**ENDLINE 2013 SURVEY QUESTIONNAIRE**

Innovations for Poverty Action, Spring 2013

COMPLETE ONE QUESTIONNAIRE PER HOUSEHOLD

**Section 0: Coding**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Enumerator’s details: | a) Name: | b) Enumerator’s ID Code: |\_\_\_|\_\_\_| |  |
| 1. District | a) Name: | b) District Code: |\_\_\_|\_\_\_| |  |
| 1. Subcounty | a) Name: |  | |
| 1. Parish | a) Name: |  | |
| 1. Village | a) Name: | b) Village Code: |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |  |
| 1. Is this a valid HH? | 1. Yes 2. No**🡪 skip to qs 7** | 6b.Who did you identify as the primary respondent?  a) Female head **🡪 skip to qs 8**  b) Alternate primary caregiver of 18 or over 18 years of age | 6c. Why did you have to select an ALTERNATE primary caregiver?   1. Female head of the household below 18 years of age **🡪 skip to qs 8** 2. Female head of the household not healthy or unable to interview **🡪 skip to qs 8** 3. Female head of the household not available for interview on the same day**🡪 skip to qs 8** 4. Female head of the household greater than 60 years of age and not the primary caregiver of the household**🡪 skip to qs 8** |
| 1. Why is this not a valid HH?   \*Answer this question and consult the TL for replacement. | 1. Female household head less than 18 years of ageand no alternate caregiver or alternate caregiver less than 18 years of age**🡪 skip to Qs 15** 2. The HH has no children under 5 **🡪skip to qs 15** 3. HH moved from location**🡪** Answer this question and consult the TL for replacement. **End survey** 4. The female household head cannot be interviewed due to health concerns and the primary caregiver is less than 18 years old**🡪**Skip to Qs 15 5. The female household head cannot be interviewed due to permanent/ long term unavailability and the primary caregiver is less than 18 years old**🡪**Skip to qs 15 6. Other🡪**skip to qs 15** |  |  |
| 1. Is the Interviewee present? (single choice) | 8a. Yes |\_\_\_| **🡪 skip to qs 9**  No |\_\_\_| | 8b - Interviewee not present, rescheduled for  Date: |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|  HH:MM: |\_\_\_|\_\_\_|:|\_\_\_|\_\_\_|  \*Record time for rescheduled interview on the tracking sheet and save survey\*\* |  |
| 1. How old are you? | \_\_\_|\_\_\_| |  | |
| 1. Date of interview | a) DD/MM/YY: |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_| |  | |
| 1. Start time | 1. Start:  HH:MM (12.00 hours): |\_\_\_|\_\_\_|:|\_\_\_|\_\_\_| AM PM |  | |
| 1. Respondent | a) First name: | b) Last name | c) Nick Name |
| 1. Household ID | |\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_| |  |  |

**\*NOTE: QUESTIONNAIRE TO BE DISTRIBUTED TO THE IDENTIFIED PRIMARY RESPONDENT**

**Before starting the interview, the participant should provide the written informed consent. Follow the indications contained in the consent form and only if respondent agrees and signs the form proceed with the questionnaire.**

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| 1. May I begin the interview now? | | | *1 – Yes--- go to section 1*  *2 – No***🡪end survey** | |\_\_\_| | |
| 1. Has the household suffered from the death of a child under 5 since August 2008 | | | *1 – Yes*  *2 – No***🡪end survey**  3- No one to answer this question in HH🡪**end survey**  55=Refused to Answer | |\_\_\_| | |
| Child  ID | 1. Record month and year of birth e.g. 09 2010 options | **17.**Gender  *1=Male*  *2=Female* | **18.** Month and year when child died?  *e.g. 092011* | | **19.**Cause of death  *1=Malaria*  *2= Diarrhea*  *3=Cough and Fever*  *4=accident*  *5=war/violence*  *6=Still birth*  *7=Witchcraft*  *8=unknown*  *9=other (specify)*  ***🡪 End the survey after the last child*** |
|  | |\_\_\_||\_\_\_| |\_\_\_||\_\_\_||\_\_\_||\_\_\_| | |\_\_\_| | |\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_| | | |\_\_\_| |
|  | |\_\_\_||\_\_\_| |\_\_\_||\_\_\_||\_\_\_||\_\_\_| | |\_\_\_| | |\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_| | | |\_\_\_| |
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**Section 1.1: Household rosters (adults)**

**I am now going to ask you some questions about all the people who live in your household (everyone who lives in the same dwelling and shares resources like money and food and have a joint decision making process). To start, I am only going to ask about yourself and all other members of the household who are 18 years old or older. Start with the household head**

**1.** How many people of 18 years or older live in this household? |\_\_|\_\_|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Member ID | **2)**  Full Name (First, Middle, Last, Suffix). | **3)**  Age in years  -88=DK | **4)**  Gender  *1 = Male*  *2 =Female* | **5)**  Relationship to the head of the household  ***USE CODES BELOW*** | **6)**  Highest level of education completed  ***USE CODES BELOW*** | **7)**  Does this person earn any income in cash or in kind?  *1 =Yes*  *2 = No*  *88 = DK* |
|  |  | |\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| Member ID | 8) When was the last time (NAME) had an illness that required him/her to seek treatment?  **\*record month and year\*** | **9)**  Did (NAME) seek healthcare or buy/acquire any drug?  *1=Yes*  *2=No*🡪 **skip to 1.2**  *88=DK* 🡪**skip to 1.2** | **10)**  Where did (NAME) seek health care/buy or acquire drugs from?  **\*DO NOT READ OPTIONS. \***  *\*Up to three options permitted\**  *1=Govt hospital*  *2=Govt health centre*  *3=Private hospital*  *4=Private clinic*  *5=NGO clinic*  *6=Pharmacy or drug shop*  *7=Traditional Healer*  *8=Community/Village Health Team worker*  *9=NGO Health worker*  *10=BRAC/Living Goods musawo*  *11=Others* |
|  | |\_\_\_|\_\_\_||\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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|  | |\_\_\_|\_\_\_||\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |

Enumerator check: I have written down that there are \_\_\_\_\_[total from adult roster] people in this household aged 18 or above. Is this correct?

*If yes 🡪 continue to the next section. If no 🡪 revisit and correct roster accordingly.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY RELATIONSHIPS** | | **EDUCATION** | | |
| Household Head | 100 | P1 | 01 |
| Spouse | 101 | P2 | 02 |
| Second wife | 102 | P3 | 03 |
| Third wife | 103 | P4 | 04 |
| Fourth wife | 104 | P5 | 05 |
| Co-wife | 105 | P6 | 06 |
| Male/Female Partner | 106 | P7 | 07 |
| Child | 107 | S1 | 08 |
| Step child | 108 | S2 | 09 |
| Niece/nephew | 109 | S3 | 10 |
| Grandchild | 110 | S4 | 11 |
| Father/mother | 111 | J1 | 12 |
| Brother/sister | 112 | J2 | 13 |
| Son/daughter-in-law | 113 | J3 | 14 |
| Brother/sister-in-law | 114 | S5 | 15 |
| Grandfather/grandmother | 115 | S6 | 16 |
| Father/mother-in-law | 116 | C1 | 17 |
| Step mother/father | 117 | C2 | 18 |
| Great grandchild | 118 | C3 | 19 |
| Other relative e.g. Aunties, Uncles | 119 | Diploma | 20 |
| Non-relative domestic or farming help | 120 | University Degree | 21 |
| Other (specify) | 121 | No Education | 22 |
| Will not say | 999 | Other | 23 |

**Section 1.2: Household rosters (5-17 years)**

I am now going to ask you about all children living in the household who are **5-17 years old.**

