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# SUPPORTING WOMEN AND GIRLS IN PAKISTAN

# SCALING UP EMPOWERMENT AND CARE STRATEGIES TO ADDRESS

# HEALTH AND SURVIVAL

**CENTER OF EXCELLENCE IN WOMEN AND CHILD HEALTH**

**THE AGA KHAN UNIVERSITY, KARACHI – PAKISTAN**

**MIDline Household Survey questionnaire**

**(data collected on hand held devices)**

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| **SECTION A: IDENTIFICATION** | | |
| **S.No** | **Questions** | **RESPONSES/Codes** |
| A101 | Cluster number | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   This information will be based on the list of villages generated from the district. Each enumerator will be given a list of clusters that he/she will be visiting, and before starting the interview, this information will be entered from the same list. |
| A102 | Cluster type | LHW covered 1  LHW uncovered 2 |
| A103 | Form Serial Number | Auto generated |
| A104 | Name of Province | Balochistan 1  Punjab 2  Sindh 3 |
| A105 | Name of District | **Balochistan**  Jafferabad 1  Nasirabad 2  Lasbella 3  **Punjab**  Muzaffargarh 4  Rahimyar Khan 5  **Sindh**  Badin 6  Sanghar 7  Qamber Shahdadkot 8 |
| A106 | Name of Tehsil/Taluka | Select from the drop down menu.  The list of Tehsil/Taluka will appear once a district has been selected. |
| A107 | Name of Union Council | Select from the drop down menu.  The list of UC will appear once a Tehsil/Taluka has been selected. |
| A108 | Location | Urban 1  Rural 2 |
| **Complete Address** | | |
| A109 | Village | Use text box to enter village name |
| A110 | Block/mohalla | Use text box or Not Available |
| A111 | Street | Use text box or Not Available |
| A112 | House number/khandan number | Khandan number in LHW covered area  House no. in LHW uncovered area  Not Available |

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| **Section B: Global Positioning system (GPS) location** | | |
| B101 | Latitude **(Example: 24.861462)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B102 | Longitude **(Example:67.009939)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section C: introduction and consent** |
| **Assalamo Alaikum.**  My name is **(Name of Interviewer)** and I am working with Centre of Excellence in Women and Child Health, Aga Khan University Karachi. In collaboration with National Ministry of Health Services, Regulation and Coordination Government of Pakistan and Provincial Health Departments of Balochistan, Punjab and Sindh, we are conducting a project on Maternal, newborn and child health in selected districts of Pakistan. As part of the project, we are collecting information on the status of health of population in these selected districts. The Information we are collecting relates to knowledge, attitudes and practices on maternal, newborn and child health including morbidity and mortality. This information will be used to design strategies in improving MNCH services by government and other healthcare providers in your area. The whole process of this interview may take approximately one hour. We would very much appreciate your participation in this survey. All of the answers you provide will be confidential. Your participation in the survey is voluntary. If you do not want to provide information to a specific question or a section, please let me know. You may also withdraw from this interview at any time.   |  |  |  | | --- | --- | --- | | **C101**. | Was consent taken? | Verbal consent Y / N  Written consent Y / N | |

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| **SECTION D: HOUSEHOLD MEMBERS’ INFORMATION**  Now I would like to ask you questions on household member information who live with you in this house and share the same kitchen. This information will be used to assess the health care needs, and services available to you and your household members in the area. | | | | | | | | | | | | | | |
| D101  Member Serial Number  [Auto Generate Starting from 01] | D102  Name  Please give me the names of the persons who usually live in your household, starting with the head of the household. | D103  Relationship to Head of HH  What is the  relationship of  [NAME] to the  Head of the household? | D104  Sex  Is [NAME] male or female? | D105  Marital Status | D106  Serial no. of Father  If father’s relation is “Not Available” in the members list then record code “NA” | D107  Serial no. of Mother  If mother’s relation is “Not Available” in the members list then record code “NA” | D108  Date of Birth  If date of birth is not available record “00” and record age | | | D109  Age  If date of birth recorded then age will be automatically calculated from D.O.I and D.O.B | | | D110  Education  What is the highest class (NAME) completed | D111  Occupation  For children less than five years, this variable will not be visible, and an auto generated NA code will appear. |
| Date | Month | Year | Days | Months | Years |
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| ***Q. No. D112, D113 and D114 will be automatically calculated from household member list.*** | | | | | | | | | | | | | | |
| D112 | Total members of household  (Auto calculated) | | | | D113 | Total married women of Reproductive age in household  (Auto calculated) | | | | D114 | Total children of under 5 years age in household  (Auto calculated) | | | |
| D115 | Person present at home yes…1  No--2 | | | |  |  | | | |  |  | | | |
| The interviewer will ask the HH head information first, and record.  Codes for Q# D103. Relationship with Head of household:   1. Head of HH 2. Wife/Husband 3. Son/DaughterS 4. Son in law/Daughter in law 5. Grand child 6. Parents 7. Parents in law 8. Brother/Sister 9. Brother in law/Sister in law 10. Niece/Nephew 11. Grand Parents 12. Aunts/Uncle 13. Adopted/Step child 14. Domestic Servant 15. Don’t Know | | | Codes for Q# D104. Sex:   1. Male 2. Female | | | Codes for Q# D105. Marital Status:   1. Married 2. Unmarried 3. Widowed 4. Divorced/Separated | | | Codes for Q# D110. Education:  Please record number of years for attending formal educational institutions.   1. None 2. Pre-Primary 3. Primary(1-5) 4. Middle (6-8) 5. Secondary(9-10) 6. Intermediate 7. Graduation 8. Masters 9. PhD 10. Diploma (IT/Electric,Mechanical,civil) 11. Religious Education (Hafiz/Aalim)   98. Don't Know  99. Not Applicable | | | Codes for Q# D111. Occupation:   1. Housewife 2. Unskilled Manual Labor 3. Skilled Manual labor 4. Agriculture 5. Sales/Service 6. Professional 7. Student 8. Unemployed 9. Retired   99. Not Applicable | | |

Once the member information has been completed, an eligible woman will be randomly selected from the list of women in the member information. The interviewer then asks the respondent (if different from the eligible woman) to call the respective woman for information on the below questions that relate to the reproductive health of the women in the household.

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| **Section E: Reproductive health**  ***(Complete this table for all married women aged 15-49 years in the household)*** | | | | |
| **Definition of Live Birth:** *Live birth refers to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life - e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles - whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered born alive.* | | | | |
| **E101** | Have you ever been pregnant since your marriage? | Yes 1  No 2 | | ***If “No” go to next married woman (15-49 years)*** |
| **E102** | How many times have you been pregnant since your marriage? | …………………………….numbers |  |  |
| **E102 a.** | Are you currently pregnant? | Yes………1  No…………2 |  | Independent question |

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| **E103** | **E104** | **E105** | **E106** | **E107** | **E108** | **E109** |
| Pregnancy history number  (Auto generate, depending on the number of pregnancies starting from 1) | Thinking back to your pregnancies, was this pregnancy single or multiple?  (Similar fields will appear for the following pregnancies. The remaining pregnancies should be identified with the name of the pregnancy.  For example, “thinking back to the pregnancy after {name of the eldest child}……”) | Was the baby born alive, born dead or lost before birth? | In what month and year was {NAME} born?  Probe: When is his/her birthday? | Is {NAME} a boy or a girl? | What was the name given to the child?  [Record Baby 1, Baby 2  In case no name was given? | Is (Name) Still alive? |
| Pregnancy 1:  Pregnancy 2:  .  .  Pregnancy…X: | Single 1  Multiple 2  If single birth  In E105 options 1, 2,6 should appear  If Multiple birth  In E105 options 3, 4,5, 6 should appear | Born alive (Live birth)------------1  Born dead (Still birth)------------2  Twin Birth(Live birth)---------------------------3  One Alive One Dead (still birth)--------------4  Both Dead--------------------------5  Lost before full Term(Miscarriage)----------------6  IF 2 Go to E111  IF 5 Go to E111  IF 6 Go to E111 | Day  Month  Year  Don’t Know ……98 | Boy 1  Girl 2 | Name | Yes 1  No 2  If “ Yes” go to next section  If ‘No” go to E110 E111 E112 then END Section |

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| **E110** | | **E111** | **E112** | **E113** | | **E114** | **E115** |
| How old was {NAME} when he/she died? | | What was the reason for {NAME}’s death? | Where did {Name} die? | If born dead or lost before birth: In what month and year did this pregnancy end? | | How long did the pregnancy last? | Did you or someone else do something to end this pregnancy? |
| Days |  | Birth before 37 weeks (Preterm)…1  Difficulty in breathing (Birth Asphyxia) ….2  Infection (Sepsis) …3  Pneumonia …4  Convulsion …..5  Diarrhea …6  Fever…..7  Other (specify) | Home…1  Government health facility…2  Private health facility..3  NGO health facility…4  On the way to the facility ….5 | MM/YYYY |  | .Month  (data will be converted to weeks for analytical purposes) | Yes……1  No……2 |
| Months |  |
|  |  |
| Years | Don’t Know….98 |

