

**Module I:
Women 15-49 yrs**

**[NAME] REGIONAL HEALTH BUREAU
L10K BASELINE SURVEY
Questionnaire for women age 15-49 years**

Section I: Identification and Consent

	Questionnaire Number, which include the Region code, Cluster & household code (to be numbered before interview)	<p style="text-align: center;">Q R Z WW KK RR []]</p>	
	Name (Household head)	_____	
101	Area Identification	<p>A) Zone Name _____ Zone Code _____ B) Woreda _____ Woreda Code _____ C) Kebele _____ Kebele Code _____ D) Gote (Cluster) Name _____ E) Cluster # _____ F) House # _____ (to be given by data interviewers) G) Respondent's # _____ (to be given by data interviewers) H) Gote type: Closest to the health post1 Farthest from the health post.....2 No health post in the Kebele.....3</p>	
102	Personnel	<p>a) Interviewer _____ Interviewer code _____ b) Field Supervisor _____ Supervisor code _____ c) Data Entry Clerk _____ Data entry code _____</p>	
103	Date of visit	<p style="text-align: right;">[] DD MM YYYY</p>	
TI	Time at beginning of interview	<p style="text-align: right;">____:____</p>	

Introduction and Consent

My name is _____ and I'm working for the Regional Health Bureau. We are conducting an assessment about the health of women and children in collaboration with SNNP/Oromia/Amhara/Tigray Regional Health Bureau. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the Regional Health Bureau to plan health services. The questionnaire usually takes between 30-40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this interview is entirely on voluntary basis and you can chose not to answer any individual questions or all of the questions. However, we hope that you will participate fully in this assessment since your views are important.

Do you have any questions about the survey? May I begin the interview now?

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

Section 2: Background and Household Characteristics			
201	In what month and year were you born?	<p style="text-align: right;">Month [][]</p> <p style="text-align: right;">Don't Know Month.....98</p> <p style="text-align: right;">Year [][][][]</p> <p style="text-align: right;">Don't Know Year....9998</p>	
202	How old were you on your last birthday?	Age in years.....[][]	
203	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<p style="text-align: right;">Years[]</p> <p style="text-align: right;">Always 95</p> <p style="text-align: right;">Visitor 96</p>	
204	Are you able to read or write a simple sentence?	Yes.....1 No.....2	→207
205	Did you ever attend formal school?	Yes.....1 No.....2	→207
206	What is the highest grade you completed?	<p>Grade [][]</p> <p>Technical/vocational certificate 13</p> <p>University/college diploma . . . 14</p> <p>University/college degree or Higher 15</p>	
207	What is your religion?	<p>Orthodox1</p> <p>Catholic 2</p> <p>Protestant 3</p> <p>Moslem 4</p> <p>Traditional 5</p> <p>Other(Specify)_____</p>	
208	Are you currently married or living together with a man as if married?	<p>Yes, currently married..... 1</p> <p>Yes, living with a man 2</p> <p>No, not in union 3</p>	→211
209	Is your husband/partner living with you now or is he staying elsewhere?	<p>Living together 1</p> <p>Staying elsewhere. 2</p>	
210	How old were you when you first married?	Age []	
211	How many times pregnant were you? (including those that did not end with a live births), record "00" if none	Number []	If "00" skip to 218
212	How many times have you given birth?	Number [][]	If "00" skip to 218

	[I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours], record “00” if none		
213	How old were you when you first gave a live birth?	Age []	
214	Have you ever given to a live birth last years? (I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours)	Yes.....1 No.....2	→217
215	Is the child born last year alive?	Yes.....1 No.....2	→217
216	FOR THE CHILD BORN LAST YEAR: If dead, how many days, months after birth did he/she die?	If died before a month, age at death in days [] If died at the age of 1 month or later, age at death in months []	
217	Total number of Children ever born?	Boys _____ Girls _____ Total _____	
218	What is the main source of drinking water for members of your household?	Piped (Tap) Piped into dwelling.....1 Piped into compound.....2 Piped outside compound....3 Protected well/spring Covered Well.....4 Protected Spring.....5 Open Well/Spring Open Well.....6 Open Spring.....7 Surface Water River.....8 Pond/Lake/Dam.....9 Rainwater.....10 Other.....11 Specify _____	
219	How long does it take you to go there, get water and come back?	Minutes [] [] Hours [] [] On premises.....96	
220	Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2	→222
221	What do you usually do to the water to make is safer to drink?	Boil.....1 Add bleach/chlorine.....2 Strain it through a cloth.....3 Use water filter (ceramic, sand, composite, etc.).....4 Solar disinfection.....5 Let it stand and settle.....6 Other (specify) _____ Do not Know.....8	

222	What kind of toilet facility does most members of your household use?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify)_____	→224
223	The last time you passed stool, where did you defecate?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify)_____	
224	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 Do not have radio at home.....8	
225	Main material of the roof. Record observation.	Thatch/leaf1 Rustic mat/plastic sheets2 Reed/bamboo 3 Wood planks 4 Finished roofing Corrugated iron . . . 5 Wood 6 Calamine/cement fiber..... 7 Cement/concrete 8 Roofing shingles 9 Other (specify)_____	
226	Main material of the walls. Record Observation	No walls.....1 Cane/trunks/bamboo/reed.....2 Rambo/wood 3 Stone with mud 4 Uncovered adobe..... 5 Plywood. 6 Cartoon 7 Cement..... 8 Stine with lime cement. 9 Bricks.....10 Cement blocks.....11 Covered adobe.....12 Wood planks/shigles.....13 Other (specify)_____	
227	How many rooms in this household are used for sleeping?	Number of rooms []	
228	How many (LOCAL UNITS) of agricultural land do members of this household own? If none; record "00" If unknown, record "999"	Local Units (Timad). []	
229	Does your household have:	Yes No a) Electricity? 1 2 b)A watch? 1 2	

		c) A radio? l 2 d)A television? l 2 e)A mobile telephone? l 2 f)A non-mobile telephone? ... l 2 g)A refrigerator? l 2 h)A table?l 2 i)A chair?l 2 j)A bed?l 2 k)An electric mitad? l 2 l) A kerosene lamp/pressure lamp?.l 2	
230	Does this household own any livestock, herds, or farm animals?	Yes.....l No.....2	→301
231	How many of the following animals does this household own? If none record "00"	a) Milk cows, oxen,[] b) Horses.....[] c) Donkeys.....[] d) Mules.....[] e) Goats.....[] f) Sheep.....[] g) Chickens.....[]	

Section 3: Awareness of and access to health services in the community

301	How long does it take you to walk to the nearest health facility? [If less than an hour, record it in Minutes] <i>No health post in the Kebele; Record "99"</i> <i>No Health Center in the Woreda, Record "99"</i>	Health post: Minutes [][] Hours [][] Health Center: Minutes [][] Hours [][]	
302	Have you visited the health post last year?	Yes.....l No.....2 No health post in the Kebele.....8	→304 →304
303	The last time you visited the health post, what was the reason for you to visit the health post? Do not read the responses (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Family planning l 2 b) Child immunization l 2 c) Antenatal carel 2 d) Postnatal care.....l 2 e)Health education,.....l 2 f)Growth monitoring.....l 2 g)Referral of sick child.....l 2 h)Diarrhea treatment.....l 2 i)Malaria treatment.....l 2 j)Pneumonia treatment.....l 2 k)Provide or sell bed nets.....l 2 l)Delivery care.....l 2	

		m) Neonatal care..... 2 Other, specify _____																																																	
304	Have you heard of or do you know about the health extension worker?	Yes..... 1 No..... 2	→308																																																
305	What are the services provided by the health extension workers? (Multiple Responses Possible)	<table border="0"> <thead> <tr> <th></th> <th>Mentioned (M)</th> <th>Not Mentioned (NM)</th> </tr> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a) Family planning</td> <td> 1</td> <td>2</td> </tr> <tr> <td>b) Child immunization</td> <td> 1</td> <td>2</td> </tr> <tr> <td>c) Antenatal care</td> <td> 1</td> <td>2</td> </tr> <tr> <td>d) Postnatal care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>e) Health education,.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>f) Growth monitoring.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>g) Referral of sick child.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>h) Diarrhea treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>i) Malaria treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>j) Pneumonia treatment.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>k) Provide or sell bed nets.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>l) Delivery care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>m) Neonatal care.....</td> <td> 1</td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		Mentioned (M)	Not Mentioned (NM)		M	NM	a) Family planning	1	2	b) Child immunization	1	2	c) Antenatal care	1	2	d) Postnatal care.....	1	2	e) Health education,.....	1	2	f) Growth monitoring.....	1	2	g) Referral of sick child.....	1	2	h) Diarrhea treatment.....	1	2	i) Malaria treatment.....	1	2	j) Pneumonia treatment.....	1	2	k) Provide or sell bed nets.....	1	2	l) Delivery care.....	1	2	m) Neonatal care.....	1	2	Other, specify _____			
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313	When your child is sick and want to get medical advice or treatment, is each of the following a big problem, or a small/no problem for you? (Read out loud the responses)	Big (1)	small (2)		
			Big	Small	
		a) Not knowing where to go.....	1	2	
		b) Not Getting permission to go....	1	2	
		c) Not getting money needed for treatment....	1	2	
		d) Not having a health facility nearby.....	1	2	
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		i) due to household chores.....	1	2	
		Other, specify _____			

Section 4. Community based IEC/BCC: awareness and exposure				
401	Have you heard about the Family Health Card? Show Family Health Card	Yes.....	1	→404
		No.....	2	
402	If yes, how did you hear about the family health card? (Multiple Responses Possible)	Mentioned (M)	Not Mentioned (NM)	
			M	NM
		a) Health Extension Worker.....	1	2
		b) CHP.....	1	2
		c) CBRHA	1	2
		d) TBA/Trained TBA	1	2
		e) Other	1	2
		f) Others (specify)_____		
		g) Don't know/remember	8	
403	Do any of your children (under 5 years of age) have a Family Health Card (FHC)?	Yes, FHC seen.....	1	
		Yes, FHC <u>NOT</u> seen.....	2	
		No.....	3	
		Do not have children under 5 years of age.....	9	
404	Have you heard about the Immunization Diploma? Show Diploma	Yes.....	1	→407
		No.....	2	
405	If yes, how did you hear about the immunization diploma? (Multiple Responses Possible)	Mentioned (M)	Not Mentioned (NM)	
			M	NM
		a) Health Extension Worker.....	1	2
		b) CHP.....	1	2
		c) CBRHA	1	2
		d) TBA/Trained TBA	1	2
		e) Other	1	2
		f) Others (specify)_____		
		g) Don't know/remember	8	
406	Do any of your children (under 5 years of age) have immunization diploma?	Yes, Immunization Diploma seen.....	1	
		Yes, Immunization Diploma <u>NOT</u> seen.....	2	
		No.....	3	

		Do not have children under 5 years of age4 Do not have under 5 children5	
407	Have you heard about a Model family?	Yes.....1 No.....2	→501
408	If yes, how did you hear about the model family? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other1 2 f) Others (specify)_____ g) Don't know/remember8	
409	Is this family graduated as a Model Family?	Yes, graduated (Certificate seen).....1 Yes, graduated (Certificate not seen).....2 No, working towards.....3 Not at all.....4	→501 →501
410	Do you want your family to be a model family?	Yes.....1 No.....2	

Section 5: Bed nets			
501	Does your household have any bed nets that can be used while sleeping?	Yes.....1 No.....2	→601
502	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	Number of nets _____	
503	OBSERVE OR ASK THE BRAND OF THE MOSQUITO NET TO VERIFY BRAND. ASK : When you got the <u>last net</u> , was it already treated with an insecticide to kill or repel mosquitoes?	Permanent net (Permanent)1 Pretreated net.....2 Untreated net.....3 Do not know.....8	→505 →505
504	How long ago was the most recent soaking/dipping done? <i>If less than 1 month, record '00'.</i>	Months ago[_____] More than 1 year ago.....95 Do not know.....98	
505	Did anyone sleep under mosquito net(s) last night?	Yes.....1 No.....2 Do not know.....8	→601 →601
506	If yes, who slept under mosquito net(s) last night? Probe: anyone else?	Yes No a) Self.....1 2 b) Newborn baby.....1 2 c) Other children (under 5)...1 2 d) Father.....1 2	

	CIRCLE 1 FOR ALL PEOPLE MENTIONED. For those not mentioned circle "2"	e) Other..... 1 2 Other, specify _____	
--	---	---	--

Section 6: Family Planning

Now I would like to talk about family planning—the various way or methods that a couple can use to delay or avoid a pregnancy

601	Have you heard of family planning?	Yes.....1 No.....2	→607
602	Do you approve of couples using family planning methods	Yes.....1 No.....2	
603	In the last 6 months have you heard about family planning from... READ OUT THE LIST Circle "1" for yes, and "2" for no.	(1 = yes, 2 = no) Y N a) Radio..... 1 2 b) Television..... 1 2 c) Newspaper/magazine..... 1 2 d) Pamphlet/poster..... 1 2 e) Health Worker..... 1 2 f) Community events..... 1 2 g) CBD/CBRH..... 1 2 h) Friends/Family..... 1 2 i) Health extension worker..... 1 2 j) Community health promoter..... 1 2 Other, specify _____	
604	Have you ever hear of emergency contraceptives?	Yes.....1 No.....2	
605	Do you know of a place where you can obtain a family planning method?	Yes.....1 No.....2	→607
606	Where can you obtain a family planning method? <i>DO NOT READ RESPONSES</i> <i>RECORD ALL MENTIONED</i>	(M = mentioned, NM = not mentioned) M NM Government a) hospital..... 1 2 b) health center..... 1 2 c) health station/clinic..... 1 2 d) health post..... 1 2 e) Outreach 1 2 Non-Governmental Organization (NGO) f) Health facility..... 1 2 g) Outreach 1 2	

		Private Medical/Community h) Private Hospital..... 2 i) Private doctor/clinic..... 2 j) Pharmacy..... 2 k) Drug Vendor..... 2 l) Kiosk..... 2 m) Friend/Relative..... 2 n) CBRHA..... 2 Other o) Other..... 2 Specify other _____	
607	Are you pregnant now?	Yes..... No.....2 Not sure.....8	→609 →609
608	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , OR did you NOT WANT to have any more children?	Then..... Later.....2 Not want more children.....3	
609	Have you or your partner ever used any method to delay or avoid getting pregnant?	Yes..... No.....2	→614
610	CHECK QUESTION 607, IF THE WOMEN IS NOT PREGNANT OR UNSURE : ASK THE FOLLOWING QUESTION Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes..... No.....2	→614
611	Which method are you using? Do not read out responses. Circle response.	Female Sterilization..... Male Sterilization.....2 Pill.....3 IUD.....4 Injections.....5 Implants.....6 Condom.....7 Diaphragm/Foam/Jelly.....8 Periodic Abstinence.....9 Withdrawal.....10 LAM.....11 Other.....12 Specify Other _____	→614 →614 →614
612	How long have you been using the current method (in months)?	Months []	
613	Where did you obtain (CURRENT METHOD) the last time?	Government Hospital..... Health center.....2	