**1.** How many children within age 5 - 17 years live in this household? |\_\_|\_\_| (**If 0 🡪 skip to section 1.3)**

**I am now going to ask you some more detailed questions. I will first ask about ALL children aged 5 to 17 in this household, starting with the oldest child.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child ID** | **2)**  Name of child | **3)**  Gender  *1=Male*  *2=Female* | **4)**  Age in years  88=DK | **5)**  Relationship to the head of the household  ***USE CODES FROM PREVIOUS PAGE*** | **6)**  Is this child currently enrolled in school?  *1 =Yes*  *🡪***skip to 8**  *2 =No* | **7)**  What was the highest level of education ever attained?  ***USE CODES FROM PREVIOUS PAGE***  **🡪 skip to 10** | **8)**  What grade is this child currently enrolled in?  ***USE CODES FROM PREVIOUS PAGE*** | **9)**  How many days was (NAME) in school in the last week?  **\*out of a total of 5 days (Mon-Fri)\***    0,1,2,3,4,5 and 88=DK |
|  |  | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_| |
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| --- | --- | --- | --- |
| **Child ID** | **10)**When was the last time (NAME) had an illness that required him/her to seek treatment?  **\*record month and year\*** | **11)**  Did (NAME) seek health care or buy/acquire any drug?  *1=Yes*  *2=No*🡪**skip to 1.3**  *88=Don’t know* 🡪**skip to 1.3** | **12)**  Where did (NAME) seek health care/buy or acquire drugs from?  **\*DO NOT READ OPTIONS. \***  **\*up to three options permitted\***  *1=Govt hospital*  *2=Govt health centre*  *3=Private hospital*  *4=Private clinic*  *5=NGO clinic*  *6=Pharmacy or drug shop*  *7=Traditional Healer*  *8=Community/Village Health Team worker*  *9=NGO Health worker*  *10=BRAC/Living Goods musawo*  *11=Others* |
|  | |\_\_\_|\_\_\_||\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_| |
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Enumerator check: I have written down that there are \_\_\_\_\_[total from the 5-17 years Roster] people in this household aged 5-17 years. Is this correct?

*If yes 🡪 continue to the next section. If no 🡪 revisit and correct roster accordingly.*

**Section 1.3: Household rosters (Children under 5)**

**I am now going to ask you some more detailed questions about ALL children under age 5 in this household, starting with the youngest child.**

**1.** How many children under age 5 live in this household? |\_\_|\_\_|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child ID** | **2)**  Name of child | **3)**  Gender  *1=Male*  *2=Female* | 4) Do you have an immunization card for (NAME) that I can see?  ***\*Ask to see the immunization card\****  *1= Yes*  *2=No* | 5) Month and Year of Birth  ***\* from the immunization card. Ask only if card not available\****  ***e.g. 092010*** | 6)  (For the enumerator)Age in months | **7)**  Relationship to the head of the household  ***USE CODES FROM PREVIOUS PAGES*** | **8)**  Was (NAME) breastfed?  *1=Yes, not breastfeeding anymore*  *2= Yes, still breastfeeding*🡪**skip to 1.4**  *3=No*🡪**skip to 1.4**  *88=DK*🡪**skip to 1.4** | **9)**  For how many months was (NAME) breastfed?  \*Enter number of months. Enter **1** for under **1** month**\***  ***88=DK*** |
|  |  | |\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_||\_\_\_||\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
|  |  | |\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_||\_\_\_||\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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|  |  | |\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_||\_\_\_||\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
|  |  | |\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_||\_\_\_||\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
|  |  | |\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_||\_\_\_||\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |

Enumerator check: I have written down that there are \_\_\_\_\_[total from Children under 5 years Roster] people in this household aged under 5 years. Is this correct?

*If yes 🡪 continue to the next section. If no 🡪 revisit and correct roster accordingly.*

**We will now ask some questions that might be sensitive and apologize if it brings back bad memories. We are trying to find out what actions can be implemented to reduce illness from preventable diseases especially for children under 5 years of age and this information will be very useful.**

**Section 1.4: Household rosters (children)**

Children under 5 years old who have died since August 2008

|  |  |  |
| --- | --- | --- |
| 1. How many children less than 5 years old have died in this household since **August 2008 including still births**? | Number  *88= DK***🡪 skip to section 2**  *if 0***🡪 skip to section 2**  55= Refused to Answer | |\_\_\_||\_\_\_| |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child  ID | 2)  Record Month and Year of Birth  ***e.g. 092010***  ***From Immunization card [If available]*** | 3)  Gender  *1=Male*  *2=Female* | 4)  Month and year Child Died  ***e.g. 012010*** | 5)  Cause of death  *1=Malaria*  *2= Diarrhea*  *3=Cough and Fever*  *4=accident*  *5=war/violence*  *6=Still birth*  *7=Witchcraft*  *8=unknown*  *9=other (specify)* |
|  | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| |
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|  | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| |
|  | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| | |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |\_\_\_| |