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| **MATERNAL MORTALITY STATUS** | | | | |
| ***The following questions now related to maternal mortality in the past 3 years in your household. (July 2017-till date of interview)***  ***Definition of Maternal Mortality:*** *Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.* | | | | |
| **S.No** | **Questions** | **CodES** | | **Skip pattern** |
| E116 | God Forbid (Khuda Na Khuwasta), did any woman in your household die during 42 days after delivery in the past three years due to pregnancy related complications? | Yes 1  No 2 | | **If “No” go to next section “F”** |
| E117 | How many women have died? | Number of maternal deaths |  | ***Instructions for programmer:***  ***If maternal death is more than one then question number E118 to E122 will be repeated for each dead woman.*** |

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| **E118** | **E119** | **E120** | **E121** | **E122** |
| **Name of woman** | **Date of death**  **(dd/mm/yyyy)** | **Age at time of death**  **(In Years)** | **Cause of death** | **Place of death** |
| Autogenerated serial number:  MM 1  MM2  .  .  .MMx.. |  |  | Severe bleeding (before childbirth)…..1  Severe Bleeding (mostly bleeding after childbirth)…2  Infection/Fever (mostly after childbirth) ….. 3  High Blood Pressure during pregnancy (pre eclampsia and eclampsia) 4  Complication from delivery 5  Unsafe abortion 6  Convulsion ……………………………………..7  OTHERS (specify)…………..96  CAUSE NOT KNOWN/Don’t know…….. 98 | At home 1  Government health facility 2  Private health facility 3  NGO health facility 4  On the way to the facility ….5 |

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| **sECTION f: ANTENATAL CARE**  ***Now I am going to collect information related to your last pregnancy, child birth and your health seeking behavior.*** | | | |
| **S.No** | **Questions** | **CodES** | **Skip pattern** |
| F101. | Did you see anyone for antenatal care during your last pregnancy with (name)? | Yes 1  No 2 | If “Yes”  go to F102.  If “No’ go to F101a |
| F101a. | Why did you not go for antenatal check-up(s) during your pregnancy with {NAME}?  Multiple responses allowed | No transportation…………..1  Poor attitude of staff………….2  Facility not functional………...3  Too far...................4  A male/husband was not present to accompany me to the health facility…5  Poor quality of service………………6  No female provider at facility 7  Not necessary 8  High Cost………………………………………….9 | go to F111 |
| F102. | Where did you seek ANC checkup for last pregnancy?  MUTLIPLE RESPONSE | Government health facility…..1  Private health facility……….2  Health House (LHW)……………………3  Birth station (CMW)……………………..4 |  |
| F103. | Who did ANC checkup during last pregnancy?  Probe: Anyone else?  MULTIPLE RESPONSE | Doctor……………………………………………1  LHV (Lady Health Visitor)…………………2  Nurse 3  CMW (Community Midwife) 4  LHW (Lady Health Worker) 5 |  |
| F104. | How far is the health facility where you usually receive antenatal check-up(s) during last pregnancy, from your home? | …………kilometers | Limit 150 |
| F105. | How do you usually travel to the health facility, where you usually receive antenatal check-up(s) during pregnancy with {NAME}? | Walk………1  Car ….. 2  Motorcycle…… 3  Public transport/Rikshaw….4 |  |
| F106. | How long does it take to reach health facility, where you usually receive antenatal check-up(s) during pregnancy with {NAME} from your home? | ………………..minutes | Limit 120 |
| F107. | Who accompanied you to antenatal check-up(s) during pregnancy with {NAME}? | Husband……………..1  Other (specify)…….2  Nobody accompany me , I went on my own……3 |  |
| F108. | How many weeks or months pregnant were you when you first received antenatal care during last pregnancy with {NAME}?  Record the answer as stated by respondent. | 1.Weeks------------------------ [\_\_] [\_\_]  2.Month-------------------------[\_\_] [\_\_]  Don’t Known-------------------------------98 | limit months!>9  Limit WeeK!>40 |
| F109. | How many times did you receive antenatal care during last pregnancy with {NAME}?  Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received. | Number of times--------------------------[\_\_] [\_\_]  Don’t Know----------------------------------98 | limit ANC!>10 |
| F110. | As part of your antenatal care during your pregnancy, were any of the following done at least once:  (Ask about each option and circle all positive responses)  ( | Were you weighed 1  Was your BP measured 2  Did you give urine sample 3  Did you give blood sample 4  Ultrasound 5  Received counselling on nutrition  6  Received counselling on breastfeeding  7  Received counselling on family planning  8  None of the above---------------------- ---9  Other specify…..96 |  |
| F111. | Do you have a card or other document with your own immunizations listed?  If yes, ask: May I see it please?  If a card is presented, use it to assist with answers to the following questions. | Yes (card or other document seen) 1  No (card or other document  Not seen 2 |  |
| F112. | When you were pregnant with (name), did you receive any injection in the arm or shoulder to prevent you and the baby from getting tetanus, that is, convulsions after birth? | Yes 1  No 2  Don’t know 98 | 2, 888🡪F114 |
| F113. | How many times did you receive tetanus injection during your pregnancy with (name)? | Number of times [\_\_]  don’t know 98 | 5 LIMIT |
| F114. | Have you ever taken any iron folic acid (IFA) while you were pregnant? | Yes 1  No 2 | 2🡪F121 |
| F115. | Who advised to take any iron folic acid (IFA) while you were pregnant?  *Multiple Response* | Doctor……………………………………………1  LHV (Lady Health Visitor)…………………2  Nurse 3  CMW (Community Midwife) 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6 |  |
| F116. | From Where did you get iron folic acid (IFA) while you were pregnant?  [Multiple responses | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  CMW (Community Midwife) 4  Dispenser/Compounder 5  LHW (Lady Health Worker) 6  Dai/TBA (Traditional Birth Attendant) 7  Pharmacy (Medical Store) ………….….8  Friend/Relative ………………………………9 |  |
| F117. | How often did you take IFA during pregnancy? | Daily 1  Once a week 2  Biweekly 3  Monthly 4  Rarely 5 |  |
| F118. | How many months or days did you take IFA? | Month -----------------------------[\_\_] [\_\_]  Days -------------------------------[\_\_] [\_\_] | months!>9  Days!>31 |
| F119. | Did you pay for IFA? | Yes 1  No 2 | IF “NO” GO TO F121 |
| F120. | On average, how much did you spend per month for IFA? | ……….…….Rs  Don’t know…98 | rupees !>1000 |
| F121 | Did LHW visit your household during your last pregnancy? | Yes 1  No 2 | If “No” go to F124 |
| F122 | How many times LHW visit, as part of your antenatal care during your last pregnancy? | Number………………… |  |
| F123 | What was the purpose of LHW’s visit during your last pregnancy for ANC?  [Multiple responses] | Informed expected Delivery date……………1  Health, Nutrition, Hygiene counselling…2  Referred for ANC at HCF 3  TT Vaccination 4  Birth Preparedness counselling………5  Provided IFA……………………..6  Informed about danger signs during pregnancy……..7 |  |
| F124 | Did you get **information** about danger sign /problems **during** your pregnancy with {NAME}? | Yes……….1  No…………2 | If “No” go to F132 |
| F125 | Will you please name any danger signs/problems that you are aware of?  Select all that are mentioned, DO NOT READ LIST OR PROMPT with any suggestions such as “Any other danger signs”? | Vaginal bleeding……..1  Severe headache & vision problems…2  High grade fever (>101)….3  Swollen hands/face/feet…..4  Reduced fatal movement……..5  Abdominal pain/cramps(<37th weeks)…6 | Multiple Response |
| F126 | By whom Did you receive the information on danger signs/problems **during your pregnancy with {NAME}?**  Multiple Response | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  CMW (Community Midwife) 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6  TV/Radio/News Paper/Mobile………..7 | Multiple Response |
| F127 | Where did the health care provider tell you to go in case you notice danger signs/problems during pregnancy with {NAME}? | Government health facility 1  Private health facility 2  NGO health facility 3 | Single Response |
| F128 | What danger signs/problems did you **experience during pregnancy** with {NAME}?  ***Multiple responses are allowed*** | Vaginal bleeding……..1  Severe headache & vision problems…2  High fever (>101)….3  Swollen hands/face/feet…..4  Reduced fetal movement……..5  Abdominal pain/cramps(<37th weeks)…6  No, I did not experience any danger sign…7 | If option 7 go to F132 |
| F129 | Did you seek care for the danger signs/problems mentioned above? | Yes 1  No 2 | If “Yes” ask F131 |
| F130 | Why did you not seek care from a health care provider for the danger signs/problems mentioned above during your pregnancy with {NAME}?  ***Select all that apply.*** | No transportation…………..1  Poor attitude of staff………….2  Facility not functional……3  Too far……..4  A male/husband was not present to accompany me to the health facility…5  Poor quality of service………………6  No female provider at facility 7  Not necessary 8  High Cost…………………………………………9 | Go to F132 |
| F131 | Where did you seek care for the danger signs/problems you mentioned above during your pregnancy with {NAME}? | Government health facility 1  Private health facility 2  NGO health facility 3 |  |
| F132 | Did your diet/eating habit change during the pregnancy with {NAME}? | Yes, more than usual 1  Yes, less than usual……………………………2  Remains Same 3 |  |
| F133 | Did the nature of your household work (physical exertion) change during the pregnancy with {NAME}? | Yes, more than usual 1  Yes, less than usual……………………………2  Remains Same 3 |  |
| F134 | What preparedness measures did you take for {NAME}’s birth?  ***Read responses,***  ***Multiple responses allowed*** | Selection of birth attendant 1  Selection of health facility to go in case of complication 2  Arrangement of money to meet the emergency 3  Pre-identification of vehicle 4  Arrangement of clean delivery kit 5  Blood donor 6  Didn’t do any preparation……..7 |  |