		Health station/clinic.....3 Health post.....4 Outreach5 Non-Governmental Organization (NGO) Health facility.....6 Outreach.....7 Private Medical/Community Private Hospital.....8 Private doctor/clinic.....9 Pharmacy.....10 Drug Shop.....11 Kiosk.....12 Friends/Family.....13 CBRHA.....14 Other Don't Remember.....15 Other.....16 Specify other _____																						
614	In the last 12 months, were you visited by a community health worker who talked to you about family planning?	Yes.....1 No.....2	→616																					
615	Who visited you? <i>MULTIPLE RESPONSES POSSIBLE CIRCLE ALL MENTIONED</i>	<table border="0"> <tr> <td></td> <td>Mentioned (M)</td> <td>Not Mentioned (NM)</td> </tr> <tr> <td></td> <td></td> <td>M NM</td> </tr> <tr> <td>a) Health Extension Worker.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) CBRHA</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CHP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Others (specify)_____</td> <td></td> <td></td> </tr> <tr> <td>e) Don't know/remember</td> <td></td> <td>8</td> </tr> </table>		Mentioned (M)	Not Mentioned (NM)			M NM	a) Health Extension Worker.....	1	2	b) CBRHA	1	2	c) CHP.....	1	2	d) Others (specify)_____			e) Don't know/remember		8	
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c) CHP.....	1	2																						
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e) Don't know/remember		8																						
616	In the last 12 months, have you visited a health facility for care for yourself or your children?	Yes.....1 No.....2	→618																					
617	If yes, did any staff member at the health facility speak to you about family planning methods?	Yes.....1 No.....2																						
618	In the last 6 months, have you discussed the practice of family planning with your spouse?	Yes.....1 No.....2 Not married...3	→621																					
619	Does your husband support family planning?	Yes.....1 No.....2																						
620	<i>FOR CURRENT FAMILY PLANNING USERS: (check for q610=1)</i> Does your husband know you are using a family planning method?	Yes.....1 No.....2																						

<p>621</p> <p><i>FOR NON-CONTRACEPTORS: (check for q610=2)</i></p> <p>What is the <u>main</u> reason for not using a family planning method now?</p> <p>Do not read the responses Only one response is possible</p>		<p>Not having sex.....1 Infrequent sex.....2 Menopausal.....3 Subfecund/infecund.....4 Postpartum amenorrheic.....5 Breastfeeding.....6 Fatalistic.....7 Respondent opposed.....8 Husband/partner opposed.....9 Others opposed.....10 Religious prohibition.....11 Knows no method.....12 Knows no source.....13 Health concern.....14 Fear of side effects.....15 Lack of access/too far.....16 Cost too much.....17 Inconvenient to use.....18 Interferes with body's normal process.....19 Method not available.....20 Other, specify_____</p>	
<p>622</p> <p><i>FOR NON-CONTRACEPTORS: (check for q610=2)</i></p> <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>		<p>Yes 1 No 2 Don't Know 8</p>	
<p>623</p> <p>How confident are you that you can obtain the following family planning method?</p>		<p>very(1), somewhat(2), not at all (3)</p> <p>a) Injectables 1 2 3 b) Pills..... 1 2 3 c) Condoms 1 2 3 d) Emergency contraception... 1 2 3 e) Norplant 1 2 3 f)IUD..... 1 2 3 g)Female Sterilization 1 2 3 Others, specify_____ 1 2 3</p>	

<p>Section 7: Fertility Preferences</p>			
<p>701</p> <p><u>For women with No LIVING CHILD</u>]: Check question No. 217: If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><u>For women who HAVE CHILDREN</u>: Check question No. 217: If you go back to the time you did not have any children and could choose exactly the number of</p>		<p>Number _____</p> <p>Up to God 88 Can't get pregnant/infertile 97 Do not know 99</p>	

	children to have in your whole life, how many would that be?		
702	<p>NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE:</p> <p><i>IF CURRENTLY NOT PREGNANT OR UNSURE: (Check if 607=2 OR 3)</i></p> <p>Would you like to have another child, Or would you prefer Not to have any more children?</p> <p><i>IF CURRENTLY PREGNANT: (Check if 607=1)</i></p> <p>After the child you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?</p>	<p>Have (another) child.....1</p> <p>No more/none.....2</p> <p>Says she cannot get pregnant.....3</p> <p>Undecided/don't know.....8</p>	<p>→801</p> <p>→801</p> <p>→801</p>
703	How long would you like to wait before the birth of (a/another) child?	<p>Months []</p> <p>Years []</p> <p>Soon/now 993</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p>	

Section 8: HIV/AIDS and Condom																											
801	<p>Now I would like to talk about another health issue.</p> <p>Have you ever heard of the virus HIV or an illness called AIDS?</p>	<p>Yes.....1</p> <p>No.....2</p>	→Q808																								
802	In the past 6 months have you heard about HIV/AIDS?	<p>Yes.....1</p> <p>No.....2</p>	→Q804																								
803	<p>If yes, from what sources:</p> <p>DO NOT READ OUT THE LIST</p> <p>RECORD ALL MENTIONED</p>	<p>(M = mentioned, NM = not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">M</th> <th style="text-align: center;">NM</th> </tr> </thead> <tbody> <tr> <td>a) Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Newspaper/magazine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Pamphlet/poster.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Health Worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Community meetings.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Community Based Distributor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		M	NM	a) Radio.....	1	2	b) Television.....	1	2	c) Newspaper/magazine.....	1	2	d) Pamphlet/poster.....	1	2	e) Health Worker.....	1	2	f) Community meetings.....	1	2	g) Community Based Distributor.....	1	2	
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		h) Anti-AIDS clubs..... 2 i) Family/friends..... 2 j) Religious places..... 2 k) Health extension worker..... 2 l) Community health promoter..... 2 m) Others..... 2																																																																					
804	Is there anything a person can do to avoid getting infected with HIV which is the virus that causes AIDS?	Yes..... 1 No..... 2	→Q806																																																																				
805	What can a person do? DO NOT READ OUT THE LIST RECORD ALL MENTIONED Anything else? Record all mentioned	(M = mentioned, NM = not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">M</th> <th style="width: 5%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr> <td>a) Abstain from sex..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Use Condoms..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Limit sex to one partner/Stay faithful to one partner..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Limit number of sexual partners..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Avoid sex with prostitutes..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Avoid sex with persons who have many partners..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Avoid sex with homosexuals..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) Avoid sex with persons who inject drugs intravenously..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) Avoid blood transfusions..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>j) Avoid injections with unclean needles/unsafe injections..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>k) Avoid kissing..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>l) Avoid mosquito bites..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>m) Seek protection from traditional healer..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>n) Avoid sharing razors/blades..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>o) Other..... </td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Specify other.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			M	NM	a) Abstain from sex.....	1		2	b) Use Condoms.....	1		2	c) Limit sex to one partner/Stay faithful to one partner.....	1		2	d) Limit number of sexual partners.....	1		2	e) Avoid sex with prostitutes.....	1		2	f) Avoid sex with persons who have many partners.....	1		2	g) Avoid sex with homosexuals.....	1		2	h) Avoid sex with persons who inject drugs intravenously.....	1		2	i) Avoid blood transfusions.....	1		2	j) Avoid injections with unclean needles/unsafe injections.....	1		2	k) Avoid kissing.....	1		2	l) Avoid mosquito bites.....	1		2	m) Seek protection from traditional healer.....	1		2	n) Avoid sharing razors/blades.....	1		2	o) Other.....	1		2	Specify other.....				
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806	Can the virus that causes AIDS be transmitted from a mother to a child?	Yes..... 1 No..... 2 Not sure..... 8	→Q808 →Q808																																																																				

<p>807</p> <p>When can the virus that causes AIDS be transmitted from a mother to a child?</p> <p>Multiple Responses Possible Circle “1” if response mentioned, circle “2” if not mentioned.</p> <p>Probe: Any other times?</p>		<p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) During pregnancy..... 2</p> <p>b) At delivery..... 2</p> <p>c) During breastfeeding..... 2</p> <p>d) Other times..... 2</p> <p style="padding-left: 40px;">Specify, _____</p> <p>e) Don't know..... 8</p>	
<p>808</p>	<p>Have you ever heard about condoms?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>→901</p>
<p>809</p> <p>In the last six months how have you heard about condoms?</p> <p>READ OUT RESPONSES. Circle “1” for “yes”, 2 for “no”.</p>		<p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) Radio..... 2</p> <p>b) Television..... 2</p> <p>c) Newspaper/magazine..... 2</p> <p>d) Pamphlet/poster..... 2</p> <p>e) Community meetings 2</p> <p>f) CBRHA..... 2</p> <p>g) health facility..... 2</p> <p>h) Health extension worker..... 2</p> <p>i) Community health promoter..... 2</p> <p style="padding-left: 40px;">j) friends..... 2</p> <p>k) Others _____ 2</p> <p style="padding-left: 40px;">Other, specify _____</p>	
<p>810</p>	<p>Do you know of a place where one can get condoms?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>→901</p>
<p>811</p> <p style="text-align: right;">Where is that?</p> <p>Do not read out responses. Multiple responses possible.</p>		<p>(M = mentioned, NM = not mentioned)</p> <p style="text-align: right;"><u>M</u> <u>NM</u></p> <p>a) Government health facility..... 2</p> <p style="padding-left: 40px;">b) Non-Governmental (NGO) health facility..... 2</p> <p>c) Private health facility/provider..... 2</p> <p>d) Pharmacy..... 2</p> <p>e) Drug Shop..... 2</p> <p>f) Kiosk 2</p> <p style="padding-left: 40px;">g) CBRHA..... 2</p> <p>h) Health Extension Workers 2</p>	

		i) Community health promoters 2 j) Other..... 2 Specify other _____	
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Section 9: Iodized Salt			
901	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT: TEST SALT FOR IODINE RECORD PARTS PER MILLION (PPM)	0 PPM (No Iodine)..... 1 Less than 15 PPM..... 2 More than 15 PPM..... 3 No salt in the house..... 4 Salt not tested..... 5 If salt not tested, specify reason _____	

Section 10: Maternal Mortality

1001	Do you have or have you ever had biological sister(s)? Yes.....1 No.....2→T2								
(Sisters' name)	Is (name) born to the same mother? 1002	Is (name) still alive? 1003	How old is (name)? 1004	How many years ago did (name) die? 1005	How old was (name) when she died? 1006	Was (name) pregnant when she died? 1007	Did (name) die during pregnancy? 1008	Did (name) die within two months after the end of a pregnancy or childbirth? 1009	How many live born children did (name) give birth to during her lifetime (before this preg) 1010
1: _____	Yes....1 No.....2→2 DK....8→2	Yes....1 No.....2→1005 DK....8→2	[]→2 DK....88→2	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→2
2: _____	Yes....1 No.....2→3 DK....8→3	Yes....1 No.....2→1005 DK....8→3	[]→3 DK....88→3	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→3
3: _____	Yes....1 No.....2→4 DK....8→4	Yes....1 No.....2→1005 DK....8→4	[]→4 DK....88→4	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→4
4: _____	Yes....1 No.....2→5 DK....8→5	Yes....1 No.....2→1005 DK....8→5	[]→5 DK....88→5	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→5
5: _____	Yes....1 No.....2→6 DK....8→6	Yes....1 No.....2→1005 DK....8→6	[]→6 DK....88→6	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→6
6: _____	Yes....1 No.....2→7 DK....8→7	Yes....1 No.....2→1005 DK....8→7	[]→7 DK....88→7	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→7
7: _____	Yes....1 No.....2→8 DK....8→8	Yes....1 No.....2→1005 DK....8→8	[]→8 DK....88→8	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→8
8: _____	Yes....1 No.....2→9 DK....8→9	Yes....1 No.....2→1005 DK....8→9	[]→9 DK....88→9	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→9
9: _____	Yes....1 No.....2→10 DK....8→10	Yes....1 No.....2→1005 DK....8→10	[]→10 DK....88→10	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]→10
10: _____	Yes....1 No.....2→T2 DK....8→2	Yes....1 No.....2→1005 DK....8	[] DK....88	[] DK...88	[] DK....88	Yes....1→1010 No.....2 DK....8	Yes....1→1010 No.....2→ DK....8→	Yes....1 No.....2 DK....8	[]

T2	TIME AT END OF INTERVIEW	____:____	
<p>1) IF THE WOMAN HAS A CHILD FROM EITHER 0-11 OR 12-23 MONTHS, THEN CONTINUE THE INTERVIEW USING A SEPARATE QUESTIONNAIRE THAT CORRESPONDS WITH THE AGE OF THE CHILD. BE SURE TO PUT THE QUESTIONNAIRE NUMBER FOR THAT CHILD IN THE SPACE PROVIDED BELOW.</p> <p>2) IF THE WOMAN DOES NOT HAVE A CHILD FROM 0-23 MONTHS, THANK HER AND MOVE ON TO THE NEXT HOUSE AND CONTINUE INTERVIEWING</p>			
CI	Questionnaire number for Child [Name] age 0 – 11 months	<input type="text"/>	
	Questionnaire number for Child [Name] age 12 – 23 months	<input type="text"/>	
Thank you very much for taking the time to answer these questions			

Section I: Identification and Consent

	Questionnaire Number, which include the Region code, Cluster & household code (to be numbered before interview)	Q R Z WW KK RR [] []	
	Name (Household head)	_____	
I01	Area Identification	A) Zone Name _____ Zone Code _____ B) Woreda _____ Woreda Code _____ C) Kebele _____ Kebele Code _____ D) Gote (Cluster) Name _____ E) Cluster # _____ F) Gote type: Closest to the health post1 Farthest from the health post.....2 No health post in the Kebele.....3	
I02	Personnel	a) Interviewer _____ Interviewer code _____ b) Field Supervisor _____ Supervisor code _____ c) Data Entry Clerk _____ Data entry code _____	
I03	Date of visit	[] DD MM YYYY	
TI	Time at beginning of interview	____:____	

Introduction and Consent

My name is _____ and I'm working for the Regional Health Bureau. We are conducting an assessment about the health of women and children in collaboration with SNNP/Oromia/Amhara/Tigray Regional Health Bureau. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the Regional Health Bureau to plan health services. The questionnaire usually takes between 30-40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this interview is entirely on voluntary basis and you can chose not to answer any individual questions or all of the questions. However, we hope that you will participate fully in this assessment since your views are important.

