know.....98 |
| ABILITY/MOTIVATION | | |
| <i>Knowledge/Beliefs</i> | | |
| C67 | How often do pills need to be taken? | Daily.....1 Other answer.....0 |
| C68 | Pills are a safe method of birth spacing | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C69 | Pills are effective at preventing pregnancy when used correctly | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C70 | Using pills can cause infertility. | Strongly disagree.....1 Disagree2 Agree.....3 |

| | | |
|-----|---|---|
| | | Strongly agree.....4 Don't know.....98 |
| C71 | How many times do you think you should take injection to space your children? | One time/year.....1 Two times/year.....2 Three times/year.....3 Four times/year.....4 More than four times/year..5 DK.....98 |
| C72 | Who do you think should administer the injection? | Doctor.....1 Nurse.....2 Midwife.....3 Community health worker..4 DK.....98 Other _____(specify) |
| C73 | Injectables are a safe method of birth spacing | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C74 | Injectables are effective at preventing pregnancy when used correctly | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C75 | Using injectable contraceptives can cause infertility. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C76 | Modern methods of birth spacing are safe. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C77 | -Traditional methods are an effective means of preventing births | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C78 | Modern birth spacing is acceptable in my religion. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C79 | It is acceptable to use modern birth spacing method in my culture. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| | Social Norm | |
| C80 | Most of the women of reproductive age I know space birth. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| C81 | Other women I know use modern methods to space birth. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |

| | | |
|-----|---|--|
| C82 | Most of my friends believe modern birth spacing is healthy. | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| | <i>Social support</i> | |
| C83 | Have you ever discussed birth spacing methods with your husband? | Yes1 No.....0 |
| C84 | Have you ever discussed birth spacing methods with a family member? | Yes1 No.....0 |
| C85 | I feel confident that I can discuss BS with my husband | Strongly disagree.....1 Disagree2 Agree.....3 Strongly agree.....4 Don't know.....98 |
| | <i>Willingness to pay</i> | |
| C86 | If the price of OC/injectables is 4000 and 8000 respectively would you pay? | OC |
| | | Injectables |
| | | Yes.....1 No.....0 |
| C87 | If the price of OC/injectables is 3500 and 7000 respectively would you pay? | OC |
| | | Injectables |
| | | Yes.....1 No.....0 |
| C88 | If the price of OC/injectables is 3000 and 6000 respectively would you pay? | OC |
| | | Injectables |
| | | Yes.....1 No.....0 |
| C89 | If the price of OC/Injectables 4500 and 9000 respectively would you pay? | OC |
| | | Injectables |
| | | Yes.....1 No.....0 |
| C90 | What would be the highest price you would be willing to pay for this OC/injectable? | OC |
| | | Injectables |
| | | _____SLsh |
| C91 | If you were interested in | OC |
| | | Injectables |

| | | | |
|---|--|--|---|
| | having OC/ injectables, but were unable to pay for it, what would you do? | Find a place for OC/injectable where it is cheaper.....1 Go without OC/injectable..2 Not using (OC/injectable....3 Find another family planning method.....4 Other_____ | Find a place for OC/injectable where it is cheaper.....1 Go without OC/injectable..2 Not using (OC/injectable....3 Find another family planning method.....4 Other_____ |
| Section 4: Exposure to Interventions and Knowledge of OC | | | |
| | Questions & Filters | Codes | |
| C92 | Thinking back over the past 3 months, have you seen or heard any messages about birth spacing? | Yes1 No0 (Skip to C95) | |
| C93 | Where did you hear/see the message(s) about birth spacing? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Radio.....1 Television.....2 Education session/health talk3 Community health worker4 Clinic nurse/doctor.....5 Neighbor/friend6 Newspaper.....7 Banner/poster/etc.....8 Other (specify)_____ | |
| C94 | What was the main message that you heard/saw? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Ilmaha xanaanee adna naso.....1 Si uu ilmuhu u koro kala-kori caruurta.....2 Ilmaha kori adna kabo.....3 Caruurta ood kala korisaa waxay u fiican tahay caafimaadkaago iyo ka qoyska guud ahaan.....4 Other_____(Specify) Don't know.....98 | |
| C95 | Where do you prefer to get information about reproductive health and fertility? (health center, friend, community agent, mother, etc.) | MCH.....1 Pharmacy.....2 Friend.....3 Hospital.....4 Community worker.....5 Mother.....6 Other...specify_____ | |
| C96 | Have you ever attended health related IPC sessions? | Yes.....1 No.....0 | |