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| **sECTION g: Delivery PREPAREDNESS AND EXPERIENCE**  ***Now I would like to ask you some question about your last (most recent) delivery history and the preparedness for delivery.*** | | | | | |
| **S.No** | **Questions** | **CodES** | | | **Skip pattern** |
| G101 | Did you know the expected date of delivery for {NAME}? | Yes 1  No 2 | | |  |
| G102 | Where did {NAME}’s delivery take place? | At home 1  Government health facility 2  Private health facility 3  NGO health facility 4  On the way to the health care Facility..5  Birth Station (CMW)……6 | | | If delivery at home, skip G105-G107,  If delivery took place at “Health Facility” then skip G103 |
| G103 | Why didn’t you deliver {NAME} in a health facility?  ***If delivery take place at home***  ***Probe to identify any other reason***  ***Record all mentioned.*** | No transportation…………..1  Poor attitude of staff………….2  Facility not functional……3  Too far……..4  A male/husband was not present to accompany me to the health facility…5  Poor quality of service………………6  No female provider at facility 7  Not necessary 8  High Cost…………………………………………..9 | | |  |
| G104 | Who delivered {NAME}? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  CMW (Community Midwife) 4  Dai/TBA (Traditional Birth Attendant) 5 | | |  |
| G105 | How far is the place from your home, where {NAME} was delivered? | Kilometers  km | | | Limit 150 km |
| G106 | What mode of transport did you use to travel to the place, where {NAME} was delivered? | Car 1  Motorcycle 2  Public transport/Bus/Rickshaw 3  Walk……………………………………………….4 | | |  |
| G107 | How much time did it take you to reach the place, where {NAME} was delivered? | Minutes  min | | | Limit 180 |
| G108 | Was your husband/partner present at the time of the delivery? | Yes 1  No 2 | | |  |
| G109 | How was {NAME} delivered?  **Definition of Vacuum delivery:** During vacuum extraction, a health care provider applies the vacuum (a soft or rigid cup with a handle and a vacuum pump) to the baby's head to help guide the baby out of the birth canal.  **Definition of Forceps delivery**: In a forceps delivery, a health care provider applies forceps (an instrument shaped like a pair of large spoons or salad tongs) to the baby's head to help guide the baby out of the birth canal. | Normal Vaginal Delivery (NVD) 1  Caesarian Section (C-Section) 2  Vacuum 3  Forceps 4 | | |  |
| G110 | Did the person, who delivered {NAME}, use a clean delivery kit? | Yes 1  No 2  Don’t know 98 | | | If “No” or “Don’t Know” go to G113 |
| G111 | Did you pay for the clean delivery kit? | Yes 1  No 2 | | | If “No”go to G113 |
| G112 | How much did you pay for the clean delivery kit? |  | PKR | | Limit  Rupees!>1000 |
| G113 | During your pregnancy with {NAME}, were you given a drug called misoprostol to prevent, stop, or reduce bleeding after delivery? | Yes 1  No 2  Don’t know 98 | | | If “No” or “Don’t Know” go to G117 |
| G114 | From where did you get misoprostol? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  CMW (Community Midwife) 4  Dispenser/Compounder 5  LHW (Lady Health Worker) 6  Dai/TBA (Traditional Birth Attendant) 7  Pharmacy/Chemist…………………………8 | | |  |
| G115 | Did you take the misoprostol tablets? | Yes 1  No 2 | | | If “No” go to G117 |
| G116 | When did you take misoprostol tablets?  *Read responses to the respondent and select one.* | Before, baby was born 1  Immediately, after baby was born 2  After baby was born but before placenta came out 3  After placenta came out 4  Don’t remember 5 | | |  |
| G117 | How long did it take from the time the labour pains started till {NAME} was delivered?  Limit  Days!>3  Hour!>23  Minutes!> 59 | \_\_\_\_\_\_\_\_\_\_\_\_Days  \_\_\_\_\_\_\_\_\_\_\_\_Hours | |  | A single variable of minutes will be generated by the programmer |
| \_\_\_\_\_\_\_\_\_\_\_\_Minutes  Don’t know…..98 | |  |
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| G118 | In total how much money did you spend on the delivery (from the time the pains started to {name}’s birth)? | \_\_\_\_\_\_\_\_\_\_ rupees  Don’t know….98 | |  | Limit Money !>700,000 |
| G119 | Overall how satisfied are you with the services related to {name}’s birth? | Satisfied 1  Moderately satisfied 2  Dissatisfied 3 | | | If 1 or2 go to G120 and skip G121  If 3 go to G121. |
| G120 | What is the primary reason you are satisfied with the services related to {name}’s birth? | Friendly Staff 1  Good Quality of Care 2  Short Waiting Time 3  Clean/Proper Facility 4  Availability of medicines 5  Availability of equipment/materials (e.g. blankets, etc.) 6  Reasonable Fees 7  Other (specify)…………………………….96 | | |  |
| G121 | What is the primary reason you are moderately satisfied or dissatisfied with the services related to {name}’s delivery? | Poor Attitude of Staff 1  Poor Quality of Care 2  Long Waiting Time 3  Unclean Facility 4  Unavailability of medicines 5  Unavailability of equipment/materials  (e.g. blankets, etc.) 6  Fees to High 7  Lack of privacy 8  Other (specify………………………………96 | | |  |
| G122 | Did you know about danger signs/ problems **during labour and delivery** with {NAME}? | Yes…………………………………1  No………………………………….2 | | | IF ‘No’ go to  G125 |
| G123 | By whom Did you receive the information on danger signs/problems during **during labour and delivery** with {NAME}?  Multiple Response | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  CMW (Community Midwife) 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6  TV/Radio/News Paper/Mobile………..7 | | |  |
| G124 | Could you please name any danger signs/problems **during labour and delivery**?  Select all that apply. DO NOT READ LIST OR PROMPT with any suggestions.  Probe: Any other danger signs?  Keep asking for more danger signs until the participant cannot recall any additional signs. Circle all that are mentioned, but do not prompt with any suggestions. | Vaginal bleeding  …………….1  Convulsions/fits   …………….2  Severe headaches …………3  Blurred vision …………………..4  Fever and too weak to get out of bed…………..5  Severe abdominal pain………………6  Fast or difficult breathing………… 7  Prolonged labour (defined as > 12 hours of regular strong contractions)........... 8  Retained placenta............................................... 9  Foul smelling vaginal discharge green or brown water....... 10  High blood pressure........................... 11  Generalized edema…………………………..12  Severe nausea or vomiting………………..13 | | |  |
| G125 | Was LHW present at the time of your delivery? | Yes 1  No 2 | | |  |
| G126 | Did LHW provide you clean delivery kit? | Yes 1  No 2  NA………………………………………………………………………3 | | | Only for MNH districts  Skip G127  if “2 or 3”. |
| G127 | Did LHW inform you about use of kit? | Yes 1  No 2 | | |  |
| G128 | LHW informed mother about Postpartum Hemorrhage | Yes 1  No 2 | | |  |
| G129 | LHW advised mother to visit health facility for PNC | Yes 1  No 2 | | |  |

