



**MULTIPLE INDICATOR CLUSTER SURVEY
NIGERIA, 2007**



MANUAL OF INSTRUCTION
Interviewer's manual

TABLE OF CONTENT

| CHAPTER | CONTENT | PAGE |
|----------------|---|-------------|
| 1.0 | GENERAL INFORMATION | 3 |
| 1.1 | Introduction | 3 |
| 1.2 | Survey Objectives | 3 |
| 1.3 | Coverage | 3 |
| 1.4 | Scope | 3 |
| 1.5 | Sample Design | 3 |
| 1.6 | Survey Instrument | 4 |
| 1.7 | Training for Main Field Work | 4 |
| 1.8 | Techniques of Training | 4 |
| 1.9 | Interviewing Procedures | 6 |
| 2.0 | FIELD STAFF | 7 |
| 2.1 | Role of Enumerators | 7 |
| 2.2 | Role of Supervisors | 8 |
| 2.3 | Role of Editors | 8 |
| 2.4 | Scope of Editors | 9 |
| 2.5 | Role of State Officers | 9 |
| 2.6 | Role of Zonal Controllers | 10 |
| 2.7 | Roles of NBS HQ monitoring officers | 10 |
| 2.8 | Roles of Independent monitors | 10 |
| 2.9 | Roles of MICS 3 National Consultant | 10 |
| 3.0 | MICS 3 QUESTIONNAIRES AND ELIGIBLE RESPONDENTS | 11 |
| 3.1 | How to handle an interview | 12 |
| 3.2 | General Points | 13 |
| 3.3 | How to fill Household Questionnaire | 14 |
| 3.4 | How to fill the Individual Women Questionnaire | 39 |
| 3.5 | How to fill the children Questionnaire | 66 |
| 4.0 | UNICEF Electronic scale | 89 |
| 4.1 | Measuring Procedures and Precautions | 93 |
| 4.2 | Nutritional Status Measurement Summary Procedure | 97 |
| 4.3 | Concepts and Definitions | 102 |

CHAPTER ONE

1.0. GENERAL INFORMATION

1.1 Introduction

The Multiple Indicator Cluster Survey (MICS) is designed to measure progress towards achievements of the Decade goals set following the 1990 World Summit for Children (WSC). With the support of UNICEF, FOS now National Bureau of Statistics (NBS) conducted MICS in 1995 to assess progress at Mid-decade goals. A second MICS was conducted in 1999 to provide data for assessment of progress at the end of the decade.

The results of 1999 MICS, which were released in August 1999, formed an important input for the Mid-term Review of the 1997-2001 FGN-UNICEF programme of cooperation. The MICS 1999 report has been widely circulated and distributed to programme partners at national and sub-national levels. The document has since been widely used for planning and advocacy purposes particularly for the preparation of the UNICEF Situation Assessment and Analysis (SAA) report. The two previous MICS conducted i.e. 1995 and 1999 were referred to as MICS 1 and MICS 2 respectively.

MICS 3 Nigeria conducted in 2007, will measure progress towards achievement of Millennium Development Goals (MDG).

1.2 Survey Objectives

The objectives of the survey are;

- (i) To provide up-to-date information for assessing the situation of Children and Women in Nigeria.
- (ii) To furnish data needed for monitoring progress towards achievement of Millennium Development Goals (MDG).
- (iii) To contribute to the improvement of data and monitoring systems in Nigeria and to strengthen technical expertise in the design, implementation and analysis of such systems.

1.3 Coverage

The Survey will cover all the 36 States and Abuja (FCT). The results of the survey which is household-based will be at national, zonal and states level.

1.4. Scope

The Survey covers three distinct areas, namely;

- (i) Household which comprises of; Household Information, Household Listing, Education, Water and Sanitation, Household Characteristics, Insecticides treated nets, Children Orphaned and Made Vulnerable, Mortality and Salt Iodization.
- (ii) Individual Women which consists of; Women's Information, Child Mortality, Tetanus Toxoid, Maternal and Newborn Health, Contraception and Unmet need, Female Genital Mutilation, HIV/AIDS and Sexual Behaviour and;
- (iii) Children Under Five Years comprising Under-Five Child Information, Birth registration and early learning, Child Development, Vitamin A, Breastfeeding, Care of Illness, Malaria, Immunization and Children Anthropometry.