**Section 2: Knowledge and beliefs about health**

The questions in this section should be addressed to the female head of the household. DK=Don’t know. N/A=Not applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Question** | **Coding** | **Value** |
| **201** | Have you ever heard about food with **added** vitamins or nutrients? | 1= Yes  2= No | |\_\_\_| |
| **202** | Could you please tell me if you think that mosquito nets can help prevent catching diseases? | 1=Yes  2=No →**skip to 204**  88=DK → **skip to 204** | |\_\_\_|\_\_\_| |
| **203** | Which disease(s)?  ***\*DO NOT READ OPTIONS. ASK ‘ANYTHING ELSE’ONCE. TICK ALL THAT APPLY\**** | 1. Cough 2. Diarrhea 3. Malaria 4. Flu 5. Other | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **204** | Could you tell me if you think that Zinc supplements are effective in treating any common child disease? | 1=Yes  2=No → **skip to 206**  88= DK→ **skip to 206** | |\_\_\_||\_\_\_| |
| **205** | Which disease?  ***\*DO NOT READ OPTIONS. ASK ‘ANYTHING ELSE’ONCE. TICK ALL THAT APPLY\**** | 1=Cough  2=Diarrhea  3=Malaria  4=Other  88=DK | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **206** | Could you please tell me if you think the following can cause **malaria**?  ***\*READ OPTIONS AND CODE ALL ANSWERS\****  1=Yes  2=No  88= DK  *If No or DK to ALL OR only Yes to ONE OF THE ABOVE* ***→ skip to 208*** | 1. Direct contact with someone who has malaria 2. Mosquito bites 3. Drinking water containing mosquito eggs 4. Eating certain kinds of mangos | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **207** | ***\*If Yes to more than one option in 206****\*,* which of the alternatives do you think is the **most important** cause of malaria?  ***\*Read all options. ONLY ONE OPTION ALLOWED\****  . | ***\*From responses above\****  1=Direct contact with someone who has malaria  2= Mosquito bites  3= Drinking water containing mosquito eggs  4= Eating certain kinds of mangoes  88=DK  99= N/A | |\_\_\_|\_\_\_| |
| **208** | Do you **expect** that **EXPIRED** drugs exist in the market?  If No OR DK***→ skip to 210*** | 1= Yes  2=No  88=DK | |\_\_\_|\_\_\_| |
| **209** | Do you **expect** that **EXPIRED** antimalarial medicines are sold by:  **\**READ ALL OPTIONS AND CODE ALL ANSWERS\****  1= Yes, all of them  2= Yes, most of them  3= Yes, some of them  4= No, none of them  88=DK | a) the nearest drug shop/pharmacy?  b) the nearest private clinic?  c) BRAC/ Living Good Musawo | |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **210** | Do you **expect** that FAKE **drugs exist in the market?**  If No or DK***→ skip to 212*** | 1=Yes  2=No  88=DK | |\_\_\_||\_\_\_| |
| **211** | Do you **expect** that **FAKE** antimalarial medicines are sold by the:  **\**READ ALL OPTIONS AND CODE ALL ANSWERS\****  1= Yes, all of them 2= Yes, most of them 3= Yes, some of them 4= No, none of them  88=DK | a) the nearest drug shop/pharmacy?  b) the nearest private clinic?  c) BRAC/ Living Good Musawo | |\_\_\_|   |  | | --- | |  |   |\_\_\_| |
| **212** | Do you do anything to the water before you drink it? | 1= Yes  2=No 🡺**skip to 214**  88=Don’t know / Not Sure / Depends🡺**skip to 214** | |\_\_||\_\_| |
| **213** | What do usually do to the water before drinking it?  ***\*DO NOT READ OPTIONS. TICK ALL THAT APPLY\**** | 1. Boil 2. Filter/strain through cloth 3. Use bleach/chlorine/Water guard 4. Use water filter e.g. ceramics and/composites/etc. 5. Let it stand and settle 6. Solar disinfection 7. Other (Specify) | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **214** | Do you know whether any diseases could be transmitted by drinking unboiled/untreated water?  1=Yes  2=No 🡺**skip to** 216  88= DK 🡺**skip to**  216 | |\_\_\_||\_\_\_| |  |
| **215** | What diseases are transmitted by drinking unboiled/untreated water?  ***\*DO NOT READ OPTIONS. TICK ALL THAT APPLY\**** | 1= Diarrhoea  2=Dysentery/Cholera  3=Hepatitis E  4=Eye infections  5=Skin diseases  6=Typhoid  7=Malaria  8=Other (specify) | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **216** | Where does the water you drink primarily come from?  ***\*DO NOT READ OPTIONS. ONLY ONE OPTION ALLOWED. CODE THAT APPLIES\**** | 1=Rainwater  2=Spring  3=Tap water  4=Lakes and/or rivers  5=Water Pumps  6=Well  7=Borehole  8=Other (specify) | |\_\_| |
| **217** | How often do you wash your hands before eating something?  **\*READ OPTIONS. ONLY ONE OPTION ALLOWED\***  *If 5* 🡺**skip to *Qs 220*** | 1=Every time  2=Most of the time  3=Sometimes  4=Rarely  5=Never | |\_\_| |
| **218** | When you wash your hands, do you use anything in addition to water?  If NO🡺**skip to *Qs 220*** | 1= Yes  2=No | |\_\_| |
| **219** | What do you wash your hands with in addition to water? | 1= Soap  2= Other (Specify) |  |
| **220** | Where do you believe a woman giving birth should deliver her baby?  ***\*DO NOT READ OPTIONS. ONLY ONE OPTION ALLOWED\****  ***If not ‘1’, skip to 222*** | 1=At home  2=At mother’s home  3=Govt health center  4=GovtHospital  5=Private Hospital  8= Private Clinic  9= NGO clinic  10= Other (specify)  88=Don’t Know | |\_\_| |
| **221** | With Whom? | 1=At home alone  2=At home with family member  3=At home with TBA(traditional birth assistant)  4= Other |  |
| **222** | How much does lack of a balanced diet contribute to a child not growing at a normal rate and not reaching his or her full potential height?  **\*READ ALL OPTIONS. ONLY ONE OPTION ALLOWED\*** | 1= Very much  2=Somewhat  3=Not very much  4=Not at all  5=Don’t know | |\_\_| |
| **223** | How much does illness contribute to a child not growing at a normal rate and not reaching his or her full potential height?  **\*READ ALL OPTIONS. ONLY ONE OPTION ALLOWED\*** | 1= Very much  2=Somewhat  3=Not very much  4=Not at all  5=Don’t know | |\_\_| |
| **224** | Where do you get information on health and nutrition?  ***\*DO NOT READ OPTIONS. TICK ALL THAT APPLY\**** | *1=Govt hospital*  *2=Govt health centre*  *3= private hospital*  *4=private clinic*  *5= NGO clinic*  *6= pharmacy/ drug shop*  *7=Used traditional methods*  *8= clinic (without examination)*  *9= Community/Village health team worker*  *10=NGO health worker*  *11=BRAC/ Living Good musawo*  12=During village meetings  13=Friends  14=Relatives  15=Television/radio  16=Other (Specify) | |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_|  |\_\_\_||\_\_\_| |
| **225** | Who in the household makes the decision about children’s health costs?  **\*DO NOT READ ANSWERS\*** | 1. Male HHH 2. Female HHH 3. (a) and (b) 4. Other (Specify) | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |
| **226** | Have you ever used family planning (including condoms)?  1=Yes  2=No→**skip to section 3** | |\_\_\_| |  |
| **227** | What family planning methods do you use?  Tick all that apply, do not read options  1=Oral contraceptives (pills)  2= Male condoms  3=IUD  4=Injectables  5=Norplant/Implants  6=Diaphragm  7=Female Condoms  8=Emergency contraception  9=Traditional herbs  10=Female Sterilization  11= Male Sterilization  12=Other (specify)  13=Don’t know  55=Refused to answer | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |  |

**Section 3: Malaria Morbidity and Treatment, Children under 5**

The questions in this section should be answered by the primary respondent identified in the household and for all children under 5 living in the household. DK=Don’t know. N/A=Not applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Child Code** | **01** | | | | **02** | | | | **03** | | | | **04** | | | | | **05** | | | | **06** | | | | |
| **301** | **Name of Child**  *\*For each child under 5, use the same child code as in Section 1\** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **302** | Do you have a mosquito net for NAME?  *1= Yes*  *2= No*→**skip to 306**  *88=DK*→ **skip to 306** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **303** | Did (NAME) sleep under a mosquito net the last night that he/she slept in the house?  *1= Yes*  *2= N***o**  *88=DK* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **304** | Is (NAME’s ) net treated?  *1= Yes*  *2= No*  *88=DK* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **305** | Where did you acquire this net for NAME?  ***\*DO NOT READ.. ONLY ONE OPTIONS ALLOWED\****  *1=Govt hospital*  *2=Govt health centre*  *3= private hospital*  *4=private clinic*  *5= NGO clinic*  *6= pharmacy/ drug shop*  *7= Community/Village health team worker*  *8= NGO health worker*  *9=BRAC/ Living Goods musawo*  *10= Market Place/ Retail store*  *11=other (specify)* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **306** | Has (NAME) fallen sick with malaria at any time during the last three months?  *1= Yes*  *2= No*→**skip to the next child. If last child skip to section 4**  *88=DK*→ **skip to the next child. If last child skip to section 4** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **307** | At any time during the illness, did you give (NAME) any antimalarial medicine to treat malaria?  **\*if child has been sick with malaria more than once in the last 3 months, ask about the last time\***  *1= Yes*→**skip to 309**  *2= No*  *88=DK* → **skip to 319.** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **308** | Why did you not give (NAME) any medicine to treat malaria?  ***\*DO NOT READ OPTIONS. PICK ONLY ONE OPTION\****  *1=Because parent/caregiver did not know what medicine to give*  *2=Parent / caregiver knew what medicine to give but could not afford to buy it*  *3=Other*  *88=DK*  ***\*Now* skip to 319\**\**** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **309** | What antimalarial medicine did (NAME) take?  ***\*DO NOT READ OPTIONS. Up to two options permitted. If no second option, record N/A for second option\****  *1=Artefan 2=Artequin*  *3=Coartem 4=Duact*  *5=Duo-Cotecxin 6=Lonart*  *7=Lumaren8=Lumartem (type A)*  *9=Lumartem (type B) 10=Chloroquine*  *11=Quinine 12=Fansidar/SP*  *13=anti-malarial syrup*  *14=Other (specify) 88=DK*  *99/A*  *\*If option 1-9 or 88,* ***go to 310***  *For any other option*→**skip to 312** | a) | | b) | | a) | | | b) | a) | b) | | | a) | b) | | | | a) | b) | | | a) | b) | | | |
| **310** | Could you verify the respondents answer on CARD D-ANTI MALARIALS?   1. Yes, Same as 309 2. Yes, different from 309 3. No   If a) or c) →**skip to 312** |  | | |  |  |  | | |  | |  | |  | |  | | |  | | |  |  | | |  | |
| **311** | (For the Enumerator) What antimalarial medicine did (NAME) take?  *1=Artefan 2=Artequin*  *3=Coartem 4=Duact*  *5=Duo-Cotecxin 6=Lonart*  *7=Lumaren 8=Lumartem (type A)*  *9=Lumartem (type B) 10=Chloroquine*  *11=Quinine 12=Fansidar/SP*  *13=Other (specify) 88=DK* | a) | | | b) | a) | b) | | | a) | | b) | | a) | | b) | | | a) | | | b) | a) | | | b) | |
| **312** | Did the antimalarial medicine help (NAME) get better?  *1= Yes*  *2= No*  *88=DK*  *99=N/A* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **313** | From where did you get/buy the antimalarial medicine for NAME?  ***\*DO NOT READ OPTIONS. Up to two options permitted for the medicine in a and b chosen above\****  *1=Govt hospital*  *2=Govt health centre*  *3= private hospital*  *4=private clinic*  *5= NGO clinic*  *6= pharmacy/ drug shop*  *7=Used traditional methods*  *8= clinic (without examination)*  *9= Community/Village health team worker*  *10= NGO health worker*  *11=BRAC/ Living Good musawo*  *12=market place/retail store*  *13=other (specify)*  *99= N/A* | a) | b) | | | a) | | | b) | a) | | b) | | a) | | | b) | | a) | | | b) | a) | | | | b) |
| **314** | How many tablets of the antimalarial medicine did you get/buy?  *\*Record the number of tablets.\**  *88=DK*  *77=Drugs were not in tablet for*m  99=N/A | a) | b) | | | a) | | b) | | a) | | | b) | a) | | | | b) | a) | | b) | | a) | | b) | | |
| **315** | How much did you pay for the antimalarial medicine?  *88=DK*  *99=N/A*  *0 If medicine was for free*  *If cumulative amount, enter the amount in a and ‘66’ in b.* | a) | b) | | | a) | | b) | | a) | | | b) | a) | | | | b) | a) | | b) | | a) | | b) | | |
| **316** | For how many days did [NAME] take this antimalarial?  *88=DK*  *66=still undergoing treatment* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **317** | After (NAME) started taking the antimalarial medicine, did any health care provider or community health worker follow up in person or by phone to check on his/her health?  *1= Yes*  *2= No*→**skip to 319**  *88=DK*→ **skip to 319** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **318** | Who provided the follow up?  ***\*DO NOT READ\****  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/ musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist 7= Other 88= DK* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **319** | Did (NAME) receive a recommendation or referral to the health facility?  *1= Yes*  *2= No*→**skip to the next child. If last child skip to section 4**  *88=DK*→ **skip to the next child. If last child skip to section 4** |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **320** | Who recommended or referred (NAME) to the health facility?  ***\*DO NOT READ \****  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/ musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist*  *7= Other*  *88= DK* |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |

