# MOTHER AND CHILD SURVEY

| | | |
|---|---|---|
| INTERVIEWER :_____ ⌊_⌊_⌊_⌋<br>SUPERVISOR : _____ ⌊_⌊_⌊_⌋ | **CONFIDENTIAL** | **ID HH** ⌊_⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋<br>**(facility no, village no, HH no.)** |

## HOUSEHOLD BOOK

***Respondent is a mother who gave birth in the past 12 months***

## SECTION COV

| | | |
|---|---|---|
| **01** | Respondent's name | _____ |
| **02** | IS HOUSEHOLD INTERVIEWABLE? | 1. YES ➔**NUMVIS** 2. No |
| **02a** | WHY IS THE HOUSEHOLD NOT INTERVIEWABLE? | 01. NOT THE TARGET RESPONDENT<br>02. UNSUITABLE TIME FOR INTERVIEW<br>03. TARGET RESPONDENT NOT AT HOME/ AWAY<br>04. DUPLICATE WITH OTHER ID ⌊_⌊_⌋<br>05. MOVED OUT OF VILLAGE<br>06. REFUSED<br>07. DECESEAD ON ⌊_⌊_/⌊_⌊_/⌊_⌊_⌊_⌋<br>95. OTHER _____ |
| **02b** | REASON NOT INTERVIEWED | **IDRT** ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ |
| **02c** | REPLACEMENT HOUSEHOLD | 1. ORIGINAL HOUSEHOLD<br>2. REPLACEMENT HOUSEHOLD **HHID** ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ |

**NUMVIS.** NUMBER OF VISIT: ⌊_⌋

| | a. First Visit | b. Second Visit | c. Third visit |
|---|---|---|---|
| DATE | ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ |
| START TIME | ⌊_⌊_⌋ : ⌊_⌊_⌋ | ⌊_⌊_⌋ : ⌊_⌊_⌋ | ⌊_⌊_⌋ : ⌊_⌊_⌋ |
| END TIME | ⌊_⌊_⌋ : ⌊_⌊_⌋ | ⌊_⌊_⌋ : ⌊_⌊_⌋ | ⌊_⌊_⌋ : ⌊_⌊_⌋ |

| 3. Visit Result | 4. Checking by Editor | 5. Supervision by Supervisr |
|---|---|---|
| 1. Completed<br>2. Half Completed_____<br>3. Not completed_____ | 1. Checked, no correction<br>2. Checked and corrected | YES NO<br>a. Observed..... 1 2<br>b. Verified ..... 1 2 |

## SECTION LP. CONSENT FORM

I am going to read you a document that explains this study. Please stop me at any point and ask questions if anything is unclear.

**[READ CONSENT FORM AND CONDUCT CONSENT PROCESS]**

## SECTION KF. CONFIRMATION

| | | |
|---|---|---|
| **01** | Have you given birth in the last 12 months?<br>From **DD/MM/YY (12 months before start date of data collection)** until **DD/MM/YY (one day before interview date)**<br>I'm sorry if this question causes you sadness, but please answer "yes" even if the child died or was still born. | 2. No→ **END INTERVIEW**<br>1. Yes → **CONTINUE INTERVIEW** |
| **02** | Number of birth (including livebirth or stillbirth) in the last 12 months | └__┘ |
| **03** | Date of birth and name of most recent child<br>**(RECORD "TB" IF CHILD IS STILLBORN)** | a. └_┘└_┘ / └_┘└_┘ / └_┘└_┘└_┘└_┘ _____<br>DATE / MONTH / YEAR<br>b. Name of child: _____<br>IF MULTIPLE BIRTHS, RECORD NAME OF THE YOUNGEST |
| **04** | SOURCE OF INFORMATION FOR CHILDREN'S DATE OF BIRTH | 1. ANC CARD<br>2. BIRTH CERTIFICATE<br>4. INFORMATION FROM RESPONDENT<br>95. OTHER_____ |
| **05** | How long have you lived in [NAME OF VILLAGE]? | 01. └_┘└_┘ month (IF LESS THAN 1 YEAR)<br>02. └_┘└_┘ year<br>03. Since birth<br>98. DON'T KNOW |
| **06** | **INTERVIEWER CHECK: KF05 RESPONDENT HAS LIVED IN THIS VILLAGE > 6 MONTHS** | **2. NO → END INTERVIEW**<br>**1. YES → CONTINUE INTERVIEW** |
| **07** | How old are you? | 01. 18 years or older<br>02. Younger than 18 years |

# SECTION LK. LOCATION

**I'd like to ask some questions about the location of this HH.**

| | | | |
|---|---|---|---|
| **01.** | Region | | Code: ⌊_⌋⌊_⌋ |
| **02.** | District | | Code: ⌊_⌋⌊_⌋ |
| **03.** | Ward | | Code: ⌊_⌋⌊_⌋ |
| **04.** | Village | | |
| **05.** | Kitongoji | _____<br>_____ | |
| **06.** | Location Description<br>(RECORD LANDMARK/BULDING NEARBY THE RESPONDENT'S HOUSE/LOCATED ON THE SAME STREET SUCH AS SCHOOL, MOSQUE, CHURCH OR OTHER BUILDING ) | _____<br>_____ | |
| **07.** | Telephone | ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ - ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ | |

# SECTION KR. DEMOGRAPHICS AND HOUSEHOLD CHARACTERISTICS

## A. DEMOGRAPHICS

Now I'd like to ask some questions about your household, and the head of the household.

A.1 - Section about respondent (i.e. about the mother)

| | | | | | |
|---|---|---|---|---|---|
| **01** | How old are you (last birthday)? | 01. ⌊_⌊_⌋ year<br>98. DON'T KNOW<br>97. REFUSED | | | |
| **02** | What is your marital status? | 01. Never married and not living with partner as married<br>02. Currently married – monogamous<br>03. Currently married – polygamous<br>04. Separated<br>05. Divorced<br>06. Widowed<br>07. Living with partner as if married<br>97. Refused | | | |
| **03** | What is your ethnicity? | 01. Wanyakyusa<br>02. Wachagga<br>03. Wahaya<br>04. Wangoni<br>05. Wakwere<br>06. Wapare<br>07. Wahehe<br>08. Wamakonde<br>09. Wanyamwezi<br>10. Wasukuma<br>11. Wamasai | 12. Wakurya<br>13. Wagogo<br>14. Waluguru<br>15. Wafipa<br>16. Wamanyema<br>17. Wanyiramba<br>18. Wanyaturu<br>19. Wabena<br>20. Waiha<br>21. Wahangaza<br>22. Wairaqi | 23. Wajaluo<br>24. Wajita<br>25. Wakinga<br>26.Wamatengo<br>27. Wamwera<br>28. Wandali<br>29. Wandendeule<br>30. Wanyambo<br>31. Wapogoro<br>32. Wasambaa<br>33. Wayao | 34. Wazaramo<br>35. Wazigua<br>36. Wazinza<br>37. Warangi<br>95. Other _____<br>97. Refused |

| | | | |
|---|---|---|---|
| **04a** | Have you ever attended school? | 01. Yes<br>02. No<br>97. Refused | |
| **04b** | What is the highest level of education that you have completed? | 01. Pre-primary<br>02. Adult<br>11. Standard I<br>12. Standard II<br>13. Standard III<br>14. Standard IV<br>15. Standard V<br>16. Standard VI<br>17. Standard VII<br>18. Standard VIII<br>19. Primary + Course<br>20. Form I<br>21. Form II<br>22. Form III | 23. Form IV<br>24. Form IV + Course<br>25. Form V<br>26. Form VI<br>27. Form VI + Course<br>28. Ordinary Diploma<br>41. University I<br>42. University II<br>43. University III<br>44. University IV<br>45. University V & above<br>97. Refused |
| **05** | What is your religion? | 01. Muslim<br>02. Christian<br>03. Traditional<br>04. None | 95. Other _____<br>97. Refused |

A.2 - Section about head of household

**Note: Head of household** is defined as the household member who is regarded or appointed as the head, or one of the household members who is responsible for fulfilling everyday needs for the household

Now we will ask you some questions about the head of the household.

| | | | |
|---|---|---|---|
| **06** | What is your relationship to the head of household? | 1. I am the head of household **->11**<br>2. I am the spouse of the head of household<br><br>95.Other_____ | |
| **07** | What is the head of household's name? | _____ | |
| **08** | Is the head of household a man or a woman? | 1. Man<br>2. Woman | |
| **09** | What is [NAME OF HOUSEHOLD HEAD]'s marital status? | 01. Never married and not living with partner as married<br>02. Currently married – monogamous<br>03. Currently married – polygamous<br>04. Separated<br>05. Divorced<br>06. Widowed<br>07. Living with partner as if married<br>97. Refused | |
| **10a** | Has [NAME OF HOUSEHOLD HEAD] ever attended school? | 01. Yes<br>02. No<br>97. Refused | |
| **10b** | What is the highest level of education that _____ has completed?<br><br>(USE THE NAME OF THE HEAD OF THE HOUSEHOLD) | 01. Pre-primary<br>02. Adult<br>11. Standard I<br>12. Standard II<br>13. Standard III<br>14. Standard IV<br>15. Standard V<br>16. Standard VI<br>17. Standard VII<br>18. Standard VIII<br>19. Primary + Course<br>20. Form I<br>21. Form II<br>22. Form III | 23. Form IV<br>24. Form IV + Course<br>25. Form V<br>26. Form VI<br>27. Form VI + Course<br>28. Ordinary<br>Diploma<br>41. University I<br>42. University II<br>43. University III<br>44. University IV<br>45. University V & above<br>97. Refused |

| | | |
|---|---|---|
| **11** | What was the employment status of _____ in the past week in his/her main job?<br><br>(USE THE NAME OF THE HEAD OF THE HOUSEHOLD) | 01. Unemployed<br>02. Self-employed on farm/fishing/forestry<br>03. Self-employed: own business<br>04. Wage employee in private enterprise: laborer<br>05. Wage employee in private enterprise: "white collar"/office worker<br>06. Wage employee with government or parastatal<br>07. Education/training<br>08. Home-maker/housewife<br>95. Other, specify _____<br>97. REFUSED<br>98. DON'T KNOW |
| **12** | What is ____'s primary occupation, that is, what kind of work takes up most of their time?<br><br>(USE THE NAME OF THE HEAD OF THE HOUSEHOLD) | 1. Agriculture, hunting, fishing, animal husbandry<br>2. Logging and Mining<br>3. Construction<br>4. Manufacturing/processing industry<br>5. Wholesale and Retail trade<br>6. Transportation and storage<br>7. Utilities (water, electric, waste, etc.)<br>8. Information and communication<br>9. Finance, insurance, real estate<br>10. Professional, scientific, technical services, management or administrative services<br>11. Education<br>12. Health and social services<br>13. Arts, entertainment, recreation<br>14. Accomodation and food services<br>15. Other services (personal service, repair, other)<br>16. Government<br>95. Other _____<br>97. Refused<br>98. Don't know<br>96. Not working |