MODULE 2B: DIARRHEA – DTK AND BIYOSIFEEYE

IN THIS SECTION OF THE SURVEY WE ARE GOING TO ASK ABOUT DIARRHEA PREVENTION AND TREATMENT

INSTRUCTIONS: Enter Respondent selected from household schedule LINE NO [____]
NAME _____

DIARRHEA

| No. | Questions and Filters | Codes | Skip to | | |
|------|--|--|--|--|--|
| C97 | How many children aged 5 years or younger do you have living with you in this household for whom you are directly responsible? <i>Interviewer: Probe not only for biological children but also other children typically living in this household for whom the woman is the primary caretaker.</i> | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| C98 | Please list the sex and age (years & months) of the two youngest children in your household (for whom you are the primary caretaker) who are aged 5 years or younger. If there is only one child aged less than 5 years, list only that child. | YOUNGEST 2 CHILDREN 1. M F Age: ____yrs ____mos 2. M F Age: ____yrs ____mos | | | |
| C99 | <i>Interviewer: List the two youngest children aged 5 years or younger in the top of the following columns. If there is only 1 child under age 5 years, you will use only the first column. Ask the following questions for each of the children listed in the columns below.</i> | | | | |
| C100 | Show the youngest | Last birth (youngest) Name: _____ | Next-to-last birth (next youngest) Name _____ | | |
| C101 | Has (NAME) had diarrhea in the last 2 weeks? Diarrhea is defined as 3 or more loose or watery stools in one day. | Yes1 No0 | (skip to DT103) | | |
| C102 | Did (NAME) have any blood in the stools when s/he last had diarrhea? | Yes1 No2 Don't know.....98 | | | |
| C103 | When your child has diarrhea, what do you give your child? | ORS.....1 ORS and ZINC.....2 Salt and sugar.....3 Asal herb.....4 Dhigri herb.....5 Antibiotics.....6 No treatment.....7 Other (Specify).....8 | | | |
| C104 | Have you ever sought treatment outside the home for your child's diarrhea? | Yes.....1 No.....0 | If no (skip next question) | | |

| No. | Questions and Filters | Codes | Skip to |
|------|---|---|--|
| C105 | Where have you sought treatment? | MCH.....1 Pharmacy/clinic.....2 Community health worker.....3 Hospital.....4 Traditional healer.....5 Other..specify_____ | |
| C106 | -During an episode of diarrhea, you should give: | Fewer fluids.....1 More fluids.....2 Same amount of fluids.....3 Other....specify_____ | |
| C107 | When should ORS be administered to a child with diarrhea? | Immediately after you see watery stool (three times in 24 hours)1 Until watery stool stops.....2 After two days of watery stool.....3 Only if doctor is prescribed.....4 When herbal methods are not effective.....5 Other.....(Specify) | |
| C108 | Do you know what ZINC is? | Yes.....1 No.....0 | |
| C109 | Have you ever used ZINC before? | Yes.....1 No.....0 | If yes go to next question) If no skip next question) |

| No. | Questions and Filters | Codes | Skip to |
|------|---|---|---------------------------------|
| C110 | If yes why? | Fever.....1 Treat diarrhea.....2 Anemia.....3 Loss of appetite.....4 Other.....(Specify) | |
| C111 | Is there anything else that should be given with zinc to treat diarrhea? | ORS.....1 Increased fluids.....2 Increased food.....3 DK.....98 Other...(specify.....) | |
| C112 | Do you think that the combination of ORS and Zinc is effective method to treat diarrhea? | Yes.....1 No.....0 DK.....98 | If no or DK skip to Q119 |
| C113 | What are the benefits of using zinc and ORS together for treatment of diarrhea? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Reduces duration of diarrhea.....1 Reduces severity of the diarrhea.....2 Reduces risk of dehydration...3 Reduces risk of new episode in the following 2 to 3 months.....4 Other (specify).....98 Don't Know.....98 | |
| C114 | How many tablets of zinc should be administered to a child less than 6 months? | 1 tablet.....1 ½ tablet.....2 2 tablets.....3 DK.....98 Others..specify..... | |
| C115 | And for how many days? | 5 days.....1 10 days.....2 15 days.....3 DK.....98 Others...specify..... | |
| C116 | How many tablets of zinc should be administered to a child more than 6 months? | 1 tablet.....1 ½ tablet.....2 2 tablets.....3 Others..specify..... | |
| C117 | And for how many days? | 5 days.....1 10 days.....2 15 days.....3 Others..... | |

