

ENGLISH
AFRICAN POPULATION AND HEALTH RESEARCH CENTER **IVP ID** **30,201**
HEALTH SYSTEMS AND CHALLENGES
IVP PROJECT - IVP PANEL SURVEY 3 (COHORT 3)
Initial Questionnaire

Consent Form

PURPOSE OF STUDY:

Hello, my name is _____ and I work with the African Population and Health Research Center. The purpose of this interview is to gain an understanding of the experiences of women in this community on the care given to their children soon after birth. The African Population and Health Research Center, with funding from DANIDA, is undertaking this study. All women who have delivered a live birth in Korogocho and Viwandani since January 2010 have been selected.

PROCEDURES:

You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about 45 minutes of your time. We shall also take height and weight measurements of you and your child. You will not be paid any money by taking part in this study. We will visit you after about 4 months to ask some more questions and measure your child.

RISKS/DISCOMFORTS:

This interview is not expected to cause you any harm but if you feel uncomfortable with some of the questions you can choose not to answer any question(s) but can decide to continue with the interview.

BENEFITS:

The results of the study may help the Government of Kenya and other organisations to improve health services in this and other districts. The chiefs and the community will be informed of the findings when the study is completed.

CONFIDENTIALITY:

Your responses will be private and confidential. They will not be made available to other persons that are not part of the project. The information you give will be kept under lock for three years at the African Population and Health Research Center after which the forms will be destroyed.

VOLUNTARINESS:

Your participation is voluntary and you have the right to stop the interview at any time without any problem

WHOM TO CONTACT:

If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Catherine Kyobutungi, Head, Health Systems and Challenges Theme, African Population and Health Research Center at telephone number 4001000. I will leave a copy of this form with you for future reference.

If you agree to participate in this study please sign your name below.

Subject's signature or fingerprint

Witness to Consent Procedure

Signature of Investigator

Date

**MODULE 1: PREGNANCY, ANTENATAL, DELIVERY AND POSTNATAL DETAILS
FOR WOMEN (12-54 YEARS) WHO HAD A LIVE BIRTH**

1.0 BACKGROUND

1.1 START TIME

1.2 FIELD WORKER'S CODE

1.3 DATE OF INTERVIEW (DD/MM/YYYY)

1.4 HOUSEHOLD HEAD NAME.....

1.5 ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS

1.6 HOUSEHOLD ID

1.7 MOTHER'S NAME.....

1.8 MOTHER'S ID

1.9 CHILD'S NAME.....

1.10 CHILD'S ID

1.11 CHILD'S DATE OF BIRTH (DD/MM/YYYY)

1.11a CHILD'S SEX (1=MALE; 2=FEMALE)

1.11b CHILD'S AGE (COMPLETED MONTHS AND WEEKS)

M M W W

FW: COMPUTE AGE FROM DATE OF BIRTH

1.11c TWIN (1=YES; 2=NO)

1.12 RESPONDENT'S NAME.....

1.13 RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (**CODE SHEET A⁶**)

1.14 Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO 2.0]

1.15a REASONS FOR NOT INTERVIEWING THE MOTHER

Mother dead 01
Mother unknown 02
Child adopted 03
Mother mentally challenged 04
Mother physically challenged (deaf) 05
Mother not at home 06
Other (specify) 96

1.16 What is your relationship to (CHILD'S NAME)? (**CODE SHEET A⁷**)(OTHER, specify.....)

1.17 Are you (CHILD NAME)'s, guardian/carer? (1=YES; 2=NO) [IF NO, SKIP TO MODULE 4]

1.18 Do you stay in this household? (1=YES; 2=NO)

(SKIP TO 'MODULE 2']

2.0 ANTENATAL CARE, DELIVERY AND POST NATAL CARE

Now I would like to ask you some questions about your experience during your last pregnancy, and delivery.

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP

2.1 Did you see anyone for antenatal care while pregnant with (NAME)?

YES..... 1
NO..... 2 → 2.8

2.2 Whom did you see?

Doctor..... 1
Nurse..... 2
Midwife/ Auxillary midwife.. 3
Traditional birth attendant.. 4
Other (Specify)..... 6

PROBE (Anyone else?) FOR THE TYPE OF PERSONS
AND RECORD ONLY THE PERSON WITH THE HIGHEST
QUALIFICATION

2.3 Where did you receive antenatal care for this pregnancy?

IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE
AND LOCATION **(CODESHEET A²)**

Name of HF _____

Home..... 1
Traditional birth attendant's 2
Health facility..... 3
Other (Specify)..... 6

HF code _____

Location _____

IF MORE THAN ONE PLACE MENTIONED, RECORD THE MOST
RECENT PLACE BEFORE DELIVERY.

2.4 How many months pregnant were you when you first received
antenatal care for the pregnancy of (NAME)?

Months
Don't Know..... 98

2.5 How many times did you receive antenatal care during this
pregnancy?

No. of times
Don't Know..... 98

2.6 During any of the antenatal care visits for this pregnancy, were any of
the following done/ given to you at least once?

	Y	N	D/K
Weight measurement..	1	2	8
Blood pressure	1	2	8
Iron tablets	1	2	8
Anti-malaria drugs.....	1	2	8
Urine sample	1	2	8
Blood sample	1	2	8
Tetanus vaccine	1	2	8
Other.....	1	2	8
(specify)_____			

2.7 During any of the antenatal care visits for this pregnancy, were you
given any information or counseled about

pregnancy
place of delivery
complications
breast feeding
HIV/AIDS or
Other infant feeding?

	Y	N	Can't remember
Pregnancy.....	1	2	8
Place of delivery	1	2	8
Complications.....	1	2	8
Breastfeeding.....	1	2	8
HIV/AIDS.....	1	2	8
Other Infant feeding	1	2	8

2.8 Where did you give birth to (NAME)?

IF HEALTH FACILITY, PROBE AND WRITE ITS NAME, CODE
AND LOCATION **(CODESHEET A²)**

Name of HF _____

Home..... 01
Health Facility(HF)..... 02
Enroute to HF..... 03
TBA's Home..... 04
TBA's Facility..... 05
Other (Specify)..... 96

HF code _____

Location _____

2.9 Who assisted with the delivery of (NAME)? RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor.....	01	
	Nurse/ Midwife.....	02	
	Clinical Officer.....	03	
	TBA.....	04	
	Relative.....	05	
	Friend.....	06	
	Neighbour.....	07	
	No one	08	
	Other (Specify).....	96	
<hr/>			
2.10 Was (NAME) delivered by caesarean section?	YES.....	1	
	NO.....	2	
2.11 When (NAME) was born, was he/she very small, smaller than usual, about usual size, larger than usual, very large or you don't know?	Very small.....	01	
	Smaller than usual.....	02	
	About usual size.....	03	
	Larger than usual.....	04	
	Very large.....	05	
	Don't Know/ Remember.....	98	
2.12 Was (NAME) weighed at birth?	YES.....	1	
	NO.....	2	} → 2.14
	DON'T KNOW.....	8	
2.13 How much did (NAME) weigh? RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD IF AVAILABLE IF NO CARD / CAN'T RECALL FILL IN 9999	Weight from card		
	Weight from recall		
2.14 After (NAME) was born, did a health professional or traditional birth attendant check on your health or the health of your baby? NB: THIS REFERS TO POSTNATAL CHECK AFTER MOTHER AND CHILD WERE DISCHARGED.	Baby only.....	1	
	Mother only.....	2	
	Both.....	3	
	Neither.....	4	} → 3.0
	Don't Know.....	8	
2.15 How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	Baby Mother		
	DAYS.....		
	WEEKS...		
	DON'T KNOW.....	98	
2.16 Who checked on your/baby's health at that time? RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor.....	1	
	Nurse/ Midwife.....	2	
	Clinical Officer.....	3	
	TBA.....	4	
	Other	6	
	(Specify)_____		

3.0 BIRTH HISTORY DETAILS

Now I would like to ask you questions about all the births you have had in your lifetime.

- 3.1 Do you have any sons or daughters to whom you have given birth who are now living with you? YES..... 1
NO..... 2 → 3.3
- 3.2 How many sons live with you? Sons at home
And how many daughters live with you? Daughters at home
IF NONE, RECORD 00
- 3.3 Do you have any sons or daughters to whom you have given birth who are alive but do not live with you ? YES..... 1
NO..... 2 → 3.5
- 3.4 How many sons are alive but do not live with you? Sons elsewhere
And how many daughters are alive but do not live with you? Daughters elsewhere
IF NONE, RECORD 00
- 3.5 Have you ever given birth to a son or daughter who was born alive but later died? YES..... 1
NO..... 2 → 3.7
IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?
- 3.6 How many sons have died? Sons Dead
And how many daughters have died? Daughters Dead
IF NONE, RECORD 00
- 3.7 SUM ANSWERS 3.2, 3.4, AND 3.6, AND ENTER TOTAL TOTAL.....
IF NONE, RECORD 00 (PARITY)
- 3.8 CHECK 3.7 TICK APPROPRIATE BOX
Just to make sure that I have this right: you have in total YES.....
births during your life. Is that correct? NO.....
IF NO PROBE AND CORRECT 3.2 - 3.6 AS NECESSARY
- 3.9 Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage, YES..... 1
or the child can be born dead. Have you had any such pregnancy NO..... 2 → 3.12
that did not result in a live birth?
- 3.10 In all how many of the pregnancies did not end in a live born child? TOTAL
IF NONE, RECORD 00
- 3.11 In all, how many of the pregnancies that did not end in a live born child lasted more than 6 months? IF NONE, RECORD 00 TOTAL.....
- 3.12 SUM ANSWERS 3.7 AND 3.10 AND ENTER TOTAL (GRAVIDA) TOTAL.....

