

**ENGLISH**  
AFRICAN POPULATION AND HEALTH RESEARCH CENTER      **IVP ID**      **30,201**  
HEALTH SYSTEMS AND CHALLENGES  
IVP PROJECT - **IVP PANEL SURVEY 2 (COHORT 1)**  
**Update1 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:**

We last visited you between **Feb 2011/July 2011** when we asked about your family and took your child's height and weight measurements. We are here again today to ask some more questions about how you and your family are getting along. 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 thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year 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 1.2a
- 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 A<sup>6</sup>)
- 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 A<sup>7</sup>)(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. IF NOT CHILDS MOTHER SKIP TO 4.0**

- 2.17 In the last pregnancy, did you know what an OBA voucher is? 1 → 2.19  
(This is the voucher that pregnant women are given to assist them in payment of hospital bill at the time of delivery).  
Yes..... 1  
No..... 2
- 2.18 And now, do you know what an OBA voucher is? } → 2.29a  
Yes..... 1  
No..... 2
- 2.19 Did you buy the OBA voucher when you were pregnant? → 2.27  
Yes..... 1  
No..... 2
- 2.20. How much did you pay for it? Kshs.....
- 2.21 Did you make use of the OBA voucher? 1 → 2.26  
Yes..... 1  
No..... 2

2.22a What services were you given when you used the OBA voucher?		<b>Y</b>	<b>N</b>
MULTIPLE RESPONSES ALLOWED	01 Ante natal care	1	2
	02 Normal delivery	1	2
	03 Caesarian section	1	2
	04 Post natal care	1	2
	05 Vaccination for the baby	1	2
	06 Family planning	1	2
	96 Other (specify) .....	1	2
2.23 Besides using this voucher, were you charged any other amount?	Yes.....	1	
	No.....	2	→ 2.26
2.24 How much were you charged?	Kshs.....		
2.25a For what services was this amount charged?		<b>Y</b>	<b>N</b>
MULTIPLE RESPONSES ALLOWED	01 Ante natal care .....	1	2
	02 Normal delivery.....	1	2
	03 Caesarian section .....	1	2
	04 Post natal care .....	1	2
	05 Vaccination for the baby .....	1	2
	06 Family planning .....	1	2
	07 Delivery materials/equipments	1	2
	08 Vaccination card .....	1	2
	96 Other (specify) .....	1	2
2.26 Where did you obtain the OBA voucher from?	Community Health Workers.....	1	} → 2.28
	Traditional Birth Attendants.....	2	
	Chief/ Assitant Chief's office.....	3	
	Health Facility.....	4	
	HF Name .....		}
	HF Code.....		
	Location .....		
2.27 Why did you not buy an OBA voucher?	Not aware that they were selling.....	01	} → 2.29a
	OBA voucher got finished.....	02	
	HF does not sell.....	03	
	I did not have the money.....	04	
	Did not know where to get it.....	05	
	Suspicious about OBA voucher...	06	
	Other.....	96	
	Specify .....		
2.28 CHECK IF 2.21 IS 2 ASK, ELSE GO TO 2.29	Did not make it to hospital.....	01	
Why did you not use the OBA voucher?	I lost the OBA voucher.....	02	
	HF staff refused to accept it.....	03	
	HF does not allow OBA voucher.....	04	
	Other .....	96	
	Specify .....		

2.29a I am going to read you some statements about the OBA Voucher. Please tell me if you strongly agree, just agree, disagree or strongly disagree with each statement		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
1. It is very easy to obtain an OBA Voucher	1	2	3	4	5	
2. OBA Voucher is given indiscriminately	1	2	3	4	5	
3. Women are suspicious of the OBA Voucher	1	2	3	4	5	
4. The OBA is really helpful to poor/needly women	1	2	3	4	5	
5. OBA Voucher enables safe delivery in hospital	1	2	3	4	5	
6. OBA guarantees high quality services	1	2	3	4	5	
7. It is cheap to deliver using an OBA Voucher	1	2	3	4	5	
8. Health workers pay close attention to women with OBA Vouchers	1	2	3	4	5	
9. Information on OBA Vouchers is easily available	1	2	3	4	5	