**Section 4: ARI Morbidity and Treatment, Children under 5**

The questions in this section should be answered by the primary respondent identified in the household. DK=Don’t know. N/A=Not applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Child Code** | **01** | | | **02** | | **03** | | | **04** | | | **05** | | | **06** | | |
| **401** | **Name of Child**  *\*For each child under 5, use the* ***same*** *child code as in Section 1\** |  | | |  | |  | | |  | | |  | | |  | | |
| **402** | Has (NAME) fallen sick of cough with fever at any time during the last three months?  ***\*must have had both cough and fever at same time\****  *1= Yes*  *2= No*→ **skip to the next child. If last child skip to section 5**  *88=DK*→→ **skip to the next child. If last child skip to section 5** |  | | |  | |  | | |  | | |  | | |  | | |
| **403** | At any time during the cough with fever, did you give (NAME) any medicine to treat the illness?  **\*if child has fallen sick with cough and fever several times during the last 3 months, ask about the last time\*.**  *1= Yes*→**skip to 405**  *2= No*  *88=DK*→ **skip to 413** |  | | |  | |  | | |  | | |  | | |  | | |
| **404** | Why did you not give (NAME) any medicine to treat the cough with fever?  *\*****DO NOT READ\****  *1=Because parent/caregiver did not know what medicine to give*  *2=Parent / caregiver knew what medicine to give but could not afford to buy it*  *3=Other*  *88=DK*  ***\****Now **skip to 413\**\**** |  | | |  | |  | | |  | | |  | | |  | | |
| **405** | What medicine did (NAME) take?  *\* Must pick two*  ***\*Two answers permited – mark N/A in the second column if fewer than 2\****  *1=Antibiotic Pill/Syrup (e.g. Septrin; amoxicillan)*  *2=Antibiotic Injection*  *3=Cough syrup*  *4=Locally made cough syrup*  *5=Home made solution based on herbs*  *6=Panadol Syrup*  *7=Other*  *88=DK*  *99=N/A* | a) | b) | | a) | b) | a) | b) | | a) | b) | | a) | b) | | a) | b) | |
| **406** | From what source did you get the medicine?  ***\*DO NOT READ. Up to two options permitted for the medicine in a and b in 405\****  *1=Govt hospital*  *2=Govt health centre*  *3= private hospital*  *4=private clinic*  *5= NGO clinic*  *6= pharmacy/ drug shop*  *7=Used traditional methods*  *8= clinic (without examination)*  *9= Community/Village health team worker*  *10= NGO health worker*  *11=BRAC/ Living Goods musawo*  *12=Market place/retail store*  *13=other (specify)*  *99- N/A* | a) | b) | | a) | b) | a) | b) | | a) | b) | | a) | b) | | a) | b) | |
| **407** | Did the medicine help (NAME) get better?  *1= Yes*  *2= No*  *88=DK* |  | | |  | |  | | |  | | |  | | |  | | |
| **408** | *H*ow many tablets of the medicine(s) did you get/buy?  ***\*Record the number of tablets.\****  *88=DK*  *99=N/A*  *77=Drugs were not in tablet form* | a) | | b) | a) | b) | a) | | b) | a) | | b) | a) | | b) | a) | | b) |
| **409** | How much did you pay for the medicine?  *88=DK*  *99=N/A*  *0 if medicine for free*  *If cumulative amount, enter the amount in a and ‘66’ in b.* | a) | | b) | a) | b) | a) | | b) | a) | | b) | a) | | b) | a) | | b) |
| **410** | Did (NAME) take the complete dose?  *1= Yes*  *2= No*  *3= still on the medication  88=DK* |  | | |  | |  | | |  | | |  | | |  | | |
| **411** | After (NAME) started taking the medicine, did any health care provider or community health worker follow up in person or by phone to check on his/her health?  *1= Yes*  *2= No***→ skip to 413**  *88=DK***→ skip to 413** |  | | |  | |  | | |  | | |  | | |  | | |
| **412** | *Who* provided the follow up?  ***\*DO NOT READ \****  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/ musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist 7= Other*  *88= DK* |  | | |  | |  | | |  | | |  | | |  | | |
| **413** | Did (NAME) receive a recommendation or referral to the health facility?  *1= Yes*  *2= No*→**skip to the next child. If last child skip to section 5**  *88=DK*→→ **skip to the next child. If last child skip to section 5** |  | | |  | |  | | |  | | |  | | |  | | |
| **414** | Who recommended or referred (NAME) to the health facility?  *\*DO NOT* ***READ*** *\**  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/ musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist 7= Other*  *88= DK* |  | | |  | |  | | |  | | |  | | |  | | |