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| **SECTION H: NEWBORN HEALTH**  **In the next section, I will be asking you questions that relate to the health of the newborns.** | | | | | | |
| **S.No** | **Questions** | **CodES** | | | | **Skip pattern** |
| H101 | What was the gestational age of {NAME} at birth? | \_\_\_\_\_\_\_\_\_\_\_\_\_ weeks | | | | >!42 |
| H102 | Did {NAME} cry immediately after birth? | Yes 1  No 2  Don’t Know……………………………………………………..98 | | | | If “Yes” go to H105  and  If “No” go to H103 |
| H103 | Did the person who was helping you deliver {NAME} take any measures to help baby breathe? | Yes 1  No 2  Don’t Know 98 | | | | If “No” or “Don’t Know go to H105 |
| H104 | What measures were taken by the person delivering {NAME} to help him/her breathe?  Multiple response | Tapping on back 1  Mouth to Mouth Breathing 2  Ambo bagging 3  Others…………………………………………..96 | | | |  |
| H105 | Was {NAME} dried with clean cloth after delivery? | Yes 1  No 2  Don’t Know 98 | | | | If “No” or “Don’t Know go to H108 |
| H106 | How soon after birth {NAME} was dried with clean cloth? | \_\_\_\_\_\_\_ minutes  Don’t remember…………..88 | |  | | >!2 minutes |
| H107 | What type of cloth was used for drying/wrapping {NAME}? | New cloth 1  Dirty cloth 2  Towel 3  Blanket 4  Don’t know…98 | | | |  |
| H108 | What was used to cut the umbilical cord of {NAME}? | New Razor Blade (surgical blade) 1  Old Razor Blade 2  Scissors 3  Knife 4  Don’t know…98 | | | |  |
| H109 | What was applied on umbilical cord of {NAME}? | Animal dung 1  Any type of oil 2  Dettol 3  Pyodine 4  Chlorhexdine 5  Ash 6  Breast milk 7  Nothing was applied…………………………8 | | | |  |
| H110 | Did {NAME} get skin to skin contact with mother after birth? | Yes 1  No 2  Don’t Know………………………….98 | | | | If “No” or “Don’t Know go to H112 |
| H111 | How soon after birth, {NAME} was put on skin to skin contact with mother? | \_\_\_\_\_\_\_\_ minutes | | |  | >!5minutes |
| H112 | How long after birth {NAME} was breastfed? | Less than 1 hour  More than 1 hour  More than 1 day | | |  |  |
| H113 | Did you discard the thick milk (colostrum) that comes out of breast soon after delivery? | Yes 1  No 2 | | | | If “No” go to H115 |
| H114 | Why did you discard the thick (colostrum) milk that comes out of breast soon after delivery?  Single response | Mother was ill 1  Newborn was ill 2  Newborn was unable to suck 3  Colostrum is harmful for newborn 4  It is dirty 5  It causes diarrhea 6  It is heavy 7  Cultural/Religious reason 8 | | | |  |
| H115 | In the last 24 hours what was given to {NAME} to eat or drink?  Select all that apply | Milk (other than breast milk) 1  Plain water 2  Honey or sugar water 3  Ghee, butter 4  Fruit juice 5  Infant formula 6  Green tea 7  Breast Milk 8  Semi solid diet 9 | | | |  |
| H116 | Did you breastfeed {NAME}?  *Exclusive breastfeeding is when a child is only fed breast milk, and not given anything else. This also includes water, or liquids for stomach pain etc.* | Yes, Exclusive breastfeeding ………..1  Yes, Breast milk with other eat/ drink Item…..2  Never breast fed {Name}……..3 | | | | If “1’ H117  If “2” go to H118  If “3” go to H120 |
| H117 | For how long did you exclusively breastfeed {NAME}? | \_\_\_\_\_\_\_\_\_\_ months | | |  |  |
| H118 | Are you still breastfeeding? | Yes 1  No 2 | | | | If “No”go to H120 |
| H119 | For how many months did you breastfeed {NAME}? | \_\_\_\_\_\_\_\_\_\_ months | | |  |  |
| H120 | How long after delivery {NAME} was given the first bath? | Immediately/less than 1 hour 1  One to six hours 2  Six to 12 hours 3  12 to 24 hours 4  more than 24 hours 5  Don’t Know/Don’t remember…………..98 | | | |  |
| H121 | Was {NAME} weighed at birth? | Yes 1  No 2 | | | | If “No” go to H124,  If “Yes” skip H124 |
| H122 | How much did {NAME} weigh at birth? | Kilograms………  Don’t know…………98 |  | | | If “Don’t” know go to H124 |
| H123 | What is the source for weight information? | Card 1  Memory Recall 2 | | | | Skip H124 if option selected “Card” |
| H124 | When {NAME} was born, was he/she very large, large than average, average, smaller than average or very small? | Very large 1  Large than average 2  Average 3  Smaller than average 4  Very small 5  Don’t Know………….98 | | | |  |
| H125 | Now I would like to ask few questions on (name)’s health check-ups after birth.  After {NAME} was born, did anyone check on {NAME}’s health? | Yes 1  No 2 | | | | If “No” go to  H130 |
| H126 | How long after birth, {NAME}’s first health check-up was conducted? | Within the 24 hours after birth 1  24 to 48 hours after birth 2  3-7 days after birth 3  More than 7 days after birth 4  Don’t know…………..98 | | | |  |
| H127 | Where was {NAME}’s, first health check-up conducted? | Home………..1  Government health facility 2  Private health facility 3  NGO health facility 4 | | | |  |
| H128 | Who conducted {NAME}’s first health check-up? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6 | | | |  |
| H129 | During the first health check-up, were any of the following done for {NAME}? | **Yes No DK**  Examine the cord 1 2 98  Danger signs 1 2 98  Temperature 1 2 98  Breastfeeding counselling 1 2 98  Weigh baby…………………………………………1 2 98 | | | |  |
| H130 | Did the health care provider recommended vaccines for {child NAME}? | Yes…………………………..1  No…………………………….2 | | | |  |
| H131 | Did you take {child NAME} for vaccination? | Yes………………………….1  No…………………………..2 | | | |  |
| H132 | Did LHW visit new-born? | Yes 1  No 2  Delivery conducted in some other area 3 | | | | if 2,3, go to  H134 |
| H133 | What is the purpose of LHW visit **for new born?**  **Multiple response** | Weigh/ Height 1  Check- up (Temp, RR, CM) 2  Health, Nutrition, Hygiene Counselling 3  Referred to HCF for routine Check up 4  Vaccinations 5  Polio drops 6  Provide support for mother to early initiation of breastfeeding. 7  Informed mother about new born danger signs 8 | | | |  |
| H134 | Did you know about danger signs/ problems **for new born**? | Yes…………………………………1  No………………………………….2 | | | | if “No” go to H137 |
| H135 | Could you please name any danger signs/problems for **new-born?**  *DO NOT PROMPT*  *Probe: Any other danger signs?*  *Keep asking for more danger signs until the participant cannot recall any additional signs. Circle all that are mentioned, but do not prompt with any suggestions.* | Convulsions/fits 1  Movement only when stimulated or no movement,  even when stimulated 2  Not feeding well 3  Fever 4  Difficult/fast breathing 5  Lethargy/unconsciousness 6  Yellow or pale color on skin eyes 7  Low birth weight 8  Not crying 9  Don’t Know…………………………………….98 | | | | Multiple Response |
| H136 | Who informed your regarding danger signs for the **new born?** | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6 | | | | Multiple Response |
| H137. | Did the new born got BCG vaccination? (Usually leaves scar at left arm or shoulder) | YES …………………….1  NO……………………….2 | | | | 2🡪H201 |
| H137a. | Where (Name) received vaccination for BCG? | Government Facility 1  Private Facility 2  EPI Centre 3  Community Mother and Child health Centre 4  NGO facility 5 | | | |  |
| H137b. | Who gave vaccination to (Name)? | Doctor 1  LHW 2  LHV 3  NGO worker 4  Vaccinator 5  CHW 6  Dispenser/Compounder 7  Other (specify) 96 | | | |  |