MODULE 2: CHILD HEALTH STATUS, FEEDING PRACTICES AND VACCINATION

FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN

4.0 CHILD'S VITAL STATUS

I would like to ask you questions about you and your child's health.

4.3 CHILD'S DATE OF BIRTH (DD/MM/YYYY)

4.6 Where is (NAME)?

CIRCLE THE APPROPRIATE RESPONSE

Child at home	1	} →	5.0
Child not at home but alive.....	2		
Child dead.....	3		

4.7 FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES,

THEN ASK:

When did (NAME) die? (DD/MM/YYYY)

4.10 COMPUTE THE AGE OF THE CHILD AT DEATH

FW: CALCULATE THE AGE OF THE CHILD BY SUBTRACTING
DATE WHEN CHILD WAS BORN FROM WHEN IT DIED.

Days.....
Weeks.....
Months.....

IF BABY DIED THE SAME DAY IT WAS BORN RECORD
00' DAYS. RECORD ONLY IN ONE UNIT.

4.8 Was (NAME) ill before he/she died?

CIRCLE THE APPROPRIATE RESPONSE

Yes.....	1
No	2

4.9 What in your opinion caused the death of (NAME)?

Pneumonia	01
Diarrhea and Vomiting	02
Chest problems	03
Malaria	04
Fever	05
Don't Know.....	98
Other (Specify)_____	96

5.0 BREASTFEEDING AND CHILD FEEDING PRACTICES

Now I would like to ask you a few questions about (NAME)'s feeding patterns, and his/her growth.

Questions and Filters	Coding Categories	Skip to
5.1 Has (NAME) ever been breastfed/ Was (NAME) ever breastfed?	Yes..... 1 No 2 Don't Know..... 8	→ 5.3 → 5.12
5.2 Why was (NAME) never breastfed?	Baby ill/unable/refused to suckle..... 01 Mother refused..... 02 Mother was very sick/ died..... 03 No/inadequate breast milk..... 04 Mother was away 05 Advice by health professional..... 06 Advice by other person..... 07 Other (Specify)..... 96 Don't Know..... 98	→ 5.12
DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.		
IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.		
5.3 How long after birth was (NAME) put to the breast?	Hours Days	
IF LESS THAN ONE HOUR, CIRCLE 00HRS, IF LESS THAN 24 HOURS, RECORD IN HOURS, OTHERWISE RECORD DAYS IF DON'T KNOW CIRCLE 98	Immediately/ < 1 HOUR..... 00 Don't Know..... 98	→ 5.5
5.4 CHECK 5.3: IF (NAME) <u>WAS NOT</u> PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK:	Baby ill/unable/refused to suckle..... 01 Mother refused to breastfeed..... 02 Spouse refused..... 03 Mother was very sick..... 04 No/inadequate breast milk..... 05 Mother was away..... 06 Mother died..... 07 Sore/cracked nipples..... 08 Advice by health professional..... 09 Advice by other person..... 10 Baby asleep/tired..... 11 Baby incubated..... 12 Baby taken away/nursery..... 13 Mother tired..... 14 Other (Specify)..... 96 Don't Know..... 98	
Why was (NAME) not put to the breast immediately after birth?		
DO NOT PROMPT; RECORD ONLY THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.		
5.5 Was (NAME) given the very first milk from the breast usually yellowish in colour (colostrum) at birth or soon after?	Yes..... 1 No 2 Don't Know..... 8	
5.6 In the first three days after delivery, before your/the mother's milk started flowing regularly, was (NAME) given anything to drink other than breast milk?	Yes..... 1 No 2 Don't Know..... 8	→ 5.9

			Y	N	D
5.7 What was (NAME) given to drink?	01 Vitamin, mineral supplements	1	2	8	
	02 Plain water	1	2	8	
PROMPT FOR EACH LIQUID. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'	03 Sweetened, flavoured water	1	2	8	
	04 Fruit juice	1	2	8	
	05 Tea or infusion	1	2	8	
	06 Gripe water	1	2	8	
	07 Tinned, powdered or fresh milk	1	2	8	
	08 infant formula	1	2	8	
	09 Gruel (thin porridge)	1	2	8	
	10 Honey	1	2	8	
	96 Other liquid (Specify)_____	1	2	8	
5.8 Why was (NAME) given something else (other than breast milk) to drink in the first 3 days?	Baby ill/unable/refused to suckle	A			
	Mother refused to breast feed.....	B			
DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE.	Spouse recommended.....	C			
	Mother was sick/tired.....	D			
	Not enough breast milk.....	E			
	Mother was away	F			
	Mother died.....	G			
	Sore/cracked nipples.....	H			
	Advice by health professional.....	I			
	Advice by other person.....	J			
	To prevent/cure stomach upset....	K			
	Baby had hiccups.....	L			
	Baby thirsty.....	M			
	Other (Specify)_____	96			
	Don't Know.....	98			
5.9 FW: CHECK 4.6: IF CHILD IS DEAD, SKIP TO Q5.23	Yes.....	1			
Is (NAME) still breastfeeding?	No	2	→	5.10	
IF YES, RECORD B FOR BREASTFEEDING IN THE CALENDAR Col. 3. FOR ALL THE MONTHS SINCE BIRTH OF CHILD	Don't Know.....	8	→	5.12	
5.21 How many times did (NAME) breastfeed yesterday during the day (i.e. between sunrise and sunset?)	Number of times				
	Don't Know	98			
5.22 How many times did (NAME) breastfeed yesterday at night (i.e. between sunset and sunrise?)	Number of times				
	Don't Know	98			
SKIP TO Q5.12					
5.23 Was (NAME) still breastfeeding?	Yes.....	1	→	5.12	
IF YES, RECORD B FOR BREASTFEEDING IN THE CALENDAR Col. 3. FOR ALL THE MONTHS SINCE BIRTH OF CHILD TILL THE MONTH THE CHILD DIED	No	2			
	Don't Know.....	8	→	5.12	
5.10 For how long did (NAME) breastfeed?	Days.....				
IF NEVER BREASTFED RECORD 00 IN DAYS, IF LESS THAN A WEEK, RECORD IN DAYS; IF LESS THAN A MONTH, RECORD IN WEEKS OTHERWISE RECORD IN MONTHS.	Weeks.....			Record in	
	Months.....			CAL Col 3	
IF DON'T KNOW, CIRCLE '98'	Don't Know.....	98			
PROBE FOR EVERY MONTH SINCE BIRTH OF CHILD AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3					
FILL IN D FOR THE MONTH IN WHICH THE CHILD DIED.					

5.11 Why did (NAME) stop breastfeeding?

DO NOT PROMPT; CIRCLE THE (ONE) MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.

- Baby ill/unable to suckle..... 01
- Baby refused to suckle..... 02
- Mother refused to breastfeed..... 03
- Spouse recommended 04
- Mother was very sick..... 05
- No/little breast milk..... 06
- Mother was away 07
- Mother died..... 08
- Baby was old enough to stop..... 09
- Advice by health professional..... 10
- Advice by other person..... 11
- Other (Specify.....)..... 96
- Don't Know..... 98

5.12 FW: CHECK Q.4.6: IF CHILD IS DEAD SKIP TO 6.0, ELSE ASK:

Apart from breast milk, has (NAME) ever been given any liquid/food?

IF "1" RECORD BREASTFEEDING INFORMATION IN CAL. Col.3 THEN PROCEED TO NEXT QUESTION.

- Yes..... 1
 - No 2
 - Don't Know..... 8
- } Record in CAL then skip to 5.17

5.18 RECORD AGE OF CHILD IN COMPLETED MONTHS

FW: COMPUTE AGE OF CHILD IN COMPLETED MONTHS BY SUBTRACTING DATE OF BIRTH FROM DATE OF INTERVIEW

Age in Months.....

5.19 FW: CHECK 5.18 AND CIRCLE AS APPROPRIATE

- Child is 6 months old or less..... 1 → 5.13
- Child is over 6 months old..... 2

5.20 At what age were complementary liquids/ foods introduced to (NAME)?

RECORD AGE IN MONTHS. IF DON'T KNOW CIRCLE 98

- | | Age | | | |
|-----------------|------|-------|--------|--------|
| | Days | Weeks | Months | |
| Liquids..... | | | | } 5.25 |
| Semi-solids.. | | | | |
| Don't know..... | | | 98 | |

5.13 In the last three days, did (NAME) receive any of the following?

PROMPT FOR EACH LIQUID/SOLIDS FOOD AND CODE FOR ALL ITEMS MENTIONED. IF RESPONDENT SAYS YES TO AN ITEM, CIRCLE 1; IF NO, CIRCLE 2; AND IF DON'T KNOW, CIRCLE 8.

