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| Institute for International Programs – Johns Hopkins University |
| **Interviewer Manual****Coverage Survey** |
| *Version [#], [DATE]* |

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Adapted from DHS / MICS Interviewer Manuals

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# 1. Introduction

The Real Accountability: Data Analysis for Results (RADAR) Coverage Survey is a streamlined household survey tool developed by the Institute for International Programs (IIP) at the Johns Hopkins University Bloomberg School of Public Health to measure priority reproductive, maternal, newborn, and child health (RMNCH) coverage indicators for Global Affairs Canada’s (GAC) investments in RMNCH. This tool is based primarily on standard questions drawn from the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). These survey programs provide high quality coverage data, generally at regional level, approximately every 5 years. The RADAR survey tool was developed to be implemented by programs in order to track changes in coverage in their program (and comparison) areas over the course of program implementation.

This manual has been prepared to provide all the basic information needed to guide interviewers who will collect data for the RADAR coverage survey. Interviewers and supervisors for the survey should study this manual and the accompanying questionnaires carefully during their training. The manual should be checked as a reference throughout data collection.

## a. Objectives of the Survey

**[Insert the specific context and objectives of your survey here]**

## b. Survey Organization and Format

The survey is organized into four separate questionnaires. These are 1) a household questionnaire 2) a questionnaire for individual women 3) a questionnaire for children under 5 and 4) a questionnaire for individual men. The Household Questionnaire is completed for every household that is included as part of the selected sample. From the Household Questionnaire, the interviewer will identify all eligible women, children and men for inclusion in woman’s, child’s, and man’s questionnaires. The Woman’s Questionnaire is completed for every woman between the ages of 15 and 49 years that lives in the selected households or slept there the previous night. The Child’s Questionnaire is completed for every child between the ages of 0 and 5 years that lives in the selected households or slept there the previous night. The Man’s Questionnaire is completed for every man between the ages of 15 and 49 years that lives in or slept the previous night in the household.

The specific modules included in each questionnaire are listed below:

**Table 1: Components of the survey questionnaires**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Questionnaire**(1 per household) | **Woman’s Questionnaire**[Adapt number/woman to survey needs] | **Child’s Questionnaire**[Adapt number/child to survey needs] | **Man’s Questionnaire**[Adapt number/man to survey needs] |
| * Household Information Panel
* List of Household Members
* Household Assets
* Water and Sanitation
* Observations on Household Questionnaire
 | * Woman’s Information Panel
* Woman’s Information
* Fertility
* Antenatal and Childbirth Module
* Postnatal Care
* Family Planning
* Work and Decision Making
* Observations on Woman Questionnaire
 | * Child’s Information Panel
* Child’s Information
* Breastfeeding and Nutrition Module
* Child Immunization Module
* Vitamin A Module
* Cough and Fever Module
* Diarrhea Module
* Optional Birth Registration Module
* Optional Anthropometry Module
* Observations on Child’s Questionnaire
 | * Man’s Information Panel
* Man’s Information
* Family Planning
* Work and Decision Making
* Man’s Opinions and Attitudes
* Observations on Man Questionnaire
 |

## c. Target Population

Participants in the survey are the heads of each household or any other adult member competent to respond to household questionnaire, women and men aged 15-49 years old and children aged 0-5 years old.

## d. Inclusion and Exclusion Criteria

**[Adapt section to your survey]**

A woman is eligible if she is aged 15-49 years at the date of the interview and resides in a household (usually lives there) or is a visitor (slept there the previous night) of a household that is selected as part of the survey sample. All women 15-49 years in selected households are eligible to be interviewed, unless they are unable to participate (e.g. mentally unable to understand survey questions, hearing-impaired, etc.). A child is eligible if he/she is between 0-5 years old and has a caretaker who is either 1) married or over the age of 17 or 2) between the ages of 15-17 and receives guardian permission. A man is eligible if he is between 15-49 years of age at the date of interview and if he resides in a selected household or slept there the previous night. The list of selected households will be provided to teams.

## e. Role of the Interviewer

The interviewer occupies the central position in the survey because he/she collects information from respondents. Therefore, the success of the survey depends on the quality of each interviewer’s work.

Data for this survey will be collected using computer-assisted personal interview (CAPI) software loaded onto tablets. Interviewers should be familiar with the steps for data collection using the CAPI data capture program.

In general, the responsibilities of an interviewer include the following:

* Locating the structures and households assigned, and completing the Household Questionnaire
* Identifying all eligible respondents in those households
* Interviewing all eligible respondents in the households
* Correctly recording all information in an electronic format, following all appropriate messages and instructions
* Transferring completed electronic data to the field supervisor for verification at the end of each day
* Reporting respondents who could not be interviewed during the initial visit and potentially returning to homes for interviews at a later date

These tasks will be described in detail throughout this manual. Separate manuals will be provided for instructions on the CAPI software.

## f. Training of Interviewers

Although some people are more adept at interviewing than others, any person can become a good interviewer through experience. Training consists of a combination of classroom training and practical and hands-on exercises. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid making mistakes or encountering problems during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and during actual interview situations.

Each trainee will receive the following materials:

* Interviewer’s Manual
* Ethics manual
* CAPI User Manual
* Interviewer Assignment Forms
* Consent Forms for household, women, men
* Household, Women’s, Child’s and Man’s questionnaires
* Tablet with CAPI data capture program (plus charger and related supplies)

Please ensure that you bring these materials each day during the training and to the field during fieldwork. You will be required to sign in and out your tablet daily.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role-playing in which you practice by interviewing another trainee. You will practice with the data capture program on the tablet.

Training will also include practice interviews in the field when you will actually interview household respondents and eligible women or men.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers and supervisors for the survey will be selected based on their test results and performance during the field practice. If you were not selected at the end of training, you may be called upon to act as back-up in the field at a later day, depending on necessity.

The training you receive as an interviewer does not end when the formal training period is completed. You will continue to learn and improve over the course of the survey and your training will progress each time a supervisor or project coordinator meets with you to discuss your work. This is particularly important during the first few days of fieldwork. As you encounter situations that were not addressed during training, it will be helpful to discuss them with your team. Other interviewers may be having similar experiences or challenges. Time spent discussing challenges and experiences together can benefit the whole team.

## g. Supervision of Interviewers

Training is a continuous process. Observation and supervision are a part of the training and data collection process for productive fieldwork. Team leaders and supervisors play a very important role in continuing your training and ensuring the quality of the survey data that are being collected. Your team leader and supervisor will:

* Assign a fair household workload for each interviewer on a daily basis
* Retrieve your completed work at the end of the day and assist you with transferring the data
* Spot-check some of the households selected for interviewing to be sure that you interviewed the correct households and the correct respondents
* Observe some of your interviews to ensure that you are asking the questions in the right manner and entering the answers correctly
* Review your survey data survey timing and track your whereabouts in the community to ensure efficiency and safety
* Meet with you (individually and/or with your team) on a daily basis to discuss performance and distribute future work assignments
* Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, dealing with difficult respondents, or using the equipment.

# 2. Guidelines for Conducting an Effective Interview

Successful interviewing is a skill which can be practiced but it should not be treated as a mechanical process. Each interview represents an exchange of information but it can also be an interesting and pleasant interaction. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of basic principles to follow in order to conduct successful and effective interviews.

## a. Building a good rapport with respondents

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other[[1]](#footnote-1). The respondent’s first impression of you will influence his or her willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. The following activities will help to establish a good rapport.

### Make a good first impression

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as “good afternoon” and then proceed with your introduction.

### Obtain consent

You must obtain a respondent’s informed consent for participation in the survey before you begin an interview. You will receive consent forms to read verbally to the survey respondents. The forms explain the purpose of the survey. They assure a respondent that his/her participation in the survey is completely voluntary and that it is his/her right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent form exactly as it is written before asking a respondent to participate in a household or individual interview.

You will have to obtain consent from:

* The respondent for the Household Questionnaire.
* All eligible women for the Women’s Questionnaire.
	+ If a woman is 15-17 years of age and UNMARRIED, you will have to obtain permission from her parents first and then ask the woman if she would like to participate (assent)
	+ If a woman is 15-17 years of age and MARRIED, you may obtain consent directly from the woman
	+ If a woman is 18-49 years of age, you may obtain consent directly from the woman regardless her marital status
* All eligible caretakers for the Child’s Questionnaire.
	+ If a caretaker is 15-17 years of age and UNMARRIED, you will have to obtain permission from his/her parents first and then ask the caretaker if they would like to participate (assent)
	+ If a caretaker is 15-17 years of age and MARRIED, you may obtain consent directly from the caretaker
	+ If a caretaker is 18-49 years of age, you may obtain consent directly from the caretaker regardless his/her marital status
	+ The child must be between 0-5 years of age
* All eligible men for the Man’s Questionnaire (in 50% of selected households).
	+ If a man is 15-17 years of age and UNMARRIED, you will have to obtain consent from his parents first and then ask the man if he would like to participate (assent)
	+ If a man is 15-17 years of age and MARRIED, you may obtain consent directly from the man
	+ If a man is 18-49 years of age, you may obtain consent directly from the man regardless his marital status

### Begin with a positive approach

Approach the respondent with a positive outlook and do not convey an apologetic tone. Do not begin by asking questions such as, “*Are you too busy?*” Such questions invite refusal before you start. Rather, tell the respondent, “*I would like to ask you a few questions*” or, “*I would like to talk with you for a few moments*.”

### Maintain confidentiality of participant’s responses

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential and that all of the information will be grouped together to write a report about households and the health of women, children and men in the area. To maintain confidentiality, you should never discuss information from other interviews with respondents or provide opportunities for respondents to see completed questionnaires, even if the questionnaires are from the same household. Do not show or discuss completed questionnaires with your supervisor or study coordinators in front of a respondent or any other person.

### Answer questions frankly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer. The respondent may also be concerned about the length of the interview. If they ask, tell the respondents that household interview usually takes about 30 minutes, the woman’s interview usually takes about 45 minutes, the child’s interview usually takes about 45 minutes and the man’s interview usually takes about 20 minutes. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions at the time when you arrive.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific treatment for fever. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview has ended.

### Interview respondent alone

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to feel more comfortable and he or she may be more attentive as you ask questions.

If it is impossible to ensure privacy, you may have to conduct the interview with the other people present. However, under such circumstances, it is important to remember that:

* If there is more than one eligible respondent in the household, you must not interview one in the presence of the other.
* Extra effort should be made to gain privacy if the other person who is present is of the opposite sex, particularly the person is a husband or wife.
* In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

## b. Conducting an interview

### Do not hurry or rush the interview

Ask the questions slowly to ensure that the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate his or her own opinion, they may hastily respond with, “*I don’t know*” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “*There is no hurry. Your opinion is very important, so consider your answers carefully.*”

### Remain neutral

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given the “right” or “wrong” answer to a question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to remain neutral. One answer is not more likely or preferred compared to another answer. If you fail to read the complete question as it is written, you may compromise that neutrality.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as:

 “*Can you explain a little more?”*

 “*I did not quite hear you; could you please tell me again?”*

 “*There is no hurry. Take a moment to think about it*.”

### Never suggest answers

If a respondent’s answer is not relevant to a question, do not prompt him or her by saying something like, “*I suppose you mean this. . . Is that right?”* In many cases, the respondent will agree with your interpretation of the given answer, even when that is not what he or she meant. Rather, you should probe in such a way that the respondent himself or herself comes up with a more appropriate answer. You should never read out the entire list of potential answers to the respondent, even if he or she is having trouble answering.

### Do not change wording or sequence of questions

The wording of the questions and their sequence in the questionnaire must be remain intact. If the respondent has not understood the question, you should repeat the question again slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

### Handle respondents tactfully

There will be difficult situations when a respondent simply says, “*I don’t know*,” provides an irrelevant answer, acts very bored or detached, or contradicts something he or she has said previously. In these cases, you must try to re-engage the person in the conversation. For example, if you sense that he or she is shy or feeling afraid, try to remove the shyness or fear before asking the next question. Spend a few moments briefly talking about things unrelated to the interview (such as, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop abruptly or rudely interrupt, but listen to what he or she has to say. Then try to steer him or her gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who is not intimidating and to whom he or she can say anything without feeling shy or embarrassed. As indicated earlier, gaining the respondent’s confidence may be challenging if there is a lack of privacy. This problem can be avoided if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of people from different areas and that the answers will all be merged together.

### Do not form expectations

You must not form expectations about the ability, knowledge, and responses of the respondent. Do not assume that respondents from a rural area or those who are less educated or illiterate do not know how to look after their health or the health of their children.

### Avoid technical distractions

You will be using an electronic tablet to enter the respondent’s information during the interview. Initially, the respondent may be curious about the tablet. In some areas, this may be the first tablet the respondent has ever seen. At the beginning of the interview, during the consent process, you will mention that a tablet will be used to record responses instead of writing by hand on paper. You may briefly show the respondent the tablet and demonstrate entering some data. During your demonstration, just focus on the data entry program. Do not show pictures other than those that are part of the questionnaire, as that will be a diversion from the interview process. Never discuss how much the tablet costs. The goal is to have the respondent be comfortable with you entering information into the tablet during the interview.

During the interview, try to keep your focus on the respondent – not the tablet. It may be very easy to get caught up if you are encountering technical problems or issues with the data entry program but do not ignore the respondent when working with the equipment. This distraction may be annoying and he or she may feel like you are wasting his or her time. If you are having problems with a specific question in the program, write down the response in your notebook and move on to the next question. You can go back and enter the response(s) after the interview is complete. If you are having an ongoing problem, excuse yourself from the interview while you resolve the issue with your team leader or supervisor. You may need to make an appointment with the respondent to come back at a different time to complete the interview.

## b. Language of the Interview

The questionnaires are written in English **[and local language, if applicable]**, and you can switch between these languages on the tablet. Although questions are written and only available in English **[and local language, if applicable]**, you may have to conduct an interview in another language **[give example of local language, if applicable]** whether the respondent speaks only that language and you are able to speak that language as well. One of the first things you do when you approach a household will be to establish the language spoken there. We will organize field teams so you have to work in an area where they speak your language, so there should be few cases in which the respondent(s) do not speak your language. If you do encounter a household or respondent that does not speak the same language as you, try to find out if the respondent(s) speak a language spoken by another member of your team. If so, talk to your supervisor so he or she can arrange for that person to conduct the interview.

If possible, avoid using interpreters as this not only undermines the quality of the interview, but also lengthens the time of the interviews. However, if the respondent(s) do not speak one of the languages ​​spoken by your team, you will need to press a third person to translate for you. Since the survey includes some sensitive issues, it is best to find women to serve as an interpreter for the Woman’s and Man’s Questionnaires. It is not recommended to use the husband of a respondent as a translator for woman’s questionnaire. Children are also unsuitable interpreters.

There may also be times when you have to adapt the questions to fit local dialects and local cultures. It is very important not to change the meaning of the question when you rephrase it or interpret it in another language.

# 3. Fieldwork procedures

Fieldwork for the survey is planned according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct fieldwork procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

## a. Preparing for fieldwork and assigning households

### Household Listing

A total of **[XX]** clusters have been randomly selected for inclusion in this study. At least one month before you will arrive in the hamlet, the mapping team will have visited each of these **[XX]** randomly selected hamlets included in the study sample in order to create a map showing the boundaries, key features, and all dwellings and structures that are present within the hamlet. During the mapping, an enumeration process will occur in order to list all of dwellings and households in the area. The list of households will include details about the name of the household head, how to contact the household head, and the location of the household. Mapping Assistants (MAs) will have informed the household about the study being conducted in the region and that the household may or may not be selected for interviews. Further mobilization and sensitization of the community regarding the survey will be conducted through local administrators and community meetings. From the list of all households within a hamlet, we will randomly select a sample of **[XX]** households from the household listing drawn up by the mapping team. From there, each of these **[XX]** households in the cluster (hamlet) will be approached at a later date by an interviewer to obtain consent and conduct the interviews (more details below).

### Interviewer Assignment Sheets (Paper)

Once the household listing has been completed in a given cluster, your supervisor will brief you on the work to be done. The supervisor will identify for you which of the **[XX]** sampled households in the cluster(s) and district/ward/village you will be responsible for interviewing, and will explain how to locate the structure and households assigned to you. Your supervisor will also identify for you which of the assigned households are eligible for man’s questionnaire. When they assign households to you, you should write the identification information (District, Ward, Village, and Cluster name and number, and your interviewer and team leader name and number) on the Interviewer’s Assignment Sheet (see Annex 1). The structure and household number and the name(s) of the head(s) of the household and phone number will be written in Columns (1A & 1B) and (2A and 2B). Column 3 will indicate whether or not the household was selected for a man’s questionnaire (Y or N).

Columns (4) through (10) of the Interviewer’s Assignment Sheet serve as a summary of the results of your work in the field for each household in the assigned dwellings / households. At the end of the day, you will be responsible for recording in these columns the final outcome for all household visits and individual interviews you conducted. Information in Column 10 may be written by your team leader in order to help you locate your assigned household or note any other important information that was found during the mapping process.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

* The identification information and Columns (1A & 1B) through (2A & 2B and 3) of your Interviewer’s Assignment Sheet are complete before you begin your day and that these columns and contain all the information you will need to identify the selected households.
* You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to locate them.
* You understand any special instructions from your supervisor about contacting the households you are assigned.
* You have a functioning Tablet that has a fully charged battery.
* You fill in the identification information on the cover page of each Household consent form from the Tablet application in the identification tab. Record this same number onto each Women’s consent form for every woman that is interviewed from that household.