Do you have any questions about the survey? May I begin the interview if

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

I04	What is the name of your youngest child?	_____	
I05	Sex of Child	BOY.....1 GIRL..... 2	
I06	What is the age of your youngest child?	[] MONTHS	
I07	What is the birth date of (NAME)?	[/ /] DAY / MONTH / YEAR	
I08	Verify child's date of birth by asking to see the child's health card	Child's date of birth verified.....1 Not possible to verify.....2	
I09	Questionnaire number from woman's interview (only if woman was interviewed with 15-49 age questionnaire)	[]	

Section 2: Background and Household Characteristics			
201	In what month and year were you born?	<p style="text-align: right;">Month [] []</p> <p style="text-align: right;">Don't Know Month.....98</p> <p style="text-align: right;">Year [] [] [] []</p> <p style="text-align: right;">Don't Know Year....9998</p>	
202	How old were you on your last birthday?	Age in years.....[] []	
203	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<p>Years []</p> <p>Always 95</p> <p>Visitor 96</p>	
204	Are you able to read or write a simple sentence?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2</p>	→207
205	Did you ever attend formal school?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2</p>	→207
206	What is the highest grade you completed?	<p style="text-align: right;">Grade [] []</p> <p>Technical/vocational certificate 13</p> <p style="text-align: right;">University/college diploma . . . 14</p> <p style="text-align: right;">University/college degree or Higher 15</p>	
207	What is your religion?	<p>Orthodox1</p> <p>Catholic 2</p> <p>Protestant 3</p> <p>Moslem 4</p> <p>Traditional 5</p> <p>Other(Specify)_____</p>	
208	Are you currently married or living together with a man as if married?	<p>Yes, currently married..... 1</p> <p>Yes, living with a man 2</p> <p>No, not in union 3</p>	→211
209	Is your husband/partner living with you now or is he staying elsewhere?	<p>Living together 1</p> <p>Staying elsewhere. 2</p>	
210	How old were you when you first married?	Age [] []	
211	How many times pregnant were you? (including those that did not end with a live births), record "00" if none	Number [] []	If "00" skip to 218
212	How many times have you given birth? <i>[I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours], record "00" if none</i>	Number [] []	If "00" skip to 218

213	How old were you when you first gave a live birth?	Age []	
214	Have you ever given to a live birth last years? (I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours)	Yes.....1 No.....2	→217
215	Is the child born last year alive?	Yes.....1 No.....2	→217
216	FOR THE CHILD BORN LAST YEAR: If dead, how many days, months after birth did he/she die?	If died before a month, age at death in days [] If died at the age of 1 month or later, age at death in months []	
217	Total number of Children ever born?	Boys _____ Girls _____ Total _____	
218	What is the main source of drinking water for members of your household?	Piped (Tap) Piped into dwelling.....1 Piped into compound.....2 Piped outside compound....3 Protected well/spring Covered Well.....4 Protected Spring.....5 Open Well/Spring Open Well.....6 Open Spring.....7 Surface Water River.....8 Pond/Lake/Dam.....9 Rainwater.....10 Other.....11 Specify _____	
219	How long does it take you to go there, get water and come back?	Minutes [] [] Hours [] [] On premises.....96	
220	Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2	→222
221	What do you usually do to the water to make is safer to drink?	Boil.....1 Add bleach/chlorine.....2 Strain it through a cloth.....3 Use water filter (ceramic, sand, composite, etc.).....4 Solar disinfection.....5 Let it stand and settle.....6 Other (specify) _____ Do not Know.....8	
222	What kind of toilet facility does most members of your household use?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify) _____	→224

223	The last time you passed stool, where did you defecate?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... ..4 Other(Specify)_____																																								
224	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 Do not have radio at home.....8																																								
225	Main material of the roof. Record observation.	Thatch/leaf1 Rustic mat/plastic sheets2 Reed/bamboo 3 Wood planks 4 Finished roofing Corrugated iron ... 5 Wood 6 Calamine/cement fiber..... 7 Cement/concrete 8 Roofing shingles 9 Other (specify)_____																																								
226	Main material of the walls. Record Observation	No walls.....1 Cane/trunks/bamboo/reed.....2 Rambo/wood 3 Stone with mud 4 Uncovered adobe..... 5 Plywood. 6 Cartoon 7 Cement..... 8 Stine with lime cement. 9 Bricks.....10 Cement blocks.....11 Covered adobe.....12 Wood planks/shigles.....13 Other (specify)_____																																								
227	How many rooms in this household are used for sleeping?	Number of rooms []																																								
228	How many (LOCAL UNITS) of agricultural land do members of this household own? If none; record "00" If unknown, record "999"	Local Units (Timad). []																																								
229	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)A watch?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d)A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e)A mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f)A non-mobile telephone? . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>g)A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h)A table?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i)A chair?</td> <td>1</td> <td>2</td> </tr> <tr> <td>j)A bed?</td> <td>1</td> <td>2</td> </tr> <tr> <td>k)An electric mitad?</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) A kerosene lamp/pressure lamp?.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	a) Electricity?	1	2	b)A watch?	1	2	c) A radio?	1	2	d)A television?	1	2	e)A mobile telephone?	1	2	f)A non-mobile telephone? . . .	1	2	g)A refrigerator?	1	2	h)A table?	1	2	i)A chair?	1	2	j)A bed?	1	2	k)An electric mitad?	1	2	l) A kerosene lamp/pressure lamp?.	1	2	
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230	Does this household own any	Yes.....1																																								

	livestock, herds, or farm animals?	No.....2	→301
231	How many of the following animals does this household own? If none record "00"	a) Milk cows, oxen,[] b) Horses.....[] c) Donkeys.....[] d) Mules.....[] e) Goats.....[] f) Sheep.....[] g) Chickens.....[]	

Section 3: Awareness of and access to health services in the community

301	How long does it take you to walk to the nearest health facility? [If less than an hour, record it in Minutes] <i>No health post in the Kebele; Record "99"</i> <i>No Health Center in the Woreda, Record "99"</i>	Health post: Minutes [][] Hours [][] Health Center: Minutes [][] Hours [][]	
302	Have you visited the health post last year?	Yes.....1 No.....2 No health post in the Kebele.....8	→304 →304
303	The last time you visited the health post, what was the reason for you to visit the health post? Do not read the responses (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Family planning1 2 b) Child immunization1 2 c) Antenatal care1 2 d) Postnatal care.....1 2 e)Health education,.....1 2 f)Growth monitoring.....1 2 g)Referral of sick child.....1 2 h)Diarrhea treatment.....1 2 i)Malaria treatment.....1 2 j)Pneumonia treatment.....1 2 k)Provide or sell bed nets.....1 2 l)Delivery care.....1 2 m)Neonatal care.....1 2 Other, specify_____	
304	Have you heard of or do you know about the health extension worker?	Yes.....1 No.....2	→308
305	What are the services provided by the health extension workers? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Family planning1 2 b) Child immunization1 2 c) Antenatal care1 2 d) Postnatal care.....1 2 e)Health education,.....1 2 f)Growth monitoring.....1 2 g)Referral of sick child.....1 2 h)Diarrhea treatment.....1 2	

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306	Did the HEW visit your household during the past 6 months to talk about health related issues?	Yes..... 1 No..... 2 No health post in the Kebele..... 8	→308 →308																																													
307	What was discussed or what services were provided by the HEW the last time the HEW visited you at your home? (Multiple Responses Possible)	<table border="0"> <thead> <tr> <th></th> <th>Mentioned (M)</th> <th>Not Mentioned (NM)</th> </tr> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr> <td>a)Message on Immunization..... </td> <td></td> <td>2,</td> </tr> <tr> <td>b)Information on child nutrition... </td> <td></td> <td>2</td> </tr> <tr> <td>c)IEC on diarrhea treatment..... </td> <td></td> <td>2</td> </tr> <tr> <td>d)Information on pregnancy care... </td> <td></td> <td>2</td> </tr> <tr> <td>e) Information on HIV/AIDS </td> <td></td> <td>2</td> </tr> <tr> <td>f) Information on hygiene..... </td> <td></td> <td>2</td> </tr> <tr> <td>g) Promotion pit latrine construction... </td> <td></td> <td>2</td> </tr> <tr> <td> h)promote latrine use..... </td> <td></td> <td>2</td> </tr> <tr> <td> i)promote safe water use.... </td> <td></td> <td>2</td> </tr> <tr> <td> j) Information/discussion on Family planning </td> <td></td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </tbody> </table>		Mentioned (M)	Not Mentioned (NM)		M	NM	a)Message on Immunization.....		2,	b)Information on child nutrition...		2	c)IEC on diarrhea treatment.....		2	d)Information on pregnancy care...		2	e) Information on HIV/AIDS		2	f) Information on hygiene.....		2	g) Promotion pit latrine construction...		2	h)promote latrine use.....		2	i)promote safe water use....		2	j) Information/discussion on Family planning		2	Other, specify _____									
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308	Have you heard of or do you know about voluntary community health worker (such as CHP, CBRHA, etc) in your community?	Yes..... 1 No..... 2	→312																																													
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h)	Concern that there may not be any provider.....	1	2																																																												
i)	due to household chores.....	1	2																																																												
	Other, specify _____																																																														

Section 4. Community based IEC/BCC: awareness and exposure

401	<p>Have you heard about the Family Health Card? Show Family Health Card</p>	<table border="0"> <tr> <td>Yes.....</td> <td>1</td> </tr> <tr> <td>No.....</td> <td>2</td> </tr> </table>	Yes.....	1	No.....	2	→404																
Yes.....	1																						
No.....	2																						
402	<p>If yes, how did you hear about the family health card? (Multiple Responses Possible)</p>	<table border="0"> <tr> <td></td> <td>Mentioned (M)</td> <td>Not Mentioned (NM)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>M</td> <td>NM</td> </tr> <tr> <td>a)</td> <td>Health Extension Worker.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>CHP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>CBRHA</td> <td>1</td> <td>2</td> </tr> </table>		Mentioned (M)	Not Mentioned (NM)				M	NM	a)	Health Extension Worker.....	1	2	b)	CHP.....	1	2	c)	CBRHA	1	2	
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c)	CBRHA	1	2																				

		d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____8 g) Don't know/remember8	
403	Do any of your children (under 5 years of age) have a Family Health Card (FHC)?	Yes, FHC seen.....1 Yes, FHC <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age.....9	
404	Have you heard about the Immunization Diploma? Show Diploma	Yes.....1 No.....2	→407
405	If yes, how did you hear about the immunization diploma? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____8 g) Don't know/remember8	
406	Do any of your children (under 5 years of age) have immunization diploma?	Yes, Immunization Diploma seen.....1 Yes, Immunization Diploma <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age4 Do not have under 5 children5	
407	Have you heard about a Model family?	Yes.....1 No.....2	→501
408	If yes, how did you hear about the model family? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____8 g) Don't know/remember8	
409	Is this family graduated as a Model Family?	Yes, graduated (Certificate seen).....1 Yes, graduated (Certificate not seen).....2 No, working towards.....3 Not at all.....4	→501 →501
410	Do you want your family to be a model family?	Yes.....1 No.....2	

Section 5: Bed nets			
501	Does your household have any bed nets that can be used while sleeping?	Yes.....1 No.....2	→601
502	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	Number of nets _____	

503	OBSERVE OR ASK THE BRAND OF THE MOSQUITO NET TO VERIFY BRAND. ASK: When you got the <u>last net</u> , was it already treated with an insecticide to kill or repel mosquitoes?	Permanent net (Permanent)1 Pretreated net.....2 Untreated net.....3 Do not know.....8	→505 →505																					
504	How long ago was the most recent soaking/dipping done? <i>If less than 1 month, record '00'.</i>	Months ago[] More than 1 year ago.....95 Do not know.....98																						
505	Did anyone sleep under mosquito net(s) last night?	Yes.....1 No.....2 Do not know.....8	→601 →601																					
506	If yes, who slept under mosquito net(s) last night? Probe: anyone else? CIRCLE 1 FOR ALL PEOPLE MENTIONED. For those not mentioned circle "2"	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a) Self.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Newborn baby.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Other children (under 5)...</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Father.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Other.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		Yes	No	a) Self.....	1	2	b) Newborn baby.....	1	2	c) Other children (under 5)...	1	2	d) Father.....	1	2	e) Other.....	1	2	Other, specify _____			
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d) Father.....	1	2																						
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Other, specify _____																								
507	Did (NAME) sleep under a bed net last night?	Yes.....1 No.....2																						

Section 6: Antenatal care

Now I would like to ask you questions about the services you received while pregnant with your current youngest child

601	Did any community health workers visit you during your pregnancy of (NAME)?	Yes.....1 No.....2 Do not remember.....8	→604 →604																																																
602	Who visited you during your pregnancy? <i>ASK: Who else? Record all responses</i>	<table border="0"> <tr> <td>Mentioned (M)</td> <td>Not Mentioned (NM)</td> </tr> <tr> <td></td> <td>M NM</td> </tr> <tr> <td>a) Health Extension Worker.....</td> <td>1 2</td> </tr> <tr> <td>b) CHP.....</td> <td>1 2</td> </tr> <tr> <td>c) CBRHA</td> <td>1 2</td> </tr> <tr> <td>d) TBA/Trained TBA</td> <td>1 2</td> </tr> <tr> <td>e) Others (specify) _____</td> <td></td> </tr> <tr> <td>f) Don't know/remember</td> <td>8</td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)		M NM	a) Health Extension Worker.....	1 2	b) CHP.....	1 2	c) CBRHA	1 2	d) TBA/Trained TBA	1 2	e) Others (specify) _____		f) Don't know/remember	8																																	
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603	What was discussed? ASK: Anything else? Record all responses	<p>(M = mentioned, NM= not mentioned)</p> <table border="0"> <tr> <td></td> <td>M</td> <td>NM</td> </tr> <tr> <td>a) To get checked up during pregnancy.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) To get TT vaccination</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Take Iron Folate tablet</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) To take extra amount of food</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) To take rest</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) To avoid heavy work</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) To seek care if there is a health problem</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) To save money for emergency</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) To arrange for emergency transport</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) To ensure a Trained Birth Attendant ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) Put the baby to breast immediately after delivery..</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) Give colostrums.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) No pre-lacteals.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>n) Exclusive breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>o) LAM.....</td> <td>1</td> <td>2</td> </tr> </table>		M	NM	a) To get checked up during pregnancy.....	1	2	b) To get TT vaccination	1	2	c) Take Iron Folate tablet	1	2	d) To take extra amount of food	1	2	e) To take rest	1	2	f) To avoid heavy work	1	2	g) To seek care if there is a health problem	1	2	h) To save money for emergency	1	2	i) To arrange for emergency transport	1	2	j) To ensure a Trained Birth Attendant ...	1	2	k) Put the baby to breast immediately after delivery..	1	2	l) Give colostrums.....	1	2	m) No pre-lacteals.....	1	2	n) Exclusive breastfeeding	1	2	o) LAM.....	1	2	
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		<p>p)Nothing to be applied to the umbilical stump.....1 2</p> <p>q)Delay bathing until after 24 hours.....1 2</p> <p>r)For you, to sleep under a bed net.....1 2</p> <p>s)Counsel and test for HIV.....1 2</p> <p>Other (specify) _____</p> <p>Don't remember.....9</p>	
604	When you were pregnant with (NAME) did you go to a health facility for antenatal care?	<p>Yes.....1</p> <p>No.....2</p> <p>Do not remember.....8</p>	<p>→610</p> <p>→610</p>
605	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>Months []</p> <p>Don't Know.....98</p>	
606	Where did you receive antenatal care for this pregnancy?	<p>PUBLIC HEALTH FACILITY</p> <p>Government hospital.....1</p> <p>Health Center.....2</p> <p>Health Post.....3</p> <p>Outreach.....4</p> <p>OTHER FACILITIES</p> <p>NGO health facility.....5</p> <p>Private health facility.....6</p> <p>Other, specify _____</p> <p>Do not know.....8</p>	
607	Who provided antenatal care at the facility? Do not read the responses. Who else?	<p>(M = mentioned, NM= not mentioned)</p> <p><u> </u> <u> </u></p> <p>M NM</p> <p>a) Doctor.....1 2</p> <p>b) Nurse/midwife.....1 2</p> <p>c) Health extension worker.....1 2</p> <p>d) Health worker/unknown type.....1 2</p> <p>Other, specify _____</p>	
608	How many times did you receive antenatal care in the health facility during this pregnancy?	<p>Number []</p> <p>Don't Know.....98</p>	
609	During this pregnancy were any of the following done at least once? READ OUT THE LIST Circle "1" for yes, and "2" for no. Multiple responses possible	<p>(Y = YES, N = NO, DK = DON'T KNOW)</p> <p><u> </u> <u> </u> <u> </u></p> <p>Y N DK</p> <p>a) Weight Taken.....1 2 8</p> <p>b) Height Measured.....1 2 8</p> <p>c) Blood pressure Measured.....1 2 8</p> <p>d) Urine Sample Given.....1 2 8</p> <p>e) Blood Sample Given.....1 2 8</p> <p>f) Given drugs for Malaria.....1 2 8</p> <p>g) Received Breastfeeding Information.....1 2 8</p> <p>h) Received Family Planning Information...1 2 8</p> <p>i) Received Information about HIV/AIDS..1 2 8</p> <p>j) Tested for HIV/ STI.....1 2 8</p> <p>k) Maternal Nutrition Information.....1 2 8</p> <p>l) Given Iron/Folate Supplementation.....1 2 8</p> <p>m) told about danger signs during pregnancy .1 2 8</p> <p>n) counseled on birth preparedness.....1 2 8</p> <p>o) counseled on neonatal care.....1 2 8</p> <p>p) told about neonatal complications.....1 2 8</p>	
610	When you were pregnant with (NAME), did you receive an injection in the top of your arm or shoulder to prevent the baby from getting tetanus? That is, an injection to prevent the baby from getting convulsions after	<p>Yes.....1</p> <p>No.....2</p> <p>Do not remember.....8</p>	<p>→612</p> <p>→612</p>