		Q. '5.13			Q. '5.14 (Age)		
		Y	N	D	Days	Weeks	Months
01	Vitamin/mineral supplements	1	2	8			
02	Plain water	1	2	8			
03	Sweetened/flavored water	1	2	8			
04	Fruit juice	1	2	8			
05	Beverages (e.g. tea, etc)	1	2	8			
06	Powdered/fresh milk	1	2	8			
07	Infant formula	1	2	8			
08	Porridge	1	2	8			
09	Soup (gravy/bone)	1	2	8			
10	Soft drinks (e.g. soda etc.)	1	2	8			
11	Solid/semi-solid (mushy) food	1	2	8			
96	Other liquids (specify)_____	1	2	8			

5.14 FW: CHECK 5.13, FOR EACH ITEM CODED 1, ASK: At what age (in months) was the liquid/food introduced to (NAME)?

RECORD AGE IN DAYS/ WEEKS/ MONTHS IN THE BOXES PROVIDED. RECORD IN ONLY ONE UNIT.

IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'

**Now I would like to ask you about the types of foods (NAME) ate over the last 24 hours.
I am interested to know whether (NAME) had the item even if it was combined with other foods.**

(Ask respondent to recount foods consumed and record each mentioned under appropriate food group)
[INDICATE 1 FOR CONSUMED AND 2 FOR NOT CONSUMED]

5.25 Yesterday, did (Name) eat (.) or any foods made from:

- a. **Grains/cereals** (Bread, Nyoyo or any other food made from millet, sorghum, maize, rice, ugali, porridge, mandazi, chapati)
- b. **Roots and tubers** (potatoes, sweet potato, cassava, nduma or any foods made from roots)
- c. **Legumes and nuts** (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)
- d. **Dairy products** (yogurt, cheese, sour milk [mala])
- e. **Flesh foods** (meat, fish, poultry, pork and organ meats like liver, kidney)
- f. **Eggs**
- g. **Green leafy Vegetables** (sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage, sweet potato leaves, osuga, kunde, and other locally available leaves)
- h. **Vitamin A rich (non-leafy) vegetables** (pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes)
- i. **Vitamin A rich fruits** (mango, pawpaw, guava)
- j. **Other Fruits** (Orange, lemon (or other citrus fruits), pineapple, banana etc)
- k. **Other Fruits** (matoke)
- l. **Oils and fat** (Oils, fats or butter added to food/used for cooking)
- m. **Sugar** (Sugar/honey added to food such as tea, porridge)
- n. **Others** (condiments, tea, coffee) (Specify.....)

5.26 How many times did (NAME) eat solid, semisolid or soft foods yesterday during day or/and night?

Number of times
Don't Know

98

5.15 What is used to feed (NAME)? Do you use....

PROMPT FOR EACH CATEGORY AND CIRCLE AS
APPROPRIATE, IF RESPONDENT SAYS YES, CIRCLE '1';
IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'

	Y	N	D
Bottle with nipple/teat.....	1	2	8
Cup with nipple/teat.....	1	2	8
Cup with holes.....	1	2	8
Cup/ bowl with no cover and spoon...	1	2	8
Feeding with palm/hands.....	1	2	8
Other	1	2	8
(specify)_____			

5.16 Why was (NAME) given liquids/solids?

DO NOT PROMPT; MORE THAN ONE ANSWER IS POSSIBLE

CIRCLE ALL RESPONSES MENTIONED

Baby ill/unable/refused to suckle..... A
 Mother refused to breast feed..... B
 Mother was very sick..... C
 Baby not satisfied/ baby hungry.....
 Breast milk not enough..... D
 Mother was away (for work)..... E
 Mother was away (elsewhere)..... F
 Mother died..... G
 Mother had sore/cracked nipples..... H
 Child is old enough..... I
 Advised by spouse/friend/relative..... J
 Advised by health worker..... K
 Baby cries a lot..... L
 To prevent/cure stomach upset.... M
 Baby had hiccups..... N
 Baby thirsty..... O
 Other (Specify.....) 96
 Don't Know..... 98

5.17 In your opinion, at what age should complementary foods be introduced to a baby?

RECORD AGE IN MONTHS, IF LESS THAN A MONTH,
 RECORD 00; IF DON'T KNOW, CIRCLE '98'

Age in Months

Don't know..... 98

6.0 VACCINATION HISTORY

Now I would like to ask you about (NAME)'s vaccination

6.1 Does/ Did (NAME) have a vaccination card that looks like this?

FW: SHOW A COPY OF A VACCINATION CARD

IF YES: May I see it please?

FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT CIRCLE THE APPROPRIATE RESPONSE

Yes, card/ book seen..... 1 → 6.3
Yes, card not seen..... 2 → 6.5
No card/Never had a card..... 3
Don't Know..... 4

6.2a Please tell me the main reason why (NAME) has no vaccination card

Mother too weak to visit HF..... 1
Costs..... 2
No cards/supplies at clinic 3
Card lost..... 4
Don't Know..... 98
Other 96
Specify.....

6.5

6.3a FW: COPY THE CARD SERIAL NO, THE HEALTH FACILITY NUMBER, THE NAME OF THE HEALTH FACILITY WHERE THE CARD WAS ISSUED AND THE NAME OF THE FACILITY WHERE THE MOTHER GOES FOR THE VACCINATION SERVICES IF DIFFERENT FROM ISSUING **FACILITY**

Card Serial Number

Card clinic Number

Name of the HF where card was issued

HF Code

Location

Name of the HF where the mother goes for vaccination services.....

HF Code

Location

6.3 **FW:** FOR QUESTION 6.3 COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN, BUT DATE IS NOT LEGIBLE

If the vaccine/dose that should have been given by the date of interview was not given, write '77' in 'day' column, **and Ask:** **What was the main Reason why (name of Vaccine/Dose) was not given to the Child?** (Record the reason and the **code (CODE SHEET A⁹)** for the reason in the space provided.

		D	D	M	M	Y	Y	Y	Main Reason	Code
BCG										
Pentavalent 1										
Pentavalent 2										
Pentavalent 3										
Oral Polio Birth Dose										
Oral Polio 1st Dose										
Oral Polio 2nd Dose										
Oral Polio 3rd Dose										
Pneumococcal Dose 1										
Pneumococcal Dose 2										
Pneumococcal Dose 3										
Measles										
Yellow Fever										
Vitamin A Dose 1	06 Months									
Vitamin A Dose 2	12 Months									
Vitamin A Dose 3	18 Months									
Vitamin A Dose 4	24 Months									
Vitamin A Dose 5	30 Months									
Vitamin A Dose 6	36 Months									
Deworming										
Other Vaccines 1	_____									
Other Vaccines 2	_____									
Other Vaccines 3	_____									
Other Vaccines 4	_____									
Other Vaccines 5	_____									

6.17 BCG Scar	D D M M Y Y Y Y	
FW: COPY DATE CHECKED FROM THE CARD. CIRCLE 1 IF SCAR WAS PRESENT AND 2 IF SCAR WAS ABSENT. IF NO INFORMATION, CIRCLE 3		
	Scar Present	1
	Scar Absent	2
	No Information.....	3
6.18 FW: CHECK FROM THE CARD IF BCG WAS REDONE,	Yes.....	1
	No	2 → 6.20
6.19 IF YES, COPY THE DATE FROM THE CARD	D D M M Y Y Y Y	
6.20 FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE CHECK IF CHILD HAS BEEN GIVEN BCG ASK:		
Would you mind if I check (NAME) to see if there is an immunization scar?	Scar Present.....	1
	Scar absent	2
INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:	Child is dead.....	3
	Child not examined.....	4
IF YOU HAVE RECORDED INFORMATION FROM THE CARD SKIP TO 6.21 ON CAMPAIGNS		
FW: NB: IF YOU DID NOT SEE A VACCINATION CARD, ASK QUESTIONS 6.5 UP TO 6.12		
PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:		
6.5 A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes.....	1
	No	2
	Don't Know.....	8
6.6 FW: CHECK 4.6; IF CHILD IS DEAD, CIRCLE "3" ELSE CHECK Q6.5: IF CHILD HAS BEEN GIVEN BCG ASK: ELSE GO TO Q6.7		
Would you mind if I check (NAME) to see if there is an immunization scar?	Scar Present.....	1
	Scar absent	2
INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR:	Child is dead.....	3
IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 4.	Child not examined.....	4
6.7 Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, diphtheria and hepatitis often given at the same time as polio vaccine?	Yes.....	1
	No	2
	Don't Know.....	8 } 6.9
6.8 How many such injections has (NAME) had?		
RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED.	Number of injections.....	
IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	Don't Know.....	8
6.9 Two or three Vaccine drops in the mouth to protect him/her from getting polio?	Yes.....	1
	No	2
	Don't Know.....	8 } 6.26
6.10 How many times has s/he been given these drops?		
RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8	Number of times drops given...	
	Don't Know.....	8
6.11 When was the first polio vaccine received? Was it just after birth (that is within two weeks after birth) or later?	Just after Birth.....	1
	Later.....	2
CIRCLE THE APPROPRIATE RESPONSE	Don't Know.....	8
6.26 Has (NAME) ever been given the new vaccine injection – that is, a shot in the right thigh – to prevent him or her from getting Pneumonia/Meningitis?	Yes.....	1
	No	2
	Don't Know.....	8 } 6.12

6.27 How many such injections has (NAME) had?

RECORD THE NUMBER OF TIMES. IF THE NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE 8

Number of times drops given...