1.5. Sample Design

The Multiple Indicator Cluster Survey would be implemented as a module of the National Integrated Survey of Households (NISH). The NISH is a multipurpose on-going programme of

household Surveys probing various aspects of household's socio-economic activities namely housing, health, education, income, expenditure, etc.

The Multiple Indicator Cluster Survey (MICS 3) will be conducted in all the 36 states of the Federation and FCT, Abuja. In each state, 30 EAs will be covered including FCT, Abuja. However, 25 housing units will be studied in each E.A. The total sample of 27,750 housing units is expected to be covered nationally. The sample design is constructed to provide estimates at the National, Zonal and State levels.

As it is usually done for all NISH Surveys, the listing of all housing units in the selected E.A.s will be carried out for MICS 3 to provide a frame for the second stage sub- sampling. All households in the sample housing units will be interviewed.

1.6 Survey Instrument

Three types of questionnaires will be used. These are:

- (i) Household questionnaire
- (ii) Women questionnaire, and
- (iii) Children questionnaire

The three types of generic questionnaires received from UNICEF had been reviewed and adapted to Nigerian situation. Comprehensive instruction manuals on the questionnaires will be developed for both enumerators and supervisors.

1.7 Training for Main Fieldwork

The training programme will cover discussions on the roles of enumerators and supervisors, interview techniques, classroom sessions on the questionnaire and manual, role playing; field practice; questionnaire editing and classroom demonstrations will also be used for effective training.

1.8 Techniques of Training

Training techniques are as general to all national NBS surveys. They include the execution of reading exercises; demonstration interviews with the trainers; demonstration interviews with real respondents; simulation or mock interviews; practice exercise; demonstrations and field practice exercises. Trainers will invite trainees to take notes and to report the answers in the questionnaire to help follow the interview.

1.8.1 Reading Exercise

The trainees will perform regular reading exercises. These will consist of reading out loud a set of questions or sections of the manuals for explanation and discussion with the trainers. Trainers will take note of each trainee's performance and monitor his or her progress through the training course. This process allows the trainers to evaluate the trainee's eloquence and ease to express himself or herself in public. It allows the trainee to get used to the questions and facilitate the mastering of the instruction manual.

1.8.2 Demonstration Interviews

These will be done in front of the class. Supervisors can help in playing the respondent's roles. These interviews are carried out at the beginning of the course to demonstrate how to execute a good interview. They are also useful for demonstrating instructions or to answer questions asked by the trainees on issues such as handling a respondent who may prove difficult, uncooperative or refuse to be interviewed. Spectators whose presence may be a problem during the interview may have to be eased away; instructions for specific cases may have to be addressed; estimating someone's age may also be a problem; solutions to problems of this nature would be demonstrated.

1.8.3 Trainee Participation

Trainers will invite trainee-volunteers to participate in interviews in front of the class; such volunteers could be employees of the implementing agency but who may have little or no knowledge about the questionnaire. To avoid embarrassing them, trainers will inform the class and the respondent that the answer do not have to be exactly the truth but should be consistent.

1.8.4 Mock Interviews

During this exercise trainees act the respondent and the interviewer. Trainers will organize these exercises either in small groups of three or four trainees in front of the class. Each time, the audience will take notes that will be discussed afterward. At the end of these exercises, each trainee would have participated in the mock interview at least as an interviewer. The trainers will take note for the purpose of assessing the progress of the trainees and for identifying errors for later correction

They expose the interviewer to real life situations. They help the interviewer become accustomed to the survey instruments and method and the supervisors and trainers to identify areas and issues the interviewers have problems dealing with.

Field practices are conducted towards the end of the training course. However, they can also be progressive. A first exercise could cover only a set of the first sections only in order to concentrate primarily on how the interviewer approaches the households and introduce him/herself.

Field practice will be conducted in both rural and urban areas; but such areas should not be included in the main survey sample. The trainers will organize the trainees.

The interviewers should not be allocated to excessively large areas in order to allow supervisors and trainers to visit each trainee. Each trainee should practice at least two interviews during one partial exercise (sections only) and one interview during a full exercise (whole questionnaire). Work will be allocated according to the instructions for the main survey. At this point the interviewer should have been trained not only in the administration of the questionnaire, but also in locating the households and how to interact with the supervisors.

After each practice the trainers will organize feedback sessions in which they will discuss issues with the interviewer, make remarks on their work and hear and answer their questions.