	birth.		
611	If yes: How many times did you receive this tetanus injection when you were pregnant with (NAME OF CHILD)?	Number of injections [] Don't know.....8	IF 2 or more injections, Skip to 615
612	Now, I want you to think back before you became pregnant with (NAME OF CHILD). Did you receive an injection to prevent tetanus (or convulsions) at any time before you became pregnant with (NAME OF CHILD)? You could have received the tetanus injection during a previous pregnancy, between pregnancies, or before your first pregnancy.	Yes.....1 No.....2 Do not remember.....8	→615 →615
613	How many injections to prevent tetanus did you receive <u>before</u> your last pregnancy?	Number of injections [] Don't know.....8	IF 1 or more injections <u>and</u> 611 is 1 or more, then skip to 615
614	Ask only if q611 is "0" and q613 is "2" or more. Now, I want you to think about the injections to prevent tetanus that you received before your last pregnancy with (NAME OF CHILD). Specifically, I want you to think about the most recent tetanus injection before your last pregnancy. How many years has it been since you received that injection?	Years ago [] Don't know.....8	
615	When you were pregnant with (NAME) did you eat, less than usual, the same as usual, or more than usual?	Less.....1 Same.....2 More.....3 Don't Know.....8	
616	When you were pregnant with (Name) did you regularly take iron tablets?	Yes.....1 No.....2 Do not remember.....8	→618 →618
617	For how many months did you take iron tablets regularly when you were pregnant with (Name)?	# Months []	
618	When you were pregnant with (Name) did you take any drugs to prevent malaria?	Yes.....1 No.....2 Do not remember.....8	
619	When you were pregnant with (Name) did you take any drugs for intestinal parasite?	Yes.....1 No.....2 Do not remember.....8	

Section 7. Birth Preparedness			
701	During pregnancy of (name) did you make any preparations for your delivery?	Yes.....1 No.....2	→801

	Probe: preparation may include financial, who would attend, where to deliver, transportation, etc																													
702	What preparations did you make for the delivery of (name)? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a)Financial.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b)Transport.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c)Food.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d)Arrange birth attendants.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e)Identified health facility for delivery....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f)Prepared clean and appropriate materials for delivery</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g)Identified blood donors.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a)Financial.....	1	2	b)Transport.....	1	2	c)Food.....	1	2	d)Arrange birth attendants.....	1	2	e)Identified health facility for delivery....	1	2	f)Prepared clean and appropriate materials for delivery	1	2	g)Identified blood donors.....	1	2	Other, specify _____			
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703	Who did you plan to attend (name's) delivery? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Untrained TBA.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b)Trained TBA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c)Mother.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d)Mother-in-law.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e)Other female relative.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f)Health Extension Worker.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g)Community health volunteers.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Untrained TBA.....	1	2	b)Trained TBA	1	2	c)Mother.....	1	2	d)Mother-in-law.....	1	2	e)Other female relative.....	1	2	f)Health Extension Worker.....	1	2	g)Community health volunteers.....	1	2	Other, specify _____			
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704	Did you plan for a place to deliver (name)?	Yes.....1 No.....2																												
705	Where did you plan to deliver (name)?	Your Home.....1 Other Home.....2 Government Hospital.....3 Government Health Center.....4 Government Health Station/Clinic.....5 Health post.....6 NGO Health Facility.....7 Private Hospital.....8 Private Doctor/Clinic.....9 Other.....10 Other, specify _____																												
706	Who was the main person decided where (name's) delivery should take place?	Self.....1 Mother-in-law.....2 Father-in-law.....3 Other relative.....4 My husband.....5 My mother.....6 Other. Specify _____																												

Section 8. Delivery and Immediate Newborn care

801	Where did you give birth to (NAME)?	Your Home.....1 Other Home.....2 Government Hospital.....3 Government Health Center.....4 Government Health Station/Clinic.....5 Health post.....6 NGO Health Facility.....7 Private Hospital.....8 Private Doctor/Clinic.....9	
-----	-------------------------------------	---	--

		Other.....10 Specify, other _____	
802	Who assisted you with the delivery of (name)? Do not read responses ASK: Anything else? Probe for the type of person and record all persons assisting	(M = mentioned, NM= not mentioned) M NM a) Health Professional.....1 2 b) TBA/Trained TBA1 2 c) Untrained Traditional Birth Attendant.. 1 2 d) Relative/Friend/Neighbor.....1 2 e) Health extension worker.....1 2 f) No One.....1 2 g) others.....1 2 Other, specify _____	
803	Where you given any drugs (Mesopostrol) to prevent excessive bleeding after giving birth to (Name)	Yes.....1 No.....2 Do not remember.....8 Do not know.....9	
804	How long after birth did you first put (NAME) to the breast? If less than 1 hour or “immediately”, record “00” hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately.....00 Hours.....[][] Days.....[][] Don't Know.....98	
805	What did you do with the first milk?	Squeeze out and throw.....1 Squeeze out and give to the baby.....2 Other, specify _____ Do not know.....8	
806	Was (name) weighed at birth?	Yes.....1 No.....2 Do not remember.....8	→808 →808
807	How much did (name) weigh? Record weight from health card, if available.	a. From card.....(kilograms) _ . _ _ _ b. From recall..... (kilograms) _ . _ _ _ Do not know.....99999	
808	When (name) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Large.....1 Average.....2 Small.....3 Born too early.....4 Don't know.....8	
809	When (name) was delivered, what instrument was used to cut the cord?	New Blade.....1 Boiled Blade2 Unboiled used blade.....3 Knife.....4 Scissor.....7 Other8 Other (specify) _____ Don't know98	
810	When (name) was delivered, what was used to tie the cord?	New string or thread..... 1 Boiled string or thread2 Used string or thread3 Did not tie the cord4 Other (specify) _____ Don't know8	

811	When (name) was delivered, did anybody apply anything on the stump after the baby's cord was cut?	Yes.....1 No.....2 Do not remember.....8	→813 →813
812	If so, what did they apply? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) M NM a) Butter.....1 2 b) Oil.....1 2 c) Ash.....1 2 d) Ointment/powder.....1 2 e) Animal dung.....1 2 f) Cold water.....1 2 Other (specify) _____ Don't know.....8	
813	Was your baby (name) dried before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
814	Was your baby (name) wrapped in cloth before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
815	Was your baby (name) put on the breast before the placenta was delivered or immediately after birth?	Yes.....1 No.....2 Don't know.....8	
816	Where was the baby (name) placed before the placenta was delivered or immediately after birth?	On the floor 1 On the cot2 With the mother3 With someone else4 Other 5 Other (specify) _____ Don't know 8	
817	Did the baby (name) cry or breath easily immediately after birth?	Yes.....1 No.....2 Don't know.....8	→820
818	What was done to help the baby (name) cry or breath easily immediately after birth? Do not read responses ASK: Anything else? Record all responses	M NM a) Rubbed/massaged.....1 2 b) Dried.....1 2 c) Mouth cleared.....1 2 d) Nothing.....1 2 Other, specify _____ Don't know.....8	
819	Who took these measures to help the baby (name) cry or breathed?	Health worker.....1 Health Extension Worker.....2 Community volunteer.....3 Traditional birth attendant.....4 Family/relative/friend.....7 Self.....8 Other, specify _____	
820	How long after birth was your baby (name) bathed for the first time?	Hours.....[] Days.....[] Don't know.....98	
821	In the first three days after delivery, was the baby (name) given anything to drink other than breast milk?	Yes.....1 No.....2	→823

822	<p>What was the baby (name) given to drink?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Milk (other than breast milk).....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Plain water.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>c) Sugar or glucose water.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>d) Fruit juice.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>e) Infant Formula.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>f) Tea/infusion/"hamesa".....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>g) Fresh butter.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Milk (other than breast milk).....l	2	2	b) Plain water.....l	2	2	c) Sugar or glucose water.....l	2	2	d) Fruit juice.....l	2	2	e) Infant Formula.....l	2	2	f) Tea/infusion/"hamesa".....l	2	2	g) Fresh butter.....l	2	2	Other, specify _____															
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823	<p>What did you do to keep the baby (name) warm following delivery?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Dried the baby.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Wrapped the baby with clean cloth.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>c) Put baby beside the mother.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>d) Keep the baby on bare skin to skin contact.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>e) Bathed in warm water.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>f) Warmed delivery room.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Dried the baby.....l	2	2	b) Wrapped the baby with clean cloth.....l	2	2	c) Put baby beside the mother.....l	2	2	d) Keep the baby on bare skin to skin contact.....l	2	2	e) Bathed in warm water.....l	2	2	f) Warmed delivery room.....l	2	2	Other, specify _____																		
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825	<p>In the first fifteen days did you sleep with (name) against you at night, or did lay him/her alone on the bed, or elsewhere?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Mother slept with babyl</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Laid baby on bed alone.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>c) Baby slept with another person.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>d) Keep the baby on bare skin to skin contact.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Mother slept with babyl	2	2	b) Laid baby on bed alone.....l	2	2	c) Baby slept with another person.....l	2	2	d) Keep the baby on bare skin to skin contact.....l	2	2	Other, specify _____																								
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826	<p>What are the complications in a woman during childbirth needing medical treatment?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Excessive vaginal bleeding.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Foul-smelling discharge.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>c) High fever.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>d) Baby's hand or feet come firstl</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>e) Baby's in abnormal position.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>f) Prolonged labor (>12 hours).....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>g) Retained placenta.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>h) Rupture uterus.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>i) Prolapsed cord.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>j) Cord around neck.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>k) Convulsions.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Excessive vaginal bleeding.....l	2	2	b) Foul-smelling discharge.....l	2	2	c) High fever.....l	2	2	d) Baby's hand or feet come firstl	2	2	e) Baby's in abnormal position.....l	2	2	f) Prolonged labor (>12 hours).....l	2	2	g) Retained placenta.....l	2	2	h) Rupture uterus.....l	2	2	i) Prolapsed cord.....l	2	2	j) Cord around neck.....l	2	2	k) Convulsions.....l	2	2	Other, specify _____			
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827	<p>Do you know where to go if you experienced pregnancy complication, e.g. sever head ache, sever vaginal bleeding, prolonged labor or retained placenta your?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Hospital.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Health center.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>c) Health post.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>d) Drug shop/pharmacy.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>e) Health extension worker.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>f) Volunteer community health workers.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>g) TBA/TTBA.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>h) Holy water/religious place.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>i) Traditional healer/Witchcraft.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Hospital.....l	2	2	b) Health center.....l	2	2	c) Health post.....l	2	2	d) Drug shop/pharmacy.....l	2	2	e) Health extension worker.....l	2	2	f) Volunteer community health workers.....l	2	2	g) TBA/TTBA.....l	2	2	h) Holy water/religious place.....l	2	2	i) Traditional healer/Witchcraft.....l	2	2	Other, specify _____									
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828	<p>Did you have any of the symptoms of pregnancy complications during</p>	<p>M = mentioned, NM= not mentioned)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Excessive vaginal bleeding.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td>b) Foul-smelling discharge.....l</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> </tbody> </table>		M	NM	a) Excessive vaginal bleeding.....l	2	2	b) Foul-smelling discharge.....l	2	2																															
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829	What did you do when you had any of the symptoms?	M = mentioned, NM= not mentioned) M NM a)Hospital.....l 2 b)Health center.....l 2 c)Health post....l 2 d)Drug shop/pharmacy....l 2 e)Health extension worker....l 2 f)Volunteer community health workers....l 2 g)TBA/TTBA.....l 2 h)Holy water/religious place.....l 2 i)Traditional healer/Witchcraft....l 2 Other, specify _____ Did not do anything.....8	

Section 9. Postnatal care for mother and baby			
901	Did any community health worker visit you immediately after delivery of (NAME)?	Yes.....l No.....2 Do not remember.....8	→906 →906
902	If a community health worker visited you immediately after delivery of [NAME], who was that person? Do not read responses ASK: Anything else? Record all responses	M = mentioned, NM= not mentioned) M NM a)Health Extension Worker.....l 2 b)CHP.....l 2 c)CBRHAl 2 d)TBA/Trained TBAl 2 e)Others (specify) _____ Don't know/remember8	
903	How many days or how many weeks after delivery were you visited by a community health worker for the first time?	Days.....[][] Weeks.....[][]	
904	How many days or how many weeks after delivery were you visited by a community health worker for the second time?	Days.....[][] Weeks.....[][] Not checked for the second time.....88	
905	What was discussed? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) M NM a) To take extra amount of foodl 2 b) To seek care if there is danger signl 2 c) Exclusively breastfeed (to 6 months)l 2 d) Frequency of breastfeeding.....l 2 e) Complete feeding at one breast before switching to another....l 2 f)keep bay warm.....l 2 g) Position & attachment.....l 2 h) Immunize your child.....l 2 i) LAM.....l 2 j) To have your child (ren) sleep under bed net..l 2 k) Otherl 2	