## B. HOUSEHOLD CHARACTERISTICS

**NOTE:** A household is one person or a group of people – regardless of blood or marital relationship – who normally live together in the same residence, eat together, and pool resources. Those who left the household more than 6 months ago are not considered as members of the household. Also, those who left less than 6 months ago, with the purpose of moving out/leaving for more than 6 months, are not considered as members of the household. Guests who have stayed/plan to stay for 6 months or more are considered as members of the household.

| | | |
|---|---|---|
| **14** | How many people are members of your household?<br><br>**EXPLAIN THE DEFINITION OF HOUSEHOLD** | 01. ⌊_⌊_⌋ people<br>97. REFUSED<br>98. DON'T KNOW |
| **15** | How many of your household members are between the ages of 6 and 18? | 01. ⌊_⌊_⌋ people → **if 0, skip to 15**<br>97. REFUSED<br>98. DON'T KNOW |
| **16** | How many of your household members between the ages of 6 and 18 and **still attending school?** | 01. ⌊_⌊_⌋ people<br>97. REFUSED<br>98. DON'T KNOW |

## C. ASSET INDEX

| | | |
|---|---|---|
| **17** | What is the main building material used for the walls of the main building? | 01. Baked bricks<br>02. Poles and mud, grass, sun-dried bricks, or other<br>03. Stones, cement bricks, or timber<br><br>97. REFUSED |
| **18** | What is the main building material used for the roof of the main building? | 01. Grass/leaves, mud and leaves, or other<br>02. Iron sheets, tiles, concrete, or asbestos |
| **19** | What is the main fuel used for cooking? | 01. Firewood, coal, solar, gas (biogas), wood/farm residuals, or animal residuals<br>02. Charcoal, paraffin, gas (industrial), electricity, generator/private source, or other<br>95. Other _____<br>04. Does not cook<br>97. REFUSED |

| | | |
|---|---|---|
| **20** | Does your household have any: | |
| **A** | Televisions? | 1. Yes 2. No<br>97. REFUSED |
| **B** | Radios, cassette/tape recorders, or hi-fi systems? | 1. Yes 2. No<br>97. REFUSED |
| **C** | Lanterns? | 1. Yes 2. No<br>97. REFUSED |
| **D** | Tables? | 1. Yes 2. No<br>97. REFUSED |
| **21** | If the household cultivated any crops in the last 12 months, does it currently own any bulls, cows, steers, heifers, male calves, | 01. No crops, and no cattle<br>02. Cattle, but no crops<br>03. Crops, but no cattle<br>04. Crops, and cattle |

| | | |
|---|---|---|
| | female calves, or oxen? | 97. Refused<br>98. Don't know |

# SECTION SK. BIRTH HISTORY AND REGISTER

Now, I'm going to ask you some questions about all the times you have given birth.

| | | |
|---|---|---|
| **01** | **How many children have you given birth to? Please include both living children, and those who died after birth. Do not include stillbirths.** | ⌊__⌊__⌋<br>**TOTAL LIVE BIRTHS** |
| **01a** | Are there any other children in your family, **who you did not give birth to but you usually take care of**? | 1. Yes<br>2. No |

## A. Most Recent Birth

**Please answer the following questions about your most recent birth, whether it was a live birth or stillbirth. For multiple births, list the child that was born last.**

| | | | | |
|---|---|---|---|---|
| **02a** | In what year was the child born? | 1. 2017<br>2. 2018 | | |
| **02b** | In what month was the child born? | 1. January<br>2. February<br>3. March<br>4. April | 5. May<br>6. June<br>7. July<br>8. August | 9. September<br>10. October<br>11. November<br>12. December<br>98. Don't know |
| **03** | Was your most recent birth a liveborn or stillborn? | 1. Most recent birth was a stillborn → **SK10**<br>2. Most recent birth was a liveborn | | |

| | | |
|---|---|---|
| **04** | Name of child | _____ |
| **05** | Is [NAME OF CHILD] a boy or a girl? | 1. Boy<br>2. Girl |
| **06** | Is [NAME OF CHILD] a single or multiple birth (i.e. twin or triplet)? | 1. Single<br>2. Multiple |
| **07** | Is [NAME OF CHILD] still alive? | 2. No<br>1. Yes → **SK09** |
| **08** | How old was [NAME OF CHILD] when he/she died?<br>**IF LESS THAN 1 MONTH: RECORD AGE IN DAYS**<br>**IF LESS THAN 1 YEAR: RECORD AGE IN MONTHS** | └__┘└__┘<br>1. DAY<br>2. MONTH |
| **09** | Where did you give birth to [NAME]? | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED |
| **10** | (IF SK11 is 1)<br>Where is this facility located? | Region _____<br>District _____<br>Ward _____<br><br>Village _____ |
| **11** | (IF SK11 is 1)<br>What is the name of this facility? | |

## B. Full birth history

Now I'd like to record the names of all your births**,** whether still alive or not.

**RECORD ALL NAMES. RECORD TWINS IN SEPARATE COLUMNS. THEN ASK THE REST OF THE QUESTIONS FOR EACH BIRTH. FINISH THE FIRST COLUMN, THEN MOVE TO THE SECOND COLUMN, AND SO ON.**

| | BIRTH HISTORY | [01] (excluding most recent) | [02] | [03] | [04] | [05] |
|---|---|---|---|---|---|---|
| **12** | Full name of child | _____ | _____ | _____ | _____ | _____ |
| **13** | In what year was [NAME OF CHILD] born? | ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌊_⌊_⌋ | ⌊_⌊_⌊_⌊_⌋ |
| **14** | Where did you give birth to [NAME]? | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED | 1. Health facility (including public, faith-based, or private dispensary, health center, or hospital)<br>2. Traditional Birth Attendant (TBA) home<br>3. Respondent's home<br>95. Other, Specify_____<br>97. REFUSED |

# SECTION PF. FACILITY UTILIZATION

## A. PREGNANCY AND ANTENATAL CARE

Now I would like to ask some more questions about the antenatal care you receive on **your most recent birth** with [NAME] **(LOOK AT SK-04 – THE YOUNGEST)**

**Explain**:

*Antenatal care refers to health services provided to an expecting mother during her pregnancy to prevent any health problems that might affect mothers or babies during pregnancy.*

| | | |
|---|---|---|
| **01** | Did you see anyone for antenatal care during your pregnancy with [NAME OF CHILD]? | 02. No → **06**<br>01. Yes<br>97. REFUSED → **06**<br>98. DON'T KNOW → **06** |
| **02** | Do you have an antenatal care card (ANC card) or any other record of your antenatal care? | 1. Yes<br>2. No → **05**<br>97. Refused → **05**<br>98. Don't know → **05** |
| **03** | Can I see it? | 2. No<br>1. Yes |
| **04** | How many weeks pregnant were you when you first received antenatal care for the pregnancy with [NAME OF CHILD]? | A. ANC Card/check-up book 1. ⌊_⌋⌊_⌋ weeks<br>B. Information from mother if record not available OR if her information different from record: 1. ⌊_⌋⌊_⌋ weeks<br>X. Refused<br>Y. Don't know |
| **04a** | How many times did you receive antenatal care during this pregnancy?<br>**NOTE: PROBE FOR OTHER CARES NOT RECORDED IN ANC BOOK** | A. ANC card/check-up book: 1. ⌊_⌋⌊_⌋ times<br>B. Information from mother if record not available OR if her information different from record: 1. ⌊_⌋⌊_⌋ time |

| | | |
|---|---|---|
| **04b** | Think about the total amount of fees (if any) you paid for antenatal care. This includes fees you were charged by the antenatal care provider, and any voluntary fees like bribes, gifts of thanks, but does not include the cost of transportation to/from the facility.<br><br>How much did you pay in total? | 01. TSH └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘<br>02. Did not pay<br>97. REFUSED<br><br>98. DON'T KNOW |

Now I'd like to ask you about each time you sought ANC care. Antenatal care refers to health services provided to an expecting mother during her pregnancy to prevent any health problems that might affect mothers or babies during pregnancy.