**Section 5: Diarrhea Morbidity and Treatment, Children under 5**

The questions in this section should be answered by the primary respondent identified in the household. DK=Don’t know. N/A=Not Applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Child Code** | **01** | | | **02** | | | **03** | | | **04** | | | **05** | | | **06** | | |
| **501** | **Name of Child**  *\*For each child under 5, use the* ***same*** *child code as in Section 1\** |  | | |  | | |  | | |  | | |  | | |  | | |
| **502** | Has (NAME) fallen sick with diarrhea any time during the last three months?  *1= Yes*  *2= No***→skip to the next child. If last child skip to section 6**  *88=DK***→skip to the next child. If last child skip to section 6** |  | | |  | | |  | | |  | | |  | | |  | | |
| **503** | At any time during Diarrhea, did you give (NAME) any medicine or other substance? (if child has fallen sick with diarrhea several times during the last 3 months, ask about the last time).  *1= Yes***→ skip to 505**  *2= No*  *88=DK***→ skip to 512** |  | | |  | | |  | | |  | | |  | | |  | | |
| **504** | Why did you not give (NAME) any medicine or other substance?  ***\*DO NOT READ \****  *1=Because parent/caregiver did not know what medicine to give--🡪* **skip to the 512**  *2=Parent / caregiver knew what medicine to give but could not afford to buy it-🡪* **skip to the 512**  *3=Other 🡪* **skip to the 512**  *88=DK* ***-🡪* skip to the 512** |  | | |  | | |  | | |  | | |  | | |  | | |
| **505** | What medicine or other substance was (NAME) given?  ***\*Two answers permited – mark N/A if fewer than 2\****  *1=Oral Rehydration Solution/ORS*  *2=Zinc supplements 3=Tetracycline (capsules)*  *4=Homemade solution from herbs*  *5= ORS/Zinc combination*  *6=Other(specify) 88=DK 99=N/A* | a) | | b) | a) | | b) | a) | b) | | a) | b) | | a) | b) | | a) | b) | |
| **506** | From what **source** did you get the medicine or other substance?  ***\*DO NOT READ. Up to two options permitted for the medicine in a and b in 505\****  *1= Govt hospital 2= Govt health centre*  *3= private hospital 4=private clinic*  *5= NGO clinic 6= pharmacy/ drug shop*  *7=Used traditional methods 8= clinic (without examination) 9= Community/Village health team worker*  *10= NGO health worker 11=BRAC/ Living Goods musawo*  *12=market place/retail store*  *13=other (specify)*  *99=N/A* | a) | | b) | a) | | b) | a) | b) | | a) | b) | | a) | b) | | a) | b) | |
| **507** | Did the medicine help (NAME) get better?  *1= Yes*  *2= No*  *88=DK* |  | | |  | | |  | | |  | | |  | | |  | | |
| **508** | How many tablets of the medicine did you get/buy?  ***\*Record the number of tablets.\****  *88=DK*  *99=N/A*  *77 = Drugs were not in tablet form* | a) | b) | | a) | b) | | a) | | b) | a) | | b) | a) | | b) | a) | | b) |
| **509** | How much did you spend on the medicine / substance?  *88=DK*  *N/A= 99*  ***If cumulative amount, enter the amount in a and ‘66’ in b****.*  *0 if medicine for free* | a) | b) | | a) | b) | | a) | | b) | a) | | b) | a) | | b) | a) | | b) |
| **510** | After (NAME) started taking the medicine, did any health care provider or community health worker follow up to check on his/her health?  *1= Yes*  *2= No*→**skip to 512**  *88=DK*→**skip to 512** |  | | |  | | |  | | |  | | |  | | |  | | |
| **511** | Who provided the follow up?  *\*DO NOT* ***READ*** *\**  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist 7= Other 88= DK* |  | | |  | | |  | | |  | | |  | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **512** | Did (NAME) receive a recommendation or referral to the health facility?  *1= Yes*  *2= No*→ **skip to the next child. If last child skip to section 6**  *88=DK*→ **skip to the next child. If last child skip to section 6** |  |  |  |  |  |  |
| **513** | Who recommended or referred (NAME) to the health facility?  ***\*DO NOT READ\****  *1= Doctor*  *2= Nurse*  *3= LG/BRAC health worker/ musawo*  *4= NGO health worker/musawo*  *5= Community/Village Health Team health worker*  *6= Natural healer/herbalist 7= Other 88= DK* |  |  |  |  |  |  |

**Section 6: Vitamin A Supplementation and Food Fortification, Children under 5**

The questions in this section should be answered by the primary respondent identified in the household. DK=Don’t know.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Child Code** | **01** | | | **02** | | | **03** | | | **04** | | | **05** | | | **06** | |
| **601** | **Name of Child**  *\*For each child under 5, use the* ***same*** *child code as in Section 1\** |  | | |  | | |  | | |  | | |  | | |  | |
| **602** | Do you have an immunization card for (NAME) that I can see? ***\*Ask to see the immunization card\****  *1= Yes*  *2=No, card not found/not available*  *3=No, never had a card but child was immunized*  *4- No, DK whether child was immunized*  *5=No, never been immunized* |  | | |  | | |  | | |  | | |  | | |  | |
| **603** | Did (NAME) ever receive any Vitamin A dose?  **\*Check the card, ONLY if card not available or no dose reported, ask respondent. \***  *1= Yes*  *2= No*  *88=DK*  **If NO -> skip to 607** |  | | |  | | |  | | |  | | |  | | |  | |
| **604** | When did (NAME) receive the most recent Vitamin A dose?  **\* Write Month and Year as reported on the card, ONLY if card not available or no dose reported, ask respondent. \***  *888888=card is missing and parent does not remember* | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | | | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **605** | ***\*DO NOT ask \****  *If Yes to 602*  Did you read the date from the vaccination card?  *1= Yes*  *2=No* |  | | |  | | |  | | |  | | |  | | |  | |
| **606** | Has (NAME)received a Vitamin A dose when he/she was under 6 months?\*Read from the immunization card or ask ONLY if card not available or no dose reported \*  1= Yes  2= No  88=DK  99=N/A |  | | |  | | |  | | |  | | |  | | |  | |
| **607** | Fortified food is food with added vitamins and/or nutrients. Have you served any of the following fortified food products to (NAME) in the last 24 hours?  ***\*SHOW images on CARD E\****  ***\*up to eight options permitted - record all products served in last 24 hours.\****  ***\*If none of the products have been served, choose N/A \****  ***\**** ***For children still breastfeeding, choose N/A\****  ***\*Up to 8 options permitted\****  **Fortified food products**  *1= Margarine, Blue Band*  *2=Margarine, Chipsy*  *3=Cooking Oil, Golden Fry*  *4=Cooking Oil, Mukwano*  *5=Cooking Oil, Roki*  *6=Cooking Oil, Ufuta*  *7= Flour (Maize), Maganjo*  *8 = Baby Porridge, Maganjo*  *9=Porridge, Kendo (Maize-Soya)*  *10=Porridge, Kendo (Millet)*  *11=Porridge, New Baby Soya*  *12=Health Booster, Soya diet*  *13=Sugar, Kendo*  *14=Sugar, Lugazi*  *15=Salt, Habari*  *16= Soya Rice porridge, Maganjo*  *17= Energy Booster Porridge, Maganjo*  *18= Soya Millet, Maganjo*  *19 = Cassava Millet flour, Family diet*  *20=Others*  *DK=88 N/A = 99* | a) | b) | a) | | b) | a) | | b) | a) | | b) | a) | | b) | a) | | b) |
| c) | d) | c) | | d) | c) | | d) | c) | | d) | c) | | d) | c) | | d) |
| e) | f) | e) | | f) | e) | | f) | e) | | f) | e) | | f) | e) | | f) |
| g) | h) | g) | | h) | g) | | h) | g) | | h) | g) | | h) | g) | | h) |