1.8.5 Field Practice Exercises

This is the most important aspect of the training course and it should be properly organized and executed. Field practice should be carried out as often as possible during the training course. It could be organized as one-day exercises spread over the training or as a full three to four day follow-up in the field.

1.8.6 Manual Editing Practices

The trainers will teach manual editing principles to the interviewers using the questionnaires produced for field practice. However, throughout the duration of the training most exercise discussions will include showing editing rules to the interviewers. The trainers will help the interviewers develop the habit of checking their questionnaires for mistake and consistency within and between modules: verification of reference period, age reference group, sex reference group, skips and filter questions. Interviewers will also be trained in editing and verifying questionnaires filled out by their fellow trainees.

1.9 Interviewing procedures

1.9.1 Arrival in the community

The team will arrive in the community a day before the start of the survey. Accompanied by the interviewers, the supervisor will visit the chief, and other prominent individuals to explain the purpose of the survey and introduce the members of the team and discuss the survey program.

1.9.2 Finding the address

First, the address written on the page of the list of households is checked to ensure that it is the household of the head indicated on the sample household sheet. Sometimes you will have difficulties in finding a household. You may be unable to find either the dwelling or the household for the following reasons among others:

- The dwelling at the address may be abandoned, the household having moved without being replaced by another,
- The household of the head whose name is on the sheet may have left and another household may be living in the dwelling.

If any of these happens, you should stop and ask for advice from your supervisor.

1.9.3 Explanation of the survey

When you enter a household the first thing you should do is to greet every one, introduce yourself and say that you are working for the government. You should automatically show your interviewer's card in all cases.

You must explain that:

- You are conducting a survey of Nigerian and non-diplomatic households living in Nigeria, and that the purpose is to find out about the present patterns of household characteristics, child labour and living conditions in the country. The survey is thus very important for planners to know how to improve the quality of people's living standards.
- The communities and the households that will be interviewed have been selected at random. Other neighbouring communities and households have been selected in the same way.
- The survey is not concerned in any way with taxes, and all the information recorded will be regarded as confidential and covered by the obligation of statistical secrecy.

Explanations play a great part in gaining the willingness of people to reply to questions.

1.9.4 Introduction to Household

The enumerator should comprehensively explain all of the contents of the survey objectives to the head of the survey household, making sure to answer any questions that he or she might have. If the head of household is unwilling to proceed with the interview, please contact the field supervisor as soon as possible. The field supervisor should then talk to the household head to make an effort to gain cooperation. While awaiting the field supervisor intervention in contacting the household head, which may require time (hours to several days), continue administering the questionnaire to other survey households in the Enumeration Area (EA).

If the field supervisor also is unable to convince the original household to participate in the survey, use the first household on the list of five replacement households for the EA selected from the household listing at the time of the original household selection. Again, only use a replacement household with the authorization of the field supervisor.

CHAPTER TWO

2.0 FIELD STAFF

2.1 The Roles of Enumerators

The success of any survey depends on each enumerator's ability to collect accurate information from the respondents.

Therefore, the role of the enumerator includes the following:

- (i) Locating structures and housing units in the sample Enumeration Areas (EAs) which are assigned to him/her by the supervisor.
- (ii) Identifying all persons in each household and conducting interview with them.
- (iii) Carrying on the interviews in accordance with the procedures described in the manual.
- (iv) Checking the completed records so as to be sure that all questions were asked and the response were neatly and legibly written.
- (v) Visiting again the households for which information on some members were not available at the first visit.
- (vi) Verifying questionnaires completely before handing them over to the supervisor and before leaving the locality

2.1.1 Building rapport with the respondent

The respondent's first impression of the enumerator determines his/her willingness to cooperate in the survey.

- Introduction. To introduce himself/herself, the enumerator will clearly state his/her name, show the enumerator's identification card and request politely to talk to the head of the household/family.
- First Impression. When an enumerator is approaching a respondent for the first time he/she should: -
 - a) choose words that will make the respondent feel free and at ease for the interview.
 - b) Open the interview with a smile and salutation:

“Good Morning Sir/Madam, my name is (NAME). I am an interviewer of the National Bureau of Statistics. We are conducting a survey on the household's welfare. Your household has been selected through a random sampling process and we would like to interview you about your household's welfare.”

- c) Proper clothing and attire are strictly required as a sign of respect to the respondents and to represent properly the institution hiring the enumerator for the survey.
- Neutrality during Interview. Most respondents are polite and will tend to give answers they think the enumerator wants to hear. It is therefore very important that the enumerator remains absolutely neutral as he/she asks questions. The enumerator should not either by facial expression or by tone of voice allow the respondent to think he has given the right or wrong answers to the questions.