Please START WITH THE FIRST TIME you sought care and then continue with the next time you sought care and so on. For each of your ANC visits, I'd like you tell me who you saw, the name of the place where you received care, and why you visited that place.

| | **ANC CARE** | **[01] (earliest)** | **[02]** | **[03]** | **[04]** | **[05]** |
|---|---|---|---|---|---|---|
| **05a** | What type of place did you go to? | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know |
| **05b** | **(IF 05a is 1,2, or 3)**<br><br>Was it a government, private, NGO, | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused |

| | | | | | | |
|---|---|---|---|---|---|---|
| | or other type of facility? | 98. Don't know | 98. Don't know | 98. Don't know | 98. Don't know | 98. Don't know |
| **05d** | **(IF 05a is 1,2, or 3)**<br><br>Where is this place located? | Region _____<br>District _____<br>Ward _____<br>Village _____ | Region _____<br>District _____<br>Ward _____<br>Village _____ | Region _____<br>District _____<br>Ward _____<br>Village _____ | Region _____<br>District _____<br>Ward _____<br>Village _____ | Region _____<br>District _____<br>Ward _____<br>Village _____ |
| **05c** | **(IF 05a is 1,2, or 3)**<br><br>What is the name of this place? | _____ | _____ | _____ | _____ | _____ |
| **05e** | Who did you receive antenatal care from, at this place? | 01. Doctor/Clinical Officer<br>02. Nurse/Midwife/Other health facility personnel<br>03. Assistant Medical Officer<br>04. Traditional Birth Attendant (TBA)/Local midwife<br>05. CHW/VHW<br>95. Other _____<br><br>97. Refused<br>98. Don't know | 01. Doctor/Clinical Officer<br>02. Nurse/Midwife/Other health facility personnel<br>03. Assistant Medical Officer<br>04. Traditional Birth Attendant (TBA)/Local midwife<br>05. CHW/VHW<br>95. Other<br>_____<br><br>97. Refused<br>98. Don't know | 01. Doctor/Clinical Officer<br>02. Nurse/Midwife/Other health facility personnel<br>03. Assistant Medical Officer<br>04. Traditional Birth Attendant (TBA)/Local midwife<br>05. CHW/VHW<br>95. Other<br>_____<br><br>97. Refused<br>98. Don't know | 01. Doctor/Clinical Officer<br>02. Nurse/Midwife/Other health facility personnel<br>03. Assistant Medical Officer<br>04. Traditional Birth Attendant (TBA)/Local midwife<br>05. CHW/VHW<br>95. Other<br>_____<br><br>97. Refused<br>98. Don't know | 01. Doctor/Clinical Officer<br>02. Nurse/Midwife/Other health facility personnel<br>03. Assistant Medical Officer<br>04. Traditional Birth Attendant (TBA)/Local midwife<br>05. CHW/VHW<br>95. Other<br>_____<br><br>97. Refused<br>98. Don't know |
| **05f** | What is the main reason you visited this place? | 1. Closest to home/convenience<br>2. Best care/Provider is competent/knowledgeable<br>3. Referral to this place because of complications<br>4. Best medicine available<br>5. Cheapest care | 1. Closest to home/convenience<br>2. Best care/Provider is competent/knowledgeable<br>3. Referral to this place because of complications<br>4. Best medicine available | 1. Closest to home/convenience<br>2. Best care/Provider is competent/knowledgeable<br>3. Referral to this place because of complications<br>4. Best medicine available | 1. Closest to home/convenience<br>2. Best care/Provider is competent/knowledgeable<br>3. Referral to this place because of complications<br>4. Best medicine available | 1. Closest to home/convenience<br>2. Best care/Provider is competent/knowledgeable<br>3. Referral to this place because of complications<br>4. Best medicine available |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 6. Cheapest medicine<br>7. Only place I know of<br>8. Facility is clean<br>9. Providers treat patients with respect/have good attitude<br>10. Shorter waiting time/less overcrowded<br>11. Confidentiality/privacy<br>95. Other _____<br>97. Refused<br>98. Don't know | 5. Cheapest care<br>6. Cheapest medicine<br>7. Only place I know of<br>8. Facility is clean<br>9. Providers treat patients with respect/have good attitude<br>10. Shorter waiting time/less overcrowded<br>11. Confidentiality/privacy<br>95. Other _____<br>97. Refused<br>98. Don't know | 5. Cheapest care<br>6. Cheapest medicine<br>7. Only place I know of<br>8. Facility is clean<br>9. Providers treat patients with respect/have good attitude<br>10. Shorter waiting time/less overcrowded<br>11. Confidentiality/privacy<br>95. Other _____<br>97. Refused<br>98. Don't know | 5. Cheapest care<br>6. Cheapest medicine<br>7. Only place I know of<br>8. Facility is clean<br>9. Providers treat patients with respect/have good attitude<br>10. Shorter waiting time/less overcrowded<br>11. Confidentiality/privacy<br>95. Other _____<br>97. Refused<br>98. Don't know | 5. Cheapest care<br>6. Cheapest medicine<br>7. Only place I know of<br>8. Facility is clean<br>9. Providers treat patients with respect/have good attitude<br>10. Shorter waiting time/less overcrowded<br>11. Confidentiality/privacy<br>95. Other _____<br>97. Refused<br>98. Don't know |
| **05h** | Did you have any complications (such as bleeding, pain, or other symptoms that worried you) prior to visiting this place that prompted you to seek care here? | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know<br><br>-> **NEXT VISIT/05a** | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know<br><br>-> **NEXT VISIT/05a** | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know<br><br>-> **NEXT VISIT/05a** | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know<br><br>-> **NEXT VISIT/05a** | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know<br><br>-> **NEXT VISIT/05a** |

| **TYPE**<br>**(Read out one-by-one)** | **PF06**<br>As part of your antenatal care during the pregnancy **with** [NAME], were any of the following done at least once?<br>**[NAME] is the youngest child, the last born** |
|---|---|
| A. Was your blood pressure measured? | 1. Yes 2. No<br>97. Refused 98. Don't know |

| | |
|---|---|
| B. Did you give a urine sample? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| C. Did you give a blood sample? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| D. Were you tested for HIV? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| E. An injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| F. Advice on nutrition or what is good for you to be eating during your pregnancy? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| G. Were you given or did you buy any blood tablets (iron tablets) or iron syrup?<br>SHOW PICTURE TO RESPONDENT | 1. Yes 2. No<br>97. Refused 98. Don't know |
| H. During the whole pregnancy, for how many days did you take the tablets or syrup?<br>(Record answer in number of days. If answer is not numeric, probe for approximate number of days) | _____ days |
| I. During this pregnancy, did you take any drug for intestinal worms? | 1. Yes 2. No<br>97. Refused 98. Don't know |
| J. During this pregnancy, did you take any drugs to keep you from getting malaria?<br>SHOW PICTURE TO RESPONDENT | 1. Yes 2. No<br>97. Refused 98. Don't know |
| K. What drugs did you take? Please only mention drugs you took to prevent malaria, not drugs you may have taken to treat malaria. | 1. SP/Fansidar 2. Chloroquine<br>3. Coartem/Dawa Mseto/Alu/Artemether<br>95. Other _____<br>98. Don't know |

| | | |
|---|---|---|
| **07** | Were you told things to look out for that might suggest problems with the pregnancy? | 1. Yes<br>2. No<br>6. Did not receive ANY antenatal care |
| **07a** | From your knowledge, what problems in pregnancy might need medical treatment?<br><br>DO NOT READ ANSWER CHOICES.<br>SELECT MULTIPLE<br>PROBE FOR OTHER ANSWERS<br><br>**DO NOT SKIP**, even if respondent received no antenatal care | A. Severe headache<br>B. Blurry vision<br>C. Reduced or absent fetal movement<br>D. High blood pressure<br>E. Edema (swelling) of the face/hands/legs<br>F. Convulsions<br>G. Excessive vaginal bleeding<br>H. Severe lower abdominal pain<br>I. Fever<br>J. Anemia<br>W. None<br>V. Other, specify _____<br>Y. Don't Know |
| **08** | Did the provider discuss things you should have in preparation for delivery? This may include planning in case of emergency, things you should bring to a facility, or things you do to prepare in advance for delivery. | 1. Yes<br>2. No<br>6. Did not receive any antenatal care |

| | | |
|---|---|---|
| **09** | From your knowledge, what actions should a woman take for birth preparedness planning?<br><br>DO NOT READ ANSWER CHOICES<br><br>**PROBE FOR OTHER ANSWERS**<br><br>**DO NOT SKIP**, even if respondent received no antenatal care | A.DECIDE ON DELIVERY LOCATION<br>B. ARRANGE TRANSPORTATION/TRANSPORTATION PLAN<br>C. DETERMINE WHO WILL ASSIST THE DELIVERY<br>D. FIGURE OUT HOW TO PAY FOR DELIVERY<br>E. IDENTIFY A POSSIBLE BLOOD DONOR<br>F. IDENTIFY CHILDCARE/WHO WILL CARE FOR YOUR OTHER CHILDREN<br>G. PREPARE MATERIALS FOR THE DELIVERY (BASIN, MACINTOSH, GLOVES, CLOTHES, ETC.)<br>H. ESTIMATE DAY OF DELIVERY<br>I. IDENTIFY SOMEONE TO WATCH YOUR HOME WHILE YOU ARE AWAY<br>J. NONE<br>V.OTHER_____<br>Y. DON'T KNOW |