Don't Know..... 8

6.12 Has (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more – to prevent him or her from getting measles?

Yes..... 1

No 2

Not yet 9 months..... 3

Don't Know..... 8

6.28 Je, (JINA LA MTOTO) ameshawahi kupokea Vitamini A ya ziada tangu kuzaliwa?

Yes..... 1

No 2

Not yet 6 months..... 3

Don't Know..... 8

6.21

6.29 Alipata Vitamin A mara ngapi tangu kuzaliwa/tangu utafiti uliopita?

FW: ENQUIRE WHEN THE VITAMIN A SUPPLEMENT WERE GIVEN AND TICK THE APPROPRIATE BOXES

6 months

12 months

18 months

24 mths

30 months

36 months

CAMPAIGN HISTORY

6.21 Has NAME participated in any national immunisation day/ immunisation campaign since birth?

Yes..... 1

No 2

Don't Know..... 8

6.15

POLIO

6.22 Has (NAME) received any POLIO vaccinations during national immunisation day / immunisation campaign?

D D M M Y Y Y Y

POLIO 1

POLIO 2

POLIO 3

POLIO 4

POLIO 5

PROBE FOR DATE WHEN THE POLIO CAMPAIGN VACCINATION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.

MEASLES

6.23 Has (NAME) received any Measles vaccinations during national immunisation day / immunisation campaign?

D D M M Y Y Y Y

VAS 1

VAS 2

PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.

VITAMIN A SUPPLEMENTATION

6.24 Has (NAME) received any Vitamin A supplements during national immunisation day / immunisation campaign?

D D M M Y Y Y Y

VAS 1

VAS 2

VAS 3

VAS 4

VAS 5

PROBE FOR DATE WHEN THE VAS WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.

OTHER

6.25 Has (NAME) received any Other vaccination during national immunisation day / immunisation campaign?

D D M M Y Y Y Y

PROBE FOR DATE WHEN THE VACCINATION/INTERVENTION WAS GIVEN AND RECORD THE DATE IN THE BOXES PROVIDED. IF DOES NOT RECALL, RECORD 98. IF NO CAMPAIGN/DID NOT PARTICIPATE RECORD 99 IN THE 'DAY' COLUMNS.

6.15 FW: CHECK Q 6.3 TO 6.12, WAS THE CHILD GIVEN ANY VACCINATION?	Yes.....	1	→ 7.0
	No	2	
	Don't Know.....	8	→ 7.0
6.16 Please tell me the main reason why (NAME) has never been/ was never given any immunisation ? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak.....	01	
	Not important/ignorance.....	02	
	Away/No time off work/ business.....	03	
	Mother/carer forgot.....	04	
	Mother/ carer sick/ died.....	05	
	Religious beliefs.....	06	
	Suspicion towards vaccines.....	07	
	Hospital/ clinic to far.....	08	
	Cost of vaccine.....	09	
	No vaccine/supplies at clinic.....	10	
	No reason.....	11	
	Don't Know.....	98	
	Other (specify).....	96	

FW: IF CHILD IS DEAD SKIP TO QUESTION 7.19 {CHILD HOSPITALISATION}

7.0 CHILD MORBIDITY AND HEALTH SEEKING PRACTICES

Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks.

FW : USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.

7.1 Has (NAME) been ill with any of the following illness at any time in the last two weeks?

FW: RECORD FOR 1 =YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES

a	b	c	d	e
Fever	Diarrhea	Cough	Cough + Rapid Breath	Convulsions

FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH

FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH +RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES **SKIP TO 7.24.**

NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS

7.2 For how many days has (NAME) been ill/ was ill with (NAME OF ILLNESS)?

RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD '98' IN THE BOXES OTHERWISE RECORD '99' IF THERE WAS NO ILLNESS.

a	Fever
b	Diarrhoea
c	Cough
d	Cough + Rapid Breath
e	Convulsions

7.3 What was done at home about the (ILLNESS)? (CODE SHEET A¹)

FW: FOR OTHER, GIVE CODE FOR ILLNESS BEFORE SPECIFYING.

[e.g. IF CHILD HAD FEVER AND WAS SPONGED, RECORD (a) sponging]

a	b	c	d	e
Other (specify)_____				

7.4 During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual?

1 = More than usual; 2 = about the same; 3 = Less than usual

a	b	c	d	e
Other (specify)_____				

7.5 During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None

8 = Don't Know; 9 = N/A

a	b	c	d	e
---	---	---	---	---

7.6 What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME;

3 = SOUGHT CARE/ TREATMENT AT HEALTH FACILITY; 4 = OTHER

FW: IF ANSWER IS 3, SKIP TO 7.8

a	b	c	d	e
Other (specify)_____				

NB: a =FEVER; b =DIARRHEA; c =COUGH; d =COUGH + RAPID BREATH; e =CONVULSIONS

7.7 Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA
IF "1", SKIP TO 7.8; IF "8"; or "9" SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES;
ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD.

7.7a Why was care not sought outside the home for (illness) / or at health facility? **(CODE SHEET A⁴)**
SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2
FOR THE NEXT ILLNESS WHICH THE CHILD HAD.
RECORD ONLY THE **MAIN** REASON

7.8 How long after (NAME)'s illness was discovered was treatment/ care sought?
RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'

7.9 Where was treatment sought?
RECORD CODE OF FACILITY. **(CODE SHEET A²)**.

7.10 Was follow-up visit/ referral requested by the health care provider? 1 = YES , FOLLOW UP VISIT,
2 = NO; 3 = YES, REFERRAL TO ANOTHER FACILITY; 8 = DON'T KNOW

7.11 Did you take (NAME) for a follow-up visit/ referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA
IF "2", SKIP TO 7.14; IF "8"or "9" SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES
ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF "1" PROCEED TO NEXT QUESTION (7.12).

7.12 IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT; ASK
Where did you seek care next? RECORD CODE OF THE FACILITY. **(CODE SHEET A²)**

FW: CHECK 7.9 AND 7.12 ; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK:
7.13 Why did you seek care elsewhere (i.e at a health facility)?**(CODE SHEET A³)**
FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE
PROCEED TO 7.15

FW: FOR THOSE REFERRED/ASKED TO RETURN FOR FOLLOW-UP BUT DID NOT GO.
I.E. CHECK IF 7.10 IS "1" OR "3" AND 7.11 IS "2" ASK:

7.14 Why was (NAME) not taken for a follow up visit/ not taken to another facility where
he/ she was referred **(CODE SHEET A⁴)**
RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15

Fever Diarrhea Cough Cough +
Rapid Breath Convulsions

a b c d e

Other (specify)_____

a b c d e

a b c d e

Other (specify)_____

a b c d e

a b c d e

a b c d e

Other (specify)_____

a b c d e

Other (specify)_____

a b c d e

Other (specify)_____

7.24 (JINA LA MTOTO) amewahi ugua ugonjwa wa ukambi (measles)
tangu kuzaliwa/utafiti uliopita?

FW: RECORD 1 = YES; 2 = NO; 8 = DON'T KNOW,

YES..... 1
NO..... 2
DON'T KNOW..... 8

7.25 (JINA LA MTOTO) amewahi ugua ugonjwa wa kifaduro (whooping
cough) tangu kuzaliwa/utafiti uliopita?

FW: RECORD 1 = YES; 2 = NO; 8 = DON'T KNOW,

YES..... 1
NO..... 2
DON'T KNOW..... 8

7.15 Apart from the illness I have talked about, does/did (NAME) have any other illness in the last 2 weeks?
CIRCLE 1 = YES, 2 = NO, 8 = DON'T KNOW

IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A⁵). IF MORE THAN ONE ILLNESS,
PROBE AND RECORD THE MOST SERIOUS ILLNESS.

YES..... 1 MOST SERIOUS ILLNESS
NO..... 2
DON'T KNOW..... 8

Other (specify) _____

7.16a Have you heard about ORS?

YES..... 1
NO..... 2

7.16b Do you know about the salt and sugar solution prepared for children with diarrhoea?

YES..... 1
NO..... 2

FW:CHECK 7.16a AND 7.16b; IF BOTH ANSWERS ARE "2" SKIP TO MODULE 3, ELSE ASK:

7.17 Please tell me, how is ORS (sugar and salt solution) prepared? Which steps do you follow?

FW: ASK THE RESPONDEDNT TO DESCRIBE ALL THE STEPS OF PREPARING ORS.

FOR THE MEASUREMENTS, PROBE FOR THE SPECIFICATIONS AND CIRCLE UNDER
THE CORRECT COLUMN ONLY IF THE RIGHT SPECIFICATIONS ARE MENTIONED.
ELSE CIRCLE UNDER THE INCORRECT COLUMN.