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906	After (name) was born, did a health worker check on your or your baby?	Yes.....1 No.....2	→911																																				
907	How long after delivery did your / or your baby's first check take place?	Days.....[] [] Weeks.....[] []																																					
908	Where did the first check take place?	Your home.....1 Other home.....2 Health post.....3 Health center.....4 Hospital.....5 Other, specify _____																																					
909	What did the health worker do during that visit to check on your health? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a) Examined body</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) Checked breast</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) Checked for heavy bleeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) Counseled on danger signs.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) Counseled on family planning.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>f) Counseled on nutrition.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>g) Referred to health center/hospital</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a) Examined body	1	2	b) Checked breast	1	2	c) Checked for heavy bleeding	1	2	d) Counseled on danger signs.....	1	2	e) Counseled on family planning.....	1	2	f) Counseled on nutrition.....	1	2	g) Referred to health center/hospital	1	2	Other, specify _____												
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910	What did the health worker do during that visit to check on the health of baby? Do not read responses ASK: Anything else? Record all responses	(M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a) generally examined/looked at baby's body.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) Weighted baby</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) Checked cord.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) Counseled on breastfeeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) Observed breastfeeding</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>f) Counseled on skin-to-skin contact/warmth</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>g) Checked baby for danger sign</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>h) Counseled on danger signs</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>i) Referred to health center/hospital</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>j) Nothing.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a) generally examined/looked at baby's body.....	1	2	b) Weighted baby	1	2	c) Checked cord.....	1	2	d) Counseled on breastfeeding	1	2	e) Observed breastfeeding	1	2	f) Counseled on skin-to-skin contact/warmth	1	2	g) Checked baby for danger sign	1	2	h) Counseled on danger signs	1	2	i) Referred to health center/hospital	1	2	j) Nothing.....	1	2	Other, specify _____			
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911	In the first two months after delivery, did you receive a dose of vitamin A? [Show Vitamin A Capsule]	Yes.....1 No.....2 Do not remember....8																																					
912	Sometimes mothers after delivery have severe illnesses and should be taken immediately to a health facility. What type symptoms would cause you to go to a health facility right away? Do not read responses ASK: Anything else? Record all responses	M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a)Excessive vaginal bleeding.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b)Foul-smelling discharge.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c)High fever.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d)Sever abdominal pain.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e)Convulsions.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		M	NM	a)Excessive vaginal bleeding.....	1	2	b)Foul-smelling discharge.....	1	2	c)High fever.....	1	2	d)Sever abdominal pain.....	1	2	e)Convulsions.....	1	2	Other, specify _____																		
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913	Did you have any of the symptoms of the danger signs of pregnancy when pregnant with (name)?	M = mentioned, NM= not mentioned) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">M</td> <td style="text-align:right">NM</td> </tr> <tr> <td>a)Excessive vaginal bleeding.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b)Foul-smelling discharge.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c)High fever.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d)Sever abdominal pain.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e)Convulsions.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		M	NM	a)Excessive vaginal bleeding.....	1	2	b)Foul-smelling discharge.....	1	2	c)High fever.....	1	2	d)Sever abdominal pain.....	1	2	e)Convulsions.....	1	2																			
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914	What did you do when you had any of the danger signs?	M = mentioned, NM= not mentioned) M NM a)Hospital.....1 2 b)Health center.....1 2 c)Health post....1 2 d)Drug shop/pharmacy....1 2 e)Health extension worker....1 2 f)Volunteer community health workers....1 2 g)TBA/TTBA.....1 2 h)Holy water/religious place.....1 2i i)Traditional healer/Witchcraft....1 2 Other, specify _____ Did not do anything.....8	

Section 10: Vitamin A

1001	Did (NAME) receive a dose of vitamin A in the last 6 months? Show Vitamin A Capsule	Yes.....1 No.....2 Child age <6months.....3 Do not know.....8	
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Section 11: Infant Feeding & Food Preparation Practices

1101	Did any community health worker visit you to discuss with you about the feeding of your child [NAME]?	Yes.....1 No.....2 Do not remember.....8	→ 1105 → 1105
1102	When was the last time a community health worker visited you to discuss about the feeding of your child [NAME]?	_____ months ago [If less than a month] _____ days ago	
1103	Who visited you during that time? ASK: Who else? Record all responses	Health Extension Worker.....1 CHP.....2 CBRHA3 TBA/Trained TBA4 Others (specify) _____ Don't know/remember8	
1104	What was discussed? DO NOT READ THE ANSWERS OUT LOUD. RECORD ALL MENTIONED ASK: Who else?	(M = mentioned, NM= not mentioned) M NM a) For you, to take extra amount of food .1 2 b) Exclusively breastfeed (to 6 months).....1 2 c) Frequency of breastfeeding.....1 2 d) Complete feeding at one breast before switching to another.....1 2 e) Continue breastfeeding child until 2 years and beyond.....1 2 f) Begin complementary feeding at 6 months1 2 g) Frequency of feeding.....1 2 h) Use of different food to enrich porridge...1 2 i) Immunize your child.....1 2 j) LAM.....1 2 k) Family planning.....1 2 l) Other1 2 Others (specify) _____	
1105	Have you ever breastfed (Name)?	Yes.....1 No.....2	
1106	Since you breastfeed (Name) do you eat more than usual, the same as usual, or less	More.....1 Same.....2	

	than usual?	Less.....3 Don't Know.....8	
I107	Since this time yesterday, did he/she receive any of the following? <i>Read each item aloud and record response before proceeding to the next item.</i>	Y N DK a) Vitamin supplements..... 2 8 b) Plain water..... 2 8 c) Sweetened water or juice..... 2 8 d) ORS..... 2 8 e) Infant formula..... 2 8 f) Milk..... 2 8 g) Other liquids..... 2 8 h) Solid or semi-solid food..... 2 8	Not correct
I108	Are you currently breastfeeding (name)?	Yes.....1 No.....2	→ I109a
I109	Why did you stop breastfeeding (name)?	Mother ill/weak.....1 Child ill/weak.....2 Nipple/breast problem.....3 Not enough milk.....4 Mother working.....5 Child refused.....6 Weaning age/age to stop.....7 Became pregnant.....8 Started using contraception.....9 Other.....10 Specify other _____	
I109a (only for Tigray)	Up to what age do you intend to breastfeed (NAME)?	Months [][] Don't Know.....98	
I109b (only for Tigray)	How many times did you breastfeed (NAME) yesterday, between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number [][] Don't Know.....98	
I109c (only for Tigray)	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes.....1 No.....2 Don't Know.....8 Did not start drinking in bottle with a nipple.....9	
I110	At what age did you first introduce liquids or feeds other than breast milk to the baby?	Before 4 months.....1 Between 4 and 6 months.....2 Exactly when it is 6 month of age.....3 If after 6 months, indicate the month _____ Not started any supplementation....4 Don't Know.....98	
I110a (only for Tigray)	How many times did you feed [NAME] solid and/or semi-solid food between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number of feedings of solids and/or semi-solid foods _____ Don't know.....98	
I110b (only for Tigray)	I would like to ask you about the types of foods [NAME] has been fed over the past 24 hours, from sunrise yesterday to sunrise today	(M = mentioned, NM= not mentioned) M NM a) Breastmilk..... 2 b) Water..... 2 c) Formula..... 2	

	d) Milk other than breastmilk.....l 2 e) Fruit Juice.....l 2 f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....l 2 g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....l 2 h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....l 2 i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....l 2 j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....l 2 k) Meat.....l 2 l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....l 2 m) Any food made with oil, fat or butter?.....l 2 n) Cooked mashed foods.....l 2 o) Egg.....l 2 p) Fish.....l 2 q) Cheese, Yoghurt.....l 2 r)Others.....l 2 Other, specify _____	
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Section 12: Child Health, Nutrition during Illness and Care Seeking			
1201	Has (NAME) had diarrhea in the last 2 weeks?	Yes.....l No.....2	→1213
1202	Was there any blood in the stools?	Yes.....l No.....2	
1203	How much did you breastfeed during the illness? Did you breastfeed less than usual, about the same amount, or more than usual?	Much Less.....l Somewhat less.....2 About the same.....3 More than usual.....4 Did not breastfeed.....5 Don't Know.....8	
1204	How much was (NAME) offered to drink during the diarrhea? Was (NAME) offered less than usual to drink, about the same amount, or more than usual to drink?	Much Less.....l Somewhat less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5 Not started fluid (only breast milk).....6 Don't Know.....8	

1205	How much was (NAME) offered to eat during the diarrhea? Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Eat nothing.....5 Not started supplementation6 Don't Know.....8	
1206	Did you seek advice or treatment for the diarrhea from any source?	Yes.....1 No.....2	→1209
1207	When (Name) was sick with <u>Diarrhea</u> did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital.....1 2 b)health center.....1 2 c)health station/clinic.....1 2 d)health post.....1 2 e)Community-Based Outlet.....1 2 Non-Governmental Organization (NGO) f)Health facility.....1 2 g)Community-Based Outlet.....1 2 Private Medical/Community h)Private Hospital.....1 2 i)Private doctor/clinic.....1 2 j)Pharmacy.....1 2 Other Source k)Holy Water.....1 2 l)Shop.....1 2 m)Friend/Relative.....1 2 n)Traditional practitioner.....1 2 Other, Specify _____	
1208	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
1209	Does (NAME) still have diarrhea?	Yes.....1 No.....2 Do not know.....8	
1210	Was (NAME) given any of the following to drink during the diarrhea: Fluid from ORS packet? Home-made sugar and salt solution? Other home made fluid?	(Y = yes, N = no, DK = don't know) Y N DK a) Fluid from an ORS packet.....1 2 8 b) Sugar and salt solution.....1 2 8 c) Other home made fluid1 2 8	
1211	Was (name) given anything else to treat the diarrhea?	Yes.....1 No.....2	→1213
1212	What (else) was given to treat the diarrhea? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM PILL OR SYRUP PILL OR SYRUP PILL OR SYRUP a)Antibiotic 1 2 b)Antimotility 1 2 c)Zinc 1 2	

		d)Other (anti-biotic, antimotility, Zink).l 2 e)Unknown pill Or syrupl 2 INJECTION f)Antibioticl 2 g)Non-antibiotic..... l 2 h)Unknown injection. l 2 i) (iv) intravenous l 2 j)Home remedy/ herbal med- l 2 Other, specify _____	
1213	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	
1214	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	→1217 →1217
1215	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes.....1 No.....2 Do not know.....8	
1216	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	Chest only..... 1 Nose only..... 2 Both.....3 Other, specify _____ Do not know.....8	
1217	Check 1213 (Name) had fever?	Yes.....1 No.....2	→1226
1218	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much Less.....1 Some what less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5 Don't Know.....8	
1219	Now I would like to know how much (NAME) was given to eat during the illness with a (fever/cough). Was he/she given less than usual to eat, about the same amount, or more than usual to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Stopped food.....5 Don't Know.....8	
1220	Did you sick advice or treatment for name's fever/cough?	Yes.....1 No.....2	→1222
1221	When (Name) was sick with a (fever/cough) did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital..... l 2 b)health center..... l 2 c)health station/clinic..... l 2 d)health post..... l 2 e)Community-Based Outlet..... l 2 Non-Governmental Organization (NGO)	

		f)Health facility.....l 2 g)Community-Based Outlet.....l 2 Private Medical/Community h)Private Hospital.....l 2 i)Private doctor/clinic.....l 2 j)Pharmacy.....l 2 Other Source k)Holy Water.....l 2 l)Shop.....l 2 m)Friend/Relative.....l 2 n)Traditional practitioner.....l 2 o) not received any treatment.....l 2 Other, specify _____	
I222	How many days after the (fever/cough) began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
I223	Is (NAME) still sick with a (fever/cough)?	Yes.....l No.....2 Do not know.....8	
I224	At any time during the illness, did (NAME) take any drugs for the illness (fever/cough)?	Yes.....l No.....2 Do not know.....8	→I226 →I226
I225	What drugs did (Name) take? Any other drug? Record All Mentioned If the respondent has given drug for the child but doesn't know the name of the drug, ask to see the packets of the drugs she gave the child. But if she doesn't have any sample left, the interviewer has to show The sample she has the respondents in order to help identify the drug	(M = mentioned, NM= not mentioned) M NM ANTIMALARIAL DRUGS a)Fansidar/spl 2 b)Chloroquinel 2 c)Artemether lumefantrine.....l 2 d)Quininel 2 e)Other anti- malariall 2 ANT-BIOTIC f)Bacterim.....l 2 g)Ampcilin.....l 2 h)Amxycilin.....l 2 i)Chloriamphnicol.....l 2 j)Tetracyclin.....l 2 k)Other anti-biotic.....l 2 OTHER DRUGS l)Asprin.....l 2 m)Ibuproen.....l 2 n)Parcytamol.....l 2 Other, specify _____	

<p>I226</p>	<p>Sometimes newborns, within the first month of life have severe illnesses and should be taken immediately to a health facility.</p> <p>What type symptoms would cause you to take your newborn to a health facility?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>M = mentioned, NM= not mentioned)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>NM</th> </tr> </thead> <tbody> <tr><td>a) Vomiting</td><td>1</td><td>2</td></tr> <tr><td>b) Fever</td><td>1</td><td>2</td></tr> <tr><td>c) Poor sucking or feeding.....</td><td>1</td><td>2</td></tr> <tr><td>d) Baby has difficult/ fast breathing ...</td><td>1</td><td>2</td></tr> <tr><td>e) Baby feels cold.....</td><td>1</td><td>2</td></tr> <tr><td>f) Baby too small or born too early .</td><td>1</td><td>2</td></tr> <tr><td>g) Redness/discharge around cord....</td><td>1</td><td>2</td></tr> <tr><td>h) Red swollen eye/discharge.....</td><td>1</td><td>2</td></tr> <tr><td>i) Yellow palms/soles/eyes.....</td><td>1</td><td>2</td></tr> <tr><td>j) Lethargy.....</td><td>1</td><td>2</td></tr> <tr><td>k) Unconscious.....</td><td>1</td><td>2</td></tr> <tr><td>Other, specify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Vomiting	1	2	b) Fever	1	2	c) Poor sucking or feeding.....	1	2	d) Baby has difficult/ fast breathing ...	1	2	e) Baby feels cold.....	1	2	f) Baby too small or born too early .	1	2	g) Redness/discharge around cord....	1	2	h) Red swollen eye/discharge.....	1	2	i) Yellow palms/soles/eyes.....	1	2	j) Lethargy.....	1	2	k) Unconscious.....	1	2	Other, specify _____																																	
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<p>I227</p>	<p>When a child under 5 years of age is sick, what signs of illness would tell you that he/she should be taken to a health facility or health worker?</p> <p>Any other signs?</p> <p>Do not read responses ASK: Anything else? Record all responses</p>	<p>(Mentioned = 1, Not Mentioned = 2)</p> <table border="0"> <thead> <tr> <th></th> <th>M</th> <th>N</th> </tr> </thead> <tbody> <tr><td>a) Repeated Watery Stools.....</td><td>1</td><td>2</td></tr> <tr><td>b) Any Watery Stools.....</td><td>1</td><td>2</td></tr> <tr><td>c) Repeated Vomiting.....</td><td>1</td><td>2</td></tr> <tr><td>d) Any Vomiting.....</td><td>1</td><td>2</td></tr> <tr><td>e) Blood in Stools.....</td><td>1</td><td>2</td></tr> <tr><td>f) Fast Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>g) Difficult Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>h) Noisy Breathing.....</td><td>1</td><td>2</td></tr> <tr><td>i) Fever.....</td><td>1</td><td>2</td></tr> <tr><td>j) Convulsions.....</td><td>1</td><td>2</td></tr> <tr><td>k) Stiff Neck.....</td><td>1</td><td>2</td></tr> <tr><td>l) Marked Thirst.....</td><td>1</td><td>2</td></tr> <tr><td>m) Unable to Drink.....</td><td>1</td><td>2</td></tr> <tr><td>n) Not Eating/Not Drinking Well.....</td><td>1</td><td>2</td></tr> <tr><td>o) Getting Sicker/Very Sick.....</td><td>1</td><td>2</td></tr> <tr><td>p) Not Getting Better.....</td><td>1</td><td>2</td></tr> <tr><td>q) Sick for a long time.....</td><td>1</td><td>2</td></tr> <tr><td>r) Sunken Eyes.....</td><td>1</td><td>2</td></tr> <tr><td>s) Cough.....</td><td>1</td><td>2</td></tr> <tr><td>t) Other.....</td><td>1</td><td>2</td></tr> <tr><td>Specify, Other _____</td><td></td><td></td></tr> <tr><td>Don't Know.....</td><td></td><td>8</td></tr> </tbody> </table>		M	N	a) Repeated Watery Stools.....	1	2	b) Any Watery Stools.....	1	2	c) Repeated Vomiting.....	1	2	d) Any Vomiting.....	1	2	e) Blood in Stools.....	1	2	f) Fast Breathing.....	1	2	g) Difficult Breathing.....	1	2	h) Noisy Breathing.....	1	2	i) Fever.....	1	2	j) Convulsions.....	1	2	k) Stiff Neck.....	1	2	l) Marked Thirst.....	1	2	m) Unable to Drink.....	1	2	n) Not Eating/Not Drinking Well.....	1	2	o) Getting Sicker/Very Sick.....	1	2	p) Not Getting Better.....	1	2	q) Sick for a long time.....	1	2	r) Sunken Eyes.....	1	2	s) Cough.....	1	2	t) Other.....	1	2	Specify, Other _____			Don't Know.....		8	
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<p>That is the end of our interview. Thank you very much for taking the time to answer these questions.</p>			
<p>T2</p>	<p>Time at end of interview</p>	<p>_____ : _____</p>	

THANK YOU!!