After completing a household interview, you will record the following information in the appropriate columns in the Assignment Sheet:

Column (4): final result of the household interview;

Columns (5) and (6): line numbers of eligible women and the result of the interviews;

Columns (7) and (8): line number of eligible men and the result of the interviews;

Column (9): whether or not a callback was required for either the whole household or an eligible woman and/or man; and

Column (10): any comments you have that are relevant to the interview conducted

*Codes for column (4): 1 = completed 2 = No household member at home / no competent respondent, 3 = entire household absent for extended period, 4 = refused, 5 = dwelling vacant / address not a dwelling, 6 = dwelling destroyed, 7 = dwelling not found, 9 = other*

*Codes for column (6) and (8): 1 = completed, 2 = not at home, 3 = not competent, 4 = deferred, 5 = refused, 6 = not at home for an extended time, 7 = partially completed, 9=other.*

See [Section 3.b.](#_b._Contacting_households) for further detail on documenting the interview results.

The next step is to fill in the identification information for each eligible respondent identified in the Household Listing Form and recorded in Columns (5) and (7) on the Assignment Sheet.

Ensure that all details recorded on the Interviewer Assignment Sheet are the same as entered on your tablet. Your team leader will be responsible for verifying the information you record. Both the Assignment Sheet and the details entered into your tablet will be used to track information about the households and eligible respondents in each cluster. This information may also be used to revisit households, women, children and men for information at a later date, if unable to contact them on the first visit.

### Callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in a household. Sometimes a household member will not be available at the time when you first visit. In this case, you must return to the household at least once for a follow-up visit at a different time of the day. This will ensure that you maximize the possibility of successfully completing the individual interview. A third visit may be necessary in some cases, possibly on another day, as specified by your supervisor.

If a household is empty at the time of the first visit, continue with your next household and return to the other household at a later time. If you are unable to interview a respondent immediately, try to schedule a time to return the same day to the household when the person will be home and able to do the interview. If you are still unable to obtain an interview after two visits, record the result code in the CAPI program and the Interviewer Assignment Sheet. Please note information where possible about potential/usual availability if known by others in the home or neighbors. Inform your supervisor that you were unable to obtain the interview. Interviewers may be required to return to the area to complete missing interviews at a later date.

It is important that you fill in the visit record on the Interviewer’s Assignment Sheet, in the CAPI tool, and on all relevant questionnaires for each interview conducted accurately since this form provides a summary of all households and eligible respondents in the survey sample. For example, you may have successfully completed the Household Questionnaire, but one or more eligible women and/or men may not be present at the time of the interview. Be sure to record the following information on the result of the interview:

• The final result of the interview with the household and the eligible woman and/or man or about a child.

• Any observation about the effort to interview a household or respondent that may be helpful to your supervisor, such as: the reason the interview could not be completed, the location of the household, and the time you expect to callback to get an interview.

Your tasks will be retrieved from you by your team leader and will be submitted to the central office for review after completion of interviewing, and will be used to check that there are questionnaires completed for all identified households and eligible respondents.

### Confidentiality of questionnaires

You are responsible for seeing that the data are kept confidential. Do not share the results with other interviewers. Do not let anyone else use your tablet. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person (even if that person is not eligible for interview) you should notify your supervisor so that he/she can assign that household to another interviewer. You should not attempt to see the completed questionnaires or data for that household nor discuss the interview results with your colleagues. Prior to being hired as an interviewer, you will be asked to sign a confidentially agreement noting your understanding of the importance of maintaining confidentiality of data.

### Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day’s work. Some necessary supplies include:

* A functional and fully charged tablet with its charger and associated supplies
* Consent forms for each the household, women, child and men (adult, parental permission, and assent forms)
* Something hard to write on (clipboard)
* Interviewer Manual
* Ethics manual
* CAPI User Manual
* Interviewer Assignment Sheets
* Your personnel identification and an introductory letter explaining your purpose in the community
* A notebook to make notes or write down questions to ask the supervisor later
* Pens
* Literacy card
* Age Estimation Chart
* A bag to carry your tablet and materials

Please note that this equipment is heavy; participation as an interviewer will require a willingness and ability to carry these items safely while walking and/or riding over difficult terrain.

## b. Contacting households and eligible respondents

### Locating sample households

Prior to the survey, a household survey sensitization team will visit each of the selected hamlets where you will be conducting the survey and will create a map of the hamlet and listing of all households.

For this survey you will be collecting data from households. It is important that you understand the difference between a structure, dwelling, and household.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A dwelling unit is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a household consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases, one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered households.

In this survey, we are randomly selecting 30 households that have been drawn from a household listing of all households located within each of the **[XX]** clusters randomly sampled in **[location of the survey]**. Your supervisor will tell you which of these households are within your assigned area. All eligible respondents within those households, must be visited and interviewed. Your supervisor and/or local guide will assist you to identify the structures or households assigned to you and the names of the heads of those households. Although the supervisor of your team will be with you in the field, it may not always be possible for you to connect with him/her. It is important that you know how to locate the households that are located in the area you are assigned to.

### Problems in contacting a household

In some cases, you may have problems locating the households in the dwellings you were assigned. Here are examples of some problems you may find and how to solve them:

1. The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you, and note that in your questionnaire.

*Example*: You are assigned a household headed by Emmanuel Joseph located in dwelling number 007, and you find that Emmanuel Joseph’s household actually lives in dwelling 028. You should interview the household living in 007.

1. Two or more households are living in a dwelling. If multiple households are living in a mapped dwelling, you must interview all households in the dwelling. In this case, pay special care in defining the households and determining which individuals are in each household. Note all the households in the dwelling on the Interviewer Assignment Sheet.
2. The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.
3. The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the mapping process was completed. Interview the household that is living there now.
4. The house is closed up and the neighbors say the people who live there are at the farm or city or other (i.e. visiting, etc.) and will be back in several days or weeks. Enter ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD as the interview result. The house may be revisited at a later date to make sure that the household members have not returned.
5. A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter DWELLING VACANT OR ADDRESS NOT A DWELLING as the interview result.
6. A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter DWELLING DESTROYED as the interviewer result.
7. No one is home and neighbors tell you the family has gone to the market or a neighbor's home. Enter NO HOUSEHOLD MEMBER AT HOME OR NO MENTALLY COMPETENT HOUSEHOLD MEMBER AT HOME as the interview result, and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the survey sample in representing the population of the survey area depends on the interviewers locating and visiting all the households they are assigned.

### Identifying eligible respondents

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in the survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Woman’s or man’s Questionnaire.

All women aged 15-49 years and men aged 15-49 years in selected households who are either members of the household or visitors are considered eligible for the survey. It is very important that you do not miss an eligible respondent when you fill in the Household Listing Form.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

*Examples:* A female visitor who is between 15-49 years and who spent the previous night in the house and is away at the market when you arrive. If she is planning to return to the house after the market, she is eligible. You must make callbacks to interview her.

A woman is a usual resident in the household but she spent the previous night away at her sister’s house. She should be counted as a member of the household on the Household Listing Form and is eligible to be interviewed if she returns to the household. You may make callbacks to interview her if she is expected to return shortly.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

A child who sleeps in the household but eats meals in a different household. This child should be counted as a member of the household on the Household Listing Form and is eligible. Consider children as usual residents of the household where they sleep.

You must list all eligible respondents in a household on the Household Listing Form in the Household Questionnaire and in the Interviewer Assignment Sheet. If you cannot finish the interview for whatever reason, make a note on the Household Listing Form. Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible women or men. For such households, you will complete only Household Questionnaire with no accompanying Individual Women and Men Questionnaires.

### Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible person:

1. Eligible respondent not available. If the eligible respondent is not at home when you visit, select “NOT AT HOME” as the result for the visit (HH9) and ask a neighbor or family member when the respondent will return. You should contact the household at least one more time that day at a different time.
2. Respondent refuses to be interviewed. The respondent’s availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the consent form. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the respondent still refuses to be interviewed, select “REFUSED” as the result for the visit and report it to your supervisor.
3. Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again later in the day to obtain the missing information. Indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.
4. Respondent incompetent or incapacitated. There may be cases in which you cannot interview a person because they are too sick, he/she is mentally unable to understand the questions, or he/she is deaf, etc. In these cases, record NO COMPETENT as the result for the visit.

## c. Reducing nonresponse

One of the most serious problems in a survey of this type is non-response, that is, failure to obtain information for selected households or failure to interview eligible respondents. A serious bias could result if the level of non-response is high. One of the most important duties of both interviewer and field supervisor is to try to minimize this problem and to obtain the most complete set of information possible. In many cases, interviewers will need to make return visits to households later the same day or at a later date to reduce non-response. It is a time-consuming task and requires strict monitoring by the interviewer and the supervisor using the Interviewer and Supervisor Assignment Sheets.

The randomized selection for the enumeration areas (EAs) / clusters and households must be followed very carefully in order to ensure the success of the survey. Even a small deviation from the selected EAs/households may bias the results. The supervisors and coordinators will carefully keep track of household non-response rates; a non-response rate higher than 5% may indicate problems in field data collection.

Non-response may be classified into three basic types:

**Type 1** – the household in the selected dwelling cannot be located

**Type 2** – a respondent eligible for the individual interview cannot be located

**Type 3** – a respondent refuses to be interviewed.

Various ways of dealing with these types of non-response are discussed below.

### Type 1: The interviewer is unable to locate the household in the selected dwelling

1. ***Occupied structure/dwelling inaccessible****.* There may be some occupied structures for which no interviews can be made because of impassable roads, etc. The interviewer should immediately inform their team leader and defer the interview until later. In consultation with the supervisor, the team leader may ask the interviewer to make another attempt to reach the dwelling at a later date when the situation may have changed. Every effort should be made to access all households selected in the sampled area.
2. ***Dwelling not found****.* The interviewer must try several times to locate the structure using the household listing form, maps, etc. If the interviewer is still unsuccessful, he/she should inform his/her supervisor.

### Type 2: The interviewer is unable to locate the respondent eligible for the individual interview

1. ***No one home at time of call****.* The interviewer should make every effort to contact neighbors to find out when the members of the household will be at home or where they might be contacted. At least one visit in the same day should be made to locate the household members. A second visit may be necessary in some cases, as specified by the supervisor. In some cases, a third visit on another day may be made. Sometimes it may be necessary to call at mealtime, in the early morning, or later in the day. The interviewer should try to determine the preferred time or a time more likely to find the respondent at the household and increase the likelihood of a successful callback. The interviewer should not make “hit or miss” calls just to fill the quota of two visits.
2. ***Respondent temporarily absent or unable to complete the interview****.* The respondent may not be at home or may be unable to complete the interview at the time of the first call. If the respondent is temporally absent, the interviewer should find out from other household members or neighbors when the respondent can best be contacted, and a return visit should be made then. At least one attempt in the same day should be made to locate the respondent. A second visit during the same day may be necessary in some cases, as specified by the supervisor. A third attempt may be made on another day. If the respondent is not able to complete the entire interview during the initial visit, the procedure described above for returning to the household should be followed.

### Type 3: The respondent refuses to be interviewed

The number of refusals reported by each interviewer is closely monitored. If an interviewer reports an unusually high number of refusals, it may indicate that he or she gives up too easily or explains the survey inadequately. Suggestions for handling potential refusals include the following:

1. ***Approach respondents from their point of view****.* Refusals may stem from misconceptions about the survey or other prejudices. The interviewer must consider the respondent’s point of view, adapt to it, and reassure them.
2. ***Postpone interview to another time****.* If interviewers sense that he/she has arrived at an inconvenient or awkward time, he/she should try to leave before the respondent gives a final “no”; he/she can then return at another time when circumstances are more likely to result in a successful interview.

## d. Ensuring data quality

Collecting high quality data is the highest priority of the survey. High quality data means that the information collected reflects respondents’ actual situation. This manual and your training will prepare you to collect good quality data by ensuring that you are able to reach the correct households, identify all eligible persons for individual interview, ask the survey questions and follow instructions correctly, and record responses correctly.

The supervisor, and study coordinators have several ways of checking the quality of the data that interviewers have collected. They may observe interviews, conduct checks and re-interviews, and review the data collected. In addition, a dashboard will be used for tracking interviewers’ performance and monitoring data quality on a daily basis. The supervisor will discuss errors or problems found in the collection of data with interviewers. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors while the team is still in the community.

# 4. General recommendations on completing the questionnaire

## a. Types of questions

There are three types of questions in this survey questionnaire: a) questions that have pre-coded responses; b) questions that do not have pre-coded responses, i.e., that are ‘open-ended”; and c) filters.

### Questions with pre-coded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent’s answer, you merely select the response that corresponds to what he/she said.

*Example:*



In some cases, pre-coded responses will include an “OTHER” category. The “OTHER” code should be selected only when the respondent’s answer is different from any of the pre-coded responses listed for the question. Before using the “OTHER” code, you should make sure the answer does not fit in any of the specified categories. When you select the code “OTHER” for a particular question you must always enter the respondent’s answer when prompted.

 *Example:*



### Questions with responses that are not pre-coded

The answers to some questions are not pre-coded but require that you enter writing the respondent’s answer in the space provided. There are two types of open-ended questions:

1. The answers to some questions are not pre-coded but require that you enter respondent’s answer, such as dates and numbers. For example, codes for months (that is January=01, February=02, March=03, April=04, May=05, June=06, July=07, August=08, September=09, October=10, November=11, December=12) should be entered in the spaces given. When the month is not known ‘98’ will be entered. When the year of birth is known the four numbers designating a year are entered in the four spaces before the year. When the year is not known ‘9998’ will be entered.
2. Entering down the answer exactly as given. There are questions where you must write down the response in the respondent’s own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note in the comments section to explain.

## b. Asking questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘**probing’**). If you do this, you must be careful that your probes are “**neutral**” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as an interviewer.

## c. Following instructions

1. **Probe.** If the respondent mentions a certain response or says “I don’t know”, you may need to probe further.

*Example:* In the question below asking who assisted with the delivery, if the respondent says that a Nurse/midwife assisted with the delivery of her child, you should record that answer and then probe by asking: ‘Anyone else?’ If she can’t identify other providers that assisted with the delivery, you may help her by asking questions to determine if there was anyone else present.



1. **Error messages** – The tablet is designed to help you fill out the questionnaire correctly. There are several types of error messages:

If you skip a question, the tablet will give you an error message to tell you that a response is required. You must enter a response before you can move on to the next question or the next screen.

If you enter an impossible response (for example, you enter a date of birth as September 5, 2020), you will see an error message that tells you that that response is not possible. You must correct the response before you can move on to the next question or the next screen.

1. **Skip patterns**. Skips and filters allow you to skip certain questions based on the respondent’s answers. For example, if a woman says that she did not go for ANC, you should not ask her where she went for ANC. The tablet will perform all skips and filters automatically based on the responses you enter. **You should still be familiar will all skip patterns.** You could have entered the incorrect response resulting in an incorrect skip pattern. After the training, you will be familiar enough with the questionnaire to recognize an incorrect skip pattern and correct your mistake.

# 5. Coverage Survey

## a. Household Questionnaire

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use the Household Questionnaire to identify respondents who are eligible to be interviewed with the Woman’s Questionnaire, and with the Man’s Questionnaire.

The Household Questionnaire consists of the following sections:

Section 1: Household Information Panel

Section 2: List of Household Members

Section 3: Household Assets Module

Section 4: Water and Sanitation Module

Section 5: Vector Control Module

Section 6: Observations on the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. If available and competent, the head of the household should ideally be the respondent, but the respondent does not need to be necessarily the head of the household. Any senior member of the household or adult member (≥15 years old) of the household who is competent and knowledgeable about the responding to the information within the Household Questionnaire can serve as the respondent. If the household head is an unmarried person between 15-17 years old, you may obtain consent and interview them for the Household Questionnaire if there is no other more senior person aged 18 years or older residing within the household. If an adult is not available, do **not** interview a child (less than 15 years old); instead, go on to the next household, and make callback to the first household later.

Generally, you will ask a single individual in the household for the information you will need to complete the Household Questionnaire. However, as appropriate, you may need to consult other members of the household for specific information. For example, the head of household may consult with other household members to confirm the ages of household members, whether the household has certain assets, or information about the bed nets owned by the household.

**NOTE: Some questions displayed in this manual and in the paper survey may look differently than presented on the tablet. The CAPI software will perform skips and filters automatically. You will not have to do anything special as long as you are using the tablet to enter information – the tablet will automatically direct you to the next question. However, it is important that you understand what the program is doing by reviewing this manual and the paper survey in detail because if you enter an incorrect response, it will result in an incorrect skip pattern.**

### Household Information Panel (HH)

Questions HH1-HH4 and HH6-8 of this section are to be entered into your tablet prior to arriving at the household:

* Enter the administrative area, sub-administrative area, village, and cluster name and number, and household numbers (HH1-HH4)
* Enter your name and number (HH6), and your supervisor’s name and number (HH7)
* Record the day, month, and year of the interview (HH8)

With HH1-HH8 filled in, you will arrive in the household, introduce yourself, and read the consent script to the respondent:

Consent:

You **MUST** obtain consent from the household head or other adult, competent member of the household before continuing. Once consent has been obtained, you may proceed with the questionnaire.