- Maintain word and sequence of the questions. The wording and the sequence in the questionnaire must be maintained. If the respondent misunderstands a question, the enumerator should read the question again slowly and clearly. To follow the sequence of the questions the enumerator should respect the filter and skip instructions indicated in the questionnaire.
- Be tactful. In a situation where the respondent shows no interest, acts bored, detached, contradicts previous answers or refuses to answer the questions, the enumerator must tactfully bring back the respondent's interest in the interview.
 - Do not Hurry the Interview. The enumerator should ask questions slowly and give the respondent time to think to ensure that he/she understands what is being asked. If the respondent is not allowed to think and formulate his/her opinion the response may be « don't know » or he/she may give an inaccurate answer. If the respondent seems to be responding slowly there is no need to hurry or to discontinue the interview..

2.2 The Roles of Supervisors

The major responsibilities of the supervisors are;

- (i) to contact local authority Officials in the areas assigned to a team to gain their co-operation.
- (ii) to locate the EAs (slum and non-slum) assigned to his\her team.
- (iii) to assign works to enumerators and provide working materials.
- (iv) to continue training the enumerators on the job if necessary.
- (v) to check the quality of the work of each enumerator through skim and spot checks.
- (vi) to maintain the morals of the enumerators so that they work in cheerful atmosphere.
- (vii) to observe some of enumerator's interviews to ensure politeness and that questions are properly asked and ideas correctly interpreted.
- (viii) to help the enumerator to resolve problems he\she may have with locating households or with difficult respondents.
- (ix) to review each question to be sure it is completed and consistent.
- (x) to meet with each enumerator on daily basis to discuss performance and future assignments.
- (xi) to write a comprehensive report of the data collection in his/her team

2.3. The Roles of Editors

- (i) It is the responsibility of the editors to scrutinize, edit and code, where necessary, the three questionnaires using the editing manual as guide.
- (ii) No decision other than those specified in the editing guideline should be taken by editors.

- (iii) The editors should ensure the quality of data collected right in the EAs and effect correction where necessary before leaving the EAs.

Generally speaking, Data and Scrutiny exercise includes the following:

2.4 Scope of Editors

- (i) **Consistency Checking:** for instance, the number of women eligible for interview in HH12 of Household questionnaire must be equal to the women actually interviewed in the women questionnaire.
- (ii) **Unreasonableness of data:** The magnitude of the data collected in respect of some variables may become doubtful. Such doubt could arise from past knowledge. For example If a woman aged 55years is entered as eligible to answer women questionnaire, such a data is liable to suspicion, hence it needs to be checked.
- (iii) **Omission:** Editing sometimes, involves making imputations for missing information especially in cases where other information in the same questionnaire or in other questionnaires within (say) the same enumeration areas could help one to arrive at the missing information . For instance, if the number of eligible women for women questionnaire is not given in HH12, this can be found in the circled line number in question HL6.
- (iv) **Double Entries:** Some questions allow for circling of one code, therefore double entries are wrong in such cases and they should be corrected. However, care needs to be taken to determine, the correct entry.
- (v) **Wrong Coding:** Editing exercise also provides an occasion for correcting, especially, glaring errors of coding from the field.
- (vi) **Transcription Errors:** Errors can arise in the process of copying information from one part of the questionnaire to another. The editor must watch out for this.
- (vii) **Computational Errors:** Computation must be carefully done to avoid making mistakes.

2.5 The Roles of State Officers

- (i) The State Officer co-ordinates the totality of the activities of the survey in his/her state.
- (ii) He/she will make contact with the district head and relevant authority of the EAs that will be canvassed.
- (iii) He/she will ensure relevant intervention whenever that is necessary in order to get the co-operation of the respondents.
- (iv) He/she will help the field staff to solve whatever problem(s) they may encounter in the field.
- (v) He/she will ensure compliance to retrieval time-line.
- (vi) He/she must submit both technical and administrative reports of the operation in his/her state

2.6 The Roles of Zonal Controllers

- (i) The Zonal Controller supervises the activities of the survey in his/her zone through the State Officers.
- (ii) He/she will coordinate the totality of the survey in the states under his zone.
- (iii) He/she will ensure the quality of data that will be collected in his zone.
- (iv) He/she must submit an overall technical/administrative report in his zone

2.7 The Roles of NBS HQ Monitoring Officers

The monitoring officers are to;

- (i) ensure compliance to retrieval programme
- (ii) conduct both skim and spot – check exercises and effect corrections
- (iii) ensure proper compliance to quality programme of collecting high quality data.