| No. | Questions and Filters | Codes | Skip to |
|------|---|---|--|
| C118 | Have you ever heard of Shuban-Daweeye ? | Yes.....1 No.....0 DK.....98 | Yes— Q121 No-Q120 |
| C119 | (If respondent said in Q101 she had never heard of Shuban-Daweeye only): SHOW THE ZINC/ORS PRODUCT(S) TO THE RESPONDENT. Ask: Have you ever seen this product/these products? (Show the products) | Yes.....1 No.....0 DK.....98 | |
| C120 | Where did you hear about or see (Shuban-Daweeye)? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Radio.....1 Television.....2 Education session.....3 Community sales agent.....4 Village health talk.....5 Clinic health talk/nurse.....6 Newspaper.....7 Banner/poster/etc.....8 Doctor.....9 Friend or neighbor.....10 Relative.....11 Hospital.....12 Health post/Sub-health post.....13 Community health worker.....14 Local pharmacist.....15 Other (Specify).....16 _____ | |
| C121 | Do you know where you can get (Shuban-Daweeye)? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Hospital.....1 Health Post/Sub-health post.....2 Private Clinic.....3 Local Pharmacy/Drug store.....4 Community distributor.....5 Other (specify) _____ Don't Know.....98 | |
| C122 | Have you ever purchased (Shuban-Daweeye)? | Yes No | If No→ 127 |
| C123 | Where did you purchase Shuban-Daweeye ? | Public pharmacy.....1 Private pharmacy.....2 Community distributor.....3 Commercial outlet/depot.....4 Other (specify) _____ DK.....98 | |
| C124 | What did you pay for the product? | _____SH.SL | |
| C125 | Did you consider that an affordable price? | Yes No | |
| | Willingness to pay DTK | | |
| C126 | If the price of DTK is 2500 would you pay? | Yes No | |
| C127 | If the price of DTK is 2000 would you pay? | Yes No | |
| C128 | If the price of DTK was 1500 would you pay? | Yes No | |

| No. | Questions and Filters | Codes | Skip to |
|---|---|--|--------------------------------|
| C129 | If the price of DTK were 3000, would you pay for this method from a health provider? | Yes No | |
| C130 | What would be the highest price you would be willing to pay for DTK? | _____SLSH | |
| | Section 4: Exposure to Interventions caregivers of children < 5 regardless of diarrhea within last month. | Knowledge of Zinc – For all whether they cared for a child | |
| C131 | Thinking back over the past 3 months, have you seen or heard any messages about treatment for diarrhea? | Yes No0 | If no go to next module |
| C132 | Where did you hear/see the message(s) about treatment for diarrhea? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Radio.....1 Television.....2 Education sessions.....3 Community sales agent.....4 Village health talk.....5 Clinic health talk.....6 News paper.....7 Banner/Poster.....8 Doctor.....9 Friend or neighbor.....10 Relative.....11 Hospital.....12 Health post.....13 Community health worker.....14 Local pharmacist.....15 Other (Specify.....) | |
| C133 | What was the main message that you heard/saw? <i>Interviewer: Multiple responses allowed. Circle all that the respondent mentions.</i> | Protect your child from repetitive diarrhea, use ORS with ZINC as the most effective diarrhea treatment method.....1 Give one sachet of ORS with 1 liter of clean water to keep your child safe from dehydration during diarrhea.....2 To build immunity against diarrhea, ensure your Children takes ZINC for 10 days.....3 | |
| MODULE 2B: DIARRHEA - BiyoSifeeye IN THIS SECTION OF THE SURVEY WE ARE GOING TO ASK ABOUT BIYOSIFEYE INSTRUCTIONS: Enter Respondent selected from household schedule LINE NO [__] NAME_____ Diarrhea | | | |
| Sources of Drinking Water | | | |
| C134 | What is the main source of drinking water for members of your HH? | Piped water1 Piped into dwelling.....2 Piped to neighbour.....3 Public tap / standpipe / kiosk.....4 Tube Well Borehole.....5 Protected well....6 Unprotected well.....7 | |