CIRCLE ALL THE STEPS MENTIONED

	Correct	Incorrect
Wash Hands/Utensils.....	A	A
Boil water.....	B	B
Cool the water.....	C	C
Measure ¹ / ₂ litre of water.....	D	D
Measure 1 litre of water.....	E	E
Measure 1 level teaspoon salt.....	F	F
Measure 8 level teaspoons sugar.....	G	G
Mix & stir ingredients to dissolve.....	H	H
Store mixture in a covered container.....	I	I
Dissove sachet of ready ORS.....	J	J
Other.....	96	

Specify _____

Don't Know..... 98

7.18 FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was
ORS (sugar and salt solution) prepared for him/her? 1 = YES, 2 = NO, 8 = DON'T KNOW

YES..... 1
NO..... 2
Don't Know..... 8

CHILD HOSPITALISATION

7.19 Was NAME hospitalized (Stayed overnight at a health facility) since birth?

1st

2nd

3rd

4th

RECORD 1 IF HOSPITALIZED AND 2 IF NOT HOSPITALIZED IN THE FIRST

CELL, IF MORE THAN 1 HOSPITALIZATION OCCURRED RECORD THE

HOSPITALIZATION DETAILS SEPARATELY

IF THE CHILD HAS NOT HAD ANY THE HOSPITALIZATION SKIP TO MODULE 3

7.20 When did the hospitalisation take place dd/mm/yyyy

IF MORE THAN 1 HOSPITALIZATION, RECORD THE DATES

DD

SEPARATELY

MM

YY

7.21 FW: FOR EACH HOSPITALIZATION ASK:

What illness was (NAME) hospitalized for? (CODE SHEET A¹⁰)

7.22 Where was child hospitalized? RECORD THE HEALTH FACILITY CODE

CODESHEET A²

Specify _____

7.23 For how many days was NAME hospitalized?

MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY

FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4.

8.0 POST PARTUM PERIOD AND SEXUAL ACTIVITY

Now I would like to ask you questions to gain a better understanding of some family life issues.

- 8.1 What is your current marital status: are you married, living with a man, widowed, separated or divorced?
- | | |
|------------------------|----|
| Currently Married..... | 01 |
| Living together..... | 02 |
| Separated..... | 03 |
| Divorced..... | 04 |
| Widowed..... | 05 |
| Never married..... | 06 |
- 8.2 When you became pregnant with (NAME) did you want to become pregnant at that time, wait until later, or did you not want to have any more children at all?
- | | |
|--------------------------|---|
| Wanted at that time..... | 1 |
| Wanted later..... | 2 |
| Not at all..... | 3 |
- 8.3 Has your menstrual period returned since the birth of (NAME)?
- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |
- IF "2", RECORD "A" FOR PPA IN THE CALENDAR (Col.1); THEN SKIP TO 8.5. (PPA - POST PARTUM AMENORRHOEA)
- Record in CAL then skip to 8.5
- 8.4 How many months after the birth of (NAME) did you have your first period, not counting the bleeding that occurs immediately after birth?
- MONTHS
- RECORD IN THE CALENDAR (Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.
- Record in CAL
- 8.5 Have you resumed sexual relations since the birth of (NAME)?
- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |
- 8.9
- 8.6 Since resuming sex; have you had sex in.... (name the months after birth of the child)
- FW: PROBE FOR EVERY MONTH AFTER BIRTH AND RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.
- Record in CAL
- 8.7 Are you pregnant now?
- | | |
|---------------|---|
| YES..... | 1 |
| NO..... | 2 |
| Not sure..... | 8 |
- RECORD IN CAL (Col.1) FOR ALL THE MONTHS SINCE BIRTH OF (NAME) THEN SKIP TO 8.9
- } Record in CAL then skip to 8.9
- 8.8 How many months pregnant are you?
- IF DON'T KNOW RECORD 98
- MONTHS
- 8.9 FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. STARTING FROM THE DATE THE CHILD WAS BORN RECORDING ALL THE MONTHS AFTER THAT.

9.0 CONTRACEPTION

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

9.1 What ways or methods have you heard about?

FW: ASK EACH METHOD

Q. 9.2 Have you ever used (METHOD)?

		KNOWLEDGE		EVER USED	
a.	FEMALE STERILISATION. Women can have an operation to avoid having any more children	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
b.	MALE STERILISATION. Men can have an operation to avoid having any more children	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
c.	PILL. Women can take a pill every day to avoid becoming pregnant.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
d.	IUD. Women can have a loop or coil placed inside them by a doctor or a nurse to avoid becoming pregnant	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
e.	INJECTABLES. Women can have an injection provided by a health provider that stops them from becoming pregnant for one or two months.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
f.	IMPLANTS. (e.g. Norplant/ Jadel): Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
g.	CONDOMS. Men can put a rubber sheath on their penis before sexual intercourse.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
h.	FEMALE CONDOMS. Women can place a sheath in their vagina before sexual intercourse.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
i.	LACTATIONAL AMENORRHEA METHOD (LAM). Physiological suppression of menstruation while nursing	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
j.	RHYTHM METHOD. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is likely to get pregnant.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
k.	WITHDRAWAL. Men can be careful and pull out before climax	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
l.	EMERGENCY CONTRACEPTION. After unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
m.	DIAPHRAGM a contraceptive device consisting of a flexible dome-shaped cup made of rubber or plastic; it is filled with spermicide and fitted over the uterine cervix to prevent pregnancy	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
n.	SPERMICIDE (e.g. Foam/Jelly/ Tablet). These are medications placed in the vagina that kill sperms on contact to prevent pregnancy.	YES.....	1	YES.....	1
		NO.....	2	NO.....	2
o.	OTHER	YES.....	1	YES.....	1
	(Specify)_____	NO.....	2	NO.....	2

IF WOMAN HAS NEVER USED ANY METHOD SKIP TO 9.9

9.3 Would you say that using contraception is mainly your decision, mainly your husband's/ partner's decision or was it a joint decision between both of you?	Mainly respondent.....	1	
	Mainly partner/ husband....	2	
	Joint decision.....	3	
	Other.....	6	
	Specify_____		
9.4 Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?	YES.....	1	
	NO.....	2	→ Record in CAL COLs.4; 6 & 7 then skip to 9.9
9.4p Are you currently using any method of contraception?	YES.....	1	
	NO.....	2	
9.5 Which method(s) of contraception have you used since the birth of (NAME)?			
RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE BIRTH OF (NAME). MORE THAN ONE ANSWER IS ALLOWED.			Record in CAL
9.6 What is the reason you chose to use (NAME OF CURRENT METHOD MENTIONED IN 9.5)?			
RECORD MORE THAN ONE RESPONSE:			
a DOCTOR ADVISED THIS METHOD.....		A	
b HAS LITTLE SIDE EFFECTS.....		B	
c PARTNER IS NOT AWARE OF IT.....		C	
d BECAUSE RESPONDENT LIKES IT.....		D	
e CONVENIENT TO USE.....		E	
f KNOWS NO OTHER METHOD.....		F	
g KNOWS NO SOURCE OF WHERE TO GET OTHEF.....		G	
h COST IS NOT TOO MUCH.....		H	
i PARTNER REQUESTED OR INSISTED.....		I	
j HEALTH CONCERNS.....		J	
k OTHER Specify_____		96	
FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.6) FOR EACH EPISODE REASONS FOR CHOOSING TO USE THAT METHOD. MULTIPLE ANSWERS ALLOWED.			Record in CAL
9.7p Since the birth of (NAME) did you use any other method to prevent pregnancy?	YES.....	1	
	NO.....	2	→ Record in CAL then skip to 9.8
IF "2" Record in CAL. Col. 7 then skip to 9.8			
9.7 For each method please tell me			
When you started using the method			
When you stopped using the method			
Why you stopped using the method			
FOLLOWING RESPONSES OF Col. 6 IN THE CALENDAR; RECORD (IN Col.7) FOR EACH EPISODE WHEN THERE WAS CHANGE IN USE; THE REASONS FOR STOPPING TO USE PREVIOUS METHOD. USE THE CODES PROVIDED. MORE THAN ONE ANSWER IS ALLOWED.			Record in CAL
9.8 Where did you get the current method of contraception when you started using it?	Health Facility.....	01	
	Pharmacy/ Chemist.....	02	
	Mobile clinic/ outlet.....	03	
	Community Based Distribut	04	
	Shop.....	05	
	Friends/ relatives.....	06	
	Other	96	
	Specify_____		
ONLY ONE ANSWER IS ALLOWED			

9.9 What is the name of the nearest hospital/ health center/ clinic/ public place to where you live that offers family planning services?

Name: _____

PLEASE RECORD NAME IN FULL AND ITS LOCATION

HF code

IF DON'T KNOW SKIP TO 10.0

Location _____

Don't Know..... 98 → 10.0

9.10 How long does it take to get there when walking?

MINUTES

HOURS

IF LESS THAN 1 HOUR WRITE IN MINUTES, IF DON'T KNOW CIRCLE 98

Don't Know..... 98

10.0 FUTURE INTENTIONS

Now I would like to ask you some questions on your future intentions about family life.