2.8 The Roles of Independent Monitors

Independent monitors comprise of the 6 coordinators for each zone and 37 monitors for the states and the FCT, Abuja. They are from the Universities /Research Institutions and private monitoring firms and all have varied experiences relating to the survey work. Some have worked with NBS on surveys/projects as monitors and evaluators.

Their key roles are to:

- (i) form another layers of supervision and monitoring of field work.
- (ii) further ensure and enhance collection of high quality data.
- (iii) add value to integrity of data collected.
- (iv) conduct skim and spot check exercises for improvement in data collection for high quality data.
- (v) submit reports for various levels of the field work.

2.9 The Roles of MICS 3 National Consultant

He /she is a full time consultant for the project and will perform the following roles during field works:

- involve as technical person during training exercises
- participate in supervision and monitoring exercises
- address and solve problems in collaboration with the project director and other heads of relevant department
- submit field report

CHAPTER THREE

3.0 MICS3 QUESTIONNAIRES AND ELIGIBLE RESPONDENTS

In each home you visit, you should begin by interviewing a knowledgeable adult member of the household to fill in the Household Questionnaire.

Note that in the Household Questionnaire there are a number of modules that you will need to administer to the mother or primary adult caretaker of eligible children living in the household. This means that you may complete the household interview with more than one respondent answering question to different modules. **This applies only to the Household Questionnaire and not to the individual women questionnaires and children questionnaire.**

When you have completed the Household Questionnaire, you would have identified women aged 15-49 years and mothers or primary caretakers of children under five to whom you will administer the individual questionnaires.

- You should interview separately **all women aged 15 through 49** who reside in the household **to fill in the Questionnaire for Individual Women.**
- You should administer the **Questionnaire for Children under five's mothers or primary caretakers who reside in the household.**

You will identify these individuals by completing the Household Listing form in the Household Questionnaire. If you visit a household with no members eligible for the individual questionnaires (Questionnaire for Individual Women and Questionnaire for Children under Five), you must still ask questions about the household to a knowledgeable adult member and complete the Household Questionnaire.

Your supervisor will give you a list or tell you how to find the households to visit. You must visit all these households.

If no one is at home when you go to interview the household, ask the neighbours whether the house is inhabited. If it is occupied, ask the neighbours when the household members will return. Arrange with your supervisor to go back to the dwelling when it will be occupied or at the end of the day. Note those plans on your EA control sheet and note the time you are to return on the first page of the questionnaire (Household Information Panel). Do not substitute another household.

If no adult is at home, arrange to come back at another time. Do not interview a temporary caretaker of the children, such as a babysitter; do not interview anyone who does not usually live in the household.

Each household in the sample has to be visited at least three times before you can mark the household as 'Not at home', unless otherwise instructed by your supervisor. There may be cases when you learn that the household will be away for an extended period, and will definitely not return within the fieldwork period. In such cases, three visits to the household may not be necessary. However, even in such cases, the ultimate decision will have to be taken by your supervisor.

If an eligible woman is not available for interview or not at home, ask a family member or neighbour when she will return. Note this on the Women's Information Panel, follow your supervisor's instructions, and return to interview her at that time. Do not take responses for

the women's questionnaire from anyone other than the eligible woman herself. The person to be interviewed for the Questionnaire for Children Under Five should be the mother or the primary adult caretaker (if the mother is not residing in the household or is deceased). If she/he is not available for interview or not at home, try to find out when she/he will be available and return later. If the person will not be available or will not return home at a time later that day when it is feasible to interview her/him, follow the instructions of your supervisor about the number of times you should attempt the interview.

If a child under five is not available, but the mother/primary caretaker is, complete the questionnaire for the child and do not complete the last module (Anthropometry). **If the child is still not available after the call-back visit, record the result in question AN4 as 'Not Present'.**

In cases where the mothers or primary caretakers of children eligible for various modules in the Household Questionnaire (such as Disability, Child Labour or Child Discipline) are not available at the time of your visit, note this on the cover page of the Household Questionnaire, inform your supervisor, and re-visit the household to talk to these persons.