Section I: Identification and Consent

	Questionnaire Number, which include the Region code, Cluster & household code (to be numbered before interview)	Q R Z WW KK RR [] []	
	Name (Household head)	_____	
I01	Area Identification	A) Zone Name _____ Zone Code _____ B) Woreda _____ Woreda Code _____ C) Kebele _____ Kebele Code _____ D) Gote (Cluster) Name _____ E) Cluster # _____ F) Gote type: Closest to the health post1 Farthest from the health post.....2 No health post in the Kebele.....3	
I02	Personnel	a) Interviewer _____ Interviewer code _____ b) Field Supervisor _____ Supervisor code _____ c) Data Entry Clerk _____ Data entry code _____	
I03	Date of visit	[] [] [] DD MM YYYY	
T1	Time at beginning of interview	_____ : _____	

Introduction and Consent

My name is _____ and I'm working for the Regional Health Bureau. We are conducting an assessment about the health of women and children in collaboration with SNNP/Oromia/Amhara/Tigray Regional Health Bureau. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the Regional Health Bureau to plan health services. The questionnaire usually takes between 30-40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this interview is entirely on voluntary basis and you can chose not to answer any individual questions or all of the questions. However, we hope that you will participate fully in this assessment since your views are important.

Do you have any questions about the survey? May I begin the interview if

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

I04	What is the name of your youngest child?	_____	
I05	Sex of Child	BOY.....1 GIRL..... 2	
I06	What is the age of your youngest child?	[] MONTHS	
I07	What is the birth date of (NAME)?	[/ /] DAY / MONTH / YEAR	
I08	Verify child's date of birth by asking to see the child's health card	Child's date of birth verified.....1 Not possible to verify.....2	
I09	Questionnaire number from woman's interview (only if woman was interviewed with 15-49 age questionnaire)	[] []	

Section 2: Background and Household Characteristics			
201	In what month and year were you born?	<p style="text-align: right;">Month [][]</p> <p style="text-align: right;">Don't Know Month.....98</p> <p style="text-align: right;">Year [][][][]</p> <p style="text-align: right;">Don't Know Year....9998</p>	
202	How old were you on your last birthday?	Age in years.....[][]	
203	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<p style="text-align: right;">Years[]</p> <p style="text-align: right;">Always 95</p> <p style="text-align: right;">Visitor 96</p>	
204	Are you able to read or write a simple sentence?	Yes.....1 No.....2	→207
205	Did you ever attend formal school?	Yes.....1 No.....2	→207
206	What is the highest grade you completed?	<p style="text-align: right;">Grade [][]</p> <p style="text-align: right;">Technical/vocational certificate 13</p> <p style="text-align: right;">University/college diploma . . . 14</p> <p style="text-align: right;">University/college degree or Higher 15</p>	
207	What is your religion?	<p style="text-align: right;">Orthodox 1</p> <p style="text-align: right;">Catholic 2</p> <p style="text-align: right;">Protestant 3</p> <p style="text-align: right;">Moslem 4</p> <p style="text-align: right;">Traditional 5</p> <p style="text-align: right;">Other(Specify)_____</p>	
208	Are you currently married or living together with a man as if married?	<p style="text-align: right;">Yes, currently married..... 1</p> <p style="text-align: right;">Yes, living with a man 2</p> <p style="text-align: right;">No, not in union 3</p>	→211
209	Is your husband/partner living with you now or is he staying elsewhere?	<p style="text-align: right;">Living together 1</p> <p style="text-align: right;">Staying elsewhere. 2</p>	
210	How old were you when you first married?	Age []	
211	How many times pregnant were you? (including those that did not end with a live births), record "00" if none	Number []	If "00" skip to 218
212	How many times have you given birth? <i>[I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours], record "00" if none</i>	Number [][]	If "00" skip to 218

213	How old were you when you first gave a live birth?	Age []	
214	Have you ever given to a live birth last years? (I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours)	Yes.....1 No.....2	→217
215	Is the child born last year alive?	Yes.....1 No.....2	→217
216	FOR THE CHILD BORN LAST YEAR: If dead, how many days, months after birth did he/she die?	If died before a month, age at death in days [] If died at the age of 1 month or later, age at death in months []	
217	Total number of Children ever born?	Boys _____ Girls _____ Total _____	
218	What is the main source of drinking water for members of your household?	Piped (Tap) Piped into dwelling.....1 Piped into compound.....2 Piped outside compound...3 Protected well/spring Covered Well.....4 Protected Spring.....5 Open Well/Spring Open Well.....6 Open Spring.....7 Surface Water River.....8 Pond/Lake/Dam.....9 Rainwater.....10 Other.....11 Specify _____	
219	How long does it take you to go there, get water and come back?	Minutes [] [] Hours [] [] On premises.....96	
220	Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2	→222
221	What do you usually do to the water to make is safer to drink?	Boil.....1 Add bleach/chlorine.....2 Strain it through a cloth.....3 Use water filter (ceramic, sand, composite, etc.).....4 Solar disinfection.....5 Let it stand and settle.....6 Other (specify) _____ Do not Know.....8	
222	What kind of toilet facility does most members of your household use?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP) ...2 Flush toilet.....3 No facility/Bush/Field... 4 Other(Specify) _____	→224
223	The last time you passed stool, where did you defecate?	Pit Latrine/traditional pit toilet.....1 Ventilated improved pit latrine (VIP)	

		<p style="text-align: right;">...2</p> <p style="text-align: right;">Flush toilet.....3</p> <p style="text-align: right;">No facility/Bush/Field... ..4</p> <p style="text-align: right;">Other(Specify)_____</p>																																								
224	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	<p style="text-align: right;">Almost every day 1</p> <p style="text-align: right;">At least once a week 2</p> <p style="text-align: right;">Less than once a week 3</p> <p style="text-align: right;">Not at all 4</p> <p style="text-align: right;">Do not have radio at home.....8</p>																																								
225	Main material of the roof. Record observation.	<p style="text-align: right;">Thatch/leaf 1</p> <p style="text-align: right;">Rustic mat/plastic sheets 2</p> <p style="text-align: right;">Reed/bamboo 3</p> <p style="text-align: right;">Wood planks 4</p> <p style="text-align: right;">Finished roofing Corrugated iron . . . 5</p> <p style="text-align: right;">Wood 6</p> <p style="text-align: right;">Calamine/cement fiber..... 7</p> <p style="text-align: right;">Cement/concrete 8</p> <p style="text-align: right;">Roofing shingles 9</p> <p style="text-align: right;">Other (specify)_____</p>																																								
226	Main material of the walls. Record Observation	<p style="text-align: right;">No walls.....1</p> <p style="text-align: right;">Cane/trunks/bamboo/reed.....2</p> <p style="text-align: right;">Rambo/wood 3</p> <p style="text-align: right;">Stone with mud 4</p> <p style="text-align: right;">Uncovered adobe..... 5</p> <p style="text-align: right;">Plywood. 6</p> <p style="text-align: right;">Cartoon 7</p> <p style="text-align: right;">Cement..... 8</p> <p style="text-align: right;">Stine with lime cement. 9</p> <p style="text-align: right;">Bricks.....10</p> <p style="text-align: right;">Cement blocks.....11</p> <p style="text-align: right;">Covered adobe.....12</p> <p style="text-align: right;">Wood planks/shigles.....13</p> <p style="text-align: right;">Other (specify)_____</p>																																								
227	How many rooms in this household are used for sleeping?	Number of rooms []																																								
228	How many (LOCAL UNITS) of agricultural land do members of this household own? If none; record "00" If unknown, record "999"	Local Units (Timad). []																																								
229	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b)A watch?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d)A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e)A mobile telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f)A non-mobile telephone? . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g)A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h)A table?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i)A chair?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j)A bed?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k)An electric mitad?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l) A kerosene lamp/pressure lamp?.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	a) Electricity?	1	2	b)A watch?	1	2	c) A radio?	1	2	d)A television?	1	2	e)A mobile telephone?	1	2	f)A non-mobile telephone? . . .	1	2	g)A refrigerator?	1	2	h)A table?	1	2	i)A chair?	1	2	j)A bed?	1	2	k)An electric mitad?	1	2	l) A kerosene lamp/pressure lamp?.	1	2	
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230	Does this household own any livestock, herds, or farm animals?	<p style="text-align: right;">Yes.....1</p> <p style="text-align: right;">No.....2</p>	→301																																							
231	How many of the following animals																																									

	does this household own? If none record "00"	a) Milk cows, oxen,[] b) Horses.....[] c) Donkeys.....[] d) Mules.....[] e) Goats.....[] f) Sheep.....[] g) Chickens.....[]	
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Section 3: Awareness of and access to health services in the community

301	How long does it take you to walk to the nearest health facility? [If less than an hour, record it in Minutes] <i>No health post in the Kebele; Record "99"</i> <i>No Health Center in the Woreda, Record "99"</i>	Health post: Minutes [][] Hours [][] Health Center: Minutes [][] Hours [][]																																																	
302	Have you visited the health post last year?	Yes.....1 No.....2 No health post in the Kebele.....8	→304 →304																																																
303	The last time you visited the health post, what was the reason for you to visit the health post? Do not read the responses (Multiple Responses Possible)	<table border="0"> <tr> <td></td> <td style="text-align: center;">Mentioned (M)</td> <td style="text-align: center;">Not Mentioned (NM)</td> </tr> <tr> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">NM</td> </tr> <tr> <td>a) Family planning</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Child immunization</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Antenatal care</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Postnatal care.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e)Health education,.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f)Growth monitoring.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g)Referral of sick child.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h)Diarrhea treatment.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i)Malaria treatment.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j)Pneumonia treatment.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k)Provide or sell bed nets.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l)Delivery care.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>m)Neonatal care.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other, specify _____</td> <td></td> <td></td> </tr> </table>		Mentioned (M)	Not Mentioned (NM)		M	NM	a) Family planning	1	2	b) Child immunization	1	2	c) Antenatal care	1	2	d) Postnatal care.....	1	2	e)Health education,.....	1	2	f)Growth monitoring.....	1	2	g)Referral of sick child.....	1	2	h)Diarrhea treatment.....	1	2	i)Malaria treatment.....	1	2	j)Pneumonia treatment.....	1	2	k)Provide or sell bed nets.....	1	2	l)Delivery care.....	1	2	m)Neonatal care.....	1	2	Other, specify _____			
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313	<p>When your child is sick and want to get medical advice or treatment, is each of the following a big problem, or a small/no problem for you? (Read out loud the responses)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Big (1)</td> <td style="text-align: center;">small (2)</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Big</td> <td style="text-align: center;">Small</td> </tr> <tr> <td>a) Not knowing where to go.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Not Getting permission to go....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Not getting money needed for treatment....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Not having a health facility nearby.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Transportation problem.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Not wanting to go alone.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Concern that there may not be a female health provider....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) Concern that there may not be any provider.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) due to household chores.....</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="4">Other, specify _____</td> </tr> </table>		Big (1)	small (2)				Big	Small	a) Not knowing where to go.....	1		2	b) Not Getting permission to go....	1		2	c) Not getting money needed for treatment....	1		2	d) Not having a health facility nearby.....	1		2	e) Transportation problem.....	1		2	f) Not wanting to go alone.....	1		2	g) Concern that there may not be a female health provider....	1		2	h) Concern that there may not be any provider.....	1		2	i) due to household chores.....	1		2	Other, specify _____				
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Section 4. Community based IEC/BCC: awareness and exposure																		
401	<p>Have you heard about the Family Health Card? Show Family Health Card</p>	<table border="0"> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> </table>	Yes.....	1	No.....	2	→404											
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No.....	2																	
402	<p>If yes, how did you hear about the family health card? (Multiple Responses Possible)</p>	<table border="0"> <tr> <td style="text-align: center;">Mentioned (M)</td> <td style="text-align: center;">Not Mentioned (NM)</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">NM</td> </tr> <tr> <td>a) Health Extension Worker.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CHP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CBRHA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Mentioned (M)	Not Mentioned (NM)			M	NM	a) Health Extension Worker.....	1	2	b) CHP.....	1	2	c) CBRHA	1	2	
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c) CBRHA	1	2																

		d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____	
403	Do any of your children (under 5 years of age) have a Family Health Card (FHC)?	Yes, FHC seen.....1 Yes, FHC <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age.....9	
404	Have you heard about the Immunization Diploma? Show Diploma	Yes.....1 No.....2	→407
405	If yes, how did you hear about the immunization diploma? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____	
406	Do any of your children (under 5 years of age) have immunization diploma?	Yes, Immunization Diploma seen.....1 Yes, Immunization Diploma <u>NOT</u> seen.....2 No.....3 Do not have children under 5 years of age4 Do not have under 5 children5	
407	Have you heard about a Model family?	Yes.....1 No.....2	→501
408	If yes, how did you hear about the model family? (Multiple Responses Possible)	Mentioned (M) Not Mentioned (NM) M NM a) Health Extension Worker.....1 2 b) CHP.....1 2 c) CBRHA1 2 d) TBA/Trained TBA1 2 e) Other 1 2 f) Others (specify)_____	
409	Is this family graduated as a Model Family?	Yes, graduated (Certificate seen).....1 Yes, graduated (Certificate not seen)....2 No, working towards.....3 Not at all.....4	→501 →501
410	Do you want your family to be a model family?	Yes.....1 No.....2	

Section 5: Bed nets			
501	Does your household have any bed nets that can be used while sleeping?	Yes.....1 No.....2	→601
502	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	Number of nets_____	

503	OBSERVE OR ASK THE BRAND OF THE MOSQUITO NET TO VERIFY BRAND. ASK: When you got the <u>last net</u> , was it already treated with an insecticide to kill or repel mosquitoes?	Permanent net (Permanent)1 Pretreated net.....2 Untreated net.....3 Do not know.....8	→505 →505
504	How long ago was the most recent soaking/dipping done? <i>If less than 1 month, record '00'.</i>	Months ago[] More than 1 year ago.....95 Do not know.....98	
505	Did anyone sleep under mosquito net(s) last night?	Yes.....1 No.....2 Do not know.....8	→601 →601
506	If yes, who slept under mosquito net(s) last night? Probe: anyone else? CIRCLE 1 FOR ALL PEOPLE MENTIONED. For those not mentioned circle "2"	Yes No a) Self..... 1 2 b) Newborn baby..... 1 2 c) Other children (under 5)... 1 2 d) Father..... 1 2 e) Other..... 1 2 Other, specify _____	
507	Did (NAME) sleep under a bed net last night?	Yes.....1 No.....2	