After introducing yourself, you must seek the respondent’s consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point. The ethics manual provides more detail on the consent process.

After reading the statement, the person being interviewed must sign their signature or have his/her fingerprint stamped on the consent form. You (the interviewer) must also sign in the space provided to affirm that you have read the statement to the respondent and act as a witness to the consenting process. You also must date the consent form in the appropriate places.

Record whether the respondent agrees to be interviewed or not. If the respondent agrees to be interviewed, select ‘Completed’, meaning the household member was present and gave consent, and proceed with the interview using the Tablet application. If the respondent does not agree to be interviewed, select ‘Refused’, thank the respondent, and end the interview.

HH9: Result Code

The result of your final visit to a household is recorded in two places: in HH9 in the tablet and in Column 3 (FINAL VISIT RESULT) of the Interviewer’s Assignment Sheet. You should make every attempt to contact and interview the household, but sometimes it may happen that you make two or three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the last visit.

The following are descriptions of the various result codes:

• **Household member present and gave consent (completed)**. Select this response if a household member is available and has provided consent to be interviewed.

• **No household member at home or no competent respondent at home at the time of visit.** This response is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, select this response as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.

• **Entire household absent for extended period.** This response is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter this response as the result of that visit. Since the neighbors may be mistaken, you should make at least one callback to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter ‘No household member at home or no mentally competent household member at home.’

• **Refused**. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. If available and competent the head of household should be the first contact that you make to obtain consent for the Household Questionnaire interview. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter ‘Refused’ and report the problem to your supervisor.

• **Dwelling vacant (empty) or no dwelling at address.** In some cases, you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call “empty,” and you should enter ‘Dwelling empty or no dwelling at address’. Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter ‘Dwelling empty or no dwelling at address’ as the result for the visit. Be sure to report the situation to your supervisor.

• **Dwelling destroyed**. If the dwelling was burned down or was demolished in some other manner, enter ‘Dwelling destroyed.’

• **Dwelling could not be found**. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter ‘Dwelling could not be found’ as the result for the visit to that household and inform your supervisor.

HH10-12: Religion, Language and Ethnic Groups

These questions pertain to the head of household. Religion and ethnic group may be important factors that can influence a person’s perception of and behavior in various areas like health, nutrition and gender.

### List of Household Members (HL)

Read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who might have slept in the household the night before the interview.

*“FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.”*

HL1: Line number

Each person entered in the List of Household Members is assigned a unique number. This number is referred to as the ‘Line Number’. It is used to identify that person and to link all information collected later in the household and respondent interviews to that individual.

HL2: Name

The first step in completing the List of Household Members is to request a list of all persons who usually live in the household or who slept in the household the previous night (visitor). To get a correct listing, you will have to know what we mean by a member of the household or a visitor:

**Household:** A household denotes a group of persons who often live in the same housing unit or in connected premises and have common arrangements for cooking and eating food, and they acknowledge one adult as the head of household. A household could consist of a single person, but usually it consists of a husband, his wife, children, relatives, etc.

**Usual Member of Household**: A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. An individual is considered a *usual member of the household* if they spend the majority of the year (i.e. ≥ 6 months) living in the household.

**Head of Household**: For the purpose of this survey, a head of a household is a person who economically supports or manages the household, or for reasons of age or respect, is considered as head by the household or declares himself as such. The head of the household could be a male or a female.

**Visitor**: A visitor is someone who is not a usual member of the household but who slept in the household the night before you are conducting the interview. If an individual slept in the household the previous night and is still present on the day of the interview, he or she should be listed on the List of Household Members.

Sometimes, it is not easy to know who to include in the household and who to leave out. Here are some examples:

* A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.
* Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
* A person living alone is a household.
* Someone who works within the household as a domestic servant or a house girl/boy is a member of the household if he or she usually lives in the household/on the property and prepares and eats food within the household

Anyone included in the household listing has to be either a usual resident of that household (HL6A is YES) or has to have spent the previous night in the household (HL6B is YES). In the tablet application, if you state that the person is not a usual resident and did not sleep there the previous night you will be asked to probe further to ensure that you have recorded the information correctly.

As your respondent lists the names, enter them one at a time in (HL2), **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household, then you may record this person after recording the head of household.

After entering a name, the information regarding that person should be recorded in HL3-HL10 **before** going on to record the name of the next person.

To be sure not to forget any household member, the interviewer should prior present to the respondent the manner to collect information on household members. First, you should need to start with information regarding the head of the household, then enter information about all children whose mothers are not living in the household. Thereafter, ask to give information on each mother followed by her children who are household members as well. Afterwards, record information on any other relatives and end with household members who are not related to the head.

HL3: Relationship to Household Head

Record how the person listed is related to the head of the household. If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, NOT the relationship to the respondent.

*Example*: if the respondent is the wife of the head of the household and she says that John is her brother, then John should be recorded as BROTHER-IN-LAW/SISTER-IN-LAW not BROTHER/SISTER, because John is a brother-in-law of the head of the household.

*Example:* If the head of the household is married to a woman who has a child from a previous marriage, that child’s relationship to the head of the household should be recorded as STEPCHILD.

HL4: Sex

Always confirm the sex of a person before recording it in Column (HL4) since there are many names that may be given to either a male or female.

HL5: Date of birth

If the respondent knows the household member’s date of birth, enter it in the appropriate field for MONTH and YEAR of birth. You will need to convert the month into numbers. If they do not know his/her month of birth, enter ‘98’ for the month and ask for the year of their birth. If they know the year, enter it on the field for YEAR. Try under all circumstances to obtain at least the year of birth. Enter ‘9998’ only if the respondent does not know and cannot provide any record showing their birth date.

HL6: Age

Getting age at last birthday is important to assess the household member’s age when they do not know their date of birth. Record the household member’s age. If the age is over 95, record “95”. The tablet will automatically check for consistency with the date of birth given in HL5. If the responses are inconsistent, request additional information or documentation, such as historical events from childhood, age of oldest child, birth certificate, ID card, etc.

 HL6A and HL6B: Residence

In Column (HL6A), record information on the person’s usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—(HL6A) is NO—and did not sleep there the night before—HL6B is also NO—this person will no longer be included on the household listing. The tablet will ask you to confirm the person’s eligibility to be included in the household listing. If the person does not usually live there and did not sleep there last night, the tablet will remove them automatically.

HL7A, HL7B and HL7C: Eligibility

Note: These filters will be filled out automatically by the tablet, which will identify which women are eligible (aged 15-49 years), which men are eligible (aged 15-49 years), and which children are eligible (0-4 years).

HL8-HL10: Identifying the caretaker

This question only applies to children who have been identified as eligible (i.e. who have a YES in column HL7C). HL8 aims to identify whether the child’s mother is alive and HL9 is to determine whether she lives in the household. These two questions refer to the child’s “natural mother”, meaning the woman who gave birth to the child. Be sure to be very clear in your meaning for these questions this, since the interpretation of who is a mother can vary in different cultural context – particularly in polygamous unions who live as a single household.

If the child’s natural mother is alive and lives in the household (i.e., if YES to HL8 and YES to HL9), we assume that she is the child’s primary caretaker and enter the number corresponding to her from HL1. If she is either not alive or not living in the household (i.e. if NO to HL8 **or** to HL9), ask who the primary caretaker is and record that person’s line number from HL1 here. Many different people might be caretakers, but insist that you are looking for the **primary** caretaker. Probing questions could include “who gives [name] his/her meals”

When you have recorded all members of the household, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire.

You will need to ask some questions:

* Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?
* Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
* Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

If the answer to any is YES, you will add those persons to the household listing.

**Note: the tablet will now create a ‘form’ (questionnaire) to be completed for each eligible woman, child and man in the household.**

### Household Assets Module (HA)

HA1: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as a measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category ‘biogas’ includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the pre-coded ones is reported as being the main fuel used for cooking, record OTHER and specify the type of fuel in the space provided.

HA2: NUMBER OF ROOMS FOR SLEEPING

Record the number of rooms that the household uses for sleeping even if that room also serves a second function. For example, if a dwelling unit consists of two rooms: a bedroom and a kitchen, but household members sleep in both the bedroom and the kitchen, record ‘2’ in HA2.

HA3 and HA4: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an indicator of the socioeconomic status of the household. First, ask HA3 to find out whether the household owns any livestock, herds, other farm animals or poultry. If YES, ask HA4 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item (i.e. enter “0” if the household does not own any). Do not leave any blank.

Note: HA4 asks separately for the number of milk cows or bulls and other cattle the household owns. Be sure not to double-count these animals. For example, if the respondent says that the household has 10 cattle, one of which is a milk cow and one of which is a bull, record two milk cow or bulls and eight cattle since the household owns a total of 10 animals not 12.

HA5 and HA6: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask HA5 to find out whether any member of the household owns any land that can be used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to HA5 is YES, ask HA6 on the number of acres owned altogether by the members of the household. Record the answer in the boxes. If the household owns more than 95 acres, circle ‘95.0’; if the number of acres is unknown, circle ‘99.8’.

HA7: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record YES. Otherwise, record NO.

HA8: OWNERSHIP OF WATCH/MOBILE PHONE/MEANS OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a watch, a mobile phone, or various means of transport, e.g., a bicycle, a motorcycle or motor scooter, a car or truck, other means of transportation. A small child’s bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record YES. Otherwise, record NO.

HA9: BANK ACCOUNT

Ask if any member in the household has an account with a bank, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer. This does not include savings programs at the community level.

HA10: MOBILE MONEY

Ask if any member in the household uses mobile money or has a mobile money account like M **[insert local brand example]** or otherwise. Record the appropriate answer.

HA11: ROOF MATERIAL

You will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space). Only record one material type.

HA12: WALL MATERIAL

As with the roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

### Water and Sanitation Module (WS)

Questions WS1-WS4 ask about household water sources and sanitation. You may interview the same adult respondent for the Water and Sanitation module as for the Household questionnaire.

WS1: Main source of household drinking water

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household’s main source of water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview. Only record one drinking water source.

|  |  |
| --- | --- |
| ***Response Categories*** | ***Definition*** |
| **Piped into dwelling** | Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. |
| **Piped water to yard/plot**  | Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.  |
| **Public tap or standpipe** | Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete. |
| **Tube well or borehole** | A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered. |
| **Protected dug well** | A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected. |
| **Unprotected dug well** | A dug well which is (1) unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.  |
| **Protected spring** | A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution. |
| **Unprotected spring** | A spring that is subject to runoff and/ or bird droppings or animals. Unprotected springs typically do not have a “spring box”. |
| **Rainwater** | Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern. |
| **Tanker truck** | Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.  |
| **Cart with small tank** | Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey). |
| **Surface water** | Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels |
| **Bottled water** | Water that is bottled and sold to the household in bottles.  |
| **Other** | Specify |

WS2: Main source of water used for cooking or hand washing

You will only be prompted to ask this question if the household primarily purchases bottled water or uses another source that is not listed as an answer choice in WS1. The assumption is that for all sources of drinking water other than bottled water, the same water is used for all other purposes in the home. The objective of this question is to assess the cleanliness of water used for purposes other than drinking but remain present in the household. The answer choices are identical to those in WS1.

WS3: Toilet facilities

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. Ask what kind of toilet facility do members of the household usually use. Below are some definitions for the terms used for WS3. Only record one type of toilet facility.

|  |  |
| --- | --- |
| ***Response Categories*** | ***Definition*** |
| **Flush/pour flush toilet**  | A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used). |
| ***If “flush” or “pour flush”, probe:*** “WHERE DOES IT FLUSH TO?” |
| - to piped sewer system | A system of sewer pipes (also called sewerage), that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater. |
| - to septic tank | An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet. |
| - to pit latrine | A system that flushes excreta to a hole in the ground. |
| - to somewhere else | A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location. |
| - to unknown place / not sure / DK | A system in which the excreta is deposited in or nearby the household environment in an unknown location |
| **Pit latrine**  | Excreta is deposited without flushing directly into a hole in the ground. |
| - ventilated improved pit latrine (VIP) | A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark. |
| - pit latrine with slab | A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning. |
| - pit latrine without slab/open pit | A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected. |
| **Composting toilet** | A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. |
| **Bucket toilet** | Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal. |
| **Hanging toilet** | A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water. |
| **No facilities or bush or field** | No toilet facilities, private or shared, are used regularly by members of the household. |
| **Other** | Specify |

WS4: Shared toilet facilities

This question asks about whether the toilet facilities are shared with one or more other households. You should not ask this question if there are no facilities.

### Vector control module

VC1-2: Indoor Residual Spraying

Indoor Residual Spraying involves coating the indoor walls and other indoor surfaces where mosquitoes may rest with a “residual” insecticide. This is typically done by the government or an NGO. Spraying inside a dwelling with a can of insecticide is not the same as Indoor Residual Spraying. These questions refer to any Indoor Residual Spraying in the past year. VC1 asks whether anyone has come into the household’s dwelling (or part of the dwelling) to spray the walls and surfaces against mosquitoes.

If VC1 is YES, VC2 asks who did the spraying. If the respondent is not sure of the status of the person who conducted the spraying, probe. Ask: “How did they travel?” “How were they dressed?” “Did they provide you with any documentation?” Probe to determine the type of person or people. Record all applicable responses.

VC3-4: Household Mosquito Nets

These questions seek to quantify the mosquito nets in the household. If there are none, indicate “no” in question VC3 and proceed to the following module. If there are any, ask how many there are in total (VC4) and request to see them in order to answer the following questions

VC5-10: Each Mosquito Net

Ask the following questions for each net. If more than 3 nets, use additional questionnaires and indicate in the checkbox that additional questionnaires were used.

For each net listed by the respondent, indicate whether you observed the net yourself and record the features of each net, either according to your observation (i.e. type/brand in VC7) or from asking the respondent directly. **[Your tablet contains / you will be provided]** with images of common brands and types of nets in the area for you to show the respondent in the event you are not able to observe the net yourself. If the respondent does not know how long ago the net was obtained, probe to get an estimate. Ask: “*Did you obtain the net since the new year?*” or “*Was it hot or cold the first time this net was used?*” and continue probing with seasonal cues until you are able to estimate the age of the net within a few months. In VC10, whether the respondent names a household member or not, always probe to find out if they left out another person. For instance, if the respondent recalls that Mariam slept under the net, you may ask if any of her children slept under the same net, or vice versa. It is possible that the respondent may assume that Mariam sleeping under the net implies that she slept there with her children or her youngest child.

### Observations on the Household Questionnaire (OH)

The interviewer must record the main language of the interview (OH1) and if a translator was used for any part of the household questionnaire (OH2). The remaining section are for the interviewer (OH3) and supervisor/editor (OH4) to write any notes or observations regarding this particular household interview.

## b. Woman’s Questionnaire

The purpose of the Women’s Questionnaire is to provide general information on women such as age, educational level, ethnicity and marriage, as well as to obtain information about maternal and child health. The questionnaire is to be administered to all women age 15 to 49 years. You will complete one questionnaire for each eligible woman in the household (and each eligible visitor), as determined by the household listing. The tablet will automatically create a form (questionnaire) for each eligible woman that was entered in the household listing. You should interview each eligible woman using the tips in Section 3b and 3c.

The Women’s Questionnaire consists of the following sections:

Section 1: Woman’s Information Panel

Section 2: Woman’s Information Module

Section 3: Fertility Module

Section 4: Antenatal and Childbirth Module

Section 5: Postnatal Care Module

Section 6: Family Planning Module

Section 7: Work and Decision Making

Section 8: Observations on the Woman’s Questionnaire

At the beginning of the interview, ask the woman to take a few minutes to collect all documentation of her age, such as an identification card or a birth or baptismal certificate, and for documents related to her pregnancy and children (both living and dead), such as for antenatal care, immunization card, child health card, and/or birth or baptismal certificates.

### Woman’s Information Panel (WM)

WM1-WM6: HOUSEHOLD AND WOMAN’S INFORMATION

WM1 through WM6 will be automatically filled in on the tablet from the information you entered for the household. Check the woman’s name to ensure you are interviewing the correct woman.

WM7-8: MARITAL STATUS AND AGE CHECK

WM7 asks you to refer back to the woman’s age as recorded in HL6 from the household listing. As the interviewer, you should check the age you had recorded in the HL module during the household questionnaire. WM8 asks if the woman is currently married (or living with someone as married). WM7 and WM8 are asked as reminders to the interviewer to know which informed consent process is correct for the woman, because you will need to know her marital status and age to know whether adult consent or parental permission / assent should be done. See the below instructions on INFORMED CONSENT for more details.

INFORMED CONSENT

In WM9, enter whether permission (consent) was given to continue the interview. Although consent has been obtained for the Household Questionnaire, you must seek each individual eligible woman's consent prior to participation in the survey. If the woman is 15-17 years of age and unmarried or NOT living in a consensual union, then you must obtain consent from the parents or guardians and obtain the assent from the woman*.*

Read the oral informed consent script(s) exactly as it is written for adult consent or parental permission and assent, as applicable. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you, the interviewer, must sign in the space provided to affirm that you have read the statement to the respondent and bear witness to the informed consent process. You must also date the consent form in the appropriate place. If the woman agrees to continue the survey (i.e. consent obtained), enter ‘woman was found and gave consent’ as the result code and continue the interview.