Ask your supervisor if you are in doubt about what to do when you cannot locate a household, or you cannot complete an interview. Always keep a record on the EA control sheet of the households you visited where nobody was at home. If it is not possible to interview an eligible woman, record this on the Women's Information Panel of the questionnaire. If it is not possible to interview a mother or primary caretaker, record this on the Under-Five Child Information Panel of the Questionnaire for Children Under Five.

A standard coding and formatting system has been used throughout the questionnaires. For example, the codes '8', '98', '998' and '9998' are used for 'Don't know' (DK) responses. The codes '6', '96', '996' and '9996' are reserved for 'Other' responses. In many questions, there are instructions to skip additional questions depending on the answer given. Be very careful in following skip instructions; remember that an incorrect skip during the interview may have implications on all questions and responses that follow. In some cases, an incorrect skip may result in a failure to administer a whole module.

3.1 How to handle an interview

Conduct yourself in a relaxed informal way, but be thorough. Use the questionnaires carefully.

- Ensure that you **understand the exact purpose** of each question. This will help you to know if the responses you are receiving are adequate.
- Ask the questions **exactly as they are written**. Even small changes in wording can alter the meaning of a question.
- Ask the questions **in the same order as they are given on the questionnaire**.
- Ask **all the questions**, even if the respondent answers two questions at once. You can explain that you must ask each question individually, or say "Just so that I am sure..." or "Just to refresh my memory..." and then ask the question.
- Help your respondents to feel comfortable, but **make sure you do not suggest answers to your questions**. For example, do not 'help' a woman to remember various contraceptive methods.

- **Do not leave a question unanswered** unless you have been instructed to skip the question. Questions left blank are difficult to deal with later. In the office it may look as though you forgot to ask the question. Always write in 0 when a zero answer is given. For some questions, the code 'Doesn't know' will already be provided, and after you are sure that the respondent is unable to provide you with an answer, you will be able to circle this response. In questions where a 'Doesn't know' response is not printed on the questionnaire, you must make sure that the respondent comes up with an answer. In exceptional cases where this may not be possible, indicate this on the questionnaire with a note.
- **Record answers immediately.** Write down any pertinent remarks made by other people present, and mention who the other people are. Check the whole questionnaire before you leave the household to be sure it is completed correctly.
- **Thank the respondent for her (or his) cooperation.** Remember the survey schedule, and remember that you are part of a team. Do not stay and talk for too long, but do not rush the interview either.

3.2 GENERAL POINTS

a. Dress neatly

The first impression a respondent has of you is formed through your appearance. The way you dress may affect whether your interview is successful or not. Dress neatly and simply.

b. Gain rapport with the respondent

Try not to arrive at a respondent's house at an inconvenient time of day, such as mealtimes. Try to arrive when the respondent will not be too busy to answer questions.

Introduce yourself by name and show your identification. Explain the survey and why you want to interview the women in the household, exactly as your introduction tells you to.

Be prepared to explain what is meant by confidentiality and to convince respondents to participate if they are reluctant.

If the respondent refuses to be interviewed, note the reasons on the questionnaire, if possible.

Remain calm and polite at all times.

c. Probe for adequate responses

Pause and wait if the respondent is trying to remember difficult items.

Ask the respondent to clarify her/his answer if necessary. You may have misunderstood the response.

Check for consistency between the answers a respondent gives. Treat the questionnaires as tools that you are using to converse with the respondent. Try to understand and remember the responses, and if there is an inconsistency, ask the questions again.

3.3 HOW TO FILL IN THE HOUSEHOLD QUESTIONNAIRE

LIST OF MODULES IN THE HOUSEHOLD QUESTIONNAIRE

The following modules are in the questionnaire apart from Household information panel and Household listing form

- (1) Education
- (2) Water and sanitation
- (3) Household characteristics
- (4) Insecticide Treated Net (ITN)
- (5) Children orphaned and made vulnerable
- (6) Child labour
- (7) Maternal mortality
- (8) Salt Iodisation

The purpose of the Household QUESTIONNAIRE is to provide information on general characteristics of the population and the households. You will use it to collect important information on a number of MICS3 indicators and to identify women who are eligible (qualified) to be interviewed for the Questionnaire for Individual Women and the mothers or primary caretakers of children under five who will be interviewed for the Questionnaire for Children Under Five. Begin by saying the following to the respondent:

WE ARE FROM (NATIONAL BUREAU OF STATISTICS, (NIGERIA) WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL BE FOR A SHORT PERIOD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW?