Section 6: Child Immunization

601	Do you have a card/paper where (Name's) vaccinations are written down? If Yes, May I see it?	Yes.....1 No.....2 Don't Know.....8	→603
602	Did you ever have a vaccination card/paper for (NAME)?	Yes.....1 No.....2 Don't Know.....8	All responses go to 606

WOMAN HAS CHILD'S VACCINATION CARD

603	Does the child have a scar from BCG vaccination? CHECK FOR BCG SCAR.	Yes.....1 No.....2	
604	Copy vaccination date for each vaccine from the card/paper Write "44" in "Day" column if card shows that a vaccination was given, but no date is recorded a) BCG b) Polio 0 c) Polio 1 d) Polio 2 e) Polio 3 f) Penta 1 g) Penta2	Day Month Year BCG [][][][][][] Polio 0 [][][][][][] Polio 1 [][][][][][] Polio 2 [][][][][][] Polio 3 [][][][][][] Penta 1 [][][][][][] Penta2 [][][][][][]	If fully vaccinated, then go to 609

	Why was the child not fully immunized? MULTIPLE RESPONSES POSSIBLE	3rd dose..... 2 c) Place and/or time of immunization unknown 2 d) Fear of side reactions..... 2 e) Wrong ideas about contra-indications..... 2 f) Postponed until another time..... 2 g) No faith in immunization..... 2 h) Rumors..... 2 Obstacles i) Place of immunization too far..... 2 j) Time of immunization inconvenient..... 2 k) Vaccinators absent..... 2 l) Vaccine not available..... 2 m) Mother too busy..... 2 n) Child ill-- not brought..... 2 o) Child ill—brought but not given immunization.... 2 p) Long Waiting time..... 2 q) Other..... 2 Specify other _____	
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609	In the last three months have you heard about vaccinations by any of the following means? READ OUT THE LIST Circle “1” for yes, and “2” for no.	(Y = yes, N = no) <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>a) Radio..... </td><td>1</td><td>2</td></tr> <tr><td>b) Television..... </td><td>1</td><td>2</td></tr> <tr><td>c) Newspaper/magazine..... </td><td>1</td><td>2</td></tr> <tr><td>d) Pamphlet/poster..... </td><td>1</td><td>2</td></tr> <tr><td>e) Health worker..... </td><td>1</td><td>2</td></tr> <tr><td>f) Community events..... </td><td>1</td><td>2</td></tr> <tr><td>g) Community health worker..... </td><td>1</td><td>2</td></tr> <tr><td>h) Community Health Promoter..... </td><td>1</td><td>2</td></tr> <tr><td>i) Health Extension Worker..... </td><td>1</td><td>2</td></tr> <tr><td>Other (Specify) _____</td><td></td><td></td></tr> </tbody> </table>		Y	N	a) Radio.....	1	2	b) Television.....	1	2	c) Newspaper/magazine.....	1	2	d) Pamphlet/poster.....	1	2	e) Health worker.....	1	2	f) Community events.....	1	2	g) Community health worker.....	1	2	h) Community Health Promoter.....	1	2	i) Health Extension Worker.....	1	2	Other (Specify) _____			
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Section 7: Vitamin A and Deworming			
701	Did (NAME) receive a dose of vitamin A in the last 6 months? Show Vitamin A Capsule	Yes..... No.....2 Do not know.....8	
702	Did (NAME) receive a medicine for worms in the last six months?	Yes..... No.....2 Do not know.....8	

Section 8: Infant Feeding & Food Preparation Practices			
801	Did any community health worker visit you to discuss with you about the feeding of your child [NAME]?	Yes..... No.....2 Do not remember.....8	→805 →805
802	When was the last time a community health worker visited you to discuss about the feeding of your child [NAME]?	_____ months ago [If less than a month] _____ days ago	
803	Who visited you during that time?	a)Health Extension Worker..... b)CHP.....2	

	ASK: Who else? Record all responses	c) CBRHA3 d) TBA/Trained TBA4 Others (specify) _____ Don't know/remember8	
804	What was discussed? DO NOT READ THE ANSWERS OUT LOUD. RECORD ALL MENTIONED ASK: Who else?	(M = mentioned, NM= not mentioned) M NM a) For you, to take extra amount of food 2 b) Exclusively breastfeed (to 6 months)..... 2 c) Frequency of breastfeeding..... 2 d) Complete feeding at one breast before switching to another..... 2 e) Continue breastfeeding child until 2 years and beyond..... 2 f) Begin complementary feeding at 6 months 2 g) Frequency of feeding..... 2 h) Use of different food to enrich porridge... 2 i) Immunize your child..... 2 j) LAM..... 2 k) Family planning..... 2 l) Other 2 Others (specify) _____	
805	Have you ever breastfed (Name)?	Yes.....1 No.....2	→Q811
806	Since you breastfeed (Name) do you eat more than usual, the same as usual, or less than usual?	More.....1 Same.....2 Less.....3 Don't Know.....8	
807	Are you currently breastfeeding (name)?	Yes.....1 No.....2	→809
808	Why did you stop breastfeeding (name)?	Mother ill/weak.....1 Child ill/weak.....2 Nipple/breast problem.....3 Not enough milk.....4 Mother working.....5 Child refused.....6 Weaning age/age to stop.....7 Became pregnant.....8 Started using contraception.....9 Other.....10 Specify other _____	All responses go to 811
809	Up to what age do you intend to breastfeed (NAME)?	Months [] [] Don't Know.....98	
810	How many times did you breastfeed (NAME) yesterday, between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number [] [] Don't Know.....98	
811	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes.....1 No.....2 Don't Know.....8	
812	At what age did you first introduce liquids or feeds other than breastmilk to the baby?	Before 4 months.....1 Between 4 and 6 months.....2 Exactly when it is 6 month of age.....3 If after 6 months, indicate the month _____ Not started any supplementation....4	

		Don't Know.....98																																																										
813	How many times did you feed [NAME] solid and/or semi-solid food between sunrise yesterday and sunrise today? If response is not numeric, probe for a numeric response	Number of feedings of solids and/or semi-solid foods _____ Don't know.....98																																																										
814	I would like to ask you about the types of foods [NAME] has been fed over the past 24 hours, from sunrise yesterday to sunrise today	(M = mentioned, NM= not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">M</th> <th style="width: 15%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a) Breastmilk.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) Water.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) Formula.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) Milk other than breastmilk.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) Fruit Juice.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) Meat.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) Any food made with oil, fat or butter?.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) Cooked mashed foods.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) Egg.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) Fish.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>q) Cheese, Yoghurt.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Other, sepcify _____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a) Breastmilk.....	1	2	b) Water.....	1	2	c) Formula.....	1	2	d) Milk other than breastmilk.....	1	2	e) Fruit Juice.....	1	2	f) Other liquids (sugar water, coffee, tea, broth, soft drinks).....	1	2	g) Any food made from grains (millet, sorghum, maize, rice, wheat, teff).....	1	2	h) Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya.....	1	2	i) Any other food made from roots or tubers? (white potatoes, cassava, enset, or other local roots or tubers).....	1	2	j) Any other fruits and vegetables? (e.g., bananas, apples, avacados, tomatoes).....	1	2	k) Meat.....	1	2	l) Any food made from legumes (e.g. lentils, beans, soybeans, pulses, or peanuts)?.....	1	2	m) Any food made with oil, fat or butter?.....	1	2	n) Cooked mashed foods.....	1	2	o) Egg.....	1	2	p) Fish.....	1	2	q) Cheese, Yoghurt.....	1	2	Other, sepcify _____			
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815	The last time you fed your child(ren), did you wash your hands immediately before feeding (him/her/them)	Yes.....1 No.....2																																																										
816	The last time you had to clean (your child/one of your children) after he/she defecated, did you wash your hands immediately afterwards?	Yes.....1 No.....2																																																										
817	What usually happens with (NAME's) stools when he/she does not use any toilet facility?	Always use toilet/latrine..... 1 Throw in the toilet/latrine.....2 Throw outside the dwelling.....3 Throw outside the yard.....4 Bury in the yard.....5 Rinsed away.....6 Not disposed of.....7 Other, specify _____ 8																																																										

Section 9: Child Health, Nutrition during Illness and Care Seeking			
901	Has (NAME) had diarrhea in the last 2 weeks?	Yes.....1 No.....2	→911
902	Was there any blood in the stools?	Yes.....1 No.....2	
903	How much was (NAME) offered to drink during the diarrhea? Was (NAME) offered less than usual to drink, about the same amount, or more than usual to drink?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....3 Nothing to drink.....4 Don't Know.....8 Did not start fluid.....9	
904	How much was (NAME) offered to eat during the diarrhea? Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Never gave food.....5 Don't Know.....8	
905	Did you seek advice or treatment for the diarrhea from any source?	Yes.....1 No.....2	→908
906	When (Name) was sick with <u>Diarrhea</u> did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital.....1 2 b)health center.....1 2 c)health station/clinic.....1 2 d)health post.....1 2 e)Community-Based Outlet.....1 2 Non-Governmental Organization (NGO) f)Health facility.....1 2 g)Community-Based Outlet.....1 2 Private Medical/Community h)Private Hospital.....1 2 i)Private doctor/clinic.....1 2 j)Pharmacy.....1 2 Other Source k)Holy Water.....1 2 l)Shop.....1 2 m)Friend/Relative.....1 2 n)Traditional practitioner.....1 2	

		Other, Specify _____	
907	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
908	Does (NAME) still have diarrhea?	Yes.....1 No.....2 Do not know.....8	
909	Was (NAME) given any of the following to drink during the diarrhea: Fluid from ORS packet? Home-made sugar and salt solution? Other home made fluid?	(Y = yes, N = no, DK = don't know) <u>Y N DK</u> a) Fluid from an ORS packet....1 2 8 b) Sugar and salt solution.....1 2 8 c) Other home made fluid1 2 8	
910	What (else) was given to treat the diarrhea? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	PILL OR SYRUP PILL OR SYRUP PILL OR SYRUP Antibiotic 1 Antimotility 2 Zinc 3 Other (anti-biotic, antimotility, Zink)...4 Unknown pill Or syrup 5 INJECTION Antibiotic 6 Non-antibiotic..... 7 Unknown injection. 8 (iv) intravenous 9 Home remedy/ herbal med- 10 Treatment not given.....11 Other, specify _____	
911	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	
912	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	Yes.....1 No.....2 Do not know.....8	→915 →915
913	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes.....1 No.....2 Do not know.....8	
914	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	Chest only..... 1 Nose only..... 2 Both.....3 Other, specify _____ Do not know.....8	
915	Check 911 (Name) had fever?	Yes.....1 No.....2	→923
916	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?	Much Less.....1 Some what less.....2 About the same.....3 More than usual.....4 Nothing to drink.....5	

	IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Don't Know.....8	
917	Now I would like to know how much (NAME) was given to eat during the illness with a (fever/cough). Was he/she given less than usual to eat, about the same amount, or more than usual to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	Much Less.....1 Somewhat less.....2 About the same.....3 More than usual.....4 Never gave food.....5 Don't Know.....8	
918	When (Name) was sick with a (fever/cough) did you seek advice or treatment for the illness outside home? <i>Do not read responses</i> <i>ASK: Anything else?</i> <i>Record all responses</i>	(M = mentioned, NM= not mentioned) M NM Government a)hospital.....1 2 b)health center.....1 2 c)health station/clinic.....1 2 d)health post.....1 2 e)Community-Based Outlet.....1 2 Non-Governmental Organization (NGO) f)Health facility.....1 2 g)Community-Based Outlet..1 2 Private Medical/Community h)Private Hospital.....1 2 i)Private doctor/clinic.....1 2 j)Pharmacy.....1 2 Other Source k)Holy Water.....1 2 l)Shop.....1 2 m)Friend/Relative.....1 2 n)Traditional practitioner....1 2 Other, Specify_____	
919	How many days after the (fever/cough) began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	Days.....[]	
920	Is (NAME) still sick with a (fever/cough)?	Yes.....1 No.....2 Do not know.....8	
921	At any time during the illness, did (NAME) take any drugs for the illness (fever/cough)?	Yes.....1 No.....2 Do not know.....8	→923 →923
922	What drugs did (Name) take? Any other drug? Record All Mentioned If the respondent has given drug for the child but doesn't know the name of the drug, ask to see the packets of the drugs she gave the child. But if she doesn't have any sample left, the interviewer has to show The sample she has ito the respondents in order to help identify the drug	(M = mentioned, NM= not mentioned) M NM ANTIMALARIAL DRUGS a)Fansidar/sp1 2 b)Chloroquine1 2 c)Artemether lumefantrine...1 2 d)Quinine1 2 e)Other anti- malarial1 2 ANT-BIOTIC	

		f)Bacterim.....l 2 g)Ampcilin.....l 2 h)Amxycilin.....l 2 i)Chloriamphinicol.....l 2 j)Tetracyclin.....l 2 k)Other anti-biotic.....l 2 OTHER DRUGS l)Asprin.....l 2 m)Ibuproen.....l 2 n)Parcytamol.....l 2 Other, specify_____																																																																
923	Sometimes newborns, within the first moth of life have severe illnesses and should be taken immediately to a health facility. What type symptoms would cause you to take your newborn to a health facility? Do not read responses ASK: Anything else? Record all responses	M = mentioned, NM= not mentioned) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">NM</th> </tr> </thead> <tbody> <tr><td>a)Convulsions.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>b)Feverl</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>c)Poor sucking or feeding.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>d)Baby has difficult/ fast breathing ...l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>e)Baby feels cold.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>f)Baby too small or born too early.l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>g)Redness/discharge around cord.l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>h)Red swollen eye/discharge.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>i)Yellow palms/soles/eyes.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>j)Lethargy.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>k)Unconscious.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Other, specify_____</td><td></td><td></td></tr> </tbody> </table>		M	NM	a)Convulsions.....l	2		b)Feverl	2		c)Poor sucking or feeding.....l	2		d)Baby has difficult/ fast breathing ...l	2		e)Baby feels cold.....l	2		f)Baby too small or born too early.l	2		g)Redness/discharge around cord.l	2		h)Red swollen eye/discharge.....l	2		i)Yellow palms/soles/eyes.....l	2		j)Lethargy.....l	2		k)Unconscious.....l	2		Other, specify_____																											
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924	When a child under 5 years of age is sick, what signs of illness would tell you that he/she should be taken to a health facility or health worker? Any other signs? Do not read responses ASK: Anything else? Record all responses	(Mentioned =1, Not Mentioned = 2) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">M</th> <th style="width: 10%; text-align: center;">N</th> </tr> </thead> <tbody> <tr><td>a) Repeated Watery Stools.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>b) Any Watery Stools.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>c) Repeated Vomiting.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>d) Any Vomiting.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>e) Blood in Stools.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>f) Fast Breathing.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>g) Difficult Breathing.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>h) Noisy Breathing.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>i) Fever.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>j) Convulsions.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>k) Stiff Neck.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>l) Marked Thirst.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>m) Unable to Drink.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>n) Not Eating/Not Drinking Well...l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>o) Getting Sicker/Very Sick.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>p) Not Getting Better.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>q) Sick for a long time.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>r) Sunken Eyes.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>s) Cough.....l</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>t) Other.....l</td><td style="text-align: center;">2</td><td></td></tr> </tbody> </table>		M	N	a) Repeated Watery Stools.....l	2		b) Any Watery Stools.....l	2		c) Repeated Vomiting.....l	2		d) Any Vomiting.....l	2		e) Blood in Stools.....l	2		f) Fast Breathing.....l	2		g) Difficult Breathing.....l	2		h) Noisy Breathing.....l	2		i) Fever.....l	2		j) Convulsions.....l	2		k) Stiff Neck.....l	2		l) Marked Thirst.....l	2		m) Unable to Drink.....l	2		n) Not Eating/Not Drinking Well...l	2		o) Getting Sicker/Very Sick.....l	2		p) Not Getting Better.....l	2		q) Sick for a long time.....l	2		r) Sunken Eyes.....l	2		s) Cough.....l	2		t) Other.....l	2		
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		Specify, Other _____ Don't Know.....8	
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That is the end of our interview. Thank you very much for taking the time to answer these questions.