| No. | Questions and Filters | Codes | Skip to |
|--|--|--|------------------|
| | | Rain water.....8 Berked.....9 Rain water catchment (Dam)...10 Water tanker....11 Cart with small tank / drum.....12 Bottled water....13 Other..... | |
| Improving the Quality of Drinking Water | | | |
| C135 | Is there a time of year when your water is not safe to drink? What time of year is that? | rainy season.....1 dry season.....2 it is always safe to drink.....3 Other....specify_____ | |
| C136 | What methods do you know of to make water clean/safe to drink? | Boil water.....1 Add chlorine.....2 Filter water (use of sieve or strainer) .3 Use herbs (Asal)4 BiyoSifeeye.....5, skip next question. Other....specify..... | |
| C137 | Have you ever heard of the water cleaner BiyoSifeeye? | Yes.....1 No.....0 | (skip to WT141) |
| C138 | Have you ever used it? | Yes.....1 No.....0 | (skip to WT140) |
| C139 | Have you treated your water in the last 24 hours with BS? | Yes.....1 No.....0 | |
| C140 | Is the water that your children under five drink treated or cleaned in some way? | Yes.....1 No.....0 | |
| C141 | What do you usually use to wash your hands? | Water only1 Water and soap2 Water and ashes.....3 Water and soil.....4 Other...specify_____ | |
| C142 | What are the benefits of hand washing | Cleanliness.....1 Diarrhea presentation. 2 Remove germs and bacteria.....3 Other (Specify)_____ | |

| No. | Questions and Filters | Codes | Skip to |
|---------------------------------|--|---|---------|
| C143 | When is it important to wash your hands? (Do not read answers aloud, just note which the respondent freely lists with no prompting) | Before preparing or handling food.....1 Before eating food...2 Before feeding a child After defecating.....3 After handling child's feces.....4 Other..... | |
| Knowledge | | | |
| C144 | Diarrhea can be caused by drinking dirty water. | 0 False 1 True | |
| C145 | Water that looks clear is safe to drink. ** | 0 False 1 True | |
| C146 | Washing hands with soap or ashes can prevent diarrhea. | 0 False 1 True | |
| C147 | Diarrhea cannot be caused by drinking water from the tap. | 0 False 1 True | |
| C148 | Diarrhea cannot be prevented by treating water. | 0 False 1 True | |
| C149 | Using traditional herb (Asal) in drinking water will prevent diarrhea. | 0 False 1 True | |
| C150 | Filtering drinking water through a cloth will prevent diarrhea. | 0 False 1 True | |
| C151 | It is only necessary to clean your water to make it safe to drink during cholera outbreaks. | 0 False 1 True | |
| C152 | It is always necessary to clean your water to make it safe to drink. | 0 False 1 True | |
| Hand washing | | | |
| Social norm | | | |
| C153 | Do most of the people you know take some action to clean their water to make it safer to drink? | 0 No 1 Yes | |
| C154 | Do most of the people you know wash their hands with water and soap or ashes? | 0 No 1 Yes | |
| Social support | | | |
| C155 | Does your family believe that you should take action to make the household's water safer to drink? | 0 No 1 Yes | |
| C156 | Have your neighbors counseled you to take action to make your household's water safer to drink? ** | 0 No 1 Yes | |
| C157 | Have you ever counseled your neighbors to take action to make their household's water safer to drink? | 0 No 1 Yes | |
| Threat (Risk Perception) | | | |
| C158 | Do you think people are seriously concerned about the quality of drinking water in your community? | 0 No 1 Yes | |
| C159 | Do you think the quality of drinking water causes serious problems in your community? | 0 No 1 Yes | |
| C160 | Do you think your children are at risk for getting diarrhea from contaminated drinking water? | 0 No 1 Yes | |