You may change the wording of these introductory sentences as appropriate. However, you must make sure to include the following when you are introducing yourself: the name of the implementing agency; the topic of the survey; the issue of confidentiality; and with whom you would like to speak. If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and leave the household to go to the next household. Later, discuss the refusal with your supervisor; you or another person from the team may attempt to interview the household for a second time. This will depend on your description of the refusal. However, remember that a household's participation in the survey must be on a voluntary basis, and potential respondents must never be forced to participate.

3.3.1 HOUSEHOLD INFORMATION PANEL

The Household Information Panel consists of an upper (HH1 to HH8) and a lower (HH9 to HH15) panel. The upper panel should normally be filled in before you approach the household. Your supervisor would have provided the necessary information to you when you are assigned the household.

HH1. Enumeration Area Name/Cluster number

Enter the name of the enumeration area and the cluster number as provided by your supervisor. The cluster number in four digits includes two digits for the state and two digits for the EA serial number in the state.

HH2. Household number

Enter the household number as instructed by your supervisor.

HH3. Interviewer's name and number

Enter your own name and identification number provided to you at the time of training.

HH4. Supervisor's name and number

Enter your supervisor's name and identification number. You will be provided with your supervisor's identification number as soon as you know who you will be working with.

HH5. Day/month/year of interview

Enter the date of the interview as day, month and year. If the interview is not completed on your first visit and you visit the household again, revise and enter final date of interview. In other words, the date here should be either when you have completed the Household Questionnaire or when the interview has not been completed but there will be no more attempts to interview the household.

HH6. Area (Sector)

Circle the code for area of residence as instructed by your supervisor. This would have been pre-determined; you will not be required to assess whether the household is in an urban or rural area.

HH7. State

Write the state name and code.

HH8. Name of head of household

Enter the full name of the head of household (HH). If you are not given the name of the head of household prior to approaching the household, leave this blank and fill it in after completing the Household Listing, column HL2. In cases when the name of the household head given to you prior to approaching the household is not the same as the household head you identify in the Household Listing, change the name here and write down the name of the current household head.

Complete questions HH10, HH11, HH12 and HH14 once you have completed the Household Listing Form on the next page.

HH9. Result of household interview

If the Household Questionnaire is completed, circle '1' for 'Completed'. If you have not been able to contact the household after repeated visits, circle '2' for 'Not at home'. If the household refuses to be interviewed, circle '3' for 'Refused'. If you are unable to locate the household or if the dwelling is destroyed, circle '4' for 'HH not found/destroyed'. If you have not been able to complete the Household Questionnaire for another reason, you should circle '6' for 'Other' and specify the reason in the space provided. Some examples of 'Other' codes might be: the household respondent is incapacitated; the questionnaire is partly completed; adult household members were not found at home after repeated visits.

HH10. Respondent to Household Questionnaire

Enter the name and line number (from the Household Listing, columns HL1 and HL2) of the respondent to the Household Questionnaire.

HH11.Total number of household members

Count the number of household members recorded in column HL1 of the Household Listing and enter the total here.

HH12.Number of women eligible for interview

Enter the total number of women eligible for interview for the Questionnaire for Individual Women – you will copy this from the row for totals at the bottom of the Household Listing, for HL6.

HH13.Number of women’s questionnaires completed

Once all the Questionnaires for Individual Women have been completed for a particular household, enter the number completed here.

HH14.Numbers of children under age five

Enter the total number of children under five eligible for inclusion in the survey from the row for totals at the bottom of the Household Listing, for HL8. You will be using the Questionnaire for Children under five to interview the mothers or primary caretakers of these children.

You will complete question HH9 as soon as the Household Questionnaire has been completed, or after all attempts have been made to interview the household. Questions HH13 and HH15 should be filled in once you have concluded all individual interviews in the household – that is, when all mothers or primary caretakers of children under five have been interviewed, and questionnaires for each child under age five have been completed. Assuming that all interviews for the household have been successfully completed, the numbers in HH13 and HH15 should equal the total number of eligible women (HH12) and children under five (HH14), respectively. Since the maximum number of women interviewed for the Questionnaire for Individual Women cannot be higher than the number of eligible women in the household, the number in HH13 should never be greater than that in HH12. The same applies in the case of HH15 and HH14. If you are unable to complete all or part of the interviews for this household, note details in the space provided at the bottom of the panel.