T2	Time at end of interview	_____:	_____
----	--------------------------	--------	-------

THANK YOU!!

Section 1: Identification and consent (to be completed before interview)

Serial number: |__|__|__|

Q1. Location: Region _____ Zone _____ Woreda _____ Kebele _____

Kebele Code _____

Q2. Date of 1st visit: day ____ month ____ year ____

Q3. Settings:

Urban.....1
Rural.....2

Q4. Health extension worker (HEW) deployed in this kebele (from woreda)?

Yes.....1
No.....2

If there are no HEWs deployed in this kebele then collect the rest of the section 1 information from the kebele chairperson or any kebele cabinet members regarding the kebele: (if HEW present, then obtain the information from her after taking consent)

READ THE FOLLOWING CONSENT FORM

Hello. My name is _____. We are here on behalf of the Regional Health Bureau (RHB) to assist the government in knowing more about how health extension program services are provided in health posts.

Now I will read a statement explaining the survey.

Your kebele was randomly selected to participate in this study. We will be asking you several questions about the types of services that you and your co-worker provide; maintenance of your health post; your interaction with the community members, model families, and volunteer community health workers; as well as questions about training you have received. The information you provide us will be used by the RHB and organizations supporting services in your facility, for planning service improvements or further studies of services. The information you share may also be provided to researchers for analyses, however, any reports that use your data will only present information in aggregate form so that neither you nor your facility can be identified. We will also inform you regarding the survey results.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____
SIGNATURE OF SUPERVISOR INDICATES INFORMED CONSENT WAS PROVIDED.

Q5. A) Population |__|__|__|__|__| b) Number of households |__|__|__|__|__| c) Number of sub-kebeles/Gote |__|__|

Q6. Is the kebele malarious?

Mostly/totally1
Partially.....2
No.....3

Q7. What is the topography of this kebele?

Low land.....1
Mid land.....2
High land.....3

Q8. What are the public health facilities present in this kebele?

	Yes	No
Health post.....	1	2
Health center (HC).....	1	2
Health station developing HC.....	1	2
Hospital.....	1	2

Q9. If there is a health post when was it established? Month Year

Q10. When did the health post start providing service? Month Year

Q11. From the health post (or the center of the kebele) what is the distance and travel time (with most commonly used mode [1=walking; 2=bus/public transport; 3=mule cart; 4=cycle; 5=other]) to:

a) Health center: kms
travel time: hours min
travel mode if other specify _____

b) Hospital with EOC: kms
travel time: hours min
travel mode if other specify _____

c) Nearest woreda town: kms
travel time: hours min
travel mode if other specify _____

If the deployed HEW is absent on the day of the survey then arrangement should be made for revisit (by supervisor/regional survey coordinator); if more than one HEW are present in the Kebele please arrange to interview both the HEWs.

Q5. a) Date of second visit: day ____ month ____ year ____; b) Date of third visit: day ____ month ____ year ____

If there are no HEWs deployed in the kebele terminate the interview

Section 2: Background of HEWs

Q201. How many HEWs are posted in the kebele?

Q202. Number of HEWs present during the interview?

	HEW1	HEW2	HEW3
Q203. Age	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q204. Highest grade completed (13=Technical/vocational; 14=university/college diploma; 15=university/college degree or higher)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Q205. When did you start working here? Mo Yr Mo Yr Mo Yr

Q206. Have you received the pre-service training?
(1= yes, in the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none; 9=NA)

Q207. What was the duration of the pre-service training?

Q208. Is the pre-service training adequate to perform your duties?
(1=very adequate; 2=somewhat adequate; 3=not adequate; 9=NA or no response)

Q209. Have you received any in-service training?
(1= yes, in the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none; 9=NA)

Q210. Number of **in-service** training received

Q211. What did the **in-service** training include? (*Prompt for responses*)

(1= yes, within the past year; 2 = yes, in past 2-3 years; 3 = yes, before 3 years; 4 = none)

Component	HEW1		HEW2	
	Status*	Duration**	Status*	Duration**
a) Vaccination (EPI)				
b) Child nutrition				
c) Essential neonatal care				
d) Pneumonia management				
e) Diarrhea management				
f) Malnutrition management				
g) Community based-IMNCI				
h) Malaria management (include ACT)				
i) Malaria prevention				
j) ANC				
k) Delivery				
i) PNC				
k) Breast feeding information				
l) Complementary feeding				
m) Family planning counseling/service provision				
n) Post abortion care				
o) HIV/PMTCT				
p) Latrine construction and use, hygiene				
q) Personal hygiene				
r) Community mobilization				
s) Community conversation				
t) Training model families				
u) Training vCHWs				
v) HMIS				
w) Logistics/commodity management				
x) Integrated refresher training				

*If received more than once then report regarding the latest; **Total duration of training on the component in hours (if received more than once then total hours of training received on the topic)

Section 3: Supervision

(If two HEWs present for the interview then HEW who has been in the job for a longer period should answer sections 3, 4, and 5)

Q301. When was the last time you received supportive supervisory visit from the health center or the woreda health office?

During last month.....1
 About 1 to 3 months ago.....2
 About 3 to 6 months ago.....3
 About 6 to 12 months ago.....4
 More than a year ago.....5
 Never.....9
 (if never, skip to Q401)

Q302. Were you informed about the last supportive supervisory beforehand? Yes.....1
 No.....2

Q303. Did the last supportive supervisory visit include the following? (*Prompt for responses*)

	Yes	No
a) Supplies.....	1	2
b) Record keeping and reporting (HMIS).....	1	2
c) Observe your client interaction.....	1	2
d) Provide written feedback.....	1	2
e) Provide encouragement.....	1	2
f) Provide updates on administrative or technical issues.....	1	2
g) Discuss problems you encountered.....	1	2
h) Conducted household visits.....	1	2
i) Reviewed work-plans and results.....	1	2
j) Discuss vCHW/CHP/other community worker activities.....	1	2
k) Other, specify.....		

Q304. Did your supervisor use a checklist during the last supervision? Yes.....1
 No.....2

Q305. Do you have supervisory book? Yes.....1
 No.....2

Section 4: Service provision, recording & reporting, and product availability

Q401. Service provision by HEWs (*Prompt for responses*)

	Service provided by HEW (1=yes; 2=no) If No, pass to the next question	Is this service supported by private/NGO sector (1=yes; no=2)	Is this service provided through outreach programs (1=yes; 2=no)	Is this service provided through household visits (1=yes; 2=no)	On average, how many hours per week are spent for this service	On average, how many hours per week are spent for this service through outreach	On average, how many hours per week are spent for this service through household visits
a) Vaccination (EPI)							
b) Growth monitoring/nutrition							
c) Essential neonatal care							
d) Pneumonia management							
e) Diarrhea management							
f) Malaria management (ACT)							

	Service provided by HEW (1=yes; 2=no) If No, pass to the next question	Is this service supported by private/NGO sector (1=yes; no=2)	Is this service provided through outreach programs (1=yes; 2=no)	Is this service provided through household visits (1=yes; 2=no)	On average, how many hours per week are spent for this service	On average, how many hours per week are spent for this service through outreach	On average, how many hours per week are spent for this service through household visits
g) ANC							
h) Delivery							
i) Referral							
j) PNC							
k) Breast feeding counseling							
l) Complementary feeding							
m) Family planning (contraceptive)							
n) Post abortion care/referral							
o) HIV/PMTCT							
p) Latrine construction and use							
q) Personal hygiene							
r) Community mobilization							
s) School health							
t) Training/FU* model families							
u) Training/FU vCHWs/CHPs							

FU:follow-up






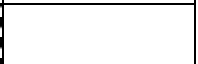
Q401. Based upon the response to question 109 reconcile the total hours spent, on average, and provide the following: (complete the response to this

- a) Hours spent in the health post per week
- b) Hours spent on outreach centers per week
- c) Hours spent on household visits per week

Q402. If outreach service is provided is it supported by the health center nurse/staff/ HEW supervisor?

- Always.....1
- Often.....2
- Sometimes.....3
- Occasionally.....4
- Never.....5

Q403. Record keeping and reporting (by HEWs)

	Was any service provided during last month (1=yes; 2=no) if no service is provided, pass to the next question	Is there a record keeping system for the service provided (1=yes, 2=no)	Interviewer: (Ask for the log book and see if the services given are recorded) 1. Yes, seen 2. Not seen	Was the record updated for the services provided during the last month (1=yes, not observed; 2=yes, observed; 3=no)	Is there a reporting system for the service (1=yes, monthly; 2=yes, quarterly; 3=no)	Was it reported during the last reporting period (1=yes; 2=no)	Are there wall chart displaying the information (1=yes, but not updated; 2=yes, updated; 3=no)
a) Vaccination (EPI)							
b) Growth monitoring/nutrition							
c) Essential neonatal care							
d) Pneumonia management							
e) Diarrhea management							
f) Malaria management (ACT)							
g) ANC							
h) Delivery							
i) Referral							
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k) Breast feeding counseling							
l) Complementary feeding							
m) Family planning (contraceptive)							
n) Post abortion care/referral							
o) HIV/PMTCT							
p) Latrine construction and use							
q) Personal hygiene							
r) Community mobilization							
s) School health							
t) Training/FU* model families							
u) Training/FU vCHWs/CHPs							
v) Whereabouts of the HEW							

Q404. Product availability

Commodity	Usually managed at the health post (1=yes; 2=no; if no skip to next commodity)	Availability 1=reported available but not observed 2=available and observed 3=stock out for 1 month or less 4=stock out for more than 1 month but not more than 3 months 5=stock out for more than 3 months but not more than 6 months 6=stock out for more than 6 months
a) Combined pills		
b) Injectables		
c) Condoms		
d) ORS		
e) Vitamin A		
f) Vaccine		
g) De-worming		
h) Cotrimoxizole		
i) ACT		
j) Rapid test for malaria		
k) Sulfadoxine-pyrimethamine/ SP/Fansidar		
l) Bed net		
m) Fe tab		
n) Misoprostal		
o) Ergometrine		

Q405. Availability of service provisions/ materials

	Yes	No
a) Family health card	1	2
if yes, how many distributed last month _____		
b) Vaccination card.....	1	2
c) Immunization diploma.....	1	2
if yes, how many distributed last month _____		
d) Vaccine Carrier with at least 4 Ice packs	1	2
e) FP counseling card.....	1	2
f) Training manuals for cVHWs.....	1	2
g) Training materials for model families.....	1	2
h) Functional blood pressure measuring apparatus.....	1	2
i) Functional weighing scale	1	2
j) Functional Salter scale.....	1	2
k) Growth monitoring chart.....	1	2
l) Functional thermometer.....	1	2
m) Delivery kit.....	1	2
n) First-aid kit.....	1	2
o) ORT corner (Measuring Jar, cup, Teaspoon, ORS),	1	2
P) Delivery couch	1	2
q) Table	1	2
r) Chair	1	2
s) Functional refrigerator	1	2
t) Vaccines	1	2

u) Cold box1

2

Other, specify _____

Section 5: Community health worker and other community capacity

Q501. Are there community health promoters (CHPs) or other voluntary community health workers (CHWs) in this kebele? Yes.....1
No.....2 if no go to Q510

Q502. How many active CHPs/vCHWs are there in the kebele? [][]

Q503. How long have the vCHWs/CHPs been deployed in the kebele? Mo [][] Yrs [][]

Q504. Who trained the CHPs/vCHWs? HEWs.....1
Other.....2
Don't know8
Specify _____

Q505. Do you get any support from the vCHWs/CHPs? Yes.....1
No.....2 if no go to Q510

Q506. Do you conduct any of the following activities with the vCHW? Yes No
Conduct monthly meeting.....1.....2
Plan activities together.....1.....2
Set and review targets.....1.....2
Provide supportive supervision.....1.....2

Other, Specify _____

Q507. Please rate the support you get from vCHWs/CHPs for the following activities

	None	Low	Moderate	High
a) Immunization	1	2	3	4
b) Child health/nutrition	1	2	3	4
c) Essential neonatal care	1	2	3	4
d) Diarrhea management	1	2	3	4
e) Recognition of danger signs of childhood illness	1	2	3	4
d) Breast feeding practices	1	2	3	4
e) Complementary feeding				
f) Family planning	1	2	3	4
g) Maternal health (ANC, Deliver, PNC/nutrition	1	2	3	4
h) Latrine construction and use	1	2	3	4
i) Personal hygiene	1	2	3	4
j) Community mobilization	1	2	3	4
k) Training/FU model families	1	2	3	4
l) Household visits	1	2	3	4
m) Outreach services	1	2	3	4
n) HMIS	1	2	3	4
o) Malaria	1	2	3	4

Q508. Are there any financial or non-financial incentives provided to the vCHWs? Yes.....1
 No.....2 if no go to Q510

Q509. What are the incentives provided? Financial, specify _____
 Non-financial, specify _____

Q510. Number of model families trained and graduated in the kebele: Total _____; during last 6 months _____

Q511. Does the HEW attend/organize kebele health committee meetings? Never.....1
 Once a year.....2
 Bi-annual.....3
 Quarterly.....4
 Monthly.....5
 As necessary.....9
(if never skip to Q514)

Q512. Who are the kebele health committee members? Yes No
 Kebele administration/council members.....1.....2
 School teachers.....1.....2
 Other government department members.....1.....2
 NGO/CBO members.....1.....2
 CHWs/CHPs.....1.....2
 Other, specify _____

Q513. Please rate the support you get from kebele health committee for the following activities

	None	Limited	Somewhat	Frequently	Appreciable
a) Plan and monitor health extension program activities (e.g. outreach services)	1	2	3	4	5
b) Pull essential supplies from the woreda	1	2	3	4	5
c) Pull supportive supervision from the woreda	1	2	3	4	5
d) Identify barriers to quality RMNCH services	1	2	3	4	5
e) Coordinate with local public and private sector developmental partners to overcome barriers to quality RMNCH services	1	2	3	4	5
f) Referral services for EOC	1	2	3	4	5
g) Referral services for sick children	1	2	3	4	5
h) Community mobilization	1	2	3	4	5
i) Latrine construction	1	2	3	4	5
j) Personal hygiene	1	2	3	4	5
k) School health	1	2	3	4	5
l) Provide incentives/encouragement to vCHWs/CHPs	1	2	3	4	5

Q514. Do you coordinate with the following to promote health extension program activities?
 Other public sector departments.....A
 Other kebele committees.....B
 Youth groups/clubs / Women groups.....C
 Church / Mosque.....D
 NGOs.....E
 Other _____

Q515. Do you utilize the following social groups to support HEP activities?

Idir: if yes, then specify how _____

Equb: if yes, then specify how _____

Other, specify _____

Q516. Are you the member of the kebele cabinet?

Yes1

No.....2

Q517. What is the benefit of working as a cabinet member for the implementation of HEW activities?

Q518. Do you conduct Community Conversation meetings? _____

If yes, was it useful? How? _____

Ends,

Thank you,