**FW: READ EACH STATEMENT AT A TIME AS YOU RECORD THE RESPONSE**

**KEY:**  
**SA** = STRONGLY AGREE  
**A** =AGREE  
**N** =NEUTRAL  
**D** =DISAGREE  
**SD** = STRONGLY DISAGREE

2.8a Place of delivery at Initial Survey.	2.8a) Initial Survey	
2.30. CHECK IF 2.17 IS 2, 2.19 IS 2 or 2.21 IS 2 ASK, ELSE GO TO 4.0	Yes, in cash.....	1
Did you pay anything in cash or kind during delivery?	Yes, in kind.....	2
	Yes, both in kind & cash.....	3
	No.....	4 → 4.0
2.31 How much in total were you charged for delivery?	Kshs.....	
FW: IF SOMETHING WAS PAID/ GIVEN IN KIND, ASK RESPONDENT TO ESTIMATE MONETARY VALUE.		

**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.

4.6 Where is (NAME)?	Child at home .....	1	} → 5.0
CIRCLE THE APPROPRIATE RESPONSE	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)

4.8 Was (NAME) ill before he/she died?	Yes.....	1
CIRCLE THE APPROPRIATE RESPONSE	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.

<b>Questions and Filters</b>	<b>Coding Categories</b>	<b>Skip to</b>
5.1 Has (NAME) ever been breastfed/ Was (NAME) ever breastfed?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 5.3  → 5.12
5.9 FW: CHECK 4.6: IF CHILD IS DEAD, SKIP TO <b>Q5.23</b> Is (NAME) still breastfeeding?	Yes..... 1 No ..... 2 Don't Know..... 8	 → 5.10 → 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	
<b>SKIP TO Q5.12</b>		
5.23 Was (NAME) still breastfeeding?	Yes..... 1 No ..... 2 Don't Know..... 8	→ 5.12  → 5.12
5.10 For how long did (NAME) breastfeed? 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. IF DON'T KNOW, CIRCLE '98'	Days..... Weeks..... Months..... Don't Know..... 98	
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	

5.12a FW: CHECK Q.4.6: IF CHILD IS DEAD SKIP TO 6.0

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

Yes..... 1  
 No ..... 2  
 Don't Know..... 8 } → 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.....  
 Semi-solids..  
 Don't know..... 98 } 5.25

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)_____			

**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?

- 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

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

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 A<sup>9</sup>)** for the reason in the space provided.

		D	D	M	M	Y	Y	Y	Y	Main Reason	Code
BCG										BCG	
Pentavalent 1										Pentav1	
Pentavalent 2										Pentav2	
Pentavalent 3										Pentav3	
Oral Polio Birth Dose										OPV0	
Oral Polio 1st Dose										OPV1	
Oral Polio 2nd Dose										OPV2	
Oral Polio 3rd Dose										OPV3	
Pneumococcal Dose 1										PCV1	
Pneumococcal Dose 2										PCV2	
Pneumococcal Dose 3										PCV3	
Measles										Measles	
Yellow Fever										Yellow	
Vitamin A Dose 1	06 Months									VAS1	
Vitamin A Dose 2	12 Months									VAS2	
Vitamin A Dose 3	18 Months									VAS3	
Vitamin A Dose 4	24 Months									VAS4	
Vitamin A Dose 5	30 Months									VAS5	
Vitamin A Dose 6	36 Months									VAS6	
Deworming										Deworm	
Other Vaccines 1	_____									OTH1	
Other Vaccines 2	_____									OTH2	
Other Vaccines 3	_____									OTH3	
Other Vaccines 4	_____									OTH4	
Other Vaccines 5	_____									OTH5	

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 } 6.9  
 Don't Know..... 8

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 } 6.26  
 Don't Know..... 8

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 } 6.12  
 Don't Know..... 8

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 } 6.21  
 Not yet 6 months..... 3  
 Don't Know..... 8

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
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**POLIO**

6.22	Has (NAME) received any POLIO vaccinations during national immunisation day / immunisation campaign?	POLIO 1 POLIO 2 POLIO 3 POLIO 4 POLIO 5	D D M M Y Y Y Y
	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?	VAS 1 VAS 2	D D M M Y Y Y Y
	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?	VAS 1 VAS 2 VAS 3 VAS 4 VAS 5	D D M M Y Y Y Y
	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 ?	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
DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	

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



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

Fever          Diarrhea          Cough          Cough +  
Rapid Breath          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.

a                  b                  c                  d                  e

7.7a Why was care not sought outside the home for (illness) / or at health facility? (CODE SHEET A<sup>4</sup>)  
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**