If the woman does not agree to be interviewed, thank the respondent, and end the interview. Then select REFUSED as the final result.

WM10 and WM11 are to keep track of the time taken for the interview.

REQUEST FOR DOCUMENTS

Before you begin the individual interview (if informed consent obtained), ask the woman to collect any birth certificates, identity cards, health/vaccination cards or other vaccination documentation, or other health records that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

### Woman’s Information Module (WI)

Questions WI1 and WI2 pertain to the woman’s age. **You must ask both questions.**

WI1: Month and year of birth

WI1 must be asked independently of the information in the Household Questionnaire. Even if you already asked the respondent about the woman’s age when you were completing the Household Questionnaire, you must ask again for the woman’s date of birth on the Women’s Questionnaire.

If the respondent knows her date of birth, enter it on the appropriate space for MONTH and YEAR. You will need to convert the month into numbers. If she does not know her month of birth, enter DON’T KNOW (‘98’) and ask her for the year of her birth. If she knows the year, enter it in the space for YEAR. Try under all circumstances to obtain at least the year of birth. If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth certificate that might give her date of birth. Enter DON’T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

WI2: Age at last birthday

Age is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent’s age. It is important to ask this question and check the woman’s response against her reported date of birth. Although the tablet will do this checking automatically, it is important for you to recognize if there is conflicting information and to probe the respondent for clarification.

If the woman **knows** her age, record it. If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

If the **year of birth is reported** in WI1, compute the woman’s age as follows:

**Note: For the following section 2018 is used as interview/current year. If data collection is collected in another year, you must adapt the years in this section.**

* Already celebrated birthday in the current year **[2018]**. If the woman has had her birthday in the current year, subtract the year of birth from the current year **[2018]**.
* Not yet celebrated birthday in the current year. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year **[2017]**.
* Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year **[2018]**.

If the woman **does not know** her age, and **year of birth is not reported** in WI1, you will have to probe to try to estimate her age. There are several ways to probe for age:

* Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

*Example*: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

* Relate her age to that of someone else in the household whose age is more reliably known.
* Try to determine how old she was at the time of an important event such as change in political regime, war, flood, earthquake, etc. and add her age at that time to the number of years that have passed since the event. Some example of key events you can use to probe include, but are not limited to **[adapt to local events]**:
	+ **Country’s Independence Day year**
	+ **Years of a war in the country**
	+ **Changes of president**
	+ **Other notable country-specific examples**
* Ask the respondent how old she was when she started or finished school, try to estimate how long ago it was since starting or finishing school and calculate her age.
* To estimate month of birth, you can ask her or other senior members in the household about the season (dry, rainy, planning, harvest) when it occurred

The woman **does not know** her age and probing did not help:

* If probing does not help in determining the respondent’s age and date of birth was not recorded in WI1, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

**Checking Consistency of Birth Date and Age Responses**

The CAPI system will automatically check the consistency of the woman’s reported age and date of birth. If there is a discrepancy in what is recorded, an error message will come up. **You must resolve the inconsistency before moving to the next question.** Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Probe and try to reconcile the difference between the date of birth and the age in the woman’s questionnaire regardless the age recorded in the household listing form in HL6. In the event of inconsistency between the age in WI2 and the age in HL6, you only need to take into account the age in WI2 to decide whether the woman is eligible or not. In that case, **do not change the age recorded in HL6**.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or older than 49, you have to terminate the interview. The tablet will do this automatically. Do this tactfully by thanking the respondent for her cooperation. You will need to correct your Interviewer’s Assignment Sheet; cross out the woman’s name on the assignment sheet and note in the observations that the woman was not eligible.

In addition to using the CAPI to calculate ages, there are two methods for manually checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information and it can be useful to help you with probing for the correct age.

**Arithmetic Method**

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use a notebook or piece of paper to do the necessary arithmetic. Then apply one of the following rules to determine if these responses are consistent.

**Note: For the following section 2018 is used as interview/current year. If data collection is collected in 2019, you must adapt the years in this section.**

If both **month and year** are recorded in WI1

* If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview **[2018]**.

*Example*: A respondent that you interview in May **[2018]** tells you that she was born in February **[1969]** and is **[49]** years old. Her responses are **consistent**, i.e., her month of birth (February) is before the month of interview and the year of birth **[1969]** and age **[49]** sum to the year of interview **[2018]**.

*Example*:Another respondent that you interview in May **[2018]** says she was born in April **[1987]** and she is **[30]** years old. Her responses are **inconsistent**, i.e., her year of birth **[1987]** and age **[30]** sum to previous year **[2017]** rather than to current year **[2018]** as would be expected given that her month of birth (April) is before the month of interview (May).

* If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year **[2017]**.

*Example*: A respondent interviewed in May **[2018]** tells you that she was born in October **[1978]** and is **[40]** years old. Her responses are **consistent**, i.e., her month of birth (October) is after the month of interview (May) and the year of birth **[1978]** and age **[40]** sum to the previous year **[2017]**.

*Example*: Another respondent interviewed in May **[2018]** says that she was born in July **[1975]** and is **[44]** years old. Her responses are **inconsistent**, i.e., her year of birth **[1975]** and age **[44]** sum to following year **[2019]** rather than to previous year **[2017]** as would be expected given that her birth month (July) is after the month of interview (May).

* If the month of birth is the same as the month of interview, then a sum of either the previous or year of interview **[2017 or 2018]** is acceptable.

If **only year** of birth is recorded in WI1.

* Add the year of birth to the respondent’s age. Accept the sum if it is equal to either the year of interview **[2018]** or the previous year **[2017]**.

*Example*: A respondent tells you she was born in **[1982]** and is **[36]** years old. Her answers are **consistent** since the sum of her year of birth **[1982]** and her age **[36]** is correct for the current year **[2018]**.

*Example*: Another respondent tells you she was born in **[1982]** and her age is **[35]** years. Her responses are **inconsistent** since the sum of the year of birth **[1982]** and her age **[35]** sums to the previous year **[2017]**.

*Example*: A third respondent tells you that she was born in **[1982]** and is **[37]** years old. Her responses are **inconsistent** since the sum of her year of birth and her age **[37]** sums to the following year **[2019]**.

WI3: CURRENTLY ATTENDING OR EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

WI4-5: HIGHEST LEVEL OF SCHOOL COMPLETED

In WI4, record the highest level of school attended: Primary, Post-primary training, Secondary (1st cycle/lower), Secondary (2nd cycle/upper), or Higher/University. In WI5, record how many years the respondent successfully **completed** at that level. If she completed less than one year at that level record ‘00’.

*Example*: if a woman was attending primary school and left before completing her second year, record ‘01’. Although Year 2 was the highest year she attended, she has only fully completed Year 1.

WI5a-b: REASON FOR NOT ATTENDING SCHOOL

WI5a is a filter to determine whether or not a woman between the ages of 15 – 24 years old is not currently attending school. If she is not currently attending, WI5b is asked to obtain the main reason for not currently attending either Primary, Secondary, or University/Higher education. Only one response is allowed.

WI6: READING PROFICIENCY

If the respondent has attended secondary level or higher then we assume she is literate. The literacy question is skipped. If she attended primary school only or did not attend school, ask WI6.

You will have a card with 4 sentences in English **[and local applicable language(s)]**. Show the card to the respondent and ask her to read the first sentence in the appropriate language. If she says she cannot read, ask whether she understands even a few words. Make sure the woman reads the entire sentence before making any judgments. Record whether the woman can read all, part, or none of the sentence. If there is more than one woman in a household have the first woman you interview read the first sentence on the card, the second woman read the second sentence, and so on.

WI7-8: RELIGION AND ETHNICITY

This applies to the women respondent only and may be different from what was reported on the household survey. This question is important as, religion and ethnicity are important factors that can influence a person’s behavior in various areas like health, nutrition and gender.

### Fertility Module (FE)

This module is to be administered to all eligible women age 15-49. All questions refer only to live births. These questions are used to collect information about all live births the woman has ever had (including births from earlier marriages). The answers are used to estimate fertility rates.

It is important that the respondent understands which events to include in her responses. We want to know about all of the woman’s live births, even if the child no longer lives with her and even if the child is no longer alive. We want to know about children who were born alive – ever breathed or cried or showed other signs of life – even if they lived only a few minutes or hours.

Do not record any stillbirths (children who were born dead), or miscarriages, or children adopted by the woman, or children of her present husband born to another wife (to whom the respondent herself did not give birth).

FE1: EVER GIVEN BIRTH

The purpose of this question is to determine the woman’s eligibility for this module. If the woman has ever given birth, proceed to FE2. If the woman answers “no”, probe by asking whether she has ever given birth to a child who ever breathed or cried or showed other signs of life, even if only for a few minutes or hours. It is sometimes difficult to determine a stillborn child from a child who died quickly after birth. A stillborn birth would NOT be recorded as a live birth. If she confirms that she has never given birth, skip to the Family Planning module.

FE2: DATE OF FIRST BIRTH

If the woman had a live birth, ask her to collect all documents (e.g., birth certificate or immunization record) that show the child’s date of birth. Before entering a date from these documents, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

*Example*: if a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth*.* Use the suggested examples for probing as described for estimating age in the section above: WI2: Age at last birthday. Convert months to numbers, as before. If you cannot even estimate a month, enter ‘98’ for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and use this to better estimate the most recent birth.

*Example*: if she knows the second child was born in 1989 and the first child was just a year old at that time, enter ‘1988’.

Record the date for the first time the women gave birth (i.e. her first born).

FE3: DATE OF MOST RECENT BIRTH

If the woman had a live birth, ask her to collect all documents (e.g., birth certificate or immunization record) that show the child’s date of birth. Before entering a date from these documents, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

*Example*: if a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth*.* Use the suggested examples for probing as described for estimating age in the section above: WI2: Age at last birthday. Convert months to numbers, as before. If you cannot even estimate a month, enter ‘98’ for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and use this to better estimate the most recent birth.

*Example*: if she knows the second child was born in 1989 and the first child was just a year old at that time, enter ‘1988’.

All subsequent questions in the next module will refer to the woman’s most recent live birth even if the child is no longer living.

FE4: CHILD’S NAME

Record the child’s first and last name. If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name.

FE5: CHILD’S SEX

Enter the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, “and is Joyce is a boy or a girl?” Do not assume the sex of the child from the name the mother gives you.

### Antenatal and Childbirth Module (CB)

The objective of this section is to obtain information about health care related to childbearing including questions about the health and care received in pregnancy and during labour and delivery. Women with a live birth in the 2 years before the survey interview are eligible for answering questions about antenatal care and childbirth. The tablet determines this automatically from the last module (FE3) at the start of this module. For women with more than one live birth in the two years preceding the survey, the questions refer only to the most recent live birth.

**Note: Only children who were born alive should be included in this module. Any stillbirths should not be included in response to any question.**

The first set of questions in this module ask about antenatal care (ANC), for the most recent live birth. ANC is care provided to a woman during her pregnancy in order to monitor her pregnancy and identify and treat any complications. During ANC a woman may be weighed, have her belly measured, or receive advice and counselling messages. She may also undergo tests, for example her blood pressure may be measured, or blood or urine may be taken. Other interventions that may occur during ANC include receiving a tetanus toxoid injection, intermittent preventive treatment for malaria during pregnancy (IPTp), and iron tablets to prevent anemia. Other questions asked in this section are related to the location of and assistance during delivery and practices related to newborn care after delivery, such as breastfeeding and cord care.

**The following questions should be administered to all women with a live birth in the 2 years preceding date of interview. Check FE3: Did the most recent live birth occur after****[DATE OF INTERVIEW]?**

If yes, continue to CB1. All questions refer to (NAME) from FE4. The CAPI system will use the child’s name in the following questions, where indicated. If child died before being named, ‘BABY’ will appear in the place of (NAME) and you should say ‘YOUR BABY’ when referring to the name of the child in the following questions.

If the woman has not had any live births in the 2 years preceding the date of interview, you will skip this section and go to the Family Planning module.

**Note: For women with more than one live birth in the two years preceding the survey, the questions refer only to the most recent live birth.**

CB1 – CB3: ANTENATAL CARE (ANC)

These questions refer to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive or does not know if she received antenatal care, skip to CB1a. In CB1a, you are asking about decision-making related to not attending ANC during her most recent pregnancy. Decision-making can be a complex process. Choose the response code that is most appropriate after you hear the respondent’s answer to the question. Use Code ‘1’ for RESPONDENT only if the woman says that she alone made the decision. When her husband or partner alone made the decision, circle ‘2’ – Husband/partner. If she and her husband/partner consulted about decision together, circle ‘3’ – Respondent and husband/partner jointly. If it was neither her nor her husband/partner who were involved in the decision to not attend ANC, select “other” and specify the response (i.e. family/relative).

After answering CB1a, you will then skip to CB4.

**If the woman reports seeing someone for antenatal care, ask to see the women’s ANC Card. Use this card to verify the following responses but be sure to ask the woman each question. The information on the card could be incorrect. If there is a discrepancy between what is on the card and the woman’s responses, probe further.**

If the respondent answers YES to Cb1 indicating that she has attended ANC, then ask her CB1b, who she saw at the ANC visits. If the respondent is not sure of the status of the person who she saw for ANC, for example, if she does not know whether the person was a nurse or a traditional birth attendant, probe. Ask: “Anyone else?” Probe to determine the type of person. Next you will ask about the location of where she received ANC in CB2. Note that ‘health center’ includes all first level facilities includes maternity centers.

In CB2a you are asking if her husband/partner accompanied her to any antenatal care visits for this pregnancy. ‘Accompanied’ means that the husband/partner went with her to ANC visit, regardless of if the ANC visit occurred at a health facility or not. If the respondent did not have a husband/partner during any of her ANC visits, record “RESPONDENT DID NOT HAVE HUSBAND/PARTNER”.

If the respondent answers YES to CB2a, then ask her CB2ab if her husband/partner was allowed in the room/space during any antenatal care visits during this pregnancy. If YES, proceed to CB2b to ask if her husband/partner was “present” during the antenatal care consultation, referring to being either physically present in the room or other location, such as outside or in a hallway. The purpose of CBb is to know if the husband/partner received the health education, counselling and promotion messages that the respondent received during the consultation portion of the ANC visit. If the woman says that her husband/partner paid for the transportation and care fees but was not present in the room during the ANC consultation, record “NO” for CB2b. If NO, proceed to CB2ba to ask if she would have wanted husband / partner to be present. In CB2c, you are asking about decision-making related to choosing to attend ANC. As described above, select the most appropriate response after you hear the respondent’s answer to the question.

In CB3 you will ask and record how many times (total) she received ANC during her pregnancy with (NAME). Include all sources of care – formal and informal.

CB4 – CB5: PREVENTATIVE TREATMENT FOR MALARIA DURING PREGNANCY (OPTIONAL)

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take SP/Fansidar for the last two trimesters of their pregnancy in order to prevent malaria. To see if the respondent followed this precaution, we ask in CB5 if she took any medicine to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given drugs to treat the malaria or fever that would NOT be considered preventive treatment. Drugs to prevent malaria are only drugs that she takes during pregnancy when she does not have malaria already. Record YES to CB4 only for women who took medication when they did not already have malaria. If she says she took SP/Fansidar to prevent malaria treatment, select this option in response to CB5.

If she says she took a drug but cannot remember the name, ask her to show you the package that the drug came in. If she doesn’t have the package, but mentions that she was given three tablets to take all at the same time in order to prevent malaria, circle ‘A’ on the assumption that she took SP/Fansidar.

If she did not take SP/Fansidar for preventative treatment of malaria, the tablet will automatically sip to question CB7.

CB6: NUBMER OF TIMES SP/FANSIDAR WAS TAKEN (OPTIONAL)

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus you should count only the doses taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus if she says she took 3 tablets at one time, record ‘01’ for the dose in CB6.

CB7-CB12: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw **[add local name if applicable]**. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

CB7 and CB8 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. CB9 and CB10 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy. She will also be asked how many years ago the most recent tetanus injection was received (CB11). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

*Example*: Ana was interviewed in December, 2015. She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2012. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For this respondent, you should record YES in CB7, record ‘01’ in CB8. You should record YES in CB9 since she had tetanus injections prior to the pregnancy.

Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record ‘5’ in CB10. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2012, the year of Marie’s birth. Thus, in CB12, record ‘03’ since the tetanus injection was given three years ago.

CB13 AND CB14: IRON TABLETS / SYRUP

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. CB13 asks whether the woman was given or bought any iron tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, show the woman the sample tablets or photographs as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO in that instance and skip to CB15.

If the respondent was given or bought iron tablets/syrup (YES in CB13), ask her for how many days during her pregnancy she took the tablets/syrup. Record the response in the boxes. Remember to put a leading zero in front; 30 days would be ‘030’. If she was given or bought iron tablets but never took one, record ‘000’.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

CB15: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. Enter the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility. Note that ‘health center’ includes all first level facilities including dispensaries / maternity centers.

CB16: ASSISTANCE AT DELIVERY

If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a nurse or a traditional birth attendant, probe. Ask: “Anyone else?” Probe to determine the type of person. **[Insert country / context-specific example of probing for the type of person]**. If the respondent says that no one assisted, probe to determine whether any adult was present. Check all responses.

