# 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**

**REAL TIME VALIDATION INDICATORS**

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| **Team Leader would ask the following questions for REAL TIME VALIDATION of data collection.** | | | Skip |
| **Household Identification** | | |  |
|  | Question | Response |  |
| A101 | Cluster No. | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |  |
| A109 | Village | Will appear from previous from fill |  |
| A110 | Block/mohalla | Will appear from previous from fill |  |
| A111 | Street | Will appear from previous from fill |  |
| A112 | Household Number | |\_\_|-|\_\_|­\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_| | A-0001-001 |

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| **Household Member Information** | | | |
| D112 | Total household members |  | User Input |
| D113 | Total MWRA |  | User Input |
| D114 | Total U-5 children |  | User Input |

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| **Reproductive health** | | | |
| E101 | Have you ever been pregnant since your marriage?  This Question will for every women depending on the number of MWRA in HH | Yes 1  No 2 | If NO next MWRA |
| E102 | How many times have you been pregnant since your marriage? | …………………………….numbers |  |
| E104 | 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}……”) | Single 1  Multiple 2  If single birth  In E104 options 1, 2,6 should appear  If Multiple birth  In E104 options 3, 4,5, 6 should appear |  |
| E105 | Was the baby born alive, born dead or lost before birth? | 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 |  |
| **MATERNAL MORTALITY STATUS** | | | |
| E116 | How many woman in your household die during 42 days after delivery in the past three (JULY 2017 TILL DATE OF INTERVIEW) years due to pregnancy related complications? (MMR) | ………………numbers |  |

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| **ANTENATAL CARE** | | | |
| F101 | Did you seek ANC visit? | Yes………..1  No…………….2 | IF “2” go to F113 |
| F102 | Where did you seek ANC checkup for last pregnancy? | Government health facility…..1  Private health facility……….2  Health House……………………3  Birth station……………………..4 |  |
| F107 | Who accompanied you to antenatal check-up(s) during pregnancy with {NAME}? | Husband……………..1  Nobody accompany me , I went on my own……2  Other (specify)…….96 |  |
| F113 | 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 |  |
| F114. | Have you ever taken any iron folic acid (IFA) while you were pregnant? | Yes 1  No 2 |  |
| F121 | Did LHW visit your household for during your pregnancy? | Yes 1  No 2 |  |

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| **Delivery PREPAREDNESS AND EXPERIENCE** | | | |
| 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 |  |
| G109 | How was {NAME} delivered? | Normal Vaginal Delivery (NVD) 1  Caesarian Section (C-Section) 2  Vacuum 3  Forceps 4 |  |
| G126 | Did LHW provide you clean delivery kit? | Yes 1  No 2  NA 3 |  |

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| **NEWBORN HEALTH & postNATAL CARE** | | | |
| H112 | How long after birth {NAME} was breastfed?(early initiation of breastfeed within 1 hour) | Less than 1 hour 1  More than 1 hour 2  More than 1 day 3 |  |
| H121 | Was {NAME} weighed at birth? | Yes 1  No 2 |  |
| H132 | Did LHW visit new-born? | Yes 1  No 2  Delivery conducted in some other area….3 |  |
| H137. | Did the new born got BCG vaccination? (Usually leaves scar at left arm or shoulder | Yes 1  No 2 | If “2” go to H202 |
| 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 |  |
| H202 | Did anyone conduct a health check-up after you gave birth to {NAME}? | Yes 1  No 2 | If “2” go to H209 |
| H204 | Where did you have the first PNC 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 |  |
| H209 | Did LHW visit you after delivery? | Yes 1  No 2 |  |
| 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 |  |

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| **CHILD HEALTH** | | | |
| I101 | Has any child less than 5 years of age in the household had diarrhoea in the last 2 weeks? | Yes 1  No 2 | If “2” go to I201 |
| I102 | How many children had diarrhoea in the household in the last two weeks? | …………………..Numbers |  |
| I105 | Did you seek care when {NAME} had diarrhoea? | Yes 1  No 2 |  |
| I125 | Did LHW provided care / visit you when the child was sick with diarrhoea? | Yes 1  No 2 |  |
| I126 | What services did she provide?  {Multiple responses} | 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 |  |
| I201 | Has any child less than 5 years of age in the household had pneumonia in the last 2 weeks? | Yes 1  No 2 | If “2” go to J101 |
| I202 | How many children had pneumonia in the household in the last two weeks? | ……………Numbers |  |
| I207 | Did you seek care when {NAME} had pneumonia? | Yes 1  No 2 |  |
| I225 | Did LHW visit you when the child was sick with pneumonia | Yes 1  No 2 |  |
| 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 6 |  |

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| **Immunization** | | | |
| J101 | Is there a vaccination card for (name of the child)? | Yes, seen 1  Yes, not seen 2  No 3 |  |

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| **family planning and WOMEN EMPOWERMENT** | | | |
| K102 | Did you or your husband ever done something or used any method to delay or avoid getting pregnant? (CPR) | Yes 1  No 2 |  |
| L114 | Did you make decisions for family planning/contraceptive use? | Yes……………….1  No…………………2  Jointly with husband…….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 |  |