Other (specify) \_\_\_\_\_

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

a                  b                  c                  d                  e

7.9 Where was treatment sought?  
RECORD CODE OF FACILITY. (CODE SHEET A<sup>2</sup>).

a                  b                  c                  d                  e

1.2a

Other (specify) \_\_\_\_\_

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

a                  b                  c                  d                  e

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).

a                  b                  c                  d                  e

7.12 IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT; ASK  
Where did you seek care next? RECORD CODE OF THE FACILITY. (CODE SHEET A<sup>2</sup>)

a                  b                  c                  d                  e

Other (specify) \_\_\_\_\_

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 A<sup>3</sup>)  
FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE  
PROCEED TO 7.24

a                  b                  c                  d                  e

Other (specify) \_\_\_\_\_

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:

a                  b                  c                  d                  e

7.14 Why was (NAME) not taken for a follow up visit/ not taken to another facility where  
he/ she was referred (CODE SHEET A<sup>4</sup>)  
RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.24

Other (specify) \_\_\_\_\_

7.24 Has (NAME) ever been ill with measles since birth/previous interview?

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

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

7.25 Has (NAME) ever been ill with whooping cough since birth/previous  
interview?

**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? YES..... 1 MOST SERIOUS ILLNESS  
 CIRCLE 1 =YES, 2 = NO, 8 = DON'T KNOW NO..... 2  
 IF "1" RECORD CODE OF ILLNESS IN THE BOX(CODE SHEET A<sup>5</sup>). IF MORE THAN ONE ILLNESS, DON'T KNOW..... 8  
 PROBE AND RECORD THE MOST SERIOUS ILLNESS. Other (specify) \_\_\_\_\_

7.18 FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was YES..... 1  
 ORS (sugar and salt solution) prepared for him/her? 1 =YES, 2 = NO, 8 = DON'T KNOW 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 A<sup>10</sup>)

7.22 Where was child hospitalized? RECORD THE HEALTH FACILITY CODE  
 CODESHEET A<sup>2</sup> Specify \_\_\_\_\_

7.23 For how many days was NAME hospitalized?

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, separated, divorced, widowed or never married?	Currently Married.....	01
	Living together.....	02
	Separated.....	03
	Divorced.....	04
	Widowed.....	05
	Never married.....	06

## 15.0 MIGRATION AND POVERTY

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

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)	<b>CODE SHEET B<sup>1</sup></b>		
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?	<b>CODE SHEET B<sup>3</sup></b>		
	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 at 1.2a

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 B<sup>2</sup>**

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

15.17a 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

**13.0 ENDINGS**

13.1 RESULT OF MODULE 1(CODE SHEET A<sup>8</sup>) [OTHER - SPECIFY .....]

13.2 RESULT OF MODULE 2 (CODE SHEET A<sup>8</sup>) [OTHER - SPECIFY .....]

13.3 RESULT OF MODULE 3(CODE SHEET A<sup>8</sup>) [OTHER - SPECIFY .....]

13.4 RESULT OF MODULE 4(CODE SHEET A<sup>8</sup>) [OTHER - SPECIFY .....]

13.5 END TIME

**13.6 RECORD ANY GENERAL COMMENTS**

.....  
.....

**MODULE 4: ANTHROPOMETRIC MEASUREMENTS 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**

.....  
.....

**16.0 CALL BACKS**

D D M M Y Y Y Y

16.1 RESULT OF INTERVIEW 1<sup>ST</sup> ATTEMPT (**CODESHEET A<sup>8</sup>**)  
COMMENT \_\_\_\_\_

DATE

16.2 RESULT OF INTERVIEW 2<sup>ND</sup> ATTEMPT (**CODESHEET A<sup>8</sup>**)  
COMMENT \_\_\_\_\_

DATE

16.3 RESULT OF INTERVIEW 3<sup>RD</sup> ATTEMPT (**CODESHEET A<sup>8</sup>**)  
COMMENT \_\_\_\_\_

DATE

16.4 RESULT OF INTERVIEW 4<sup>TH</sup> ATTEMPT (**CODESHEET A<sup>8</sup>**)  
COMMENT \_\_\_\_\_

DATE

**14.0 OFFICE/FIELD CHECK DETAILS**

14.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

14.2 DATA ENTRY CLERK'S CODE