CB17: CAESAREAN SECTION

Only women who delivered at a health facility will be asked CB17. A caesarean section is a delivery of a baby through an incision in the woman’s abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Caesarean sections are also sometimes elective, either for the convenience of the mother or the health care workers performing the surgery. Also, because there can be complications associated with having a vaginal birth following a caesarean, women who have delivered one child via a caesarean are more likely to deliver subsequent children by caesarean.

In CB17, find out whether the baby was delivered by an operation and not through the birth canal.

CB17a and CB17b: HUSBAND/PARTNER PRESENT DURING DELIVERY

Only women who delivered on the way to (in transit) or at a health facility will be asked to respond to CB17a. If the women delivered at home or at an ‘other’ location that is not a health facility, you will skip to CB17d.

In CB17a you are asking if her husband/partner accompanied the women to the health facility for the delivery of [NAME], including having the husband/partner with the women at the health facility either in the delivery room during birth or in a waiting area. If the respondent did not have a husband/partner at the time of delivery, record “RESPONDENT DID NOT HAVE HUSBAND/PARTNER”. If YES for CB17a, proceed to CB17ab to ask if husband / partner was allowed in the room during delivery.

Question CB17b asks if the husband/partner was present in the delivery room. "Present" refers to being in the delivery room or other location where the delivery is occurring, during any part of the labour or childbirth for births that occurred at a health facility. If the woman states that the husband/partner was in the delivery room select, “YES” in CB17b. If the husband/partner was at the health facility in the waiting area or outside of the health facility, but was never physically present in the room at any time during labour or childbirth, select “NO”. Proceed to CB17ba to ask if she would have wanted her husband / partner in the room during delivery.

CB17c and CB17d: DECISION MAKING HUSBAND/PARTNER PRESENT DURING DELIVERY

Only women who delivered on the way to or at a health facility will be asked to respond to CB17c. After they respond, you will skip to CB18. If the woman delivered at home or at an ‘other’ location that is not a health facility, you will be asked CB17d.

In both CB17c and CB17d, you want to know whether the woman participated in the decision about where she delivered, which would indicate that she exercised her control and decision-making ability to monitor her reproductive health. As discussed above, decision making is complex. Choose the response code that is most appropriate after you hear the respondent’s answer to the question. Use Code ‘1’ for RESPONDENT only if the woman says that she alone made the decision. When her husband or partner alone made the decision, circle ‘2’ – Husband/partner. If she and her husband/partner consulted about decision together, circle ‘3’ – Respondent and husband/partner jointly. If it was neither her nor her husband/partner who were involved in the decision to either delivery in a health facility or not deliver in a health facility, select “other” and specify the response (i.e. family/relative).

CB18: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

CB19: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, enter ‘Immediately/within first hour after delivery’, otherwise record the time in completed hours or days.

*Example*: the woman said she began breastfeeding within an hour of the birth. Select “hours” and record ‘00’ hours.

*Example*: the woman said she began breastfeeding 30 hours after the birth. Select “days” and record ‘01’.

CB20: SKIN-TO-SKIN CONTACT

Skin-to-skin contact between a mother and her newborn has numerous benefits including helping prevent hypothermia, promoting neurological development and breastfeeding. By skin-to-skin contact, we mean the bare skin of the baby touches the bare skin of the mother, with no cloth or blanket between the baby and the mother. The benefits of skin-to-skin contact can occur even before the umbilical cord is cut, thus CB20 asks whether the baby was put directly on the respondent’s bare skin immediately after its birth. This does not include clothing; for example, if the respondent says that the infant was simply dressed in a sweater after birth, without any other cover, you must select “no.”

CB21: WRAPPING OF THE INFANT

This question is asked if the respondent says in CB20 that the baby was placed skin to skin on the mother’s chest after birth. Here we want to check whether the baby was placed naked directly against the mother’s bare skin, or whether the baby was wrapped in a cloth, blanket, towel, or some other material after birth while lying against the mother’s chest.

CB22-23: PRODUCT APPLIED TO THE UMBILICAL CORD

The application of substances (other than antiseptics) to the umbilical cord can lead to infection of the cord and/or a severe generalized infection. In CB22, it is very important to read the whole question and urge them to say whether any product had been applied to the umbilical cord prior to its separation, i.e. before the cord separated from the navel (generally the cord separates from the navel between the fifth and tenth day of life).

If yes to this question, indicate the nature of the products applied in CB23. This is a multiple response question. Therefore, urge them to say whether other products were used and select all the answers that apply. If the respondent says that an unknown product was applied immediately after birth (for example, by healthcare personnel), select “UNDETERMINED” and ask the respondent whether anything else had been applied to the cord in the following days before the cord fell off.

### Postnatal Care Module (PN)

The post-natal period is defined as the time following delivery until six weeks after birth. Post-natal health checks are important for the health and survival of both child and mother, particularly during the first couple of days after delivery.

The purpose of this module is to measure health-related checks that occurred after the completion of the delivery process; thus, we will not consider the check occurring immediately after the baby was delivered as a “post-natal health check”.

Each respondent with a live birth within the last two years will be asked a subset of the questions in the module, even if the child is no longer alive. Questions about a post-natal health check are asked separately for the baby and for the mother.

For births that occurred in a health facility, questions (PN2-14) are asked to establish whether anyone checked on the health of the baby and on the health of the mother before they left the facility where the baby was delivered. We also ask about any post-discharge checks on the health of the baby and/or mother. If a health check did occur after leaving the facility, we ask when the check occurred, who performed the check, and where it took place.

For births that occurred outside a health facility, the respondent is asked (PN15-22) if there was any health check on her or her child after the birth and, if so, when the check occurred, who performed the check, and where it took place.

The Postnatal Care (PN) module appears rather lengthy because it is necessary to ask different questions of women who delivered in a facility versus those who did not. Thus, it is very important to understand the flow of questions and to check each filter question carefully and to follow all skip instructions.

**Check CB15. Did the birth occur at a health facility (CB15 is 21-36)? If yes, proceed to PN1. If no, skip to PN15.**

PN1-3: POSTPARTUM CHECK FOR MOTHERS WHILE AT THE HEALTH FACILITY

**Note: For a woman who delivered in a health facility, questions PN1-3 will focus on checks on her health BEFORE leaving the health facility.**

Getting a postpartum check soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check while at the health facility, and, if so, how many hours, days or weeks after delivery the first check took place, and who performed the check. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby while at the health facility are covered in PN4-6.

PN1 is composed of two parts – an introduction and a question. Note that the introduction provides a series of examples to illustrate what we mean by a check on the mother’s health before she was discharged; these are meant to be examples only so it is fine if the health check did not include any of these specific components. Make sure to read the introduction before asking the question so that the respondent understands the meaning of our question. Note that we do not include health checks occurring immediately after delivery; if the respondent mentions a check that occurred 30 minutes after delivery, for example, probe to see if anyone checked on her health after that. Select ‘yes’ or ‘no’.

If no, skip to PN4. If yes, ask PN2: how long after the birth was she checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks). If the woman responds within the first hour, probe to be sure that the check occurred after the completion of the delivery and was not a part of that process. If so, enter “00” in the unit of time “1”, otherwise probe to know if any check happened after the delivery of [NAME] but before leaving the health facility. If the respondent is unsure, you may need to help her estimate the amount of time that passed between the birth and the check, using landmarks like meal times or sunrise/sunset. For example, if the respondent says that she gave birth around mid-day and received a check just after sunset, you would record 6 hours.

PN3: WHO CHECKED IN ON THE MOTHER’S HEALTH AT THAT TIME (FACILITY-BASED DELIVERIES)

Record all persons who performed the woman’s health check. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. If the woman reports that more than one person conducted the first postpartum check in PN3, select all persons reported. If you are unsure how to categorize a person mentioned, select “other” and enter the response in the space provided.

PN4-6: POSTNATAL CHECK FOR BABIES WHILE AT THE HEALTH FACILITY

**Note: For a woman who delivered in a health facility, questions PN4-6 will focus on checks on her baby’s health BEFORE leaving the health facility.**

PN4 asks about whether the baby received a check from anyone while still at the health facility. PN4 is composed of two parts – an introduction and a question. Note that the introduction provides a series of examples to illustrate what we mean by “check on the baby’s health”, such as checking the cord, measuring the baby’s temperature, weighing the baby, observing breastfeeding, and counseling danger signs. These are meant to be examples only so it is okay if the baby’s health check did not include any of these specific components. Make sure to read the introduction before asking the question so that the respondent understands the meaning of our question. Select ‘yes’ or ‘no’. If select no, skip to PN7.

For those babies who had a check while at the health facility, additional questions are asked about the timing (PN5) and the person who did the first check (PN6). Ask how much time after the birth was the baby checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks). If the woman responds within the first hour, probe to be sure that the check occurred after the completion of the delivery and was not a part of that process. If so, enter “00” in the unit of time “1”, otherwise probe to know if any check happened after the delivery of [NAME] but before leaving the health facility.

PN6: WHO CHECKED ON THE BABY’S HEALTH AT THAT TIME? (FACILITY-BASED DELIVERIES)

Record all persons who performed the baby’s health check. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. If the woman reports that more than one person conducted the first postnatal check in PN6, select all persons reported. If you are unsure how to categorize a person mentioned, select “other” and enter the response in the space provided.

PN7-10: POST-DISCHARGE CHECK FOR MOTHERS WHO GAVE BIRTH AT A HEALTH FACILITY

**Note: For a woman who delivered in a health facility, questions PN7-10 will focus on checks on her health that took place AFTER leaving the health facility.**

PN7 asks if the woman was seen by anyone for a check of her health after leaving the health facility. For those women who had a post-discharge check, additional questions are asked about when the check took place (PN8), the person who did the check (PN9), and where the check took place (PN10). To ensure that the purpose of this and the following questions is clear, it is important to read the introduction before reading the question.

For PN7, select ‘yes’ or ‘no’. If no, skip to PN11. If yes, ask PN8 how much time after the birth was the mother checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks).

PN9: WHO CHECKED ON THE MOTHER’S HEALTH AT THAT TIME? (FACILITY-BASED DELIVERIES)

Record all persons who performed the health check on the mother after being discharged from the health facility. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. Check all persons who were involved in that (first) health check. If you are unsure how to categorize a person mentioned, select “other” and enter the response.

PN10: WHERE DID THIS CHECK TAKE PLACE? (FACILITY-BASED DELIVERIES)

The intent of this question is to identify where the health check occurred after leaving the health facility. Note that care can be given at a health care facility or provided in the woman’s home or another home. If the place is in the public sector, but is not one of the available answer choices, select ‘other public’ and record the description in the space provided. Similarly, if the place is in the private medical sector, but is not one of the available answer choices, select ‘other private medical’ record the description in the space provided.

If you are unable to determine whether public or private, select ‘other’ and record the name of the place in the space provided and tell your supervisor. Your supervisor will learn from other people in the community whether the place is public or private and then select the code corresponding to the response.

If the respondent names another place not listed, select ‘other’ and record the name of the place in the space provided. Places that are not health facilities, other than home, should also be coded as ‘other’ and described.

PN11-14: POST-DISCHARGE CHECK FOR BABIES BORN AT A HEALTH FACILITY

**Note: For a woman who delivered in a health facility, questions PN11-14 will focus on checks on her baby’s health AFTER leaving the health facility.**

PN11 asks about whether the baby received a check from a health provider or traditional birth attendant in the two months after the baby was born. The term health provider includes health professionals such as doctors, nurses, midwives, as well as community health workers. For those newborns who received a post-discharge check, you will ask about the timing of the check (PN12), the person who did the check (PN13), and where the check took place (PN14).

In PN11, select ‘yes’ or ‘no’. If no, skip to Family Planning Module.If yes, ask how much time after the birth was the baby checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks).

PN13. WHO CHECKED ON THE BABY’S HEALTH AT THAT TIME? (FACILITY-BASED DELIVERIES)

Record all the persons who performed the health check on her baby after leaving the health facility. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. Check all persons who were involved in that (first) health check. If you are unsure how to categorize a person mentioned, select “other” and enter the response.

PN14: WHERE DID THIS CHECK TAKE PLACE? (FACILITY-BASED DELIVERIES)

The intent of this question is to identify where the health check occurred for her baby after leaving the health facility. Note that care can be given at a health care facility or provided in the woman’s home or another home. If the place is in the public sector, but is not one of the available answer choices, select ‘other public’ and record the description in the space provided. Similarly, if the place is in the private medical sector, but is not one of the available answer choices, select ‘other private medical’ record the description in the space provided. If you are unable to determine whether public or private, select ‘other’ and record the name of the place in the space provided and tell your supervisor. Your supervisor will find out from other people in the community whether the place is public or private and then circle the code corresponding to the response.

If the respondent names another place not listed, select ‘other’ and record the name of the place in the space provided. Places that are not health facilities, other than home, should also be coded as ‘other’ and described.

**For all women who delivered in a facility and responded to PN1-14, you will proceed to the next module. The following questions pertain to women who did not deliver in a health facility (CB15 is 11-13 or 96).**

PN15-18: POSTPARTUM CHECK FOR MOTHERS WHO GAVE BIRTH OUTSIDE OF A

HEALTH FACILITY

**Note:** **For a woman who delivered outside of a health facility, questions PN15-18 will focus on checks on her health after delivery.**

PN15 asks if the woman was seen by anyone for a check of her health after giving birth. Note that the introduction provides a series of examples to illustrate what we mean by a check on the mother’s health; these are meant to be examples only so it is okay if the health check did not include these specific components. Make sure to read the introduction before asking the question so that the respondent understands the meaning of our question. Select ‘yes’ or ‘no’ and continue to the next question. If no, skip to PN19.

If yes, ask PN16 how much time after the birth was she checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks).

PN17: WHO CHECKED ON THE MOTHER’S HEALTH AT THAT TIME? (NON-FACILITY BASED DELIVERIES)

Record all persons who performed the health check for the mother. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. Check all persons who were involved in that (first) health check. If you are unsure how to categorize a person mentioned, select “other” and enter the response.

PN18: WHERE DID THIS CHECK TAKE PLACE? (NON-FACILITY BASED DELIVERIES)

The intent of this question is to identify where the health check for the mother occurred. If the place is in the public sector, but is not one of the available answer choices, select ‘other public’ and record the description in the space provided. Similarly, if the place is in the private medical sector, but is not one of the available answer choices, select ‘other private medical’ record the description in the space provided. If you are unable to determine whether public or private, select ‘other’ and record the name of the place in the space provided and tell your supervisor. Your supervisor will learn from other people in the community whether the place is public or private and then circle the code corresponding to the response.

If the respondent names another place not listed, select ‘other’ and record the name of the place in the space provided Places that are not health facilities, other than home, should also be coded as ‘other’ and described.

PN19-22: POSTNATAL CHECK FOR BABIES WHO WERE DELIVERED OUTSIDE OF A

HEALTH FACILITY

**Note:** **For a woman who delivered outside a health facility, questions PN19-22 will focus on health checks for her baby after delivery.**

PN19 is composed of two parts – an introduction and a question. The introduction provides a series of examples to illustrate what we mean by “check on the baby’s health”; these are meant to be examples only so it is okay if the baby’s health check did not include any of these specific components. Make sure to read the introduction before asking the question so that the respondent understands the meaning of the question.

The second part of PN19 asks the mother if the baby received a check from a health provider or traditional birth attendant within two months after the baby was born. The term health provider includes health workers such as doctors, nurses, midwives, as well as community health workers. Select ‘yes’ or ‘no’. If no, skip to the next module.

If PN19 is yes, ask PN20 how much time after the birth was the baby checked, using one of the approaches described above to inquire, if necessary. Enter the time in hours if less than one day, otherwise in days or weeks, and select the appropriate unit of time (hours, days or weeks).

PN21: WHO CHECKED ON THE BABY’S HEALTH AT THAT TIME? (NON-FACILITY BASED DELIVERIES)

Record all the persons who performed the health check. Probe to know if there was someone else. If the woman is unsure of the status of the person, for example, if she doesn’t know whether the provider was a midwife or a traditional birth attendant, probe further. Check all persons who were involved in that (first) health check. If you are unsure how to categorize a person mentioned, select “other” and enter the response.

PN22: WHERE DID THIS CHECK TAKE PLACE? (NON-FACILITY BASED DELIVERIES)

The intent of this question is to identify where the health check occurred. If the place is in the public sector, but is not one of the available answer choices, select ‘other public’ and record the description in the space provided. Similarly, if the place is in the private medical sector, but is not one of the available answer choices, select ‘other private medical’ record the description in the space provided. If you are unable to determine whether public or private, select ‘other’ and record the name of the place in the space provided and tell your supervisor. Your supervisor will learn from other people in the community whether the place is public or private and then circle the code corresponding to the response.

If the respondent names another place not listed, select ‘other’ and record the name of the place in the space provided Places that are not health facilities, other than home, should also be coded as ‘other’ and described.

### Family Planning Module (FP)

This module is administered to all women age 15-49 years. Check for the presence of others and request privacy for this module. You will be asking some sensitive questions, like whether the woman is pregnant, sexual activity, date of last menses, if she is using contraceptives and her family planning preferences.