| No. | Questions and Filters | Codes | Skip to |
|--|--|--|---------|
| C161 | Do you think you are at risk for getting diarrhea from contaminated drinking water? | 0 No 1 Yes | |
| C162 | Are you worried that your children could die from diarrhea? | 0 No 1 Yes | |
| BiyoSifeeye – Self Efficacy, Outcome Expectations, Availability | | | |
| C163 | Do you think BiyoSifeeye is effective in making water safe to drink? ** | 0 No 1 Yes | |
| C164 | Do you think BiyoSifeeye is effective in preventing diarrhea? ** | 0 No 1 Yes | |
| C165 | Do you think it is easy to follow the instructions for how to use BiyoSifeeye to treat your household's drinking water? ** | 0 No 1 Yes | |
| C166 | How many liters of clear water will one tablet of BiyoSifeeye treat? | 20 Liter <i>Don't know...98</i> Other (specify) | |
| C167 | How many tablets of BiyoSifeeye are needed to treat 20 liters of not clear water? | 2 Tablets <i>Don't know...98</i> Other (specify) | |
| C168 | After adding BiyoSifeeye to your drinking water, how long must you wait before the water is ready to drink? | 30 Minutes <i>Don't know</i> Other (specify) | |
| C169 | If you use BiyoSifeeye to treat your drinking water, how long will the water continue to be safe to drink before it needs to be treated again? | 24 Hrs <i>Don't know</i> Other (specify) | |
| C170 | Do you know where to buy BiyoSifeeye? | 0 No 1 Yes | |
| C171 | Can you always find BiyoSifeeye when you need it? ** | 0 No 1 Yes | |

MODULE 3: NUTRITION

IN THIS SECTION OF THE SURVEY WE ARE GOING TO ASK ABOUT NUTRITION

| | | |
|------|---|---|
| Q176 | Can poor nutrition cause health problems for CU5? | Yes.....1 (go to next question) No.....0 (skip next question) Don't Know.....98 |
| Q177 | What are the consequences of poor nutrition in CU5? | Stunting.....1 Low weight.....2 Lack of attention.....3 Learning disability.....4 Others.....5 |
| Q178 | What are the signs of malnutrition in children under five? Circle all the respondent answers | Irritability.....1 Fatigue.....2 Slow or no growth.....3 Weight loss.....4 Bloated/swollen abdomen....5 Dry skin.....6 Hair loss.....7 Change of hair color.....8 Brittle/spooned nails.....9 Lack of appetite.....10 Sunken temples.....11 Slow healing.....12 Other: _____ Don't know.....98 |
| Q179 | How can malnutrition be prevented? | Exclusively Breastfeeding (only breast milk) for the first six months.....1 Balanced diet after 6 months.....2 Nutritional supplement.....3 Others.....4 |
| Q180 | At what age should a child be given additional food other than breast milk? | 6 months.....1 Others.....2 |
| Q181 | Have you heard of anemia (USE APPROPRIATE LOCAL NAME) before? | Yes.....1 No.....0 |
| Q182 | Is anemia a problem in CU5? | Yes.....1 No.....0 |
| Q183 | What causes anemia in CU5? | Poor diet.....1 Poor iron intake.....2 Lack of vitamins.....3 Other.....Specify _____ |
| Q184 | What are the consequences of anemia? | Stunting.....1 Low weight.....2 Lack of attention.....3 Learning disability.....4 Other....specify _____ |
| Q185 | What are the ways to prevent and treat anemia? | Iron supplement (tablet/syrup).....1 Traditional medicine.....2 Increased food intake.....3 Home fortification.....4 Other.....specify _____ |
| Q186 | Where do you get support/advise about nutrition for your child? | Mother.....1 Husband.....2 In-laws.....3 Health Provider.....4 CHW.....5 |

| | | | | |
|------|---|--|--|--|
| | | Pharmacist.....6 Neighbor.....7 No one.....10 Others.....(specify) | | |
| Q187 | Where do you prefer to go to seek nutrition care for NAME's? | Public health facility.....1 Private health facility.....2 Pharmacy.....3 Community health worker TBA..4 (traditional healer).....5 Other:..... | | |
| Q188 | In the last seven days, was (NAME) given iron supplement (syrup or pill)? | Yes.....1 No.....0 | | |
| Q189 | If yes, specify? | Syrup.....1 Pill.....2 Other.....specify | | |
| Q190 | Have you ever heard of a micronutrient supplement (something to add to your child's diet to improve their nutrition)? | Yes.....1 No.....0 | | |
| Q191 | Where would you prefer to get micronutrient supplement for "NAME"? | Health Center....1 Hospital.....2 Child health Days.....3 CHW.....4 Pharmacy.....5 Don't know....98 | | |
| Q192 | Do you think that you can easily add a nutritional supplement to the home cooked food for your child every day for 60 days? | Yes.....1 No.....0 If yes, skip next question | | |
| Q193 | If not, why? | Lack of trust.....1 It is difficult to remember.....2 Others (specify)..... | | |
| | Willingness to pay Nutrition | | | |
| Q194 | How much would you be willing to pay for two weeks of a micronutrient supplementation? |SH | | |
| Q195 | At what point could you not afford to pay for two weeks supply micronutrient supplementation? |SH | | |
| | Iron deficiency for pregnant women | | | |
| Q196 | If a pregnant mother does not receive adequate nutrition do you think she can have problems? | Yes.....1 (If yes go next question) No.....0 | | |
| Q197 | What are the consequences of poor nutrition in pregnant mothers? | Increase risk of complication.....1 Maternal mortality.....2 Premature delivery.....3 Low birth weight.....4 Anemia.....5 Brain damage for the child.....6 Miscarriage.....7 Others...(Specify) | | |