FW: QUESTION 10.1 IS FOR THOSE CURRENTLY USING CONTRACEPTION. I.E. CHECK IF Q.9.4p IS "1" ASK ELSE SKIP TO 10.2

10.1 You have told me that you are currently using contraception.
Would you say that currently using contraception (after the birth of NAME) is mainly your decision, mainly your husband's/ partner's decision or a joint decision between you and your partner?

Mainly respondent..... 1
Mainly partner/ husband.... 2
Joint decision..... 3
Other..... 6
Specify_____

10.2 **FW: CHECK (IF PREGNANT) i.e Q. 8.5 is "1" and Q. 8.7 is "1" SKIP TO 10.6 ELSE ASK:**

Would you like to have another child, or would you prefer not to have any more children?

Have another child..... 1
No more/ None..... 2 → 10.2r
Cannot get pregnant..... 3 → 10.3
Undecided/ Don't Know..... 8

10.2p For how long would you like to wait before you have another child?

Months 1
Years 2

IF LESS THAN ONE MONTH CIRCLE "993"

Soon(Now)..... 993 }
Cannot get pregnant..... 994 } 10.3
After marriage..... 992
Other..... 996
Specify_____

10.2q Why do you want to wait for ____ period?

MENTION THE PERIOD STATED IN 10.2p.

CIRCLE THE **MAIN** REASON.

Baby too young..... 01
To gain strength..... 02
Traditional practice..... 03
Husband/ Partner away.... 04
To avoid pregnancy..... 05
Financial reasons..... 06
Other..... 96
Specify_____

10.2s

10.2r Why don't you want to have any more children?

CIRCLE THE **MAIN** REASON.

Have too many children..... 01
Too old..... 02
Health concerns..... 03
Financial reasons..... 04
No partner/ no sex..... 05
Partner doesn't want more 06
Can't get pregnant..... 07
Other 96
Specify_____

10.2s FW: CHECK IF EITHER 9.4 or 9.4p is "2" ASK: ELSE **SKIP TO 10.3**

You have said you do not want more children/ don't want a child soon, but you are not using any method to avoid a pregnancy? Can you tell me why?

RECORD ALL MENTIONED

No sex/ infrequent sex..... A
 Can't get pregnant..... B
 Amenorrhoeic..... C
 Breastfeeding..... D
 Partner opposed to use... E
 Respondent opposed..... F
 Health concerns..... G
 Don't know method/ source H
 Costs too much..... I
 Up to God..... J
 Other..... 96
 Specify.....
 Don't know..... 98

FW:CHECK IF 8.5 is "2" ASK: ELSE **SKIP TO 10.6**

10.3 Since you have not resumed sexual relations after the birth of (NAME), for how long would you like to wait from now, before engaging in sexual intercourse?

WEEKS
 MONTHS
 YEARS

Other _____

10.4 What is the main reason you want to wait for _____ that period?

STATE THE PERIOD MENTIONED IN Q. 10.3.

Baby too young..... 01
 To gain strength..... 02
 Traditional practice..... 03
 Husband/ Partner away.... 04
 To avoid pregnancy..... 05
 Other..... 96

10.8

Specify _____

FW: CHECK (IF PREGNANT) i.e Q. 8.5 is "1" and Q. 8.7 is "1" ASK THE FOLLOWING QUESTIONS ELSE SKIP TO 10.7

10.6 For this current pregnancy, did you want to become pregnant now, wait until later, or would you have preferred not to have any more children at all?

NOW..... 1
 LATER..... 2
 NOT AT ALL..... 3

10.5 After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?

Have another child..... 1
 No more/ None..... 2
 Undecided/ Don't Know.... 3

10.5r

10.5p After the end of this pregnancy, for how long would you like to wait before having another child?

Months 1
 Years 2
 Soon..... 993
 Cannot get pregnant..... 994
 After marriage..... 992
 Other 996
 Specify.....

IF LESS THAN ONE MONTH CIRCLE "993"

10.5q Why would you want to wait for _____ period?

MENTION THE PERIOD STATED IN 10.5p.

CIRCLE THE **MAIN** REASON

Baby to grow..... 01
 To gain strength..... 02
 Traditional practice..... 03
 Husband/ Partner away.... 04
 To avoid pregnancy..... 05
 Financial reasons..... 06
 Other..... 96
 Specify.....

10.7

10.5r Why don't you want to have any more children?

CIRCLE THE **MAIN** REASON

Have too many children..... 01
Too old..... 02
Health concerns..... 03
Financial reasons..... 04
No partner/ no sex..... 05
Partner doesn't want more 06
Can't get pregnant..... 07
Other 96
Specify_____

10.7 When you resumed sex after the birth of (NAME); was this.....
wanted by yourself, wanted by spouse/ partner, forced by husband/
partner, required by your tradition or other reasons

CIRCLE THE **MAIN** REASON

Wanted by yourself..... 01
Wanted by spouse/partner. 02
Wanted by both..... 03
Forced by husband/partner. 04
Required by tradition/religio 05
Other reasons..... 96
specify _____

10.8 How long do you think a couple/ woman should wait before
beginning to engage in sexual intercourse after the birth of a child?

IF DON'T KNOW CIRCLE '98'

DAYS.....
MONTHS.....
YEARS.....
DON'T KNOW..... 98
Other specify_____ 96

OTHERWISE SKIP TO 10.11

10.10 In the next few weeks, if you discovered that you were pregnant,
would that be a big problem, a small problem or no problem for you?

Big problem..... 1
Small problem..... 2
No problem..... 3
Says she can't get pregnant/
Not having sex..... 4

10.11 Do you think you will use a method to delay or avoid pregnancy at
any time in the future?

YES..... 1
NO..... 2 → 10.13
DON'T KNOW..... 8

10.12 Which method(s) would you prefer to use? MULTIPLE RESPONSES ALLOWED.

FEMALE STERILISATION..... A
MALE STERILISATION..... B
PILL..... C
IUD..... D
INJECTABLES..... E
CONDOM..... F
FEMALE CONDOM..... G
DIAPHRAGM..... H
FOAM/ JELLY..... I
LACTATIONAL AMENORRHEA METHOD J
RHYTHM METHOD..... K
WITHDRAWAL..... L
IMPLANTS..... M
UNSURE..... N
OTHER (Specify)_____ 96

10.14

10.13 What is the main reason that you think you will not use a method at any time in the future?

FERTILITY RELATED REASONS

- a Infrequent sex/ No sex..... A
- b Can't have children..... B
- c Post partum Amenorrheic(absence of menstruation during the period immediately after birth of child)..... C
- d Breast feeding..... D
- e Up to God..... E

OPPOSITION TO USE

- f Respondent opposed..... F
- g Husband/ partner opposed..... G
- h Religion does not allow..... H

LACK OF KNOWLEDGE

- i Don't know source..... I

METHOD RELATED REASONS

- j Fear of side effects..... J
- k Cost too much..... K
- l Inconvenient to use..... L
- m Interferes with body and normal processes..... M
- n Don't Know..... 98
- o Other specify..... 96

- 10.14 Do you think that a woman who is breast feeding is likely to conceive another child if she engages in sexual intercourse? YES..... 1
NO..... 2

11.0 PERCEPTION OF HIV RISK AND CONDOM USE

Now I would like to ask you some questions on HIV and condom use.

- 11.1 Can the virus that causes AIDS be transmitted from a mother to a child? YES..... 1
NO..... 2
DON'T KNOW.... 8

→ 11.3

- 11.2 When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted.....
DURING PREGNANCY? Y N D/K
1 2 8
DURING DELIVERY? 1 2 8
DURING BREASTFEEDING? 1 2 8
DURING CONCEPTION? 1 2 8

- 11.3 Can a mother who is infected with the HIV/AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during the pregnancy? YES..... 1
NO..... 2
DON'T KNOW.... 8

- 11.4 Do you think your chances of getting HIV/AIDS are small, moderate, great or no risk at all? Great..... 01
Moderate..... 02
Small..... 03
No risk at all..... 04
Has HIV/AIDS..... 05

} 11.6

→ 11.7

DO NOT PROMPT. ONE RESPONSE ONLY.

11.5 Why do you think that you have (no risk/ a small chance) of getting HIV/ AIDS? MULTIPLE RESPONSES ALLOWED

a	IS NOT HAVING SEX.....	A	} 11.7
b	USES CONDOMS.....	B	
c	HAS ONLY ONE PARTNER.....	C	
d	LIMITS THE NUMBER OF PARTNERS.....	D	
e	PARTNER HAS NO OTHER PARTNERS..	E	
f	OTHER REASONS specify_____	96	

11.6 Why do you think that you have (moderate/ great) chance of getting HIV/ AIDS? MULTIPLE RESPONSES ALLOWED

a	DOES NOT USE CONDOMS.....	A
b	HAS MORE THAN ONE SEX PARTNER.....	B
c	PARTNER HAS OTHER PARTNERS.....	C
d	HOMOSEXUAL CONTACTS.....	D
e	HAS BLOOD TRANSFUSION/ INJECTION.....	E
f	OTHER REASONS specify_____	96

11.7 Have you ever heard of Voluntary Counselling and Testing (VCT)?

YES.....	1
NO.....	2

11.8 When having sex, have you or your partner ever used a condom?

YES.....	1
NO.....	2 → Record in CAL, Col.5 then skip to 11.16

11.9 The last time you had sexual intercourse, did you or your partner use a condom?

YES.....	1
NO.....	2 → 11.13

IF YES, RECORD CONDOM USE IN THE CALENDAR Col. 5. RECORD X FOR NON CONDOM USE.