FP1-3: MARITAL OR DOMESTIC PARTNERSHIP STATUS

These questions seek to define the respondent’s partnership status and the first date of shared residency with a partner. If the woman has been married and/or lived with a man more than once, you will want to ask when she started living with her first husband or partner. If date given, select and enter the month and year stated by the respondent. If the respondent is unsure, probe to get an estimate of the year. You may ask how old the respondent was at the time, who was president, whether a certain historical event had occurred at the time. If you cannot estimate the date, indicate that she does not know. If the woman reports that she has never been married/in union skip to FP4.

FP4: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

FP5-11: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent’s exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

FP5: AGE AT FIRST INTERCOURSE

Read the entire question to the respondent and emphasize that complete confidentiality of her answers. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman’s year of birth from the year of birth of the woman’s first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at intercourse in FP5 is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it. If she has never had intercourse, select code ‘8’ and skip to FP27.

FP6: WILLINGNESS TO HAVE SEXUAL INTERCOURSE

The purpose of FP6 is to know whether woman had first sexual intercourse through her own will or not. First sexual intercourses happened while women were still young and immature, and more generally with male partners who were older. As a result of sexual abuse or gender-based violence, women may be abused or forced to have sexual intercourse. This question applies only to first sexual intercourse, and is very sensitive since a woman may have been a rape victim or suffered other forms of sexual violence or abuse during that first experience. So be careful to avoid recalling difficult or painful memories. Just record “Yes”, “No” or “Don’t know” according to answer provided by woman without any details.

FP7: LAST TIME HAD SEXUAL INTERCOURSE

FP7 applies to the respondent’s last, or most recent, sexual partner. Fill in the respondent’s answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response ‘00’ YEARS.

Example: If she says “three weeks ago,” select “THREE WEEKS AGO” in your tablet. If she says “four days ago,” select “FOUR DAYS AGO” in your tablet.

If the respondent appears to be rounding off her answer, probe for an exact answer.

Example: If she says “about a week ago,” ask, “Do you remember which day? Was it before or after the weekend?” In some cases, you may have to convert a respondent’s answer. Example: If the respondent says, “this morning,” select “LESS THAN 1 DAY AGO”.

If the respondent had sex within the past year, proceed with FP8. If the last time she had sex was more than 12 months ago, skip to FP10.

FP8: CONDOM USED AT LAST INTERCOURSE

This question is asking about whether or not a male or female condom was used the last time she had sex with her most recent sexual partner.

FP8a: SOURCE OF CONDOM PROCUREMENT AT TIME OF LAST SEX

This question asks from what source the respondent or her partner obtain the condom used the last time she had sex. If she says someone else got the method for her, ask whether she knows where that person got it, and record the source. Probe to identify the type of source

FP9: CONDOM USE DECISION MAKING AT TIME OF LAST SEX

FP9 seeks to know whether a woman participated in the decision making regarding her reproductive health rights for condom use as a means to avoid pregnancy and/or STIs/HIV. Specifically, it is asking who made the decision to use the condom the last time she had sexual intercourse. Record the answer given depending on whether using the condom the last time she had sex was mainly woman’s decision, her partner/husband’s decision or if it was a joint decision.

FP10: CONDOM PROCUREMENT

Some people, mostly adolescent girls, continue to face difficulties in accessing condoms or family planning commodities more broadly. They should be interested in using condoms, but may not be able to get one. So this question seeks to assess barriers and the women’s ability to procure and/or afford a condom. Ask the question to woman and record “Yes” or “No” according to her response.

FP11: CONDOM KNOWLEDGE

This question assesses the knowledge of using condoms, regardless of whether or not the respondent states that they are currently using a condom or not. Read the question exactly as worded. Wait for the respondent to answer before selecting the appropriate response. Do not read the response options to the respondent as we are trying to assess her knowledge of why a condom is used. If she does not understand the question, you should read it out again. Sometimes respondents misunderstand the question and think you are asking about their personal experience. Be sure that the respondent has understood the question before accepting a final answer. If she provides a response other than prevent pregnancy, prevent STIs, or both prevent pregnancy and STIs, select “OTHER”. If she does not know what a condom is used for, selected “DON’T KNOW”.

FP12: CURRENTLY PREGNANT

If the respondent says she is definitely not pregnant, proceed as if she is not pregnant. If the response is negative, probe to make sure she is sure that she is not pregnant, and proceed to FP15.

FP13 AND FP14: INTENTION OF PREGNANCY

For respondents who report being currently pregnant, you can ask if the respondent wanted to get pregnant **at that time**. If the respondent says yes, skip to FP27. If the respondent says she did not want to get pregnant at that time, ask if the respondent would have wanted to wait longer to have a/another child or if she did not want to get pregnant (again) at all. This may be a sensitive subject among women who are expecting a baby. Be sure to phrase this question delicately, for instance, ask: “If you could have planned it, would you have wanted another baby later?” And if the answer is no, verbally confirm that she does not want any more children. After answering this question, skip to FP27.

FP15: LAST MENSTRUAL PERIOD

If given, select the month and year cited by the respondent. If cited in time-since-last menstrual period, select the corresponding number of days, weeks, months, or years. Otherwise, indicate if the respondent says that she has experienced menopause or had a hysterectomy, last menstruated before her last child was born, or never menstruated. If she is in menopause or had a hysterectomy or if she has never menstruated, skip to FP27.

FP16 and FP17: CURRENT AND PAST FAMILY PLANNING METHOD

These questions pertain to any form of birth control or birth spacing strategies. FP16 pertains to a method being currently used. FP17 pertains to ever use of any method. You need not ask which methods, only whether any efforts were made. You will ask what is being used in the next question.

FP18: CURRENTLY USING A METHOD

This question asks for the woman’s current contraceptive methods. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

Female and male sterilization provide permanent protection against pregnancy. If the woman’s current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a partner who had a vasectomy, this should not be noted as the current method.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to FP16 and then says that the current method she is using is abstinence, you should go back and change FP16 to NO.

The following provides additional information on contraceptive methods that may be useful in interpreting the responses to this question:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormone IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on type) before needing to be replaced.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*®. Another injectable contraceptive, NET EN (also called *Noristerat*®) is given every two months.

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman’s upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

DIAPHRAGM. Diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

FOAM/JELLY. Spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to:

• Breastfeed frequently (without feeding the child anything else except very limited amounts of plain water);

• Know that the method can be used for up to six months after a birth as long as menstruation has not returned;

• Know that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, she should begin using another method of contraception if she wants to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman’s monthly cycle. Nor is it the same as Standard Days Method, which requires the use of colored beads or a similar tool. To ensure that the respondent understands, stress the phrase “on the days of the month she is most likely to get pregnant.” Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

FP19: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. FP19 is asked only of women who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle ‘6’ and write her answer in the space provided.

FP20: DECISION NOT TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision not to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. FP20 is asked only of women who are not currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle ‘6’ and write her answer in the space provided.

If the woman mentions more than one method, record all methods that are currently being used.

FP21: Filter

This filter to check if the woman had a live birth in the previous two years will be automatically applied in the tablet. Questions FP22-24 are asked for women with a live birth in the last 2 years.

FP22-23: INTENTION OF LAST PREGNANCY

Ask in FP22 if the woman’s last pregnancy was planned. If not, ask if the respondent would have wanted to wait longer to have another child or if she did not want to get pregnant at all. Be sure to phrase this question delicately, and in privacy. For instance, ask: “If you could have planned it, would you have wanted to have a baby later?” And if the answer is no, verbally confirm that she would not have wanted to have any more children.

FP24: RETURN OF MENSTRUAL PERIOD

For respondents who had a live birth in the previous two years, ask whether they have menstruated since the birth of their last child. It is not necessary to record the date.

**If you have not done so already, it is critical to check that you are conducting the remainder of this module in privacy.**

FP25-26: FUTURE CHILDREN

These questions pertain to the respondents’ intention to have subsequent children. If the woman would like to have more children but have them spaced, then ask FP26 to determine how long she would like to wait.

FP27-28: FAMILY PLANNING INFORMATION FROM A FIELDWORKER

These questions are asked for the purpose of assessing the coverage of family planning information provided to women, particularly family planning nonusers, by fieldworkers in the last 12 months.

FP27: VISITED BY A FIELDWORKER IN PAST YEAR

FP27 is asked to ascertain whether any fieldworker visited the respondent in the last 12 months. Circle the code corresponding to the response. If the answer is ‘No’, skip to FP29. But if the respondent was visited, continue with FP 28.

FP28: FAMILY PLANNING DISCUSSED BY A FIELDWORKER

In FP28, ask if the fieldworker talked to the respondent about family planning. It does not matter whether the fieldworker was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. The fieldworker may have visited for a purpose that was not primarily family planning, for example, the fieldworker may have visited to check on the health of a child; if the fieldworker discussed family planning with the respondent, record YES.

FP29-30: FAMILY PLANNING INFORMATION AT A HEALTH FACILITY

FP29 to FP30 are asked for the purpose of assessing the coverage of family planning information provided to women, particularly family planning nonusers and for youth between the ages of 15-24 years, by any staff member at a health facility in the last 12 months.

FP29a-FP29b: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself, her husband/partner, and/or her children in the past 12 months. The visit(s) did not have to be specifically for family planning. She may have visited the health facility within the last 12 months on several occasions for different reasons. If she said says she visited the health center for her child and/or her husband/partner, probe to make sure she did not receive any care for herself. For example, if she states she received care for herself and also for her child, choose “Both herself and her husband/partner or child”. If she states that she took her sister to the health facility, select “someone else”. If the answer is “No visit to HF in last 12 months”, skip to FP33. If she visited a health facility in the last 12 months for any reason, continue with FP30 to ask for the location of where she sought care the last time she visited a health facility.

FP30: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits within the last year, record YES.

FP31: FILTER

If a woman is 15-24 years old and received care for herself or both herself and her husband/partner/child, continue to FP32. If she is 25 years old or older or if she didn’t receive care for herself or both herself and her husband/partner/child, skip to FP33.

FP32: SERVICES SOUGHT AT HEALTH FACILITY THE LAST TIME

Be sure to read the question probe first and each item clearly one at a time. Make sure the respondent understands the question/answer provided and responds before moving on to the next item. For women who are 15-24 years old and have had a live birth within the last 2 years, this question may seem repetitive given the sequence of questions asked previously about antenatal care, delivery care, and postnatal care. Explain that the questions here are asked in order to specifically target youth between the ages of 15-24 years old to understand what services she herself received while at the health facility the last time. Other health issues(s) is broad and could be for a reason that is private or sensitive, the woman does not need to tell you what the reason was in order to select “yes” to this item.

FP33: ATTITUDES TOWARDS CONTRACEPTION

This question includes two statements that assess the respondent’s attitudes towards taking responsibility for contraception and about the effect of contraception on women’s behavior. Be sure to choose a response for each of the two questions. The word “promiscuous” means that someone has sexual relations with many people.

FP34: PRIVACY

The previous questions require a high level of confidentiality. In case complete privacy with the respondent was not possible, here you will record those persons whom may have been present during the interview of questions FP4-FP32. It is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

### HIV/AIDS module

This module is administered to all women age 15-49 years without considering the marital status or whether or not they are sexually active.

HI1. REQUEST PRIVACY FOR THE MODULE

Check for the presence of others and request privacy for this module. You will be asking some sensitive questions, like whether the woman had ever been tested for HIV that is AIDS virus. It is important that you do not attempt to find out the HIV status of any respondent who has been tested, or simply that you have any interest in knowing her HIV status. Ask the questions, ensuring that the respondent knows that you are not interested in learning the results of any test she may have undergone.

HI2. EVER BEEN TESTED FOR AIDS VIRUS

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested for AIDS virus at any time. Simply, circle the code corresponding to the response. If the answer is “No”, skip to the next module.

HI3: TIMING OF MOST RECENT AIDS VIRUS TEST

Ask the respondent when she was last tested for AIDS virus. Record the number of months if the most recent test was less than 2 years ago. If the respondent knows she was tested, but is not sure when the test took place, probe to obtain an estimate of how many months ago it was. If the last test took place two or more years ago, enter “95”.

HI4: RESULTS OF AIDS VIRUS TEST

Ask the respondent if she was told the results of the AIDS virus test. Sometimes people are tested for the AIDS virus but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent knows the result of her test. If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested. Simply circle the code corresponding to the response.

### Work and Decision Making Module (DM)

DM1-3: RESPONDENTS CURRENT (OR MOST RECENT) EMPLOYMENT

These questions are concerned with any work either at home or outside of the home. It does not include housework that the respondent does herself. The time reference for DM1-2 is the 7 days before the survey interview.

DM2 is asked because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of DM2 so the respondent understands what we mean by “work.”

DM3 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman has done any work in the 12 months before the survey.

DM4: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work, including work done at home or outside of the home. Payment can come in two forms: in “cash” and in “kind.”

For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work. In this example, you would select CASH AND IN KIND as the response for DM4.

To answer DM4, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment of money or other goods, then she is NOT PAID.

DM5 and DM6: CONTROL OF RESOURCES

Women are 'mainly' considered to have control over their own income if they participate in decisions alone or jointly with someone else.

DM5 asks whether the respondent has any money of her own that she alone has control over. Money of her own includes money earned from paid work or other sources, such as money from family / relatives, her husband/partner, or from someone else. If the respondent states that she has money of her own that she alone has control over, record ‘YES’ in DM5 and skip to DM7.

If DM5 is ‘NO’, then ask DM6 to specify the person or people who decide how the respondent’s own money will be used. Note that these questions include all forms of income that the respondent may have, including money earned from paid work and/or other sources of income. As there may be multiple people who decide how her money will be used, record all responses. If the respondent does not have any money, record ‘RESPONDENT HAS NO MONEY’.

DM7 and DM8: BANK ACCOUNT

DM7 asks whether the respondent has a bank account or an account in any other savings institution in her own name or jointly with someone else. If she does not have a bank account, you will skip to DM9. If she does have a bank account, DM8 asks if she herself operates the account (i.e. signs checks or deposits and withdraws money).

DM9 and DM10: MOBILE MONEY ACCOUNT

In DM9, you will first ask if the woman owns a mobile phone. If she does not own a mobile phone, you will skip to DM11. If she owns a mobile phone, ask if the woman uses mobile money or has a mobile money account like **[insert local examples or brands]** or otherwise. Record the appropriate answer in DM10.

DM11: FILTERS FOR MARITAL STATUS

DM12 and DM13: HUSBAND’S WORK

DM12 and DM13 ask if the respondent’s husband/partner worked recently. In DM12 ask about work in the last 7 days. If the respondent’s husband/partner has not worked in the last 7 days or the respondent doesn’t know, ask DM13 to determine if he has worked in the last 12 months.

DM14: WOMAN’S CONTROL OVER AND USE OF HUSBAND/PARTNER’S CASH INCOME

Women are 'mainly' considered to have control over their husband / partner's cash earnings if they participate in decisions alone or jointly with their husband/partner.

DM14 is concerned with whether the respondent is involved in decisions about how her husband or partner’s earnings will be used. The question allows for only a single response with regard to who usually decides how the husband or partner’s earnings will be used. The word ‘jointly’ refers to the respondent’s making the decisions jointly with her husband or partner (Code ‘3’ – Husband/partner jointly). If the husband decides by himself, circle ‘2’ (Husband/partner). If someone other than the respondent and her husband (e.g., another relative) makes the decision, circle ‘6’ for OTHER and ask the respondent to specify. Note there is code corresponding to HUSBAND/PARTNER HAS NO EARNINGS.

DM15: WOMAN’S DECISION MAKING OVER HEALTH CARE

Women are 'mainly' considered to have control over their own health care decision-making if they participate in decisions alone or jointly with someone else.

DM15 address the roles of the woman and her husband/partner family/relative, or someone else in making decisions about the woman’s own healthcare. Decision-making can be a complex process so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent’s answer to the question. Use Code ‘1’ for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, circle ‘2’ – Husband/partner. If she and her husband usually consult about decisions, circle ‘3’ – Respondent and husband/partner jointly. If, for example, she says that her in-laws alone usually make the decisions about her own healthcare, then circle ‘4’ – Family/relative. If she and her family / relative usually consult about decisions, circle ‘5’ – Respondent and family/relative jointly. If, for example, she says that someone other than her family/relative usually make the decisions about her own healthcare, then circle ‘6’ for someone else or ‘7’ for respondent and someone else jointly.

DM15a: OPINION ABOUT PREGNANCY

DM15a contains two items asking the woman if she agrees or disagrees with the statement about pregnancy. Read the opening question and then read the first item before moving on to the second item. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is assessing the woman’s opinion and is not asking about the current situation with respect to the father’s involvement in childbearing (item a) or having a doctor/nurse assist at delivery (item b). The woman you are interviewing may not have ever been pregnancy, yet she is still able to respond to the question based on her opinion about pregnancy. If a woman states that the father of her child/children was not involved during pregnancy, but thinks that fathers should be involved (i.e. they should accompany her to ANC) – in this situation you should select “disagree” to item a.

DM15b: OPINION ON DECISION-MAKING

DM15b is assessing the woman’s opinion about autonomy and/or joint decision-making within coupled relationships. Read the opening question and ask and obtain a response for the first item before moving on to the next item. This question is asking for the woman’s opinion on who should have the greater say in decision-making for each item, either a husband, wife, or both equally. Her opinion may not reflect her current situation with respect to her relationship with her husband/partner. For example, the woman you are interviewing may not be currently married or living with a man as if married, yet she is still able to respond to the question based on her opinion on decision-making between a husband and a wife.