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| **postNATAL CARE** | | | | |
| **The following questions relate to the delivery of {NAME} and your post-delivery experience with the services.** | | | | |
| H201 | In case {NAME} was delivered at a health facility, how long did you stay at the health facility after delivery? | Weeks  Hours  Days | | This question will not appear if delivery took place at home. |
| H202 | Did anyone conduct a health check-up after you gave birth to {NAME}? | Yes 1  No 2 | | If “No” go to H206 |
| H203 | How long after delivery was first health check-up conducted? | Hours |  |  |
| Days |  |
| Weeks |  |
| H204 | Where did you have the first health check-up after {name}’s birth? | Government health facility 1  Private health facility 2  NGO health facility 3  Birth Station……..4 | |  |
| H205 | Who conducted your health check-up? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  Dai/TBA (Traditional Birth Attendant) 5 | |  |
| H206 | Did you know about danger signs/ **problems after delivery?** | Yes………………………..1  No………………………….2 | | If “No” go to  H209 |
| H207 | Could you please name any danger signs/problems that may occur **after delivery?**  ***Select all applicable.*** | High Fever, lower abdominal pain or foul smelling discharge (infection) 1  Severe headache, blurred vision, high blood pressure 2  Convulsions or fits (eclampsia) 3  Heavy vaginal bleeding (PPH) 4  Urinary or fecal incontinence (obstetric fistula) 5  Extreme tiredness, Anemia 6  Anxiety or depression (puerperal psychosis) 7  Breast problems (engorgement, sore, cracked bleeding or inverted nipples) 8  Don’t Know……………………………………98 | |  |
| H208 | Who provided you information regarding the danger sign/problems after **your delivery?**  ***Select all applicable*** | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6 | |  |
| H209 | Did LHW visit **you after delivery**? | Yes……….1  No…………2 | | IF “No” go to H214 |
| H210 | When did she visit? | Within 24 hours 1  Within a week 2  Within one month…3  Don’t know…….98 | |  |
| H211 | What was the purpose of LHW visit, as a part of your **PNC**? | Check-up for (Pulse Rate, BP, Temp) 1  Anemia 2  Vaginal bleeding 3  Breast problems 4  Foul smelling vaginal discharge 5  Counselling Health, Nutrition, Hygiene 6  Referred to HCF for routine Check-up 7  Counselling on IYCF and breastfeeding. 8  Advice for family planning 9 | |  |
| H212 | How long does the LHW spend time with you during her visit to your home? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |
| H213 | How satisfied are you with her work and help that she provides you? | Very satisfied 1  Satisfied 2  Not satisfied 3 | |  |
| H214 | Are you aware of women groups’ discussion that are organized by the LHW and participated often to discuss issues pertaining to health of women and children in your area? | Yes aware 1  No , I don’t know 2  Yes Participated…………………….3  Never participated…………4 | |  |
| H215 | What are the financial assistance mechanisms for supporting health care for poor and underprivileged? | NGO 1  Village level fund 2  Philanthropists, local 3  Philanthropists, external 4  No Community Support for health care…….5  Don’t know…98 | |  |
| H216 | Has a male member from your household ever participated in the village health committee meetings? | Yes 1  No 2  Never heard about it………………………..3 | |  |
| H217 | What is the source of financial support for your MNCH related needs? | Family (husband or own resource) 1  Bank/Loan from organization 2  Community revolving fund 3  Borrowing from relative/friend 4  Selling assets 5  Medical insurance 6  Other (specify)……………..…………………96 | | Q. H221 to H223 will be asked in case the respondent took a loan for MNCH services. |
| H218 | Did you access any financial support for your last pregnancy or delivery? | Yes 1  No 2  Don’t know about any such support………3 | | If response is “No” or “Don’t Know” go to next section I |
| H219 | What was the source of the financial support for your last pregnancy or delivery? | Family (husband or own resource) 1  Bank/Loan from organization 2  Community revolving fund 3  Borrowing from relative/friend 4  Selling assets 5  Medical insurance 6  Other (specify)…………………………….….96 | |  |
| H220 | For what purpose the majority of this financial support was utilized? | Transport 1  Antenatal care 2  Delivery/C-section 3  Emergency 4  Post natal care 5  Neonatal or under 5 child health 6  Other (specify)……………………………….96 | |  |
| H221 | To date, have you paid back the full or partial loan amount? | Fully 1  Partially 2  Haven’t paid anything back yet 3 | |  |
| H222 | What were the methods of repayment that you used to pay back this loan? | Sufficient HH income to pay back 1  Selling assets 2  Borrowing another loan from someone 3  Donations/fund raising 4  Other (Specify)………………………………….96 | |  |
| H223 | What is the strategy through which the remaining portion of the loan will be paid back? | Sufficient HH income to pay back 1  Selling assets 2  Borrowing another loan from someone 4  Donations/fund raising 5 | |  |

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| **SECTION I. CHILD HEALTH** | | | | | | | |
| **Now I would like to ask you some questions related to diarrhea and Acute Respiratory Infection (ARI) about less than 5 years of age children in your household during last two weeks.** | | | | | | | |
| **I1.Diarrhea** | | | | | | | |
| **S.No** | **Questions** | **CodES** | | | | | **Skippattern** |
| I101 | Has any child less than 5 years of age in the household had diarrhea in the last 2 weeks?  An episode of diarrhea is defined as, “(**three or more loose stools in a day/24 hours**)” | Yes 1  No 2 | | | | | If “No” or go to I122 |
| 1102 | How many children had diarrhoea in the household in the last two weeks? | Number of children | | |  | | If more than one child the next section will be completed or filled for the child with the most recent episode of diarrhea. |
| I103 | For how many days did {NAME} have diarrhoea? | \_\_\_\_\_\_\_\_ (days) | | | | | limit 15 Days |
| I104 | Was there any blood in the stool? | Yes 1  No 2  Don’t Know 98 | | | | |  |
| I105 | Did you seek care when {NAME} had diarrhea? | Yes 1  No 2 | | | | | If “Yes” go to I107 or If “No” go to I106 |
| I106 | Why did you not seek care for {NAME}’s diarrheal episode? | The problem did not require care seeking…..1  Had no money to pay HCP 2  Transport was not available 3  A male was not present to accompany me to the health center 4  No permission from household head/husband /mother in law 5  Health facility is too far 6 | | | | | Go to I119 |
| I107 | Where did you seek care for {NAME}’s diarrheal episode? | Government health facility 1  Private health facility 2  NGO health facility 3 | | | | |  |
| I108 | Who referred you to seek care at the facility for {NAME}’s diarrheal treatment? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant) 6 | | | | |  |
| I109 | How far is the health facility, where you sought treatment of {NAME} for diarrheal episode? | Kilometers | km | | | |  |
|  | | | | |
| I110 | How long does it take to reach health facility, where you sought treatment of {NAME} for diarrheal episode? | Minutes | min | | | |  |
|  | | | | |
| I111 | Who treated {NAME} for diarrhea episode? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  Dispenser/Compounder 5  LHW (Lady Health Worker) 6  Dai/TBA (Traditional Birth Attendant) 7 | | | | |  |
| I112 | What treatment was given to {NAME} for diarrheal illness?  Multiple Response | Fluid from ORS packets or pre packed liquid 1  ORS ……………………………………1a  RHF 2  LoOs ORS…………………………………………3  Zinc DT……………………………………………..4  Increased recommended fluids 5  Antibiotic drug Oral 6  Flagyl 7  Intravenous (IV) (drip) 8  Anti motility 9  Home remedy 10 | | | | |  |
| I113 | Was the {NAME} hospitalized for diarrhea treatment? | Yes 1  No 2 | | | | | If “No” go to I117 |
| I114 | Where was {NAME} hospitalized? | Government health facility 1  Private health facility 2  NGO health facility 3 | | | | |  |
| I115 | For how long {NAME} was hospitalized? | \_\_\_\_\_\_\_\_\_\_Hours  \_\_\_\_\_\_\_\_\_\_days | | | |  |  |
| I116 | What treatment was given to {NAME} during hospitalization to treat diarrhoea?  Select all that apply. | ORS…………..1  **Pill or Syrup:**  Antibiotic…….2  Antimotility/(Antidiarrheal)……3  Zinc………………………………………..4  **Injection:**  Antibiotic……………….5  Unknown injection…..6  Intravenous (IV)……….7  Home remedy/herbal medicine….8 | | | | |  |
| I117 | How much did diarrheal treatment of {NAME} cost you for medicine? | Rupees  Don’t know 98 | | | | | limit 10,000 |
| I118 | How much did it cost you on transport for diarrheal treatment of {NAME}? | Rupees  Don’t know 98 | | | | |  |
| I119 | Have you heard about ORS? | Yes 1  No 2 | | | | | If “No” skip to I122 |
| I120 | Are you aware about the preparation method of ORS (Oral rehydration salt)? | Yes 1  No 2 | | | | | If “No” go to I122 |
| I121 | Where did you learn how to prepare Oral Rehydration Solution (ORS)? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  Dispenser/Compounder 5  LHW (Lady Health Worker) 6  Dai/TBA (Traditional Birth Attendant)7  Pamphalet/Broucher/SignBoard……..8  Mobile/SmartPhone…………………….. 9 | | | | |  |
| I122 | Do you know any danger sign of diarrhea? | Yes ………………………1  No………………………..2 | |  | | | If No go to  I125 |
| I123 | Who provided you information regarding danger signs of diarrhea? | Doctor ………….1  LHV (Lady Health Visitor).2  Nurse…..3  Community Midwife. 4  LHW (Lady Health Worker)……5  Dai/TBA (Traditional Birth Attendant)……..6 | |  | | |  |
| I124 | Could you please name any danger signs/problems that may occur in diarrhoea?  [Multiple Response] | Dehydration……………………………..1  Convulsions …………………………….2  Unusually sleepy or unconscious………..3  Not able to drink or feed anything ……...4  Vomits everything……………………….5  Blood In stool……………………………6  Skin pinch goes back very slowly……….7 | | | | |  |
| I125 | Did LHW provided care / visit you when the child was sick with diarrhea? | Yes………….1  No ………..2 | |  | | | If “ No” go to SECTION I 2 |
| I126 | What services did she provide?  Multiple response | Informed mother about home preparation of ORS. 1  Provide Zinc DT 2  Provide ORS packet 3  Referral to HCF for Diarrhea treatment. 4  Informed about danger signs of diarrhea 5 | | | | |  |