| | | | | |
|------|---|---------|--|--|
| | | | | |
| | Willingness to pay Iron folic acid | | | |
| Q198 | How much would you be willing to pay for two weeks Iron folic Acid? |SH | | |
| Q199 | At what point could you not afford to pay for two weeks of Iron folic Acid? |SH | | |

| MODULE 4: PNEUMONIA | | | | |
|---|--|--|--|--|
| IN THIS SECTION OF THE SURVEY WE ARE GOING TO ASK ABOUT PNEUMONIA | | | | |
| Q200 | Have you ever heard about pneumonia? | Yes.....1 No.....0 | | |
| Q201 | What are the signs of Pneumonia in children? (Multiple responses are possible) | Difficulty in breathing.....1 Fast breathing.....2 Fever.....3 Cough.....4 Diarrhea.....5 Others..Specify_____ | | |
| Q202 | What should you do if your child has one fast breathing and cough? | Treat at home.....1 (Go to health facility Go to the pharmacy.....2 Call a friend/neighbor...3 Go to Traditional healer...4 Others... specify_____ | | |
| Q203 | How would you treat your child at home? | Give fluids.....1 Give drugs available at home.....2 Others....3. | | |
| Q204 | If your child has fast breathing and cough, when should you seek treatment? | First 24 hours.....1 After couple of days.....2 If the child is not getting better.....3 Others.....4 | | |
| Q205 | Do you know where you can obtain pneumonia treatment for your child? | Yes.....1 No.....0 | | |
| Q206 | Have you ever sought treatment for pneumonia in your child? | Yes....1 No.....0 (skip next two questions) | | |
| Q207 | Where have you sought treatment? | Public health facility.....1 Private health facility.....2 Pharmacy.....3 Community health worker TBA..4 Traditional healer.....5 Other: | | |
| Willingness to pay for Pneumonia | | | | |
| Q208 | How much would you be willing to pay for as complete treatment of drugs to treat pneumonia in your child? (interviewer should explain the meaning of complete) | SLSH-----. | | |
| Q209 | At what point could you not afford to pay for a complete treatment of pneumonia for your child? | _____ SLSH | | |
| Health Seeking location | | | | |
| Q210 | Where do you prefer to go when your child is sick? | MCH.....1 Hospital.....2 Pharmacy.....3 Clinic.....4 Community health worker.....5 Traditional Healer...6 Treat at home 7 | | |

| | | | | |
|------|--|---|--|--|
| | | Other:_____ | | |
| | | DON'T KNOW.....98 | | |
| Q211 | How long does it take you to go to the hCealth provider you mentioned? | _____km | | |
| Q212 | Would you like to receive information from CHW? If yes- Who do you prefer? | Yes.....1 No.....0 Don't know...98 Male.....1 Female.....2 No preference....3 | | |
| Q213 | Would you allow the CHW to enter your house and discuss with you about health information? If No why? | Yes.....1 No.....0 Don't know...98 Stranger.....1 Husband objects,,.....2 House too crowded.....3 Security.....4 Other_____(Specify) | | |
| Q214 | What is your convenient time to discuss with CHW | Early morning (6:00 am to 8:00 am).....1 Morning(8:00 am to 12:00 pm).....2 Afternoon(12:00 pm to 3:00 pm).....3 | | |
| Q215 | Where do you prefer to buy medicines? | Pharmacy.....1 MCH.....2 Private clinic....3 Hospital.....4 CHW.....5 Other_____(Specify) | | |