**Section 7: Knowledge and interaction with Community Health Promoter**

The questions in this section should be answered by the primary respondent identified in the household. DK=Don’t know. N/A=Not applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Question** | **Coding** | **Value** | |
|  | In the last 30 days, have you been visited by a person (s) that provided health education? | 1= Yes  2= No **🡪 skip to 703**  88=DK **🡪 skip to 703** | |\_\_\_|\_\_\_| | |
|  | If yes, what organization(s) did she come from?  **\**IF MORE THAN ONE ORGANIZATION, ASK FOR EACH ORGANIZATION. DO NOT READ OPTIONS\****  ***Tick all that apply***  If option C**🡪 skip to 704** | 1. Government/Public health facility 2. Private health facility 3. Living Goods/BRAC 4. Other NGO 5. Other 6. DK 7. N/A | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Have you ever heard of a Living Goods or BRAC musawo?  **\*DO NOT Show any picture card\*** | 1= Yes  2= No  88=DK | |\_\_\_|\_\_\_| | |
|  | ***\*SHOW CARD A – LOGOS\****  Do you recognize any of these logos? Which?  \*CODE EACH OPTION\* ***1=Yes 2=No*** | 1. BRAC 2. HEAL 3. Living Goods 4. BRAC (*old logo*) 5. AHP | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | ***\*SHOW CARD B – PRODUCTS PHOTOS\****  Does a musawo in your village sell any of these products? | 1=Yes  2=No  88=DK | |\_\_\_|\_\_\_| | |
|  | ***\*SHOW CARD C – MUSAWO PHOTOS\****  Have you seen a woman in your village dressed like:  (a) the woman in picture (a)?  (b) the woman in picture (b)?  *\*CODE BOTH ANSWERS*  *if NO or DK for BOTH AND NO TO QS 703,* **🡪 skip to section 8**  *if NO or DK for BOTH AND YES TO QS 703 OR ‘c’ TO 702***🡪 skip to section 713**  *\*if NO or DK for woman (a) and YES to woman (b)***🡪 skip to 710** | 1=Yes  2=No  88=DK | a) | b) |
|  | Think about the woman who wears a similar uniform in your village. What is her:  1. given name?  2. surname? | *\*record name\**  88=DK | a) | b) |
|  | Where did you last see her?  1= In my home  2=In my neighborhood  3= Elsewhere  88=DK  ***\*DO NOT READ OPTIONS. Tick all that apply\**** | |\_\_\_|  |\_\_\_|  |\_\_\_| |  | |
|  | What does she do or provide?  *\*DO NOT read options\**  ***Tick all that apply***  *\*if NO or DK for woman (b) in 906*→**skip to 713** | 1. Sells health products 2. Sells food products 3. Provides health education 4. Provides medical help 5. Provides microfinance services 6. Other 7. 88=DK | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Think about the woman who wears a similar outfit in your village. What is her:  1. given name?  2. surname? | *\*record name\**  88=DK | a) | b) |
|  | Where did you last see her?  1= In my home  2= In my neighborhood  3= Elsewhere  88=DK  ***\*DO NOT READ OPTIONS. Tick all that apply\**** | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| |  | |
|  | What does she do or provide?  ***\*DO NOT read options\****  ***Tick all that apply*** | 1. Sells health products 2. Sells food products 3. Provides health education 4. Provides medical help 5. Provides microfinance services 6. Other | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Has this HH ever been visited by a Living Goods or BRAC musawo? | 1= Yes  2= No →**skip to 716**  88=DK →**skip to 716** | |\_\_\_|\_\_\_| | |
|  | How many times in the last 30 days have you been visited by the Living Goods or BRAC musawo? | *\*Record the number \**  0 if no visit in the last month  88=DK | |\_\_\_|\_\_\_| | |
|  | How many weeks ago was the last visit by the Living Goods or BRAC musawo? | *\*Record the number of weeks\**  0=This week  88=DK | |\_\_\_|\_\_\_| | |
|  | Do you know anybody else, outside this household, who ever received a visit from a Living Goods or BRAC musawo? | 1= Yes  2= No →**skip to 719**  88=DK →**skip to 719** | |\_\_\_|\_\_\_| | |
|  | Who received the visit?  ***\*DO NOT read options\****  ***Tick all that apply*** | 1. Family member 2. Friend 3. Neighbor 4. Other *(Specify)* | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | How long (in minutes) would it take for you to walk to the house of the nearest person visited by the Living Goods or BRAC musawo?  \* if more than an hour and a half record 90\* | *\*Record the number of minutes.\** | |\_\_\_|\_\_\_| | |
|  | Have you or anyone in this household ever bought any products or medicines from a Living Goods or BRAC musawo? | 1= Yes  2= No 🡪**skip to 723**  88=DK 🡪**skip to 723** | |\_\_\_|\_\_\_| | |
|  | What was the reason for buying the products or medicines from a Living Goods or BRAC musawo?  ***\*DO NOT read options\* \*Tick All that apply\****  🡪**skip to 722 if someone only mentions one option** | 1=Convenience (door-to-door)  2=Competitive price  3=Product sale accompanied by health advice / knowledge  4=Don’t know anywhere else to buy the product  5= Better Quality  6=Other*(Specify)*  *88=DK* | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | What was the primary reason for buying the products or medicines from a Living Goods or BRAC musawo?  **\*Only one answer permitted\*** | 1=Convenience (door-to-door)  2=Competitive price  3=Product sale accompanied by health advice / knowledge  4=Don’t know anywhere else to buy the product  5= Better Quality  6=Other*(Specify)* | |\_\_\_| | |
|  | How many times in **the last 30 days** has someone in the household bought products from a Living Goods or BRAC musawo? | *\*Record number of times. \**  *Record 0 if no one in the household bought any products in the last month.*  *88=DK* | |\_\_\_|\_\_\_| | |
|  | Do you know anybody else, outside this household, who ever bought any products or medicines from a Living Goods or BRAC musawo? | 1= Yes  2= No →**skip to 725**  88=DK →**skip to 725** | |\_\_\_|\_\_\_| | |
|  | Who bought these products or medicines?  ***\*DO NOT read options\****  ***Tick all that apply*** | 1. Family member /relatives 2. Friend 3. Neighbor 4. Other *(Specify)* | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Has anyone is this household ever received the following from a Living Goods or BRAC musawo?  ***\*Read out options \****  *1= Yes*  *2= No*  *88=DK* | 1. Medical advice 2. Treatment 3. Follow up health visit 4. Referral | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Do you know anybody else, outside this household, who ever received any of the following from a Living Goods or BRAC musawo?  ***\*Read out options \****  *1= Yes*  *2= No*  →**skip to 728 if ‘No’ to all options** | 1. Medical advice 2. Treatment 3. Follow up health visit 4. Referral | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Who received any of the above?  ***\*DO NOT read options\****  ***Tick all that apply*** | 1. Family member 2. Friend 3. Neighbor 4. Other *(Specify)* | |\_\_\_|  |\_\_\_|  |\_\_\_|  |\_\_\_| | |
|  | Do you or anyone else in this HH have the cell phone number of the Living Goods or BRAC musawo in your village? | 1= Yes  2= No 🡪**skip to 733**  88=DK →**skip to 733** | |\_\_\_|\_\_\_| | |
|  | Can anyone in this HH give me the phone number he/she has of the Living Goods or BRAC musawo? | \**Record the phone number\**  *6=Specify any other problem* | |\_\_|\_\_|\_\_|-|\_\_||\_\_|\_\_||\_\_|\_\_|\_\_| | |
|  | Have you or anyone else in the HH ever used a phone to contact a Living Goods or BRAC musawo? | 1= yes  2= no🡪**skip to 733** | |\_\_\_|\_\_\_| | |
|  | In the last week, how many times has someone in the HH called a Living Goods or BRAC musawo?  **\*Consider the last week from Mon-Sun\*** | *\*Record the number.\**  0 if no calls in the last week. | |\_\_\_|\_\_\_| | |
|  | In the last week, how many times has someone in the HH contacted a Living Goods or BRAC musawo via SMS?  **\*Consider the last week from Mon-Sun\*** | *\*Record the number.\**  0 if no SMS contact in the last week | |\_\_\_|\_\_\_| | |
|  | Has a Living Goods or BRAC musawo in your village asked for anyone’s cell phone number in this HH? | 1= Yes  2= No →**skip to 737** | |\_\_\_| | |
|  | Did anyone in this HH give his/her number to the Living Goods or BRAC musawo? | 1= Yes  2= No  3=No, don’t have phone | |\_\_\_| | |
|  | Did anyone in this HH receive an SMS from the Living Goods or BRAC musawo or LG/BRAC? | 1= Yes  2= No | |\_\_\_| | |
|  | Did anyone in this HH receive a call from the Living Goods or BRAC Musawo or LG/BRAC? | 1= Yes  2= No | |\_\_\_| | |
|  | Has anyone in this HH attended any Living Goods or BRAC group meeting in the last 30 days? | 1=Yes, a LG meeting  2=Yes, a BRAC meeting  3=Yes, Both  4=No, hasn’t attended a meeting | |\_\_\_| | |
|  | Do you know where the Living Goods or BRAC musawo lives in the village? | 1= Yes  2= No 🡪**skip to section 740** | |\_\_\_| | |
|  | How long (in minutes) would it take for you to walk to the Living Goods or BRAC musawo’s house? | *\*Record the number of minutes\** | |\_\_\_|\_\_\_| | |
|  | Did you know her before she became the Living Goods or BRAC musawo? | 1= Yes  2= No | |\_\_\_| | |
|  | For how long have you known her? | *\*Record the number of months. If years, multiply by 12\** | |\_\_\_|\_\_\_|\_\_| | |