## B. DELIVERY

**Now I'd like to ask you about your experience when you last gave birth to [NAME] (CHECK SK04 – THE YOUNGEST)**

| | | |
|---|---|---|
| **10** | Do you have a Kadi ya Mtoto, clinic card or any other record of [NAME]'s growth and development? | 1. Yes<br>2. No<br>97. Refused<br>98. Don't know |
| **11** | Can I see it? | 1. Yes<br>2. No |
| **12** | Was [**NAME**] weighed at birth? | 02. No → **PF14**<br>01. Yes<br>98. DON'T KNOW → **PF14** |
| **13** | How much did **[NAME]** weigh at birth?<br>**RECORD WEIGHT IN KILOGRAM** | 01. └──┘, └─┴─┘ KG FROM CHILD CARD<br>02. └──┘, └─┴─┘ KG NOT FROM CHILD CARD<br>97. Refused |

| | | |
|---|---|---|
| | **FROM CHILD CARD, IF AVAILABLE** | 98. DON'T KNOW |
| **14** | When NAME was born, was he/she very large, larger than average, average, smaller than average, or very small? | 01. Very large<br>02. Larger than average<br>03. Average<br>04. Smaller than average<br>05. Very small<br>98. Don' know |

Now I'd like to ask some more questions about **your most recent birth [NAME] (CHECK SECTION SK FOR THE NAME OF THE YOUNGEST CHILD)**

| | | |
|---|---|---|
| **15** | Who assisted with the delivery of [NAME]?<br><br>**We are interested in knowing who provided medical assistance.**<br>**FOR ALL INVOLVED PEOPLE, AND RECORD ALL MENTIONED**<br>**IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY** | A. Doctor/Clinical Officer<br>B. Nurse/Midwife/Other health facility personnel<br>C. Assistant Medical Officer<br>D. Traditional Birth Attendant (TBA)/Local midwife<br>E. CHW/VHW<br>F. Relative/friend/neighbour<br>G. No one assisted<br>V. Other _____<br>X. Refused<br>Y. Don't know |
| **16a** | **IF SK11 = 1, and response to 15 does not include A, B or C**<br>You mentioned that you gave birth to [NAME] at a health facility. Why were you not assisted by a Doctor/Clinical Officer/Nurse/Midwife/Assistant Medical Officer? | A. Facility was closed when I went to give birth<br>B. Doctor/Clinical Officer/Nurse/Midwife/Assistant Medical Officer were not present at the facility when I went to give birth<br>C. Doctor/Clinical Officer/Nurse/Midwife/Assistant Medical Officer demanded to bribe for assisting my delivery, and I could not pay<br>D. Doctor/Clinical Officer/Nurse/Midwife/Assistant Medical Officer were at the facility, but said they were too busy to assist me<br>V. Other, specify _____<br>X. Refused |

| | | |
|---|---|---|
| | | Y. Don’t know |
| **16** | Was your husband/partner with you when you delivered [NAME]? | 01. Yes, in the delivery room<br>03. Yes, waiting outside the delivery room<br>02. No<br>98. Don’t know<br>97. Refused |

**Delivery Content of care.** ***SKIP IF NOBODY ASSISTED***

| | | |
|---|---|---|
| **17** | Did you breastfeed your baby within the first hour after giving birth? | 01. Yes<br>02. No<br>97. Refused<br>98. Don't know |
| **18** | Did someone place the baby on your chest, against your skin, or was the baby wrapped to you within 1 hour of birth? | 01. Yes<br>02. No<br>97. Refused<br>98. Don't know |
| **19** | Were you told not to wash the baby right away?<br><br>**SKIP IF SK11 is 1** | 01. Yes<br>02. No<br>97. Refused<br>98. Don't know |
| **20** | Did you get an injection right after delivery (after the baby but before the placenta)? | 1. Yes<br>2. No<br>97. REFUSED<br>98. DON'T KNOW |

| | | |
|---|---|---|
| **21** | After the delivery of the placenta, did the birth attendant massage your lower abdomen? | 1. Yes<br>2. No<br>97. REFUSED<br>98. DON'T KNOW |
| **22** | Was anything applied to the cord after cutting and tying? | 1. Yes<br>2. No<br>97. REFUSED<br>98. DON'T KNOW |

| | | |
|---|---|---|
| **23** | Was [NAME] delivered by caesarean, that is, did they cut your belly open to take the baby out? | 02. No<br>01. Yes<br>97. REFUSED |
| **24** | Did you experience any complications (e.g. prolonged labour, convulsions, excessive bleeding) during delivery? | 02. No<br>01. Yes<br>97. REFUSED |

**Enumerator: SKIP 25 IF SK11 is 1.**

| | | |
|---|---|---|
| **25** | Why did you not deliver at a health facility? | |
| | PROBE FOR OTHER DIFFICULTIES | A. COST OF CARE |
| | | B. DISTANCE |
| | | C. TRANSPORTATION UNAVAILABLE |
| | | D. DIDN'T KNOW WHERE TO GO |
| | | E. OPPOSITION OF PARTNER/FAMILY |
| | | F. AGAINST LOCAL NORMS |
| | | G. PROVIDER WAS NOT PRESENT, OR FACILITY |

| | | |
|---|---|---|
| | | WAS CLOSED |
| | | H. WAIT TIME AT FACILITY WAS TOO LONG |
| | | I. BIRTH HAPPENED TOO SOON AND THERE WAS NO TIME TO REACH THE FACILITY |
| | | V. OTHER, SPECIFY _____ |

**Now I'd like to ask about the cost associated with this most recent delivery**

| | | |
|---|---|---|
| **26** | Think about the total amount of fees (if any) during your delivery. This includes fees you were charged and any voluntary fees like bribes, gifts of thanks, but does not include the cost of transportation to/from the facility. Only include the cost of the visit for delivery, not any prenatal or postnatal visits.<br><br>How much did you pay in total? | 01. TSH └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘<br>02. Did not pay → **26c**<br>97. REFUSED<br>98. DON'T KNOW |
| **26a** | **If 26 = 01:**<br>Was any of this amount paid for by insurance? | 01. Yes<br>02. No<br>98. Don't know |
| **26b** | **If 26ba = Yes:**<br>How much of this amount was paid for by insurance? | TSH └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ |
| **26c** | **If 26 = 02**<br>Do you have an insurance card, i.e. CHF or NHIF? | 01. Yes<br>02. No |
| **26d** | **If 26c = Yes:**<br>In this visit to give birth, did you show/use your insurance card (CHF or NHIF)? | 01. Yes<br>02. No |
| **27** | **If 26 = Yes:**<br>For which of the following did you pay a fee?<br>READ ANSWER OPTIONS ALOUD. IF BRIBES ARE NOT MENTIONED, PROBE FOR BRIBES – CHECK ALL THAT APPLY. | 01. Drugs<br>02. Supplies (gloves, macintosh, kerosene, water)<br>03. Asked to bring drugs or supplies<br>04. Fee for blood, urine, or other diagnostic test |

| | | |
|---|---|---|
| | | 05. Doctor/Nurse's fees (e.g. fee for delivery)<br>06. C-section fee (Caeserian)<br>07. Bribe/gift/thanks<br>08. Fee for traditional birth attendant / Local midwife<br>95. Other, specify _____<br>98. Don't know |
| **27a** | How much did you pay in voluntary fees (bribes/gifts/thanks)? | TSH └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ |
| **27b** | **If 23 = Yes:**<br>How much did you pay for your C-Section (Caeserian)?<br>**SKIP IF THE ANSWER TO 23 WAS NO/DON'T KNOW** | TSH └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ |
| **27c** | Did you give any in-kind donations not included in the total above? | 01. Yes<br>02. No<br>97. Refused<br>98. Don't know |
| ***INTERVIEWER CHECK: If PLACE OF GIVING BIRTH AT OWN HOME/OTHER HOME, then skip to 34*** | | |

| | | |
|---|---|---|
| **28** | Did you give birth at the original facility or were you referred to another facility where you ended up giving birth at? | 1. Gave birth at original facility, was not referred<br>2. Was referred to other facility |
| **29** | What form of transport did you take to the facility for your delivery?<br><br>**(CIRCLE ALL THAT APPLY))**<br><br>**IF REFERRED, USE THE LAST PLACE/PLACE OF GIVING BIRTH** | A. Walk<br>B. Bicycle<br>C. Private motorbike<br>D. Private car<br>E. Hired car<br>F. Hired motorbike<br>G. Public transport (daladala) |

| | | |
|---|---|---|
| | | H. Ox-cart<br>I. Truck<br>J. Ambulance<br>V. Other, specify _____<br>X. REFUSED<br>Y. DON'T KNOW |
| **30** | How long did it take you to travel to the facilty for your delivery using the transport mentioned above (only to the facility/one way)? | 01. _____ Hour<br>02. _____Minute<br>98. Don't Know |
| **31** | Did you pay anything for the transportation to the facility for your delivery? Do not include fuel for your own vehicle. | 02. No →<br>01. Yes<br>97. REFUSED →<br>98. DON'T KNOW →**PF33** |
| **32** | In total, how much did you pay for transport to the clinic to give birth to [NAME]? (only to the facility/one way)<br><br>**IF REFERRED, ADD THE TOTAL COST OF TRANSPORT FROM HOME TO THE FINAL BIRTHING FACILITY** | 01. TSH _____ . _____<br>97. REFUSED<br>98. DON'T KNOW |

READ ALOUD: Some women tell us that when they give birth they are treated poorly or with disrespect. We would like to know how common this problem is, so we would like to ask you about your own experiences with childbirth. There are no right or wrong answers to these questions. It is only important to us that we understand your experiences. Nothing you tell us will be linked to your name, your children's names, or the ability of you or your family members to access health care in the future. Some of these questions may be upsetting or stressful. As I said before, you can skip any question you are not comfortable answering.

Now we're going to read you a list of things that sometimes happen to women who have given birth in a facility. For each of these things, please tell me if you have 1) experienced it during your **recent delivery** at this facility, 2) witnessed it done to other women delivering in this facility, 3) heard about it done to other women during delivery at any facility, or 4) none of the above. Please keep in mind we are talking about this delivery and not your past deliveries.