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| **I 2. Acute Respiratory Infection (ARI)** | | | | | | | |
| **S.No** | **Questions** | **CodES** | | | | | **Skip Pattern** |
| I201 | Has any child less than five years had fever in the last two weeks in the household? | Yes 1  No 2 | | | | | If no, then go to I203 |
| I202 | How many children had fever in the last two weeks in the household? | \_\_\_\_\_\_\_\_Number of children | |  | | | If more than one child, then next section will be filled for the child with the most recent episode of fever. |
| I203 | Has a child had an illness with cough that he/she breathes faster than usual with short, rapid breaths or has difficulty breathing in the past two weeks? | Yes 1  No 2 | | | | | If “No” go to next section “J” |
| I204 | How many children have had an illness with cough that he/she breathe faster than usual with short, rapid breaths or have difficulty breathing in the past two weeks? | \_\_\_\_\_\_(number) | | | | |  |
| I205 | Did {NAME} have chest in drawing during the fever /and cough? | Yes 1  No 2  Don’t know 98 | | | | |  |
| I206 | How many days did {NAME} suffer the symptoms of fever and cough? | Number of days | | | |  |  |
| I207 | Did you seek advice or treatment for {NAME}’s. symptoms of fever, cough and fast breathing? | Yes 1  No 2 | | | | | If “Yes” go to I209 |
| I208 | Why did you not seek care or treatment for {NAME}’s illness? | The problem did not require care seeking…..1  Had no money to pay HCP 2  Transport was not available 3  A male was not present to accompany me to the health center 4  No permission from household head/husband /mother in law 5  Health facility is too far 6  Facility not open 7  Poor quality service 8 | | | | | Skip to section J. |
| I209 | Where did {NAME} receive treatment for symptoms of fever, cough and fast breathing? | At home 1  Government health facility 2  Private health facility 3  NGO health facility 4 | | | | | If “at home “ skip I211 to I217 |
| I210 | Who referred {NAME} for treatment of symptoms of fever, cough and fast breathing? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  Dispenser/Compounder 5  LHW (Lady Health Worker) 6  Dai/TBA (Traditional Birth Attendant)…..7  Self………………………8 | | | | |  |
| I211 | How far is the health facility, where you sought treatment of {NAME}’s symptoms of fever, cough and fast breathing? | Kilometers | km | | | | limit 150 |
| I212 | How long does it take to reach health facility, where you sought treatment of {NAME}’s symptoms of fever, cough and fast breathingtreatment? | Minutes | min | | | | limit 120 |
| I213 | Who treated {NAME} for symptoms of fever, cough and fast breathing at the facility? | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  Dispenser/Compounder 5 | | | | |  |
| **I214** | Was {NAME} hospitalized for symptoms of fever, cough and fast breathing? | Yes 1  No 2 | | | | | If “No” go to I218 |
| **I215** | Where was {NAME} hospitalized for symptoms of fever, cough and fast breathing treatment? | Government health facility 1  Private health facility 2  NGO health facility 3 | | | | |  |
| **I216** | For how many days {NAME} was hospitalized for treatment of fever, cough and fast breathing? | Days | | |  | |  |
| **I217** | Was {NAME} given any medicine to treat his illness during his hospitalization for symptoms of fever, cough and fast breathing? | Yes 1  No 2  Don’t know 98 | | | | |  |
| **I218** | What treatment was given to {NAME}? | Chloroquine 1  Amodiaquine 2  Quinine 3  Artemisinin 4  Combination 5  Other anti-malarial 6  Amoxil DT………………………………………...7  Amoxil syrup 8  Injection 9  Ponstan 10  Paracetamol 11  Ibuprofen 12  Cough syrup 13  Home Remedy……………………….14 | | | | | Data Collector to ask family to show medicines used |
| **I219** | Did {NAME} have a chest x-ray? | Yes 1  No 2 | | | | |  |
| I220 | At any time during illness, did {NAME} have blood taken from his/her finger or heal for testing? | Yes 1  No 2 | | | | |  |
| I221 | How much did it cost you for {NAME}’s treatment of symptoms of fever, cough and fast breathing? | \_\_\_\_\_\_\_\_\_\_ rupees | | | | | limit 10,000 |
| I222 | Do you know any danger sign of pneumonia? | Yes 1  No 2 | | | | | If “No” g o to I225 |
| I223 | Could you please tell what danger signs may occur in pneumonia?  Multiple Response | Chest In drawing………………………………………………….1  Not able to drink………………………………………………….2  Persistent vomiting……………………………………………...3  Convulsions………………………………………………………….4  Lethargic or unconscious………………………………………5  Stridor in a calm child…………………………………………..6  Severe malnutrition……………………………………………..7 | | | | |  |
| I224 | Who provided you information regarding the danger sign/problems in pneumonia?  ***Select all applicable*** | Doctor 1  LHV (Lady Health Visitor) 2  Nurse 3  Community Midwife 4  LHW (Lady Health Worker) 5  Dai/TBA (Traditional Birth Attendant)…6 | | | | |  |
| I225 | Did LHW visit you when the child was sick with pneumonia | Yes 1  No 2 | | | | | If No go to  Section J |
| I226 | What services did she provide?  Multiple Response | Provide Amoxil DT 1  Provide Panadol (Pill/Syrup) 2  Used ARI timer to count breaths for the child when he was sick? 3  Referral to any HCF for Pneumonia treatment 4  Inform about air pollution hazards 5  Information about danger signs of pneumonia 6 | | | | |  |

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| **section J: Immunization**  *This section relates to the history of immunization for the child. The immunization history of the selected child will be recorded. Preference will be given to the information from an immunization card; however, in case an immunization card is not available, then verbal history will be taken from the respondent. In case you have problems in understanding the card, please take a picture of the card and discuss with your supervisor. Please refer to the training manual for further instructions. The child between the ages of 0-59 months will be randomly picked from the household member list. If there is more than one child, then among the eligible ones, one is randomly picked.* | | | |
| **J101** | Do you have a vaccination card from a Government or private health provider where (**name**)’s vaccinations are written down?  If yes: May I see it please?  *The respondent should already have brought the card when you got permission to begin the interview.* | Yes, seen 1  Yes, not seen 2  No 3 | 1,2⇨J103 |
| **J102** | Did you ever have a vaccination card from a Government or private health provider for (**name**)? | Yes 1  No 2 | 2⇨J108 |
| ***J103*** | *Check and copy Date of Birth recorded on card:* | Date of birth  Day \_\_ \_\_  Month \_\_ \_\_  Year 2 0 1 \_\_  DK day 98 |  |

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| **J10401** | **BCG** | **BCG** | **Date** | | **Month** | | **Year** | | | | **Age Criteria** |
|  |  |  |  | **2** | **0** | **1** |  | **At Birth** |
| **J10402** | **OPV-0** | **Oral Polio Vaccine dose at birth** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At Birth** |
| **J10403** | **OPV-1** | **Oral Polio Vaccine first dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 6 weeks** |
| **J10404** | **PENTA-1** | **Penta-1** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 6 weeks** |
| **J10405** | **PCV-1** | **Pneumococcal Conjugate Vaccine 1st dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 6 weeks** |
| **J10406** | **RV-1** | **Rota virus Vaccine 1st dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 6 weeks** |
| **J10407** | **OPV-2** | **Oral Polio vaccine 2nd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 10 Weeks** |
| **J10408** | **PENTA-2** | **Pentavalent 2 (DPTHepBHib)** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 10 Weeks** |
| **J10409** | **PCV-2** | **Pneumococcal Conjugate Vaccine 2nd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 10 Weeks** |
| **J10410** | **RV-2** | **Rota virus Vaccine 2nd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 10 Weeks** |
| **J10411** | **OPV-3** | **Oral Polio vaccine 3rd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 14 Weeks** |
| **J10412** | **PENTA-3** | **Pentavalent 3 (DPTHepBHib)** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 14 Weeks** |
| **J10413** | **PCV-3** | **Pneumococcal Conjugate Vaccine 3rd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 14 Weeks** |
| **J10414** | **IPV** | **IPV (Injectable Polio Vaccine)** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 14 Weeks** |
| **J10415** | **MEASLES-1** | **Measles vaccine 2nd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 9 months** |
| **J10416** | **MEASLES-2** | **Measles vaccine 2nd dose** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **At 15 months** |
| **J10417** | **Typhoid vaccine** | **Typhoid vaccine** | **Date** | | **Month** | | **Year** | | | |  |
|  |  |  |  | **2** | **0** | **1** |  | **After 23months** |