DM16: PERMISSION TO GO TO PLACES ON OWN

This indicator measures a woman’s autonomy to decide how she uses her time. DM16 asks whether the respondent is **usually** able to leave the house on her own, only if someone accompanies her, or not at all and measures a woman’s autonomy to decide how she uses her time. The question asks this in relation to a number of locations. Read the opening question and then read each location separately. Wait for the respondent to answer before going on to the next item. Use Code ‘1’ for ALONE, Code ‘2’ for NEVER ALONE (i.e. needs to be accompanied), and Code ‘3’ for NOT AT ALL (i.e. is never allowed to leave the house or compound).

DM17: ATTITUDES TOWARDS BEATINGS

Read the opening question and then read each item separately. Wait for the respondent to answer before going on to the next item. If she does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent’s opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

DM18-19: RIGHT TO REFUSE SEX

These questions are asked of all respondents, regardless of whether or not they themselves are currently married/partnered or sexually active. The questions ask for the respondent’s opinion and not about her current situation or personal experience. The questions ask the respondent to say whether or not she thinks a woman has a right to refuse to have sex with her husband/partner in her community and in various hypothetical situations: i.e. if a husband has sex with other women. DM19 ask the respondent if a husband has the right to various actions if she were to refuse to have sex with him, such as getting angry, or using force. Again, DM19 is asking about the respondent’s opinion and not about her current situation or personal experience.

DM20: PRIVACY

The previous questions require a high level of confidentiality. In case complete privacy with the respondent was not possible, here you will record those persons whom may have been present during the interview of questions at this point. It is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

### Observations on the Woman Questionnaire (OW)

The interviewer must record the main language of the interview (OW1) and if a translator was used for any part of the questionnaire for the individual woman (OW2). The remaining section are for the interviewer (OW3) and supervisor/editor (OW4) to write any notes or observations regarding this particular woman’s interview.

## c. Children Under-five’s Questionnaire

The purpose of the Under-5 Child Questionnaire is to verify children’s age and assess coverage of key child health interventions. This questionnaire is to be administered to all mothers or caregivers who care for a child who lives with them and who is under 5 years of age.

The Under-5 Child Questionnaire consists of the following sections:

Section 1: Child Information Panel

Section 2: Child Information Module

Section 3: Breastfeeding and Nutrition Module

Section 4: Child Immunization Module

Section 5: Vitamin A Module

Section 6: Cough and Fever Module

Section 7: Diarrhea Module

Section 8: Birth Registration Module (OPTIONAL)

Section 9: Anthropometry Module (OPTIONAL)

Section 10: Observations on the Child Questionnaire

At the beginning of the interview, ask the mother/caretaker for relevant documentation, such as birth certificates and vaccination (health) cards, for eligible children.

### Child Information Panel (UF)

UF1-UF11: HOUSEHOLD, CHILD’S AND CAREGIVER’S INFORMATION

This information will be automatically filled by the tablet. Double check to make sure you are collecting information on the correct child.

INFORMED CONSENT

**Note: If informed consent has already been administered to the mother or primary caretaker, you do not need to re-administer the script.**

If informed consent for the mother/primary caretaker has not been administered, read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, the mother or primary caregiver being interviewed must sign the consent form or have their fingerprint stamped on the consent line. You, the interviewer, must sign in the space provided to affirm that you have read the statement to the respondent and bear witness to the informed consent process. You must also date the consent form in the appropriate place.

If the caretaker agrees to continue the survey (consent), enter ‘Child's mother/caretaker was found and gave consent’ as the interview result. If the mother or primary caregiver does not agree to provide information about the child, thank the respondent, and end the interview. Then enter ‘REFUSED’ as the interview result.

If the caretaker is aged less than 15 years of age, she or he is not eligible to participate. Enter code “3” for “not competent”, thank the respondent, and end the interview.

REQUEST FOR DOCUMENTS

If not already done, ask the mother/primary caretaker to collect any birth certificates, identity cards, health/vaccination cards or other vaccination documentation, or other health records that are available for this child and any other children she cares for. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while they look for them.

### Child Information Module (CI)

The Child Information Module (CI1 to CI3) is used to determine the child’s age and sex.

CI1: MONTH AND YEAR OF BIRTH

CI1 and CI2 must be asked independently of the information in the Household Questionnaire and/or the Women Questionnaire (if the respondent is the biological mother of the child). Even if you already asked the child’s age when you were completing the Household or Women’s Questionnaire, you must ask again for the date of birth on the Under 5 Questionnaire.

If the respondent knows the date of birth of the child, record it in the appropriate spaces for MONTH and YEAR. You will need to convert the month into numbers. For this, January is ‘01’, February is ‘02’, March is ‘03’, and so on. If she does not know the child’s month of birth, enter ‘98’ for DON’T KNOW MONTH and ask her for the year of birth. If she knows the year, record it in the spaces for YEAR. The year of birth is required. If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give the child’s date of birth.

CI2: AGE AT LAST BIRTHDAY

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the age. If the respondent **knows** the child’s age, record it in the space provided. If the child is less than one year, record the age in completed months and if the age of the child is less than one month, record ‘00’. If the age of the child is one year or more, record age in completed years. If the respondent says that the child is one year old, probe to determine the child’s age in months. If the child is in fact less than 12 months old, record the age in months. Otherwise, record ‘1 year’. If the caretaker **does not know** the child’s age, you will need to use the methods we have learnt for the woman’s age to estimate age.

The tablet will check for consistency between the child’s age and date of birth. If the age and date of birth are inconsistent, then you will have to probe further to determine the child’s correct age or date of birth. Do not assume that one of the answers is correct. Ask the mother/caretaker again and confirm the age. Use the methods for checking consistency of and correcting birth dates and ages presented in the Women’s Information Module (see **Checking Consistency of Birth Date and Age Responses** and **How to Correct Inconsistent Answers**).

CI3: GENDER

Select the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, “and Joyce is a girl?” Do not assume the sex of the child from the name.

### Breastfeeding and Nutrition Module (BN)

This module collects information on how the child is being fed. The module is to be administered to all children born in **[2015, 2016, or 2017] *{Adapt according to survey year i.e. 2017 in this example}*.** The data capture program will automatically direct you to this module based on the information you entered in CI2. If the child is born before **[2015] *{Adapt according to survey year i.e. 2017-2 in this example}***, the tablet will direct you to the Vitamin A module.

BN1: CHILD EVER BREASTFED

Breastfeeding is important for child health. For this question, it does not matter how long the child was breastfed, only whether or not the child ever received breast milk, even if it was only once. If the respondent is not the child’s biological mother and does not know whether the child was ever breastfed, record ‘Don’t know’.

BN2: CHILD STILL BEING BREASTFED

Ask the respondent if the child is still being breastfed. Note that for BN2, it does not matter whether the child is receiving other liquids or foods as well; we are interested in knowing whether the child is still being breastfed at all.

BN3: LIQUIDS AND NON-LIQUID FOODS CONSUMED

The purpose of these questions is to determine the child’s feeding patterns. Read each of the items and whether the child had taken the liquids, solid, semi-solid or soft foods mentioned in the **day before** the interview (from morning to night).

BN4-6: SOLID, SEMI-SOLID, OR SOFT FOODS

BN4 is a filter that checks whether or not the child consumed at least one solid, semi-solid, or soft food in the day before the interview, based on BN3. The tablet checks this automatically.

If no solid, semi-solid, or soft foods were reported for the child in BN3, you will ask BN5. Question BN5 asks the mother directly whether the child consumed any solid, semi-solid, or soft foods in the previous day or night. If the respondent says that the child usually eats solid foods but that he/she did not eat any yesterday, record No. If select ‘no’ to BN5, you will skip to the next module in the Under-5 Questionnaire.

If the child has consumed at least one non-liquid food, ask how many times the child received solids, semi-solids, or soft foods in the day before the interview (BN6). Count snacks given to the child between regular meals separately. If the number is 7 or more, select ‘7 or more times’.

*Example*: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record ‘3’ in BN6 since the child ate solid/semisolid foods 3 times the day before the interview.

BN7: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Ask the respondent about what was done the last time their youngest child passed stools.

### Child Immunization Module (IM)

This module collects information on the child’s vaccination status. The module is to be administered to all children under 3 years old (that is, all children 0-35 months of age). Children older than 3 years should be excluded. The data capture program will automatically direct you to this module based on the information you entered in CI2 if the child is less than 3 years old. If the child is 3 years old or older it will direct you to the next module.

IM1: VACCINATION (HEALTH) CARD

You should have obtained documentation (birth certificates and vaccination (health) cards) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, select ‘YES, VACCINATION CARD SEEN BY INTERVIEWER’. If the respondent says the child has a vaccination (health) card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, select ‘YES, CARD NOT SEEN BY INTERVIEWER’ for that child. If the respondent says she does not have a card for her child, select ‘NO VACCINATION CARD BOOK’.

**If the vaccination card was seen by the interviewer, proceed to IM2.**

**If the vaccination card was not seen by the interviewer or there is no vaccination card, skip to IM4.**

IM2: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to IM2, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to IM2, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also IM2 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, not dates of appointments. Be patient and read the card thoroughly.

If the card shows only part of the date, record ‘98’ for DON’T KNOW in the column for which the information is not given.

*Example*: If the date given was July 2016, you would record ‘98’ for DAY, ‘07’ for MONTH, and ‘16’ for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record ‘44’ in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely.

If the card does not show that a vaccination was given, record ‘00’ for the day, month, and year.

*Example*: The left side of the table below shows the information recorded on Child X’s vaccination card. The right side of the table shows the information on Child X’s vaccinations recorded on the questionnaire.

**[Adapt names, dates and vaccines per country’s recommendations]**

|  |  |
| --- | --- |
| **CHILD X’s VACCINATION CARD** | **VACCINATION INFORMATION RECORDED IN QUESTIONNAIRE** |
| VACCINE DATE |  | DAY | MONTH | YEAR |
| DPT-HepB-Hib1  August 25, 2002 | DPT-HepB-Hib 1 | 2 | 5 | 0 | 8 | 0 | 2 |
| DPT-HepB-Hib2  October, 2002 | DPT-HepB-Hib 2 | 9 | 8 | 1 | 0 | 0 | 2 |
|  | DPT-HepB-Hib 3 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | PCV1 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | PCV2 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | PCV3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles Given, no date | MEASLES | 4 | 4 |  |  |  |  |

IM3: VACCINATIONS NOT ON VACCINATION CARD

Sometimes a child receives a vaccine but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccination given in national immunization campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, select ‘YES’ in IM3. Then, go back to IM2, record ‘66’ in the DAY column next to the vaccine received, and leave the month and year blank.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. Select ‘NO’ in IM3. For any response to IM3, the tablet will skip to IM13.

**If the vaccination book was not seen, the tablet will have skipped from IM1 to IM4.**

IM4: EVER HAD VACCINATION (NO CARD)

You will ask this question for children for whom you did NOT see a vaccination card. The question is to assess if the child received any vaccination to prevent him/her from getting diseases. This question includes vaccinations received in national immunization campaigns.

IM5-6: EVER HAD DPT VACCINE

If you did not see a child’s vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received a DPT vaccine (make sure to read the description of injection site in the question) and, if so, how many times.

IM7-8: EVER HAD MEASLES VACCINE

If you did not see a child’s vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received a measles vaccine (make sure to read the description of injection site in the question).

IM9-10: EVER HAD PNEUMOCOCCAL VACCINE

If you did not see a child’s vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received a pneumococcal vaccine (make sure to read the description of injection site in the question).

IM11-12: EVER HAD ROTAVIRUS VACCINE

If you did not see a child’s vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received a rotavirus vaccine (make sure to read the description of injection site in the question).

IM13: VACCINATION CAMPAIGN

You will ask this question for all children under 3 years old (i.e. those with and without a vaccination card). Vaccination given during a campaign are usually not written on the card and sometimes a caretaker may not know what vaccine was given during the campaign. Ask them whether the child attended any of these recent campaigns and the information will be used later to adjust the vaccination status.

### Vitamin A Module (VA)

VA1: RECEIVED VITAMIN A IN THE PAST 6 MONTHS

These questions apply to all children under 5, whether you saw an immunization card or not. In VA1, ask whether the child received a dose of Vitamin A in the past 6 months. Show the photo of the Vitamin A capsule on the tablet to the respondent.

### Cough and Fever Module (CO)

CO1: FEVER IN THE LAST TWO WEEKS

Fever may be a symptom of malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Select ‘YES’ only if the fever occurred in the two weeks prior to the date of interview.

CO2: COUGH IN THE LAST TWO WEEKS

You should ask this question for all children, whether or not they had fever in the past 2 weeks. Select ‘YES’ only if the cough occurred at any time in the two weeks prior to the date of interview.

CO3: CHILD BREATHED FASTER THAN USUAL / HAD DIFFICULTY BREATHING

This question is asked only if the child had a cough in the past two weeks. In CO3 ask if he/she breathed faster than usual with short rapid breaths, or if she had difficulty in breathing. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

CO4: FAST / DIFFICULT BREATHING DUE TO CHEST PROBLEM / BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness, which is life threatening, and an ordinary runny nose, which is less serious.

CO5: FILTER

**The tablet will automatically check the answers to CO1-2.**

**If you selected ‘Yes’ for fever (CO1) and/or ‘Yes’ for cough (CO2), continue to CO6.**

**If ‘No’ or ‘DK’ for fever (CO1) AND ‘No’ or ‘DK’ for cough (CO2), proceed to next module.**

CO6-7: ADVICE OR TREATMENT SOUGHT FOR FEVER/COUCH

Select ‘YES’ in CO6 if anyone sought advice or treatment for the child’s fever or cough. If advice or treatment was sought, go on to ask CO7 to find out where the advice/treatment was sought. Probe to determine whether more than one place was consulted, and record all places mentioned. If the respondent does not know whether the facility is public or private or does not know the type of source, ask and write the name of the place in the space provided, and inform the supervisor about the problem in classifying the source.

CO8-9: TREATMENT OF THE FEVER / COUGH

In CO8, ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever/cough and, if so, what drugs the child received. Only record drugs the child took. If the caregiver was given drugs but the child did not take them, then record “No”. Note that more than one drug may have been given to the child during the illness. If the child received treatment, select all the drugs mentioned by the woman in CO9. To determine which drugs were given, follow the steps below:

1. First ask the mother what drug was given.
2. If she doesn’t know the exact name of the drug or is unsure, ask if you may see any pills remaining or the packaging from the drugs or a prescription given for the drugs.
3. If she does not have any remaining pills, drug package or the prescription, then show her pictures of typical drugs given, if available.
4. Select ‘don’t know drug’ only if she cannot show you the drug or you cannot determine the type of drug given to the child.

Knowing the exact drug given and where it was obtained is very important for this survey. Take your time on CO9 and get the most accurate answer possible.

CO10: FILTER

The tablet will automatically check whether the child was given an artemisinin-based combination therapy (ACT) from the response to CO9. If yes, you will go to CO11. If no, you will skip to the next module, DI1.

CO11: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH ARTEMISIN COMBINATION THERAPY (ACT)

This question asks about the time interval between the beginning of the child’s fever and when he/she took the first dose of Artemisinin Combination Therapy (ACT) to treat the fever. If he/she started taking ACT within 24 hours of when the fever started, record ‘0’ for SAME DAY. If ACT was first given between 24 and 47 hours (1 day) after the fever began, record ‘1’ for NEXT DAY, and so on.

*Example:* If the mother reported that the child's fever began in the evening and they received treatment the next morning, select the ‘SAME DAY’ because treatment was given within 24 hours of when the fever started. Do not confuse the response with calendar days – even though fever onset and treatment occurred over two calendar days (fever on the evening of one day to morning on a different day) it still counts as treatment received on the same day as it was given in less than 24 hours.

### Diarrhea Module (DI)

DI1: DIARRHEA IN THE LAST TWO WEEKS

If a respondent is not sure what we mean by diarrhea, tell her it means “more than three runny stools per day.” While reading this question, emphasize “in the last two weeks.” Children that are exclusively breastfed will sometimes have loose or watery stool. If the child is exclusively breastfed, then let the mother determine if it is diarrhea. If the response is yes, you will go on to DI2. If the child did not have diarrhea in the past 2 weeks, you will skip to the next module.

DI2: ORAL REHYDRATION SOLUTION GIVEN

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) or [**Insert country specific brands/examples**of ORS]. You will show them one example but make sure to explain that they may have used a different brand with different packaging (shape, color, etc). It is not necessary to specify which brand they used, only to indicate whether they did or did not receive ORS.

DI3 AND DI4: OTHER TREATMENT FOR DIARRHEA

In DI3, ask whether any treatment was given other than ORS. If a treatment other than ORS was given, proceed to DI4 and ask what other treatments were given. If in DI2 you learned that the child was given fluid from an ORS packet, then phrase DI3 by saying, “Was anything else given to treat the diarrhea?” If ORS was not given, ask DI3 by saying, “Was anything given to treat the diarrhea?” Record all treatments mentioned by the respondent. To determine which drugs were given, follow the steps below:

1. First ask the mother what drug was given.
2. If she doesn’t know the exact name of the drug or is unsure, ask if you may see any pills remaining or the packaging from the drugs or a prescription given for the drugs.
3. If she does not have any remaining pills, drug package or the prescription, then show her pictures of typical drugs given, if available.
4. Select ‘don’t know drug’ only if she cannot show you the drug or you cannot determine the type of drug given to the child.