**SKIP 34-38 if SK11 is not 1**

| | | |
|---|---|---|
| **33** | Health providers shouting at or scolding patient<br><br>SELECT ALL THAT APPLY | A. Experienced it during your recent delivery at this facility<br>B. Witnessed it done to other women delivering at this facility<br>C. Heard about it done to other women during delivery at the facility<br>D. None of the above |
| **34** | Health providers withholding/threatening to withhold treatment because patient could not pay or did not have supplies<br><br>SELECT ALL THAT APPLY | A. Experienced it during your recent delivery at this facility<br>B. Witnessed it done to other women delivering at this facility<br>C. Heard about it done to other women during delivery at the facility<br>D. None of the above |
| **35** | Health providers ignoring or abandoning patient when in need or when she called for help<br><br>SELECT ALL THAT APPLY | A. Experienced it during your recent delivery at this facility<br>B. Witnessed it done to other women delivering at this facility<br>C. Heard about it done to other women during delivery at the facility<br>D. None of the above |
| **36** | Patient delivering without any assistance from health providers.<br><br>SELECT ALL THAT APPLY | A. Experienced it during your recent delivery at this facility<br>B. Witnessed it done to other women delivering at this facility<br>C. Heard about it done to other women during delivery at the facility<br>D. None of the above |
| **37** | Health providers hitting, slapping, pushing, pinching, or otherwise beating patient.<br><br>SELECT ALL THAT APPLY | A. Experienced it during your recent delivery at this facility<br>B. Witnessed it done to other women delivering at this facility<br>C. Heard about it done to other women during delivery at the facility<br>D. None of the above |

## C. POST-PARTUM CARE MOTHER AND BABY

**Now I'd like to ask questions about the health check that you received after your most recent delivery**

| | | |
|---|---|---|
| **38** | How long did you stay in the facility after giving birth?<br>**(Skip if SK11 is not 1)** | ⌊__⌋⌊__⌋ 1. HOUR 2. DAY 3. MINUTE |
| **39** | Did you receive any medical care or examination after leaving the birth facility, but within 7 days of giving birth? | 02. No<br>01. Yes<br>97. REFUSED |

| | | |
|---|---|---|
| | **PROBE: If this care/examination was with a traditional birth attendant/local midwife, code this as a "No".** | 98. DON'T KNOW |
| **40** | Did your baby receive any medical care or examination after leaving the birth facility, but within 7 days of giving birth?<br><br>**PROBE: If this care/examination was with a traditional birth attendant/local midwife, code this as a "No".** | 02. No<br>01. Yes<br>97. REFUSED<br>98. DON'T KNOW |

**I'd like to talk to you about checks on *your* health after your most recent delivery. These checks could have occurred at your home, at a facility or elsewhere. They could have occurred during your facility stay immediately after giving birth, or during a follow-up visit. Only count checks that occurred within 42 days (6 weeks) after the birth.**

| **41** | **PFTYPE**<br>**(Read out one-by-one)** | **A.**<br>**Within 42 days (6 weeks) after giving birth to [NAME], did anyone […] ?** | **B.**<br>**Answer consistent with card?** | **C.**<br>**Did […] take place within SEVEN DAYS (one week) of giving birth to [NAME]?**<br><br>**(SKIP IF A IS 'NO')** | **D.**<br>**Who performed this check?**<br>**IF MORE THAN ONE PERSON, RECORD THE PERSON WITH HIGHEST QUALIFICATION**<br><br>**(SKIP IF A IS 'NO')** |
|---|---|---|---|---|---|
| **1.** | Checked breasts | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br><br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **2.** | Counseled on danger signs for newborns | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓<br>91. Stillbirth↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **3.** | Counseled on family planning | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 03 No<br><br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid- |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | wife<br>95. Other _____ |
| **4.** | Check blood pressure | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **5.** | Give vitamins<br>(e.g. vitamin A) | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **6.** | Examine perineum | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **7.** | Check for bleeding | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **8.** | Give you advice on the importance of exclusively breastfeeding – that is, about giving your baby nothing apart from breast milk for a specific period of time | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓<br>91. Stillbirth↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |

| | | | | | |
|---|---|---|---|---|---|
| **9.** | Tell you about complications during or immediately following childbirth | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |

| | | |
|---|---|---|
| **42** | What complications do you know of?<br>**DO NOT READ ANSWER CHOICES**<br>**PROBE FOR OTHER ANSWERS** | A. Excessive bleeding<br>B. Fever<br>C. Genital injuries<br>V. Other, specify _____<br>X. REFUSED<br>Y. DON'T KNOW |
| **42a** | **If 41.8 = Yes:**<br>For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?<br>(SKIP IF MOST RECENT BIRTH WAS A STILLBIRTH (SK03 = 2)) | 1. Less than 4 months<br>2. Between 4 to 6 months<br>3. 6 months<br>4. Longer than 6 months<br>98. Don't know |

***INTERVIEWER CHECK SK03: IF MOST RECENT BIRTH WAS STILLBIRTH (SK03=1), SKIP TO 46***

**Now I would like to talk to you about checks on [NAME] after delivery. These checks could have occurred at your home, at a visit to the facility, or elsewhere. Only count checks that occurred within 42 days (6 weeks) after the birth.**

**([NAME] is the respondent's youngest child)**

| 43 | TYPE | A. Within 42 days (6 weeks) after giving birth to [NAME], did anyone perform the following on [NAME] ? | B. Answer consistent with card? | C. Did [...] take place within 7 days (one week) of giving birth to [NAME]? (SKIP IF A IS 'NO') | D. Who performed this check? IF MORE THAN ONE PERSON, RECORD THE PERSON WITH HIGHEST QUALIFICATION (SKIP IF A IS 'NO') |
|---|---|---|---|---|---|
| 1. | Examined/ looked at baby's body | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| 2. | Weighed baby (not immediately after birth, but during a follow-up visit) | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| **3.** | Checked cord | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| 4. | Immunization (Polio)<br>**CHECK CHILD CARD, IF NOT RECORDED, ASK RESPONDENT!**<br>**IF THE BABY IS BORN AT HOME, THE FIRST DOSE IS USUALLY GIVEN DURING THE FIRST VISIT TO A HEALTH FACILITY.**<br>**IF THE BABY IS BORN** | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |

| | | | | | |
|---|---|---|---|---|---|
| | **AT A HEALTH FACILITY, THE FIRST DOSE IS USUALLY GIVEN BEFORE THE BABY GOES HOME.** | | | | |
| 5. | Immunization (DPT-HB)<br><br>**CHECK CHILD CARD, IF NOT RECORDED, ASK RESPONDENT!**<br>**COMBINATION OF DPT VACCINE FOR DIPHTHERIA PERTUSSIS, AND TETANUS AND HEPATITIS B. THE FIRST DOSE IS USUALLY GIVEN WHEN THE BABY IS 4 WEEKS OLD.** | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes 02 No<br><br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |
| 6. | Immunization (BCG)<br><br>**CHECK CHILD CARD, IF NOT RECORDED, ASK RESPONDENT!**<br>**TUBERCULOSIS VACCINE, USUALLY GIVEN BEFORE THE BABY GOES HOME (IF BABY IS BORN AT A HEALTH FACILITY), OR OTHERWISE** | 01 Yes 02 No<br>97. Refused ↓<br>98. Don't Know ↓ | 01 Yes<br>02 No | 01 Yes<br>02 No<br><br>98. Don't Know | 01. Medical personnel (doctor, nurse, midwife, etc)<br>02. CHW/VHW<br>03. Traditional birth attendant/Local mid-wife<br>95. Other _____ |

| | | | | | |
|---|---|---|---|---|---|
| | **DURING FIRST CONTACT WITH THE HEALTH FACILITY.** | | | | |

**Women often want to seek postnatal care, but experience difficulties that prevent them from doing so. Now I'd like to ask about any difficulties you had with postnatal care for [NAME]**

| | | |
|---|---|---|
| **43a** | Within 42 days (6 weeks) of the birth of [NAME], have you ever wanted to take [NAME] to see a health provider, but did not or could not do so? | 01. Yes<br>02. No→ **PF45**<br>97. REFUSED → **PF45** |

| | | |
|---|---|---|
| **44** | Why could you not take [NAME] to see a health provider? | |
| | PROBE FOR OTHER ANSWERS | A. COST OF CARE |
| | | B. DISTANCE |
| | | C. TRANSPORTATION UNAVAILABLE |
| | | D. DIDN'T KNOW WHERE TO GO |
| | | E. OPPOSITION OF PARTNER/FAMILY |
| | | F. IT'S VERY RARELY DONE HERE – WE'RE NOT SUPPOSED TO |
| | | G. PROVIDER WAS NOT PRESENT, OR FACILITY WAS CLOSED |
| | | H WAIT TIME AT FACILITY WAS TOO LONG |
| | | V. OTHER, SPECIFY _____ |

| | | |
|---|---|---|
| **45** | Think about the total amount of fees (if any) for postnatal checkups for you or your baby. This includes fees you were charged for the checks or immunizations, and any voluntary fees like bribes, gifts of thanks. This does not include the cost of transportation to/from the facility. Only include the cost of prenatal or | 01. TSH ____ . _____ . _____<br>02. Did not pay<br>97. REFUSED |

| | | |
|---|---|---|
| | postnatal visits, not cost of delivery.<br>How much did you pay? | 98. DON'T KNOW |
| **46** | Did you make a birth preparedness plan for your delivery with [NAME]? | 01. Yes<br>02. No<br>97. REFUSED |
| **47** | Did you write the birth preparedness plan down? | 01. Yes<br>02. No<br>97. REFUSED |