11.10 What was the main reason why you used a condom on that occasion?

WANTED TO PREVENT DISEASE.....	01
WANTED TO PREVENT PREGNANCY.....	02
WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY.....	03
DID NOT TRUST PARTNER/ THOUGHT HE HAD OTHER PARTNEF.....	04
PARTNER REQUESTED/ INSISTED.....	05
WAS HAVING MY PERIODS.....	06
OTHER REASONS (specify)_____	96

11.11 Have you ever experienced any problems with using condoms?

YES.....	1
NO.....	2 → 11.14

11.12 What problems have you experienced using condoms?

Condom broke.....	1	} 11.14
Condom too large.....	2	
Condom slipped off...	3	
Diminished pleasure..	4	
Other (specify).....	6	

11.13 What are the reasons why you didn't use a condom the last time you had sex? **FW, NB: MULTIPLE RESPONSES ALLOWED. DO NOT PROBE.**

TOO EXPENSIVE.....	A
EMBARRASSING TO BUY/ OBTAIN.....	B
DIFFICULT TO DISPOSE OF.....	C
DIFFICULT TO PUT ON/ TAKE OFF.....	D
SPOILS THE MOOD.....	E
DIMINISHES PLEASURE.....	F
PARTNER OBJECTS/ DOES NOT LIKE.....	G
INCONVENIENT TO USE/ MESSY.....	H
OTHER specify.....	96

11.14 Where do you usually get the condoms?

FW, NB: ONLY ONE RESPONSE ALLOWED. DO NOT PROBE.

GOVERNMENT HOSPITAL/ HEALTH CENTER/ CLINIC.....	01
PRIVATE HOSPITAL/ HEALTH CENTER/ CLINIC..	02
MOBILE CLINIC/ UNIT.....	03.
NGO/ CBO.....	04
COMMUNITY BASED DISTRIBUTOR.....	05
SHOP/ KIOSK.....	06
FRIENDS/ RELATIVES.....	07
OFFICE.....	08
OTHER specify.....	96

11.15 Do you use condoms always, often, rarely or not at all?

ALWAYS.....	1
OFTEN.....	2
RARELY.....	3
NOT AT ALL....	4

11.16 I will now read some statements about condom use. Please tell me if you agree or disagree with each.

	AGREE	DISAGREE	D/K
a. Condoms diminish a man's sexual pleasure.....	1	2	8
b. It's okay to re-use a condom if you wash it.....	1	2	8
c. Condoms protect against disease.....	1	2	8
d. Buying condoms is embarrassing.....	1	2	8
e. A woman has no right to tell a man to use a condom...	1	2	8
f. Condoms contain HIV.....	1	2	8

11.17 In your opinion, is it acceptable or unacceptable for condoms to be advertised in the following media/ ways?

	Acceptable	Not Acceptable	D/K
ON THE RADIO.....	1	2	8
ON THE TELEVISION.....	1	2	8
IN THE NEWSPAPERS.....	1	2	8
TO ADOLESCENTS.....	1	2	8
ON BILLBOARDS.....	1	2	8

AT THE END OF THIS MODULE GO TO 15.0 (MIGRATION AND POVERTY SECTION)

13.0a ENDINGS

13.1 RESULT OF MODULE 1(CODE SHEET A⁸) [OTHER - SPECIFY]

13.2 RESULT OF MODULE 2 (CODE SHEET A⁸) [OTHER - SPECIFY]

13.3 RESULT OF MODULE 3(CODE SHEET A⁸) [OTHER - SPECIFY]

13.4 RESULT OF MODULE 4 (CODE SHEET A⁸) [OTHER - SPECIFY]

13.5 END TIME

13.6 RECORD ANY GENERAL COMMENTS

.....

.....

MODULE 4: ANTHROPOMETRIC MEASUREMENTS, MIGRATION & POVERTY SECTION
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT

12.0 ANTHROPOMETRIC MEASUREMENTS

Now I would like to take anthropometric measurements of you and your baby.

4.1 RECORD CHILD'S NAME.....

12.1 START TIME

12.1a DATE (dd/mm/yyyy)

12.2 Is the respondent the mother of the child? Yes..... 1
CIRCLE AS APPROPRIATE No..... 2

LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.3 ENTER THE MEASURED **LENGTH** OF THE CHILD (TO THE NEAREST 0.1CM) .

WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATIONS IN YOUR MANUAL)

WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.

12.4 ENTER THE **WEIGHT OF THE MOTHER/CARER** IN KG .

12.5 ENTER THE **COMBINED WEIGHT OF THE MOTHER/CARER AND THE CHILD** IN KG .

12.6 ENTER THE **WEIGHT OF THE CHILD** IN KG .

MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.7 ENTER THE MEASURED CHILD'S **CIRCUMFERENCE** (TO THE NEAREST 0.1CM) .

CHECK 12.2, IF 2 SKIP TO 12.14

12.9 ENTER THE **HEIGHT OF THE MOTHER** IN CM (TO THE NEAREST 0.1CM) .
 (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)

12.13 ENTER THE MEASURED MOTHER'S **CIRCUMFERENCE** (TO THE NEAREST 0.1CM) .

12.14 IF CHILD was not examined, what are the reasons for not examining the child?

Child unwell	1
Child away	2
Child sleeping	3
Other (specify)	6
Refusal	7
Don't know	8

12.8 HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1
CIRCLE THE APPROPRIATE RESPONSE No..... 2

13.0 ENDINGS

13.7 ANTHROPOMETRIC MEASUREMENTS: END TIME

13.8 **RECORD ANY GENERAL COMMENTS**

.....

15.0 MIGRATION AND POVERTY

I would like to ask you questions regarding your stay in Korogocho/Viwandani.

- 15.1 For how long have you lived in Korogocho/Viwandani?
- | | | |
|----------------------------|----|--------|
| Months | | |
| Years | | |
| Has always lived here..... | 91 | → 15.4 |
| Can't remember..... | 98 | |
- 15.2 Where did you live before coming to Korogocho/Viwandani?
- | | |
|-------------------------------|----|
| DSA (Viwandani/Korogocho) | 01 |
| Non DSA (Korogocho/Viwandani) | 02 |
| Other Nairobi slum | 03 |
| Nairobi non-slum | 04 |
| Other urban area | 05 |
| Rural Kenya | 06 |
| Outside Kenya | 07 |
- 15.3 What is the MOST important reason why you moved from (Name of place) **CODE SHEET B¹**
- 15.4 What is the likelihood that you will stay in Korogocho/Viwandani for the next one year?
PROMPT, IF RESPONDENT DOESN'T ANSWER READ OUT THE OPTIONS;
- | | | |
|------------------------|---|--------|
| Very likely..... | 1 | → 15.7 |
| Somewhat likely..... | 2 | |
| Somewhat unlikely..... | 3 | |
| Very unlikely..... | 4 | |
| Don't know..... | 8 | |
- 15.5 If you left Korogocho/Viwandani where would you likely go?
- | | |
|------------------------------------|----|
| DSA (Viwandani/Korogocho)..... | 01 |
| Non DSA (Korogocho/Viwandani)..... | 02 |
| Other Nairobi slum..... | 03 |
| Nairobi non-slum..... | 04 |
| Other urban area..... | 05 |
| Rural Kenya..... | 06 |
| Outside Kenya..... | 07 |
- 15.6 What would be the main reason for you to leave? **CODE SHEET B³**
- Other (Specify) _____
- 15.7 We would like to contact you if you moved from here. Would you be willing to give me a phone number that we can use to contact you?
- | | |
|----------|----------|
| Yes..... | 1 |
| No..... | 2 → 15.9 |
- 15.8 Please give me a telephone contact where we can reach you.
- Now I would like to ask you questions relating to your engagement in economic activities**
- 15.9 **FW: CHECK 15.1, IF 91 SKIP TO 15.10 ELSE ASK:**
- You have already told me that you moved to Korogocho/Viwandani from (NAME OF PLACE). **CODE SHEET B²**
- What is the main income generating activity you were engaged in at your previous place of stay?
- Other (Specify) _____
- FW: USE ACTUAL MONTHS TO ASK THIS QUESTION**
- 15.10 In the last 4 weeks have you worked for cash or payment in kind?
FW: PROBE FOR WORK PAID IN BOTH CASH AND KIND
- | | |
|----------|-----------|
| Yes..... | 1 |
| No..... | 2 → 15.18 |
- 15.11 What work were you mainly engaged in?
- | | |
|---------------------------|---|
| Salaried..... | 1 |
| Casual..... | 2 |
| Piecework/daily work..... | 3 |
| Own business..... | 4 |
| Other (specify) _____ | 6 |

15.12 Where did you do this activity?

Same slum..... 01
Other slum..... 02
Elsewhere in Nairobi..... 03
Outside Nairobi..... 04
Foreign country..... 05
Other (specify) _____ 96

15.13 How long does it take you to get to the place of work?

Minutes
Hours

15.14 What means of transportation do you use to get to this place?

Walk..... 1
Bicycle..... 2
Motorcycle..... 3
Matatu/car..... 4
Other (specify) _____ 6

15.15 On average, how many days during this month (4 weeks) did you do this activity? Days

15.16 On average, how many hours per day did you do this activity? Hours
ASK THE RESPONDENT FOR AVERAGE DAYS/HOURS

5.17a How much money did you earn from this activity at the end of the month?