### OPTIONAL: Birth Registration Module (BR)

BR 1 AND BR2: BIRTH REGISTRATION

In BR1 we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking in BR1 if the child has a birth certificate (a baptismal certificate if not issued by a government authority is not considered a birth certificate). If the respondent says the child does not have a birth certificate, then ask in BR2 if the child was registered with the civil authorities.

### OPTIONAL: Anthropometry Module (AM)

In the Anthropometry Module (AM1 through AM7), children will be measured for height/length, weight and edema. Measuring the height/length and weight in children aged 0-4 years is a good indicator of the health and nutrition status of children.

Weights and heights of all children under five will be measured. You will have a measuring board and a weighing scale and board as part of your materials. Be sure the weight for each child is recorded on the correct questionnaire. Procedures for conducting the weight and height measurements are described in detail in the Manual for Anthropometry. This section is confined to explaining how the results will be coded.

Note: AM1 and AM7 will be filled in automatically by the tablet.

AM2. RESULT OF HEIGHT/LENGTH AND WEIGHT MEASUREMENT

Record the appropriate result of the measurement.

AM3. HOW WAS THE CHILD WEIGHED?

AM3 records how the child was weighed and is used to determine the skip procedures based on whether the child was weighed alone or if they were weighed with the mother. The age of the child or ability of the child to stand alone will determine how to weight the child, explained in detail in the Manual for Anthropometry.

Children who are 2 years old or older can usually stand on the scale alone and you will select “child was weighed alone” for AM3. All children under the age of 2 are to be weighed with the mother. If the child is under the age of 2 years old, or is over the age of 2 and cannot stand alone, due to being scared or inability to stand given an illness, disability, or other reason, the child will need to be weighed with the mother and you will select “child was weighed with the mother” for AM3.

AM3a, AM3b and AM4. CHILD’S WEIGHT

The child should be weighed according to the instructions given in the Manual for Anthropometry and during training. Either enter the weight of the child alone (if able) in AM4, or if unable to weigh the child alone, you will first weight the child with the mother (AM3a) and then will weigh the mother alone (AM3b). Record both weights if weighed together. Use a leading zero if the number of kilograms is one digit.

AM5. CHILD’S LENGTH OR HEIGHT

If the child is age 2 or older and able to stand, measure the child standing (height). If under 2 years old or unable to stand alone, measure the child while he/she is lying down (length).

Record the length or height exactly as it is displayed. Record to the exact tenth digit (xx.x) and do not round to zero (xx.0) or five (xx.5). Write a zero first if the number of centimetres is two digits. Repeat the measurement once more to confirm.

AM6. EDEMA

Edema can be diagnosed by applying moderate thumb pressure to the back of the foot or ankle.

The impression of the thumb will remain for some time when edema is present. Edema is diagnosed only if both feet show the impression for some time. Record whether the child has signs of edema in **both** feet.

AM5. MEASURER’S IDENTIFICATION CODE

You should enter the two-digit identification number of the person who performed the measurements, if different from the code of the person conducting the interview, in the space provided.

### Observations on the Child Questionnaire (OC)

The interviewer must record the main language of the interview (OC1) and if a translator was used for any part of the questionnaire for the individual woman (OC2). The remaining section are for the interviewer (OC3) and supervisor/editor (OC4) to write any notes or observations regarding this particular child’s interview.

## d. Man’s Questionnaire

The purpose of the Man’s Questionnaire is to provide general background information on men such as age, educational level, ethnicity or marriage, as well as to obtain information about family planning, work and decision making, and opinion about men involvement in maternal and newborn health. The questionnaire is to be administered to all men age 15 to 49 years in the eligible households. You will complete one questionnaire for each eligible man in the household (and each eligible visitor), as determined by the household listing. The tablet will automatically create a form (questionnaire) for each eligible man that was entered in the household listing.

The Man’s Questionnaire consists of the following sections:

Section 1: Man’s Information Panel

Section 2: Man’s Information Module

Section 3: Family Planning Module

Section 4: Work and Decision Making

Section 5: Man’s Opinion and Attitude

Section 6: Observations on the Man’s Questionnaire

The Man’s Questionnaire can be seen as a subset of the modules included in Woman’s Questionnaire. The questions are therefore similar for the most part to those already discussed in the Woman’s Questionnaire, but are written to reflect that the respondent is male. In the majority of cases, the question numbers are different and often the questions appear in a different order. The table below lists questions numbers from the Man’s Questionnaire and the corresponding question numbers from the Woman’s questionnaire. For these corresponding questions, questions wording is similar in man’s and woman’s questionnaires. Occasionally, a question in the Man’s Questionnaire will be similar to, but not exactly the same as a question in the Woman’s Questionnaire. In these cases, the table shows the question number from the Woman’s Questionnaire in parentheses.

|  |
| --- |
| Question number |
| Man’s questionnaire | Woman’s questionnaire |
| MN1-MN11 | WM1-WM11 |
| MI1-MI8 | WI1-WI8 |
| MFP1-MFP5 | FP1-FP5 |
| MFP6 | FP7 |
| MFP8, MFP9 | (FP18, FP18a) |
| MFP10, MFP11 | FP19, FP20 |
| MFP12, MFP12a | (FP9), MFP9a |
| MFP13 | FP8a |
| MFP14, MFP15-MFP21 | FP10, FP27-FP32 |
| MFP22, MFP23 | (DM15), FP33 |
| HI1-HI4 | HI1-HI4 |
| MDM1-MDM17 | (DM1-DM14) |
| MA4 | DM15a |
| MA5 | DM16 |
| MA6 | DM15b |
| MA7 | FP26a |
| MA8 | DM17 |
| MA9 | DM18 |
| MA10 | DM19 |

This manual does not repeat instructions for questions in the Man’s Questionnaire that have already been covered in Section 5b on the Woman’s Questionnaire in the interviewer’s manual. Using this table, you can refer to the instructions in that section for the corresponding questions. The table does not include the question numbers of questions that are unique to the Man’s Questionnaire (MFP7, MA1-3). Instructions on administering these questions can be found in the following sections.

### Man’s Information Panel (MN)

MN1-MN6: HOUSEHOLD AND MAN’S INFORMATION

The man’s information panel is the same as that of woman. MN1 through MN6 will be automatically filled in on the tablet from the information you entered for the household. Check the man’s name and line number to ensure you are interviewing the correct man.

MN7-8: MARITAL STATUS AND AGE CHECK

MN7 asks you to refer back to the man’s age as recorded in HL6 from the household listing. As the interviewer, you should check the age you had recorded in the HL module during the household questionnaire. MN8 asks if the man is currently married (or living with a woman as if married). MN7 and MN8 are asked as reminders to the interviewer to know which informed consent process is correct for the man, because you will need to know his marital status and age to know whether adult consent or parental permission / assent should be done. See the below instructions on INFORMED CONSENT for more details.

INFORMED CONSENT

In MN9, enter whether permission (consent) was given to continue the interview. Although consent has been obtained for the Household Questionnaire, you must seek each individual eligible man's consent prior to participation in the survey. If the man is 15-17 years of age and unmarried or NOT living in a consensual union, then you must obtain consent from the parents or guardians and obtain the assent from the man.

Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his participation in the survey is completely voluntary and that he can refuse to answer any questions or stop the interview at any point.

After reading the statement, the man being interviewed must sign the consent form or have his fingerprint stamped on the consent line. You, the interviewer, must sign in the space provided to affirm that you have read the statement to the respondent and bear witness to the informed consent process. You must also date the consent form in the appropriate place. If the man agrees to continue the survey (consent obtained), enter ‘man was found and gave consent’ as the result and continue the interview.

If the man does not agree to be interviewed, thank the respondent, and end the interview. Then select REFUSED as the final result.

REQUEST FOR DOCUMENTS

Before you begin the individual interview (if informed consent obtained), ask the man to collect his birth certificate or any ID document you will need to check this birth date and age, so assure the respondent that you have plenty of time to wait while he looks for it.

### Man’s Information Module (MI)

MI1-MI8: RESPONDENT’S SOCIODEMOGRAPHIC BACKGROUND

All the questions and instructions in this module are the same for male and female respondents. The corresponding instructions in woman’s section are questions WN1 through WI8. As a reminder, accurate recording of the respondent’s age is important. Refer to Section 5b of the interviewer’s manual for detailed instructions about WI1 and WI2 on the age of the respondent.

### Family Planning Module (MFP)

MFP1-MFP6: RESPONDENT’S MARITAL STATUS AND SEXUAL ACTIVITY

The instructions are similar as for man and woman, and the corresponding questions in woman’s section are FP1-FP6. As a reminder from MFP4 to the end of the module, the questions require a high level of confidentiality; you will be asking some sensitive questions, like sexual activity or contraceptive use through this module. Check therefore for the presence of others and request privacy with the respondent for the module.

MFP7-MFP9: USE OF A CONTRACEPTIVE AT LAST SEX

For the last time that the respondent had sex, we want to know whether any method was used to avoid pregnancy. These questions are similar to the questions about current contraceptive use asked to women. However, for men they refer to contraceptive use at last sex only. The respondent is asked in MFP7 whether or not he or his partner used anything to avoid pregnancy the last time he had sex. In MFP8, you should probe to get and record all the methods used the last time he had sex. The different methods are similar as those described in FP18 for women.

MFP10-MFP11: DECISION TO USE OR NOT USING CONTRACEPTION

These questions correspond to FP19 and FP20 in the woman’s questionnaire, along with the corresponding instructions.

MFP12: CONDOM USE DECISION MAKING AT LAST SEX

This question is asked of those men who reported using a male or/and female condom at last sex in MFP8. MFP12 is similar to FP9 in the woman’s questionnaire. It seeks to know whether the respondent and/or is partner participated in the decision making regarding his reproductive health rights. Record the answer given depending on whether using condom is mainly man’s decision, his partner/wife’s decision or a joint decision.

MFP13: SOURCE OF CONDOM PROCUREMENT

The question asks from what source the respondent or his partner obtained the condom used the last time he had sex. If he says someone else got the method for him, ask whether he knows where that person got it, and record the source. Probe to identify the type of source.

MFP14: CONDOM PROCUREMENT AND CONDOM KNOWLEDGE

See instruction for FP10 & 11 in woman’s questionnaire.

MFP15-21: FAMILY PLANNING INFORMATION FROM A FIELDWORKER OR HEALTH FACILITY

See corresponding instructions for questions FP27-FP30 in woman’s questionnaire.

MFP22: WOMAN’S DECISION MAKING OVER HEALTH CARE

This question is similar to DM15, addressing a woman’s ability to have control over her own health care decision-making. The difference is that this question is asking men who are married or in union about his wife/partner’s ability to make decisions about her own health care. See corresponding instructions for question DM15 in the woman’s questionnaire.

MFP23: PRIVACY

See corresponding instructions for question FP33 in the woman’s questionnaire.

### HIV/AIDS module (HI)

HI1-HI4: HIV AND AIDS MODULE

HI1-HI4 are similar to questions HI1-HI4 from the woman’s questionnaire. You can therefore refer to questions HI1-HI4 in the woman’s questionnaire to consult the corresponding instructions.

### Work and Decision Making Module (MDM)

MDM1-MDM17: WORK AND DECISION MAKING

MDM1-15 are similar in nature and order as in DM1-14, with the first set of questions asking about the man’s work, control of resources, and use of bank accounts (MDM1-10) and the next set are asked to men who are married or living with a woman as if married about their wife/partner’s or wives / partners’ work, control of resources, and use of bank accounts (MDM11-17). You can therefore refer to questions DM1-DM15 in the woman’s questionnaire to consult the corresponding instructions.

### Man’s opinion and attitudes (MA)

MA1-MA3: OPINION ABOUT MAN INVOLVEMENT IN MATERNAL AND NEWBORN HEALTH

These questions ask the opinion or perception of the respondent towards a man’s role and involvement in accompanying his wife/partner to antenatal care and/or during childbirth/delivery. The questions refer to the man’s opinion and not about what would happen or has previously happened in his relationship with his wife or partner. MA1 asks whether a husband/partner should accompany his wife/partner to any antenatal care visit during her pregnancy. ‘Accompany’ means that the husband/partner should go with her to antenatal visit. MA2 follows the same rationale focusing on accompaniment during labour and delivery. In MA3, you are asking the man’s opinion towards the presence of a husband/partner in the delivery room during any part of labor or delivery of this wife/partner. "Present" refers to being in the delivery room or other location during any part of the labor or childbirth, regardless of if the birth occurred at a health facility or not. Select “Yes”, “No” or “Don’t know” as per the respondent’s opinion.

MA4: OPINION ABOUT PREGNANCY

See corresponding instructions for DM15a in the woman’s questionnaire.

MA5: PERMISSION TO GO TO PLACES ON OWN

See corresponding instructions for DM16 in the woman’s questionnaire.

MA6: OPINION ON DECISION-MAKING

See corresponding instructions for DM15b in the woman’s questionnaire.

MA7: ATTITUDES TOWARDS CONTRACEPTION

This question includes two statements that assess the man’s attitudes towards taking responsibility for contraception and about the effect of contraception on women’s behavior. Be sure to choose a response for each of the two questions. The word “promiscuous” means that someone has sexual relations with many people.

MA8: ATTITUDES TOWARDS BEATINGS

Read the opening question and then read each item separately. Wait for the respondent to answer before going on to the next item. If he does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent’s opinion and not about what is happening in his relationship with his wife or partner. Be sure that the respondent has understood the question before accepting an answer.

MA9 – MA10: RIGHT TO REFUSE SEX

These questions are asked of all men, regardless of whether or not they themselves are currently married/partnered or sexually active. The questions ask for the man’s opinion and not about his current situation or personal experience. The questions ask the respondent to say whether or not he thinks a woman has a right to refuse to have sex with her husband/partner in her community and in various hypothetical situations: i.e. if a husband has sex with other women.

### Observations on the Man Questionnaire (OM)

The interviewer must record the main language of the interview (OM1) and if a translator was used for any part of the questionnaire for the individual man (OM2). The remaining section are for the interviewer (OM3) and supervisor/team leader (OM4) to write any notes or observations regarding this particular man’s interview.

##

**ANNEX 1: Interviewer Assignment Sheet**

**DISTRICT NAME & NUMBER** …………………………….….… I\_\_\_I\_\_\_I ***INTERVIEWER ASSIGNMENT SHEET*** **Page** I\_\_\_I\_\_\_I **of** I\_\_\_I\_\_\_I **Page**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WARD NUMBER** | ┌────┬────┐│░░ │░░░ ││░░ ░│ ░ │└────┴────┘ | **VILLAGE NUMBER** | ┌────┬────┬────┐│░░ │░░░ │░ ││░░ │░░░ │░ │└────┴────┴────┘ | **CLUSTER NAME & NUMBER** | ┌────┬────┬────┐│░░ │░░░ │░ ││░░ │░░░ │░ │└────┴────┴────┘ | **INTERVIEWER’S NAME & NUMBER** | ┌────┬────┐│░░ │░░░ ││░░ ░│ ░ │└────┴────┘ | **TEAM LEADER NAME & NUMBER** | ┌────┬────┐│░░ │░░░ ││░░ ░│ ░ │└────┴────┘ |
|  | **HH QUESTIONNAIRE** | **WM QUESTIONNAIRE** | **MN QUESTIONNAIRE** |  |
| **STRUC-TURE****#**(1A) | **HH****#**(1B) | **NAME OF HH HEAD**  (2a) | **HH HEAD PHONE #**(2b) | **ELIGIBLE FOR MAN’S QUEST.? (Y/N)** (3) | **HH INTERVIEW FINAL RESULT**\*(4) | **ELIGIBLE WOMAN** **NAME**(5) | **INTERVIEW FINAL RESULT** \*\*(6) | **ELIGIBLE MAN NAME**(7) | **INTERVIEW FINAL RESULT** \*\*(8) | **CALLBACK?****(Y/N)**(9) | **LOCATION OF HOUSEHOLD** **AND INTERVIEWER OBSERVATIONS**(10) |
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| \*CODES FOR COLUMN (4) | \*\*CODES FOR COLUMNS (6) AND (8) |  |
| 1 COMPLETED2 NO HH MEMBER AT HOME/NO COMPETENT RESPONDENT3 ENTIRE HH ABSENT FOR EXTENDED PERIOD4 REFUSED | 5 DWELLING VACANT/ NOT A DWELLING6 DWELLING DESTROYED7 DWELLING NOT FOUND9 OTHER | 1 COMPLETED | 5 REFUSED |
| 2 NOT AT HOME | 6 NOT AT HOME FOR AN EXTENDED PERIOD OF TIME |
| 3 NOT COMPETENT4 DEFERRED | 7 PARTIALLY COMPLETED9 OTHER |

1. Note: An interviewer is not permitted to interview any person he or she knows. If you know a respondent and are assigned to interview him/her, you must report the situation to your supervisor and request that a different interviewer conduct the interview. [↑](#footnote-ref-1)