**Now I'd like to ask you about actions you took to prepare for your delivery with [NAME].**

| **TYPE**<br>**(Read out one-by-one)** | **48** |
|---|---|
| | Did you [...] **before the delivery of** [NAME]?<br><br>**[NAME] is the youngest child (see SK04/SK09)** |

| | |
|---|---|
| A. Decide on delivery location | 1. Yes 2. No |
| B. Arrange transportation / make a plan for transportation | 1. Yes 2. No |
| C. Determine who will assist the delivery | 1. Yes 2. No |
| D. Think about how to pay for delivery | 1. Yes 2. No |
| E. Identify potential blood donor | 1. Yes 2. No |
| F. Identify childcare/who would take care of your other children (or children that you usually care for)<br>**ENUMERATOR**: CHECK SK01 and SK01a. SKIP IF SK01 is 1, AND SK01a is NO. | 1. Yes 2. No |
| G. Prepare materials for the delivery (basin, macintosh, gloves, etc.) | 1. Yes 2. No |
| H. Identify someone to watch your home while you are away. | 1. Yes 2. No |

## SECTION SP. KNOWLEDGE AND VIEWS

**In the next few statements, I would like to hear about your beliefs related to health services for mothers and newborn babies. Please tell me if you "strongly agree," "agree," "disagree," or "strongly disagree" with these statements. Remember, there are no wrong or right answers to these questions. You may refuse to answer any question.**

| | | |
|---|---|---|
| **01** | If a pregnant woman has already had a baby and did not experience complications, she only needs to seek antenatal care if she has problems with her current pregnancy. | 1. Strongly agree<br>2. Agree<br>3. Disagree<br>4. Strongly disagree<br>97. REFUSED |
| **02** | It is fine to stay at home during labor and wait until a woman begins having complications to go to a health facility. | 1. Strongly agree<br>2. Agree<br>3. Disagree<br>4. Strongly disagree<br>97. REFUSED |
| **03** | It is just as safe to give birth at home with a traditional birth attendant, as it is to give birth in the health facility or with a midwife/nurse/doctor. | 1. Strongly agree<br>2. Agree<br>3. Disagree<br>4. Strongly disagree<br>97. REFUSED |
| **04** | My husband/partner supported me throughout my pregnancy | 1. Strongly agree<br>2. Agree<br>3. Disagree<br>4. Strongly disagree<br>97. REFUSED |

| | | |
|---|---|---|
| **05** | Issues of pregnancy, birth, and infant care are 'women's issues' and it is not important for the father of the child to be involved | 1. Strongly agree<br>2. Agree<br>3. Disagree<br>4. Strongly disagree<br>97. REFUSED |
| **06** | From your knowledge, when is it recommended for pregnant mothers to first seek antenatal care?<br><br>**(DO NOT READ ANSWER CHOICES)** | 01. AS SOON AS SHE KNOWS SHE IS PREGNANT<br>02. WHEN SHE BEGINS TO SHOW<br>03. ONLY IF SHE IS EXPERIENCING COMPLICATIONS<br>04. IN THE FIRST └──┘ WEEKS (SPECIFY #)<br>05. IN THE FIRST └──┘ MONTHS (SPECIFY #)<br>06. IN THE └──┘ TRIMESTER (SPECIFY #)<br>07. IF HER MENSTRUAL CYCLE IS LATE<br>95. OTHER, SPECIFY_____<br>97. REFUSED<br>98. DON'T KNOW |

| | | |
|---|---|---|
| **07** | From your knowledge, what is the total number of ANC visits a pregnant woman is supposed to receive during her pregnancy? | . └──┘ |

| | | |
|---|---|---|
| **08** | After birth, does a baby need to be checked by a healthcare worker for postnatal care? | 01. Yes<br>02. No → **PK-01**<br>98. Don't Know → **PK-01** |
| **09** | Within how many days or weeks of birth should a baby see a health provider for postnatal care? | 01. └──┘ Day<br>02. └──┘ Week<br>98. Don't Know |
| **10** | In your opinion, who should be the most important decision maker in where a pregnant woman or mother seeks care for herself or her child? | 01. The mother of the child<br>02. The father<br>03. Mother-in-law<br>04. Father-in-law<br>05. Maternal grandmother (Mother on |

| | | |
|---|---|---|
| | | the child's mother's side)<br>06. Religious leader<br>07. Village authority<br>95. Other, specify _____ |

## SECTION PK. PERCEIVED QUALITY AND SATISFACTION

**Now I'm going to ask you some questions about your experiences with health care. I would like to remind you that your answers will NOT be shared with anyone and that includes health workers here. You may skip any questions you are not comfortable answering.**

| | | **A. Most recent** | **B. Dispensary _____ (visited dispensary)** |
|---|---|---|---|
| **01** | I'd like you to think about your most recent visit to a health care facility or provider. This could be a hospital, health center, dispensary, laboratory, or a doctor's private practice. This visit could have been for you or for your child. Did you conduct a visit to such a facility for any reason in the past 12 months? | 1. Yes<br>2. No → **PK22** | Please answer the following questions about your most recent visit to a Dispensary, for any reason. |
| **03** | What type of place did you go to? | 1. Hospital<br>2. Health center<br>3. Dispensary<br>4. Laboratory<br>5. At respondent's home<br>6. At traditional birth attendant's (TBA) home<br>7. At the home of a relative, friend, or neighbour<br>95. Other _____<br>97. Refused<br>98. Don't know | → **PK04** |
| **03a** | **(IF 03 is 1,2, or 3)**<br>Was it a government, private, NGO, or other type of facility? | 1. Private for profit<br>2. Faith based<br>3. Public/government<br>4. Other Non-profit/NGO<br>95. Other _____<br>97. Refused<br>98. Don't know | |

| | | | |
|---|---|---|---|
| **04** | What is the address of this facility? | Region _____<br>District _____<br>Ward _____<br>Village _____ | Region _____<br>District _____<br>Ward _____<br>Village _____ |
| **02** | What is the name of the facility? | _____ | _____ |
| **05** | When was this visit […]? | 1. ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋<br>MONTH / YEAR | 1. ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋<br>MONTH / YEAR |
| **06** | What was the reason for you/your child's most recent visit to […]? | 01. Illness<br>02. Accident<br>03. Postnatal care (respondent)<br>04. Postnatal care (child)<br>05. Other check up (i.e routine physical)<br>06. Delivery<br>07. Antenatal Care<br>95. Other, specify _____<br>97. REFUSED | 01. Illness<br>02. Accident<br>03. Postnatal care (respondent)<br>04. Postnatal care (child)<br>05. Other check up (i.e routine physical)<br>06. Delivery<br>07. Antenatal Care<br>95. Other, specify _____<br>97. REFUSED |

**Now I'm going to ask you some questions about your experiences with health care. I would like to remind you that your answers will be NOT be shared with anyone and that health workers here will not know how you responded. You may skip any questions you are not comfortable answering.**

| | | **A. Most recent** | **B.Dispensary** |
|---|---|---|---|
| **07** | In general, how are you received at the facility?<br>(READ OUT ANSWER CHOICES – SELECT ALL THAT APPLY) | A. Greeted or attended to prompty<br>B. Insufficient seating<br>C. Staff made sure they understood the reason for your visit<br>D. Staff used bad language<br>E. Kept properly informed of what was happening<br>F. Not given appropriate options for treatment<br>G. None of the above | A. Greeted or attended to prompty<br>B. Insufficient seating<br>C. Staff made sure they understood the reason for your visit<br>D. Staff used bad language<br>E. Kept properly informed of what was happening<br>F. Not given appropriate options for treatment<br>G. None of the above |

| | | | |
|---|---|---|---|
| **08** | In general, how satisfied are you with the amount of time you have to wait to see the nurse, midwife, or other health provider when you visit the facility? | 01. Very satisfied – the wait time is minimal<br>02. Satisfied – I might have to wait a little bit but the wait time is acceptable<br>03. Unsatisfied – the wait time is long but manageable<br>04. Very unsatisfied – The wait time is far too long and causes me substantial difficulty, or means that I cannot see the provider<br>97. REFUSED | 01. Very satisfied – the wait time is minimal<br>02. Satisfied – I might have to wait a little bit but the wait time is acceptable<br>03. Unsatisfied – the wait time is long but manageable<br>04. Very unsatisfied – The wait time is far too long and causes me substantial difficulty, or means that I cannot see the provider<br>97. REFUSED |
| **09** | What is the longest time you have had to wait for a health worker to see you when you have visited this facility? Please try to give a rough estimate if you are not sure. | ⌊_⌋⌊_⌋ 1. Hours<br>⌊_⌋⌊_⌋ 2. Minutes | ⌊_⌋⌊_⌋ 1. Hours<br>⌊_⌋⌊_⌋ 2. Minutes |
| **10** | How satisfied are you with the hours which this facility is open? Consider actual open hours, not just posted hours. | 01. Very satisfied – almost always open when I need it<br>02. Satisfied – usually open when I need it<br>03. Unsatisfied – limited hours or actual hours are not always the posted hours<br>04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable<br>97. REFUSED | 01. Very satisfied – almost always open when I need it<br>02. Satisfied – usually open when I need it<br>03. Unsatisfied – limited hours or actual hours are not always the posted hours<br>04. Very unsatisfied – difficult to receive care because it is rarely open or the schedule is very unpredictable<br>97. REFUSED |
| **11** | Have you ever gone to the facility and found that the health worker was not there? | 01. Yes, often<br>02. Yes, sometimes<br>03. Yes, once<br>04. No | 01. Yes, often<br>02. Yes, sometimes<br>03. Yes, once<br>04. No |