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| **J105** | *Check J104: Are all vaccines (BCG to Measles-2) recorded?* | Yes 1  No 2 | 1⇨J122 |
| **J106** | In addition to what is recorded on the card you have shown me, did (***name***) receive any other vaccinations? | Yes 1  No 2  DK 98 | 2⇨J122  98⇨J122 |
| **J107** | *Go back to J104 and probe for these vaccinations.*  *Record ‘66’ in the corresponding day column for each vaccine received.*  *For vaccinations not received record ‘00’.*  *When finished, go to End of module.* |  | ⇨ J122 |
| **J108** | Has (**name**) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or child health day? | YES 1  NO 2  DK 98 | 2⇨J123 |
| **J109** | Has (**name**) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | Yes 1  No 2  DK 98 |  |
| **J111** | Has (**name**) ever received any vaccination drops in the mouth to protect (him/her) from polio?  *Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.* | Yes 1  No 2  DK 8 | 2⇨J115  98⇨J115 |
| **J112** | Were the first polio drops received in the first two weeks after birth? | Yes 1  No 2  DK 98 |  |
| **J113** | How many times were the polio drops received? | Number of times \_\_ |  |
| **J114** | The last time (***name***) received the polio drops, did (he/she) also get an injection to protect against polio?  *Probe to ensure that both were given, drops and injection.* | Yes 1  No 2  DK 98 |  |
| **J115** | Has (***name***) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?  *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.* | Yes 1  No 2  DK 98 | 2⇨J117  98⇨J117 |
| **J116** | How many times was the Pentavalent vaccine received? | Number of times \_\_ |  |
| **J117** | Has (***name***) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?  *Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.* | Yes 1  No 2  DK 98 | 2⇨J119  98⇨ J119 |
| **J118** | How many times was the pneumococcal vaccine received? | Number of times \_\_ |  |
| **J119** | Has (***name***) ever received an inactivated polio vaccine (IPV) – that is, a shot in the thigh at the age of 14 weeks or older - to prevent (him/her) from getting polio? | Yes 1  No 2  DK 98 |  |
| **J120** | Has (***name***) ever received a Measles Injection (MMR vaccine dose 1) – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles? | Yes 1  No 2  DK 98 | 2⇨J122  98⇨ J122 |
| **J121** | How many times was a Measles Injection (or an MMR or MR) vaccine received? | Number of times ....................................... \_\_ |  |
| **J122** | Has (**name**) ever received a vaccine for Diarrhea (Rotavirus vaccine)? | Yes 1  No 2 | END Section |
| **J123** | Why (***name***) is not vaccinated?    *If the child has not received all their vaccinations, ask the mother/caretaker.*  *Record all the reasons mentioned but do not prompt by asking specific. Encourage the mother to provide all reasons.* | place of immunization too far 1  Time of immunization not convenient 2  Mother too busy 3  Family problem including mother ill 4  Child ill, not brought 5  Chill ill, brought but not vaccinated 6  Long wait 7  Rumors 8  No faith in immunization 9  Fear of side reaction 10  Time or Place of immunization not known 11  Took child but no vaccine 12  Took child but no vaccinator 13  Took child facility closed 14  Child was sick 15  Took child but not vaccination day 16  Other (*specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK ……..98 |  |

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| **Section K:family planning**  ***Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.*** | | | |
| **S.No** | **Questions** | **Codes** | **Skip Pattern** |
| K101 | Have you ever heard of a method to delay pregnancy? | Yes 1  No 2 | If “No” go to K102 |
| K101a | From where you get the information about FP methods?  Multiple Response | Government Hospital 1  Family Welfare Centre 2  Mobile service camp 3  Lady Health Worker 4  Lady Health visitor 5  Private Hospital 6  Pharmacy, Chemist 7  Friend/Relative 8  Dai/TBA 9  Husband 10  Outdoor sign/billboard……………………11  Pamphalet/ Broucher……………………..12  Mobile/Smart Phone/TV………………………13 |  |
| K102 | Did you or your husband ever done something or used any method to delay or avoid getting pregnant? | Yes 1  No 2 | If “No” ask K106 |
| K103 | Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? | Yes 1  No 2 |  |
| K104 | What are you doing to delay or avoid pregnancy?  Select all that apply. Do not prompt. If more than one method is mentioned check each. | Female Sterilization 1  Male Sterilization 2  IUD (Intrauterine Device) 3  Injection 4  Implants 5  Pills 6  Condom 7  SDM (Standard Days Method) 8  Lactation amen method (LAM) 9  Rhythm method 10  Withdrawal 11  Other modern method 12  Other traditional method 13 |  |
| K105 | From where did you get the current method to delay or avoid pregnancy? | Government Hospital 1  Family Welfare Centre 2  Mobile service camp 3  Lady Health Worker 4  Lady Health visitor 5  Private Hospital 6  Pharmacy, Chemist 7  Friend/Relative 8  Dai/TBA 9 |  |
| K105a | Since when you are using current method without stopping it? | Month…………………………….  Year…………………………………  Stop using now…………………444 | “444” ask K106 |
| K106 | Reasons for not using any family planning method?  Select all that apply | Side effects of contraceptives………………1  Want Pregnancy…………………………………..2  Want to have Son……………………………3  Religious reason/divine punishment…….4  (Current)Method using was not available………5  Facility that provide (current)method is far……6  Current method was not affordable……7  Opposition from spouse………………….8  Other (specify)…………………………………….96 |  |
| K107 | Did (LHW ) she provide Contraceptive pills/ Tell other Contraceptive Options | 1. Yes  2. No |  |
| K108 | Did LHW organize Health Meetings for You and Your husband? | 1. YES 2. NO 3. General meeting for Community |  |
| K109 | Do you know about any LHW HEALTH HOUSE in your area or near you? | 1. YES 2. NO |  |

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| **Section l1 : WOMEN EMPOWERMENT**  ***Now I would like to talk about how make decisions in economics , household and physical mobility.*** | | | |
| **S.No** | **Questions** | **Codes** | **Skip Pattern** |
| L101 | Do you have your own Mobile Phone? | Yes 1  No 2 |  |
| L102 | Aside from your own housework, have you done any work in last seven days? | Yes 1  No 2 | If “Yes” go to L104 |
| L103 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason? | Yes 1  No 2 | If “No” go to L107 |
| L104 | What is your occupation? That is what kind of work you mainly do? | Agriculture………………………….1  Education Related……………….2  Self employed……………………….3  Work for family only…………….4  Work for others……………………5  Other (specify)……………………….96 |  |
| L105 | Are you paid for this job? | Cash……………………………………1  Kind……………………………………..2  Both in kind and cash…………..3  Not paid at all ……………………..4 |  |
| L106 | Who usually decides, how to spend money you earn? | Respondent……………………….1  Husband………………………………2  Jointly………………………………….3  Other (specify)…………………96 |  |
| L107 | Who usually decides how your husband’s earning will be used? | Respondent……………………..1  Husband…………………………..2  Jointly……………………………….3  He has no earning……..………4  Other (specify)……………………96 |  |
| L108 | Who usually makes decisions about health care for yourself? | Respondent………..1  Husband……………..2  Jointly………………….3  Other (specify)……………96 |  |
| L109 | Who usually makes decisions about visits to your family or relatives? | Respondent………..1  Husband……………..2  Jointly………………….3  Other (specify)……………96 |  |
| L110 | Do you own this or any other house/land/property? | Alone respondent…….1  With husband…………..2  With someone else……3  Does not own……………4 |  |
| L111 | Is your name on the title deed or government recognized document for any house/land/property you own? | Yes…………..1  No……………2  Don’t Know……98 |  |
| L112 | In your opinion, is a husband justified in hitting or beating his wife in the following situations:   1. If she goes out without telling him? 2. If she neglects the children? 3. If she argues with him? 4. If she refuses to have physical relation with him? 5. If she burns the food? | Yes No DON’T KNOW  1 2 98  1 2 98  1 2 98  1 2 98  1 2 98 |  |
| L113 | Resource availability is a significant feature for human freedom. Women’s access to resources has following main components:  1. Knowledge of loan programs.  2. Get loans.  3. Having bank saving accounts.  4. Freedom of working outside | Yes No DON’T KNOW  1 2 98  1 2 98  1 2 98  1 2 98 |  |
| L114 | Did you make decisions for family planning/contraceptive use? | Yes……………….1  No…………………2  Jointly with husband…….3  Other (specify)……………..96 |  |
| L115 | Did you decide how many children you should have? | Yes……………….1  No…………………2  Jointly with husband…….3  Other (specify)…………96 |  |
| L116 | Did you make decisions for your children’s education? | Yes……………….1  No…………………2  Jointly with husband…….3  Other (specify)…………96 |  |
| L117 | Did you make decisions for your child health/disease? | Yes……………….1  No…………………2  Jointly with husband…….3  Other (specify)…………96 |  |