RECORD 00 IF MOTHER DID NOT EARN ANYTHING IN CASH/ (Cash) Kshs.

KIND

RECORD 98 IF DON'T KNOW

(Kind) Kshs.

01	Less than 250 KSh	06	2,500-4,999 Ksh
02	250 - 499 KSh	07	5,000-7,499 Ksh
03	500 - 749 KSh	08	7,500-9,999 Ksh
04	750 - 999 KSh	09	10,000-14,999 Ksh
05	1,000-2,499 Ksh	10	15,000-20,000 Ksh
		11	Above 20,000 Ksh

Total Kshs.

FW: USE ACTUAL MONTHS TO ASK THIS QUESTION

15.18 In the 3 months preceeding the last one month, were you engaged in any income generating activity?

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

CHECK IF 15.10 IS 1 OR 15.18 IS 1 ASK, ELSE SKIP TO 13.0

15.19 When you are at work, who takes care of the child?

Takes baby with me to work 01
Takes baby to a day care center 02
Takes baby to a relative or neighbor's house..... 03
Leaves baby in the house with a househelp..... 04
Leaves baby in the house with other family member.. 05
Leaves baby in the house alone 06
Other (specify) _____ 96

13.32 RECORD ANY GENERAL COMMENTS

.....

16.0 CALL BACKS

	D	D	M	M	Y	Y	Y	Y
16.1 RESULT OF INTERVIEW 1 ST ATTEMPT (CODESHEET A⁸)								
COMMENT _____								
16.2 RESULT OF INTERVIEW 2 ND ATTEMPT (CODESHEET A⁸)								
COMMENT _____								
16.3 RESULT OF INTERVIEW 3 RD ATTEMPT (CODESHEET A⁸)								
COMMENT _____								
.....								
16.4 RESULT OF INTERVIEW 4 TH ATTEMPT (CODESHEET A⁸)								
COMMENT _____								
.....								

14.0 OFFICE/FIELD CHECK DETAILS

14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

14.2 DATA ENTRY CLERK'S CODE

EXPOSURE CALENDAR

INSTRUCTIONS		YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL.2 Q8.6	COL.3 Q5.9	COL.4 Q9.5	COL 5 Q11.9	COL 6 Q9.6	COL.7 Q9.7	ORDE	MONTH	YEAR
COL 1	Q. 8.4:How many months after birth of (name) did you have your first period?	2	09 SEP	01									01 SEP	2
		0	10 OCT	02									02 OCT	0
	A POST PARTUM AMENORRHOEA	6	11 NOV	03									03 NOV	6
	B WHEN CHILD WAS BORN		12 DEC	04									04 DEC	
	P WHEN WOMAN WAS PREGNANT		01 JAN	05									05 JAN	
	M MENSTRUATION		02 FEB	06									06 FEB	
	MX EXPECTING MENSTRUATION IN THE MONTH		03 MAR	07									07 MAR	
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		04 APR	08									08 APR	
		2	05 MAY	09									09 MAY	2
		0	06 JUN	10									10 JUN	0
COL.2	Q 8.6: Since resuming sex, have you had sex in..... (FW: name month after birth of NAME)	0	07 JUL	11									11 JUL	0
	S RECORD S ON THE MONTH SHE HAD SEX	7	08 AUG	12									12 AUG	7
	X WHEN THERE WAS NO SEX													
	B INDICATE B WHEN CHILD WAS BORN		09 SEP	01									01 SEP	
			10 OCT	02									02 OCT	
COL.3	Q.5.10:FW CHECK Q8.9 For how many months did you breastfeed (NAME)?		11 NOV	03									03 NOV	
	B RECORDED IN MONTHS SHE BREASTFED CHILD		12 DEC	04									04 DEC	
	D RECORD D IN MONTH WHEN CHILD DIED & THEREAFTER		01 JAN	05									05 JAN	
	BN WHEN CHILD WAS NEVER BREASTFED		02 FEB	06									06 FEB	
	X IN MONTHS WHEN BREASTFEEDING STOPPED		03 MAR	07									07 MAR	
	P MONTHS WHEN SHE WAS/IS PREGNANT		04 APR	08									08 APR	
		2	05 MAY	09									09 MAY	2
		0	06 JUN	10									10 JUN	0
		0	07 JUL	11									11 JUL	0
COL.4	Q.9.5: Which method have you used since the birth of (NAME)? PROBE FOR ALL MONTHS	8	08 AUG	12									12 AUG	8
	A FEMALE STERILISATION													
	B MALE STERILISATION		09 SEP	01									01 SEP	
	C PILL		10 OCT	02									02 OCT	
	D IUD		11 NOV	03									03 NOV	
	E INJECTABLES		12 DEC	04									04 DEC	
	F CONDOM		01 JAN	05									05 JAN	
	G FEMALE CONDOM		02 FEB	06									06 FEB	
	H DIAPHRAGM		03 MAR	07									07 MAR	
	I FOAM/JELLY		04 APR	08									08 APR	
	J LACTATIONAL AMENORRHOEA METHOD	2	05 MAY	09									09 MAY	2
	K RHYTHM METHOD	0	06 JUN	10									10 JUN	0
	L WITHDRAWAL	9	07 JUL	11									11 JUL	9
	M IMPLANTS		08 AUG	12									12 AUG	
	N EMERGENCY CONTRACEPTION													
	O OTHER METHODS		09 SEP	01									01 SEP	
	X WHEN NO METHOD IS USED		10 OCT	02									02 OCT	
			11 NOV	03									03 NOV	
COL.5	Q.11.3: During the time engaged in sex did you or your partner use a condom?		12 DEC	04									04 DEC	
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM		01 JAN	05									05 JAN	
	Add A-ALWAYS; S-SOMETIMES; N-NEVER		02 FEB	06									06 FEB	
	Check Col.2 when she had sex.		03 MAR	07									07 MAR	
			04 APR	08									08 APR	
	X INDICATE X WHEN THERE WAS NO SEX	2	05 MAY	09									09 MAY	2
		0	06 JUN	10									10 JUN	0
		1	07 JUL	11									11 JUL	1
		0	08 AUG	12									12 AUG	0
COL.6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5)													
	FW NB: MORE THAN 1 RESPONSE ALLOWED.		09 SEP	01									01 SEP	
	A DOCTOR ADVISED THIS METHOD		10 OCT	02									02 OCT	
	B HAS LITTLE SIDE EFFECTS		11 NOV	03									03 NOV	
	C PARTNER IS NOT AWARE OF IT		12 DEC	04									04 DEC	
	D BECAUSE RESPONDENT LIKES IT		01 JAN	05									05 JAN	
	E CONVENIENT TO USE		02 FEB	06									06 FEB	
	F KNOWS NO OTHER METHOD		03 MAR	07									07 MAR	
	G KNOWS NO SOURCE OF WHERE TO GET OTHERS		04 APR	08									08 APR	
	H COST IS/ IS NOT TOO MUCH	2	05 MAY	09									09 MAY	2
	I PARTNER REQUESTED OR INSISTED	0	06 JUN	10									10 JUN	0
	J HEALTH CONCERNS	1	07 JUL	11									11 JUL	1
	K OTHER REASONS		08 AUG	12									12 AUG	
	X INDICATE X WHEN NO CONTRACEPTION WAS USED													
			09 SEP	01									01 SEP	
			10 OCT	02									02 OCT	
COL.7	Q 9.7: Why did you stop using the previous method? (i.e. change from the one you were using before)		11 NOV	03									03 NOV	
	A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY		12 DEC	04									04 DEC	
	B BECAME PREGNANT WHILE USING		01 JAN	05									05 JAN	
	C HAD SIDE EFFECTS		02 FEB	06									06 FEB	
	D WANTED TO BECOME PREGNANT	2	03 MAR	07									07 MAR	2
	E HUSBAND/ PARTNER DISAPPROVED	0	04 APR	08									08 APR	0
	F WANTED MORE EFFECTIVE METHOD	1	05 MAY	09									09 MAY	1
	G HEALTH CONCERNS	2	06 JUN	10									10 JUN	2
	H LACK OF ACCESS/ TOO FAR		07 JUL	11									11 JUL	
	I COSTS WERE TOO MUCH		08 AUG	12									12 AUG	
	J INCONVENIENT TO USE													
	K FATALISTIC													
	L DIFFICULT TO GET PREGNANT/ MENOPAUSAL													
	M MARITAL DISSOLUTION/ SEPARATION													
	N DON'T KNOW													
	O OTHER REASONS													