**Section 8: Post Natal Care and Breastfeeding**

**Now we will talk about women who have delivered a baby in the last 12 months**

|  |  |  |
| --- | --- | --- |
| **No** | **Question** | **Value** |
| **801** | **\*Ask the primary respondent**\* How many women\ in the household have delivered a baby in the last 12 months including still births?  If 0, **skip to section 9.** | |\_\_||\_\_| |

The questions for this section should be addressed to all women in the household who have delivered a baby in the last year.

For women that are not present/unavailable or under 18 years of age, have the female head of household answer the questions for the woman. In case of 2 births by one woman in a the last 12 months, consider the most recent birth.

DK=Don’t know. N/A=Not applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Code** | **01** | **02** | **03** | **04** | **05** | **06** |
| **802** | **Name of woman**  ***\* \**** |  |  |  |  |  |  |
| **803** | How old is the woman who delivered the baby?  ***\*If the woman who delivered the baby is under 18 years, have the primary respondent answer this section for the woman and skip to 805\**** | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **804** | Is the woman present?  *1= Yes*  *2= No*  *3=yes, does not want to participate*  ***\*If 2 or 3, have primary respondent answer this section for the woman.\**** | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| |
| **805** | How many months ago did you/(NAME) deliver the baby?  ***\*Record the number of months.\****  *88=DK* | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **806** | Where did you/(NAME) give birth to the child?  **\*DO NOT READ\***  *1=Your home*  *2=Traditional Birth Attendant’s Home*  *3=Other home*  *4=Government hospital/health centre*  *5=Private hospital /health centre*  *6=Other*  *88=DK*  *If options 4 or 5 or DK, skip to question 809* | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **807** | Did you/(NAME) use a clean safe delivery kit?  *1=Yes*  *2=No*→**skip to 809** | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| |
| **808** | Where did you/(NAME) buy/get the kit from?  \*ONLY ONE OPTION ALLOWED\*  *1=Govt hospital*  *2=Govt health centre*  *3= private hospital*  *4=private clinic*  *5= NGO clinic*  *6= pharmacy/ drug shop*  *7= Community/Village health team worker*  *8= NGO health worker*  *9=BRAC/ Living Good musawo*  *10=other (specify)* | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **809** | Were you/(NAME) advised by someone to deliver with the assistance of a doctor, nurse or medical officer?  *1= Yes*  *2= No*→**skip to 811**  *88=DK*→**skip to 811** | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **810** | Who advised you/(NAME) to deliver with the assistance of a doctor, nurse or medical officer?  ***\*DO NOT READ. RECORD ALL THAT APPLY\****  1= Doctor 2= Nurse  3= NGO musawo 4= Village Health Team/Community health worker 5= LG/BRAC musawo  6= Natural healer/herbalist 7= Family/relatives  8= Friends 9= Other  88=DK | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **811** | In the first week after the baby was born, did any health care provider or community health worker visit you/(NAME)?  *1= Yes*  *2= No*→**skip to 813**  *3 = No, but the child died in the first week*→**skip to 813**  *88=DK*→**skip to 813** | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| |
| **812** | Who conducted the visit?  ***\*DO NOT READ. RECORD ALL THAT APPLY\****  1= Doctor 2= Nurse  3= NGO musawo 4= Village Health Team/Community health worker 5= LG/BRAC musawo  6= Natural healer/herbalist 7= Family/relatives  8= Friends 9= Other  88=DK | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| | |
| **813** | In the first two months after delivery, did you/(NAME) take vitamin A and/or folic acid?  *1= Yes*  *2= No*🡪**skip to 815** | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |
| **814** | Where did you/(NAME) get the vitamin A and/or Folic acid tablet from?  \*DO NOT READ. TICK ALL THAT APPLY\*  *1=Govt health centre 2=Govt hospital*  *3= Private hospital*  *4=Private clinic 5=Drug shop/Pharmacy*  *6=Village health team worker 7=NGO health worker*  *8=LG/BRAC musawo 9=Other*  *88=DK* | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_|\_\_|| | |\_\_||\_\_| | |\_\_||\_\_| | |\_\_||\_\_| | |
| **815** | Did you/(NAME) breastfeed the baby?  *1= Yes*  *2= No*🡪**skip to 819**  3= No, it was a still birth🡪**skip to section 9** | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |
| **816** | How long after birth did you/(NAME) first breastfeed this baby?  ***\*Record hours; if days multiply days by 24 and record. If less than 1 hour, record 1\**** |  |  |  |  |  |  | |
| **817** | Are you/(NAME) still breastfeeding this baby?  *1= Yes*  *2= N*o | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |\_\_| | |
| **818** | For how many months have you/(NAME) breastfed this baby?  ***\*Record number of months. If less than 1 month, record 1\**** |  |  |  |  |  |  | |
| **819** | Do you have a vaccination card for this baby that I can see? \*Ask to see the immunization card\*  \*Code No if they cannot find it but best if you can see it\*  1= Yes  2=No, card not found/not available  3=No, never had a card  4- No, DK whether child was immunized  5=No, never been immunized **→skip to section 9** |  |  |  |  |  |  | |
| **820** | When did this baby receive the vaccination: BCG  (Right Upper Arm, at birth)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*    000000=Child not immunised **→skip to 822**  888888=card is missing and parent does not remember **→skip to 822** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **821** | \* DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **822** | When did this baby receive the vaccination: Polio 0  (Mouth Drops, at birth)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised . **→skip to 824**  888888=card is missing and parent does not remember **→skip to 824** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **823** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **824** | When did this baby receive the vaccination: Polio 1  (Mouth Drops, at 6 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised **→skip to 826**  888888=card is missing and parent does not remember **→skip to 826** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **825** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **826** | When did this baby receive the vaccination: Polio 2  (Mouth Drops, at 10 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to 828**  888888=card is missing and parent does not remember **→skip to 828** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **827** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **828** | When did this baby receive the vaccination: Polio 3  (Mouth Drops, at 14 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to 830**  888888=card is missing and parent does not remember **→skip to 830** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **829** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **830** | When did this baby receive the vaccination: DPT-HepB+Hib1  (Left Upper Thigh at 6 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to 832**  888888=card is missing and parent does not remember **→skip to 832** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **831** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **832** | When did this baby receive the vaccination: DPT-HepB+Hib2  (Left Upper Thigh at 10 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to 834**  888888=card is missing and parent does not remember **→skip to 834** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **833** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **834** | When did this baby receive the vaccination: DPT-HepB+Hib3  (Left Upper Thigh at 14 wks)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to 836**  888888=card is missing and parent does not remember **→skip to 836** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **835** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |
| **836** | When did this baby receive the vaccination: Measles  (Left Upper Arm at 9 months)  \* Write Month and Year as reported on the card, ONLY if card not available or vaccination not reported, ask respondent. \*  000000=Child not immunised**→skip to section 9**  888888=card is missing and parent does not remember**→skip to section 9** | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | M: |\_\_\_|\_\_\_|  Y: |\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |
| **837** | \*DO NOT ask \*  Did you read the date from the vaccination card?  1= Yes  2=No |  |  |  |  |  |  | |