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| **SECTION M: SOCIO ECONOMIC STATUS OF HOUSEHOLD** | | | | | | | | | | |
| **S.No** | **Questions** | **Codes** | | | | | | | | **Skip Pattern** |
| M101 | Is the cooking usually done in the house, in a separate building, or outdoors? | In the house 1  In a separate building 2  Outdoors 3 | | | | | | | |  |
| M102 | Do you have a separate room which is used as a kitchen? | Yes 1  No 2 | | | | | | | |  |
| M103 | Main material of the floor  **Record observation** | **Natural floor**  Earth/sand/mud 1  Dung 2  Rudimentary floor  Wood planks 3  Palm/bamboo 4  **Finished floor**  **Parquet or polished**  Wood 5  Vinyl or asphalt strips 6  Ceramic tiles 7  Cement 8  Carpet 9  Chips/terrazzo 10  Bricks 11  Mats 12  Marble 13 | | | | | | | |  |
| M104 | Main material of the roof  **Record observation** | **NATURAL ROOF**  No Roof 1  Thatch/Palm Leaf 2  Sod/Grass 3  **RUDIMENTARY ROOFING**  Rustic Mat 4  Palm/Bamboo 5  Wood Planks 6  Cardboard 7  **FINISHING ROOFING**  Iron sheets/Asbestos 8 Reinforced brick cement/RCC 9  Metal 10  Wood/T-Iron/Mud 11  Calamine/Cement Fibber 12  Cement/RCC 13  Ceramic Tiles 14  Roofing Shingles 15 | | | | | | | |  |
| M105 | Main material of the walls  **Record observation** | **NATURAL WALLS**  No walls 1  Cane/Palm/Trunks 2  Dirt 3  Mud/Stones 4  Bamboo/Sticks/Mud 5  **RUDIMENTARY WALLS**  Unbaked bricks/Mud 6  Carton/Plastic 7  Bamboo with mud 8  Stone with mud 9  Uncovered adobe 10  Plywood 11  Cardboard 12  Reused wood 13  **FINISHED WALLS**  Baked bricks 14  Tent 15  Cement 16  Stone with lime/Cement 17  Bricks 18  Cement block 19  Covered adobe 20  Wood planks/Shingles 21 | | | | | | | |  |
| M106 | How many rooms in this house are used for sleeping? | Number of rooms | | | | | | | |  |
| M107 | Does any member of this household own? |  | **Yes** | | | | **NO** | | |  |
| a) Watch | 1 | | | | 2 | | |
| b) Mobile telephone | 1 | | | | 2 | | |
| c) Bicycle | 1 | | | | 2 | | |
| d) Motorcycle/Scooter | 1 | | | | 2 | | |
| e) Animal-Drawn Cart | 1 | | | | 2 | | |
| f) Car/Truck/Bus | 1 | | | | 2 | | |
| g) Tractor | 1 | | | | 2 | | |
| h) Boat with motor | 1 | | | | 2 | | |
| i) Boat without motor | 1 | | | | 2 | | |
| M018 | Does respondent (selected woman) of this household own mobile phone? | Yes 1  No 2 | | | | | | | |  |
| M109 | Does any member of this household own any agricultural land? | Yes 1  No 2 | | | | | | | | If “No” go to M111 |
| M110 | How many acres or kanals of agricultural land do members of this household own? | Acres 1 | | . | | | | | |  |
| Kanals2 | | . | | | | | |
| Don’t Know | | 98 | | | | | |
| M111 | Does this household own any livestock, herds, other farm animals? | Yes 1  No 2 | | | | | | | | If “No” go to M113 |
| M112 | How many of the following animals does the household own? | a) Cows/Bulls | | | |  | | |  | | |
| b) Horses/Donkeys/Mules | | | |  | | |
| c) Goats | | | |  | | |
| d) Sheep | | | |  | | |
| e) Chickens | | | |  | | |
| f) Buffalo | | | |  | | |
| g) Camels | | | |  | | |
| M113 | Does any member of this household have a bank account? | Yes 1  No 2 | | | | | | |  | | |
| M114 | Does your household have? |  | | | **YES** | | | **NO** |  | | |
| a) Electricity | | | 1 | | | 2 |
| b) Radio | | | 1 | | | 2 |
| c) Television | | | 1 | | | 2 |
| d) Landline Telephone | | | 1 | | | 2 |
| e) Refrigerator | | | 1 | | | 2 |
| f) Alimirah/Cabinet | | | 1 | | | 2 |
| g) Chair | | | 1 | | | 2 |
| h) Room cooler | | | 1 | | | 2 |
| i) Air conditioner | | | 1 | | | 2 |
| j) Washing Machine | | | 1 | | | 2 |
| k) Water pump | | | 1 | | | 2 |
| l) Bed | | | 1 | | | 2 |
| m) Clock | | | 1 | | | 2 |
| n) Sofa | | | 1 | | | 2 |
| o) Camera | | | 1 | | | 2 |
| p) Sewing Machine | | | 1 | | | 2 |
| q) Computer | | | 1 | | | 2 |
| r) Internet Connection | | | 1 | | | 2 |
| M115 | What type of fuel does your household mainly use for cooking | Electricity 1  Liquefied Petroleum Gas (LPG) 2  Natural Gas 3  Bio-gas 4  Kerosene 5  Coal, Lignite 6  Charcoal 7  Wood 8  Straw/Shrubs/Grass 9  Animal dung 10  No food cooked in household 11 | | | | | | |  | | |
| M116 | What language do you usually speak in your household? | Urdu 1  Punjabi 2  Sindhi 3  Balochi 4  Siraiki 5  Barauhi 6  Laasi 7  Pashto 8 | | | | | | |  | | |

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| **SECTION N: WATER AND SANITATION** | | | |
| **S.NO** | **QUESTIONS** | **CODES** | **SKIP PATTERN** |
| N101 | What is the main source of drinking water for members of your household? | **Piped water**  Piped into dwelling 1  Piped into compound, yard or plot 2  Piped to neighbor 3  Public tap / standpipe 4  Filtration Plant/unit 5  **Underground Water**  Tube Well, Borehole 6  Hand Pump 7  **Dug well**  Protected well 8  Unprotected well 9  Rainwater collection 10  Tanker-truck 11  Cart with small tank / drum 12  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 13  Bottled water 14 |  |
| N102 | What is the main source of water used by your household for other purposes such as cooking and hand washing? | **Piped water**  Piped into dwelling 1  Piped into compound, yard or plot 2  Piped to neighbor 3  Public tap / standpipe 4  Filtration Plant/unit 5  **Underground Water**  Tube Well, Borehole 6  Hand Pump 7  **Dug well**  Protected well 8  Unprotected well 9  Rainwater collection 10  Tanker-truck 11  Cart with small tank / drum 12  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 13  Bottled water 14  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 13  Bottle water 14 |  |
| N103 | Where is that water source located? | In own dwelling 1  In own yard / plot 2  Elsewhere 3 | If 3, go to N104, else go to N106. |
| N104 | How long does it take to get to the water source to get water and come back? | Number of minutes  Don’t Know 98 | Limit 60 |
| N105 | Who usually goes to this source to collect water for the household?  Probe:  Is this person under age 15? What sex? | Adult woman (age 15+ years) 1  Adult man (age 15+ years) 2  Female child (under 15) 3  Male child (under 15) 4  Whoever is available 5  Don’t Know 98 |  |
| N106 | How does that water in the household taste? | Sweet 1  Brackish 2 |  |
| N107 | Was the water for drinking clear or muddy at the time of collection? | Clear 1  Muddy/colored 2  Don’t Know 98 |  |
| N108 | Do you do anything to the water to make it safer to drink? | Yes 1  No 2  Don’t Know 98 | If “No” or “Don’t Know go to N110 |
| N109 | What do you usually do to make the water safer to drink?  Select all that apply. | Boil 1  Add bleach / chlorine Tablet 2  Strain it through a cloth 3  Use water filter (ceramic, sand, composite, etc.)… 4  Solar disinfection 5  Let it stand and settle 6  Alum (Phitkari) 7 |  |
| N110 | What kind of toilet facility do members of your household usually use?  If not possible to determine, ask permission to observe the facility. | **Flush/ Pourflush**  Flush to piped sewer system.................1  Flush to septic tank...............................2  Flush to soakage pit..............................3  Flush to somewhere else......................4  Flush to unknown place/Not sure/DK where.......5  **Pit latrine**  Ventilated Improved Pit latrine (VIP).... 6  Pit latrine with slab................................ 7  Pit latrine without slab/Open pit...........8  Composting toilet...................................... 9  Bucket.......................................................10  No facility, Bush, Field...............................11 |  |
| N111 | Do you share this facility with others who are not members of your household? | Yes 1  No 2  Don’t Know 98 | If “No” or “Don’t Know go to next section “O” |
| N112 | Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public? | Other household only (not public) 1  Public facility 2 |  |
| N113 | How many households in total use this toilet facility, including your own household? | Number of household (If less than 10) 1  Ten or more household 2  Don’t Know 98 |  |

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| **SECTION O: HANDWASHING** | | | |
| **S.No** | **Questions** | **Codes** | **Skip Pattern** |
| O101 | We would like to learn about the places that household members use to wash their hands.  Can you please show me where members of your of your household most often wash their hands? | Observed 1  **NOT OBSERVED**  Not in dwelling/plot/yard 2  No permission to see 3  Other reasons | If “Not in dwelling or No permission to see” go to O104 |
| 0102 | Observe presence of water at the place for hand washing.  *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.* | Water is available 1  Water is not available 2 |  |
| O103 | Is soap, detergent or ash/mud/sand present at the place for hand washing? | Yes, present 1  No, not present 2 | If “No” go to O105 |
| O104 | What was available at the place of hand washing?  Record your observation.  Select all that apply. | Bar soap 1  Detergent (Powder/Liquid/Paste) 2  Liquid soap 3  Ash/Mud/Sand 4  None of the above 5 |  |
| O105 | Do you have any soap or detergent or ash/mud/sand in your house for washing hands? | Yes 1  No 2 | If “No” go to Remarks |
| O106 | Can you please show it to me? | Yes, Shown 1  No, not shown 2 |  |
| O107 | Record your observation.  ***Multiple responses are allowed*** | Bar soap 1  Detergent (Powder/Liquid/Paste) 2  Liquid soap 3  Ash/Mud/Sand 4  None of the above 5 |  |
| O108 | Outcome of interview | Completed 1  Refused 2  Dwelling locked (Not At Home) 3  Pending/Partially complete 4  Unable to answer 5  Ineligible respondent 6  Household not found………………………………………….7  Others (specify) 96 |  |

Thank you so for your time. The information that you have provided, will help us greatly in designing the health services. In case you had question, you can contact us at the center of excellence women and child health Aga Khan University office (provide information on district managers’ contact details).