| | | | |
|---|---|---|---|
| **12** | How would you rate the respect the providers show you at this facility?<br>By respect I mean being treated with the care and attention you deserve. | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED |
| **13** | Have you ever been turned away or refused treatment by someone at the health facility when you visited? | 01. Yes, often<br>02. Yes, sometimes<br>03. Yes, once<br>04. No | 01. Yes, often<br>02. Yes, sometimes<br>03. Yes, once<br>04. No |
| **14** | Overall, to what degree do you trust nurses, midwives, or other staff at this facility?<br><br>**READ ANSWER OPTIONS** | 01. Excellent – Always trust them<br>02. Good – Usually trust them<br>03. Fair – Rarely trust them<br>04 Poor – Never trust them<br>97. REFUSED | 01. Excellent – Always trust them<br>02. Good – Usually trust them<br>03. Fair – Rarely trust them<br>04 Poor – Never trust them<br>97. REFUSED |
| **15** | How would you rate the availability of drugs, supplies and medical equipment at this facility? | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED |

| | | | |
|---|---|---|---|
| **16** | How would you rate the communication skills of the providers at this facility? In other words, how well did they explain things to you? | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED |
| **17** | How would you rate the cleanliness of the facility during this visit? | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED |
| **18** | How would you rate the quality of the physical facility, including the building, furnishing, lights, water, etc.? | 01. Excellent<br>02. Good | 01. Excellent<br>02. Good |

| | | | |
|---|---|---|---|
| | | 03. Fair<br>04. Poor<br>97. REFUSED | 03. Fair<br>04. Poor<br>97. REFUSED |
| **19** | Overall, taking everything into account, how would you rate the quality of care you receive at this facility? | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED | 01. Excellent<br>02. Good<br>03. Fair<br>04. Poor<br>97. REFUSED |
| **20** | If members of this community had a complaint about (….) facility, and brought it to the attention of the health staff at (….) facility, do you think s/he would try to make an improvement? | 01. Yes<br>02. No<br>97. REFUSED<br>98. DON'T KNOW | 01. Yes<br>03. No<br>97. REFUSED<br>98. DON'T KNOW |
| **21** | In the last 12 months, do you think that the quality of care at this facility has gotten better, worse, or stayed about the same? | 01. Better<br>02. Worse<br>03. Stayed about the same<br>97. REFUSED<br>98. DON'T KNOW | 01. Better<br>02. Worse<br>03. Stayed about the same<br>97. REFUSED<br>98. DON'T KNOW<br>→ **PK23** |
| **22** | *ASK ONLY IF THE MOST RECENT VISIT () WAS NOT TO DISPENSARY [NAME OF SAMPLE DISPENSARY]*<br><br>**Have you visited Dispensary [NAME OF SAMPLE DISPENSARY] for any reason in the past 12 months?**<br><br>**PRE LOAD NAME OF SAMPLE DISPENSARY FOR THE VILLAGE (LINKED TO EA CODE)** | 01. Yes → **See PK02 COLUMN B**<br>02. No → **23**<br>97. REFUSED → **23**<br>98. DON'T KNOW → **23**<br><br>**CAPI WILL LOAD NAME OF DISPENSARY (LINKED TO EA CODE)** | |

| | | |
|---|---|---|
| **23** | During your most recent pregnancy, were you part of a savings group such as a wekeza, vikoba, or SACCO to help save for costs associated with pregnancy, delivery, or postnatal care? | 01. Yes<br>02. No<br>97. REFUSED |
| **24** | In this village, is there a community fund, available to women like you, to help pay for costs associated with | 01. Yes |

| | | |
|---|---|---|
| | pregnancy, delivery, or postnatal care? This community fund could be funded through an income generating group or other types of fundraising. | 02. No -> **Skip to 26**<br>97. REFUSED -> **Skip to 26** |
| **25** | If yes, did you use the community fund to help pay for costs associated with **your most recent** pregnancy, delivery, or postnatal care? | 01. Yes<br>02. No<br>97. REFUSED |
| **26** | Is there a health facility in this village? | 01. Yes<br>02. No **-> Skip to 29**<br>98. Don't know **-> Skip to 29** |
| **27** | What kind of facility is this? | 01. Dispensary<br>02. Private clinic<br>03. Hospital (Public/Private/Faith-based)<br>04. Community-built/operated facility<br>05. Other, specify _____ |
| **28** | When was this built? | 01. In the last three years<br>02. More than three years ago<br>98. Don't know |
| **29** | Is there a mobile health clinic available to you in this village? | 01. Yes<br>02. No<br>98. Don't know |

# SECTION KS. TRUST, SOLIDARITY, EMPOWERMENT

## A. TRUST AND SOLIDARITY

| | | |
|---|---|---|
| **01** | Suppose that someone in another village needs to pay you some money. If you and your household members are unable to go (for example, you are sick and your household members are | 1 Yes<br>2. No → **03**<br>97. REFUSED → **03** |
| | away), would you ask someone in the community (not a family member) to go pick up the money for you? | 98. Don't Know → **03** |
| **02** | (If yes) Who would you ask to collect the money for you? | 01. Friend<br>02. Neighbor |

| | | |
|---|---|---|
| | **ENUMERATOR CHECK: RESPONDENT DOES NOT SPECIFY A MEMBER OF THE HOUSEHOLD** | 03. Elder<br>04. Anyone in the community<br>97. Refused<br>98. Don't Know |

## B. COOPERATION

| | | |
|---|---|---|
| **03** | In the past 12 months, did you or any one in your household participate in any communal activities, in which people came together to do some work for the benefit of the community? For example, working together to dig a well, clean a school, repair a road, etc. | 01. Yes<br>02. No →**05**<br>97. REFUSED →**05**<br>98. Don't Know →**05** |
| **04** | In the last month, estimate how many days you've spent on communal activities | ⌊__⌋⌊__⌋ days |

## C. SOCIAL COHESION AND INCLUSION

| | | |
|---|---|---|
| **05** | There are often differences in characteristics between people living in the same village/ neighborhood. For example, differences in wealth, income, social status, ethnic or linguistic background/race/caste/tribe. There can also be differences in religious or political beliefs, or there can be differences due to age or sex. To what extent do any such differences characterize/influence your village/neighborhood?<br><br>READ ANSWER CHOICES | 01. To a very great extent<br>02. To a great extent<br>03. To a small extent<br>04. To a very small extent<br>05. No influence →**07**<br>97. REFUSED →**07**<br>98. Don't Know →**07** |
| **05a** | What are these differences?<br><br>SELECT ALL THAT APPLY | A. Differences in wealth/income<br>B. Social status<br>C. Ethnic/linguistic background (includes race, caste, tribe)<br>D. Religious beliefs<br>E. Political beliefs<br>F. Differences due to age/sex<br>V. OTHER, SPECIFY _____ |
| **06** | Do any of these differences cause problems? | 02. No<br>01. Yes<br>97. REFUSED<br>98. Don't Know |

## D. EMPOWERMENT AND POLITICAL ACTION

| | | |
|---|---|---|
| **07** | In the past 12 months, how often have people in this village/neighborhood gotten together to jointly petition government officials or political leaders for benefitting/improving the community? | 01. Never<br>02. Once<br>03. A few times (<5)<br>04. Many times (>5)<br>97. REFUSED<br>98. Don't Know |

**08.** How much of the time do you think the following try their best to listen to what regular village people have to say?

| | |
|---|---|
| a. Officials in your village | 01. Never<br>02. Only sometimes<br>03. Often<br>04. Always<br>98. DO NOT KNOW |
| b. Officials from outside who come to your village | 01. Never<br>02. Only sometimes<br>03. Often<br>04. Always<br>98. DO NOT KNOW |
| c. Members of Parliament | 01. Never<br>02. Only sometimes<br>03. Often<br>04. Always<br>98. DO NOT KNOW |

| **09** | In the past 12 months, have you or anyone else in your household done any of the following? | |
|---|---|---|
| **a.** | Attend a village/neighborhood council meeting ,public hearing, or public discussion group | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **b.** | Met with a politician, called him/her, or sent a letter | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **c.** | Participated in a protest or demonstration | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **d.** | Participated in an information or election campaign | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **e.** | Alerted newspaper, radio or TV to a local problem | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **f.** | Notified police or court about a local problem | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |
| **g.** | Online activism (such as reporting problems on Facebook, Twitter, etc.) | 01. Yes 02. No<br>97. REFUSED 98. DONT KNOW |

| | | |
|---|---|---|
| **10a** | Have you ever heard of an NGO? (NON-GOVERNMENTAL ORGANIZATION).<br><br>**PROBE: There are organizations in Tanzania that work in villages to try to make improvements in education, health or other aspects of life. These organizations come from outside of the village, and they are not part of the government. Are you familiar with this type of organization?** | 1. Yes<br>2. No → **Skip to KS11**<br>97. REFUSED |
| **10b** | How frequently are there NGO activities in your community? | 1. Rarely – once in my lifetime<br>2. Seldom – every year or two<br>3. Frequently – multiple times a year<br>4. Continual – there are NGO activities most of the time<br>96. NEVER<br>97. REFUSED<br>98. DO NOT KNOW |
| **10c** | Why do you think people typically participate in NGO activities?<br><br>(READ OUT OPTIONS AND CHOOSE ALL THAT APPLY ) | A. To be paid<br>B. To help the community<br>C. To meet new people<br>D. To get a job—now or in the future<br>E. Sense of obligation or responsibility to others<br>F. Planning to run for elected office<br>G. Interest in the topic<br>V. Other (specify) _____<br>97. REFUSED<br>98. DO NOT KNOW |