**Section 9:Ante Natal Care**

|  |  |  |
| --- | --- | --- |
| **No** | **Question** | **Value** |
| **901** | How many women in this household are currently pregnant?  ***If 0, skip to section 8*** |  |

The questions in this section should be addressed to all pregnant women in the household in a confidential manner. For women that are not present/unavailable or under 18 years, have the primary respondent identified in the household answer the questions for the woman. For pregnant women of 18 years or older, request the primary respondent to introduce these women before initiating the interview. DK=Don’t know. N/A=Not applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Code** | **01** | | **02** | | **03** | **04** | | | **05** | **06** | | |
| **902** | **Name of woman**  *\*Record all pregnant women in the household\** |  | |  | |  |  | | |  |  | | |
| **903** | How old is the woman who is pregnant?  *\*If the woman is under 18 years, have the primary respondent answer this section for the woman and* →**skip to 905***.\** | |\_\_||\_\_| | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| | |\_\_||\_\_| | | |
| **904** | *\*****If the woman is over 18 years of age****\*,* Is the woman present?  *1= Yes*  *2= No*  *3=yes, does not want to participate*  ***\*If 2 or 3, have the primary respondentanswer this section for the woman.\**** | |\_\_| | | |\_\_| | | |\_\_| | |\_\_| | | | |\_\_| | |\_\_| | | |
| **905** | How far are you/(NAME) in your current pregnancy?  ***\*Record the number of months. If less than one months, record 1\****  *88=DK*  *55=Refused to Answer* | |\_\_||\_\_| | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| | |\_\_||\_\_| | | |
| **906** | Have you/(NAME) received antenatal care for this pregnancy?  *1= Yes*  *2= No***→ skip to 909**  *88=DK***→ skip to 909** | |\_\_||\_\_| | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| | |\_\_||\_\_| | | |
| **907** | *Who* were you/(NAME) checked by during your antenatal visit(s)?  **\*DO NOT READ OPTIONS. TICK ALL THAT APPLY\***  *1=Doctor 2=Midwife*  *3=Medical Assistant 4=Nurse/Nursing Aide 5=Traditional Birth Attendant 6=Other 88=DK* | |\_\_||\_\_| | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| | |\_\_||\_\_| | | |
| **908** | How many times have you/(NAME) received antenatal care during this pregnancy?  ***\*Record value\****  *DK=88* | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| |
| **909** | Were you/(NAME) referred or advised by someone to visit a health facility for antenatal care?  1= Yes  2= No→**skip to 911**  88=DK→**skip to 911** | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| |
| **910** | Who referred or advised you/(NAME) to visit a health facility for antenatal care?  **\*DO NOT READ. TICK ALL THAT APPLY\***  1= Doctor 2= Nurse  3= NGO musawo  4= Village Health Team/Community health worker 5= LG/BRAC musawo  6= Natural healer/herbalist  7= Family/relatives  8= Friends  9= Other  88=DK | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| |
| **911** | Have you/(NAME) taken any vitamin, iron and/or folic acid during pregnancy?  1= Yes  2= No→**skip to section 10 if the last woman, else go to next woman.**  88=DK→**skip to section 10 if the last woman, else go to next woman.** | | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | |\_\_||\_\_| | |\_\_||\_\_| | | | |\_\_||\_\_| |
| **912** | Where did you/(NAME) buy/get these Vitamins, iron and/or folic acid from?  **\*DO NOT READ. TICK ALL THAT APPLY\***  *1=Govt hospital*  *2=Govt health centre*  *3=Private hospital*  *4=Private clinic*  *5=NGO clinic*  *6=Pharmacy or drug shop*  *7=Traditional Healer/Traditional Birth Assistant*  *8=Community/Village Health Team worker*  *9=NGO Health worker*  *10=BRAC/Living Goods musawo*  *11=Others* | | |\_\_| | | |\_\_| | |\_\_| | | |\_\_| | |\_\_| | | | |\_\_| |

**Section 10: Household characteristics**

The questions in this section should be answered by the primary respondent identified in the household. DK=Don’t know. N/A=Not applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Question** | **Coding** | **Value** |
| **1001** | How long have you lived in this village? | *\*Record number of years\** | |\_\_\_|\_\_\_| |
| **1002** | What is your religion?  \*DO NOT READ OPTIONS\* | 1= Protestant 2= Catholic  3= Moslem 4= Seventh Day Adventist  5= SAVED /Born again 6= Other  7= No religion  55=Refused to Answer | |\_\_\_| |
| **1003** | Are you able to read ( **\*for the enumerator\* - any language**) ? | 1= Yes  2= No 🡪**skip to 1005** | |\_\_\_| |
| **1004** | How often do you read a newspaper?  **\*READ ALL OPTIONS. PICK ONLY ONE OPTION\*** | 1= Daily  2= Almost every day  3= At least once a week  4= Less than once a week  5= Not at all | |\_\_\_| |
| **1005** | How often do you listen to the radio at home?  **\*READ ALL OPTIONS. PICK ONLY ONE OPTION\*** | 1= Daily  2= Almost every day  3= At least once a week  4= Less than once a week  5= Not at all | |\_\_\_| |
| **1006** | Do you own a mobile phone? | 1=Yes  2=No | |\_\_\_| |
| **1007** | Does anyone else in this Household own a mobile phone? | 1=Yes  2=No | |\_\_\_| |
| **1008** | Does everyone in this household have at least two sets of  clothes? | 1= Yes  2= No  88=DK  55=refused to Answer | |\_\_\_|\_\_\_| |
| **1009** | How many meals have you served in your household within the last week that included meat/chicken or fish?  **\*Consider the last Mon-Sun\*** | *\*Record number.\** 0 if no meals included meat or fish. | |\_\_\_|\_\_\_| |

**\* *Does THE household have the following items? DO NOT ASK RESPONDENT UNLESS YOU ARE UNABLE TO OBSERVE\****

|  |  |  |  |
| --- | --- | --- | --- |
| **1010** | Does the household have electricity? | 1= Yes  2= No  55=Refused to Answer | |\_\_\_|\_\_\_| |
| **1011** | A Television? | 1= Yes  2= No  55=Refused to Answer | |\_\_\_|\_\_\_| |
| **1012** | A Radio? | 1= Yes  2= No  55=Refused to Answer | |\_\_\_|\_\_\_| |
| **1013** | What is the main material of the floor of the respondent’s house?  **\*ONLY ONE OPTION ALLOWED\*** | 1= earth/sand /dung  2= parquet or polished wood 3= mosaic or tiles  4= bricks 5= cement  6= concrete 7= stones 8= other (specify)  55=Refused to Answer | |\_\_\_|\_\_\_| |
| **1014** | What is the main material of the roof of the respondent’s house?  **\*ONLY ONE OPTION ALLOWED\*** | 1= thatched 2= iron roof  3= tiles 4= other (specify)  55=Refused to Answer | |\_\_\_|\_\_\_| |

**Instructions to Enumerator:**

Set the mobile phone to record GPS coordinates.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. GPS of HH | a) North |\_\_\_| or South |\_\_\_| :  |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|\_\_\_|\_\_\_| | | | b) East:  |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| 1. End time | b) End:  HH:MM: |\_\_\_|\_\_\_|:|\_\_\_|\_\_\_| AM PM | | |  |  |
| 1. Contact numbers of Respondent | | a) Personal mobile: | b) Alternative contact (household member) Name: Mobile: | |  |