## E. Empowerment Vignettes

| | | |
|---|---|---|
| 11 | I'd like you to think of improvements of any kind that you would like to make to improve life in your village, for yourself and others—for example, improving garbage collection to keep the village clean, fixing a bad road, organizing a watch group to keep the neighborhood safe, or anything else that you think would improve life in this village for yourself and others.<br><br>Do you feel that you have the power to help make these kinds of improvements to life in this village, for yourself and others?<br><br>Rate yourself on a 1 to 4 scale, where 1 means being totally able to improve life in this village, 2 means able to, 3 means quite able and 4 means not able to improve life in this village. | 1. Totally Able<br>2. Able<br>3. Quite Able<br>4. Unable |

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| 12 | <u>USE PICTURE NUMBER 2 WHILE EXPLANAINING THE STORY BACKGROUND</u><br>"Now I'm going to tell you about a situation in a village that is similar to yours but has a problem with its school. Sometimes the teacher in this school does not show up to teach, and even when the teacher does come he sometimes does not teach: he only sits at the front of the class while looking at his cellphone. Many parents in the village are concerned that their children are not learning when they go to school, and they think that the school would improve a lot if the teacher would come more regularly and work harder to teach the students well.<br><br>Now I'm going to describe the situation of three different people who want to improve this situation.<br><br>For each of them, I would like you to answer the question "how is this person's ability to improve life in their village?" Rate each person on a 1-4 scale, where 1 means being totally able to improve life in their village, 2 means able to, 3 means quite able and 4 means not able to improve life in their village. | |

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| A | <u>USE PICTURE SET PARENT 1 (2A) WHILE READING THE STORY</u><br><br>Parent 1 is very frustrated by the poor quality of the school. One day Parent 1 goes to the teacher to discuss the problems, but the teacher is not helpful. He denies that he misses class and that he spends class time looking at his cellphone instead of teaching. After talking to the teacher Parent 1 decides to go and speak to the village head, and she is able to convince the village head to help. Parent 1 and the village head both visit the teacher again and talk to him about how important it is to improve the quality of the school. This time he is more helpful and agrees to try to improve his teaching. Over the next few months Parent 1 notices that the teacher attends class regularly and is working harder to teach the students well.<br><br>According to you, how is Parent 1's ability to improve life in their village? | 1. Totally Able<br>2. Able<br>3. Quite Able<br>4. Unable |
| B | <u>USE PICTURE SET PARENT 2 (2B) WHILE READING THE STORY</u><br><br>Parent 2 is very frustrated by the poor quality of the school. Even though Parent 2 thinks that the teacher could improve, she does not visit the teacher or do anything about the problem. The teacher continues to miss class and does not improve.<br><br>According to you, how is Parent 2's ability to improve life in their village? | 1. Totally Able<br>2. Able<br>3. Quite Able<br>4. Unable |
| C | <u>USE PICTURE SET PARENT 3 (2C) WHILE READING THE STORY</u><br>Parent 3 is very frustrated by the poor quality of the school, and one day goes to the teacher to discuss the problems, but the teacher is not helpful. He denies that he misses class and that he spends class time looking at his cellphone instead of teaching. Parent 3 tries to talk to him | 1. Totally Able<br>2. Able<br>3. Quite Able<br>4. Unable |

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| | about the importance of teaching the village children well but he won't listen. Parent 3 eventually gives up and goes home disappointed. Parent 3 wonders if the village head could help but she does not go talk to him. She takes no further action and the teacher continues to miss class and does not improve.<br><br>According to you, How is Parent 3's ability to improve life in their village? | |

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| 13 | <u>USE PICTURE SET 3</u><br><br>Now I'd like you to think again about your ability to make important decisions and take actions that improve life in this village, for yourself and others.<br><br>Which of the three people I just described is the most similar to your own ability to improve life in this village? | 1. Parent 1 (A)<br>2. Parent 2 ( B)<br>3. Parent 3 (C) |

## SECTION TD. KNOWLEDGE OF POTENTIAL HEALTH ACTIVITIES IN THE VILLAGE

We are interested in understanding the extent to which activities aimed at improving health outcomes have occurred recently in this community. I will be listing a number of activities, some of which might have happened in this village and some of which might not have happened. You can let me know that yes they did happen here, no they did not happen here, or even that you don't know. To the best of your knowledge, which of the following activities occurred in this village in the past 3 years?

| | **A** | **B** | **C** |
|---|---|---|---|
| | **Did [...] occur in the village in the past 3 years?**<br><br>**(Read out one-by-one)** | Did [….] have any effect on you personally? By effect I mean were you personally involved in the activity, or did it improve your life, make your life worse, or cause you to change your behavior in any way? | How did it affect you?<br><br>(**PROBE FOR OTHER ANSWERS)** |
| 1. socialization or education campaign aimed at encouraging pregnant women or mothers to go to a health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 2. creation of a new bylaw relating to mother and baby health (such as punishing TBAs for home delivery, punishing men who don't support their wives, or punishing women who don't give birth in a health facility) | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 3. attempts to improve the stock of drugs or equipment at the health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |

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| 4. attempts to improve the attitude or performance of health facility staff | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 5. a new complaint or suggestion box at the health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 6. community members building or requesting a new health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 7. attempts to fix or improve health facility infrastructure such as water, electricity, or adding more space | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 8. improvement to the road leading to the health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 9. a new mobile clinic or other new outreach services from the health facility | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 10. creation of a community savings group/vikoba/wekeza/SACCO, income generating group, or other fundraising to defray the cost of services at the health facility, especially for mothers or babies | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |

| | | | | |
|---|---|---|---|---|
| 11. construction of a placenta pit | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 12. registry of men who do not support their wife/mother of their child in accessing health services | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 13. creation of a maternity home or resting place for women to wait near the health facility to give birth | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 14. campaigns aimed at educating TBAs or convincing them to not deliver mothers at home | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |
| 15. additional staff allocated to the dispensary or health center | 01 Yes<br>02 No ↓<br>98 Don't know↓ | 1 Yes | 2 No↓ | A. Improved life<br>B. Made life worse<br>C. Behavior change<br>V. Other (specify) |

# SECTION MD. MATERNAL DEPRESSION (Kessler Psychological Distress Scale – K6)

Now we will ask you about your emotional and mental condition.

| | | |
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| MD01 | About how often during the past 30 days did you feel **nervous** — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? | 01. ALL OF THE TIME<br>02. MOST OF THE TIME<br>03. SOME OF THE TIME<br>04. A LITTLE OF THE TIME<br>05. NONE OF THE TIME<br>98. DON'T KNOW<br>97. REFUSED |
| MD02 | During the past 30 days, about how often did you feel **hopeless**-- all of the time, most of the time, some of the time, a little of the time, or none of the time? | 01. ALL<br>02. MOST<br>03. SOME<br>04. A LITTLE<br>05. NONE<br>98. DON'T KNOW<br>97. REFUSED |
| MD03 | During the past 30 days, about how often did you feel restless or **fidgety?** | 01. ALL<br>02. MOST<br>03. SOME<br>04. A LITTLE<br>05. NONE<br>98. DON'T KNOW<br>97. REFUSED |

| | | |
|---|---|---|
| MD04 | During the past 30 days, how often did you feel **so depressed that nothing could cheer you up?** | 01. ALL<br>02. MOST<br>03. SOME<br>04. A LITTLE<br>05. NONE<br>98. DON'T KNOW<br>97. REFUSED |
| MD05 | During the past 30 days, about how often did you feel that **everything was an effort**? | 01. ALL<br>02. MOST<br>03. SOME<br>04. A LITTLE<br>05. NONE<br>98. DON'T KNOW<br>97. REFUSED |
| MD06 | During the past 30 days, about how often did you feel **worthless**? | 01. ALL<br>02. MOST<br>03. SOME<br>04. A LITTLE<br>05. NONE<br>98. DON'T KNOW<br>97. REFUSED |

## SECTION PF (CONTINUED)

**Current Weight and Height Measurement of your youngest child. If it was a multiple birth, measure the last child to be born.**

| | | |
|---|---|---|
| **48** | **a. Date of Measurement**<br>**b. Measurement officer**<br>**c. Measurement Assistant** | a. ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋<br>b. _____ ⌊_⌊_⌊_⌋<br>c._____ ⌊_⌊_⌊_⌋ |
| **49** | How much does [NAME] weigh | 1. Measured: |

| | | |
|---|---|---|
| | now?<br><br>**RECORD WEIGHT IN KILOGRAMS FROM SCALE** | A. Measurement 1 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ KG<br>B. Measurement 2 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ KG<br>***If difference between measurement 1 and 2 > 0.10 KG :***<br>C. Measurement 3 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ KG<br>3.Not measured, reason<br>_____ |
| **50** | What is the length (in centimeters) of [NAME]?<br><br>**RECORD HEIGHT IN CENTIMETERS FROM SCALE** | 1. Measured:<br>A. Measurement 1 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ CM<br>B. Measurement 2 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ CM<br>***If difference between measurement 1 and 2 > 0.70 CM :***<br>C. Measurement 3 ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ CM<br><br>3.Not measured, reason<br>_____<br>_____ |

# SECTION CP. INTERVIEWERS NOTE

**END OF SURVEY: OBSERVATION**

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| **CP01** | **BESIDES THE RESPONDENT, WHO WAS PRESENT DURING THE INTERVIEW?** | **A. RESPONDENT'S HUSBAND / PARTNER**<br>**B. OTHER FEMALE HEAD OF HOUSEHOLD**<br>**C. CHILDREN**<br>**V. OTHER, SPECIFY _____** |

**INTERVIEWER'S NOTE**

| CP02.SECTION | CP03. QUESTION NUMBER | CP04.INTERVIEWER'S NOTE |
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