HH15.Number of children’s questionnaires completed

Once all of the Questionnaires for Children Under Five have been completed for a particular household, enter the number completed here.

Interviewer/supervisor notes

Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc. Record the reasons for any incomplete or blank forms for this household (eligible women modules, under-five questionnaires, or any household modules that are not completed). Record other information about the interview that you think is pertinent.

HH16.Data entry clerk

Leave this space blank. The data clerk will enter his/her number in the space provided

HH16A Time interview start

This is the time of the day the interview begins and the time of the day the interview ends. In addition to the hour and minute, the time will also indicate AM (before the hour of noon) or PM (after the hour of noon).

3.3.2 HOUSEHOLD LISTING FORM

A household is a person or group of persons who usually live and eat together. Any adult member of the household can serve as the respondent for this section. As described below, there are a number of modules in the Household Questionnaire that you have to administer to mothers or primary caretakers of children. Therefore, it can be an advantage if you begin the Household Questionnaire with a mother or primary caretaker. While you should not make a specific effort to ensure this, you will indeed start the interview with such persons in many cases, since, in practice, these persons are more likely to be at home than, say, male household heads.

Note that the Household Listing Form includes **HL1. Line No.** This is the number used to identify each person listed. You must obtain a complete list of all persons who usually live in the household, but you do not need to fill in or do anything in this column since the numbers are already provided. **This is a very important number, since once household members are assigned these line numbers as the Household Listing is being completed, they are identified with these line numbers throughout the questionnaires administered in this household.**

You should begin by saying:

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

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask:

ARE THERE ANY OTHERS WHO LIVE HERE – EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN AT SCHOOL OR AT WORK). If yes, complete the listing.

Note that the household head is determined solely on the basis of what the respondent tells you. You are not required to assess who the household head is most likely to be, or whether the person stated as the household head has the necessary characteristics to be the household head.

Also note that if there are more than 15 household members, you will need to use a continuation sheet to record the additional household members. Please remember to change the line numbers of household members on the continuation sheet to read ‘16’, ‘17’, ‘18’, etc., and to tick the box provided at the top of the Household Listing indicating that a continuation sheet has been used.

The Household Listing will be completed in two stages: first, names (HL2), relationship codes (HL3) and sex (HL4) of all household members are recorded until all household members are included in the list. When the respondent is asked to provide the names of persons living in the household, their relationship to the head of the household and their sex is naturally mentioned during the course of listing the names. For this reason, the list is completed vertically for HL2, HL3, HL4 and HL5 during the first stage. Then, questions from HL6 to HL12 are asked for each person before moving to the next person.

HL2. Name

Fill in the name of each household member, starting with the head of household (the person who is considered to be responsible for the household). It is up to the respondent to define who the head of the household is. The head of the household should always be on the first row of the list. Never contest the respondent’s answer.

Also note that the names of household members will never be used for analysis purposes. However, recording the names of all household members is important since you will be using these names to address the questions.

HL3. What is the relationship of (*name*) to the head of the household?

Enter the code corresponding to how the person listed is related to the head of the household. Use the codes at the bottom of the Household Listing. Be particularly careful in doing this 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. For example, if the respondent is the wife of the head of the household and she says that Sola is her brother, then Sola should be coded as '09' ('Brother or sister-in-law'), not as '08' ('Brother or sister'), because Sola is a brother-in-law of the head of the household. Be very careful in obtaining this information correctly, since respondents tend to provide the relationship of the person to themselves, rather than to the head of the household.

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 coded as '14' ('Adopted/foster/stepchild'). If a household member is not related to the head of household, such as a friend who lives with the household, enter '15' ('Not related'). Enter '98' if the respondent doesn't know the relationship of a household member to the head of household.

HL4. Is (*name*) male or female?

Circle '1' for 'Male' and '2' for 'Female'. Do not guess the sex of the household member from the name provided to you. When the respondent is listing everyone in the household, he/she may indicate the sex of the person at the same time, by saying "My sister Mary," for instance. In this case, you do not need to ask the sex of the household member again, since it is already obvious that the person is a female. However, when a name is mentioned that can be used for both males and females, never use your Judgement. Even in cases when you think that the name would most likely be a male's (or a female's) name, have the respondent confirm the sex. This column should never be left blank.

As indicated above, if the household has more than 15 members, tick the box at the top right hand corner of this page and use another listing page from another questionnaire. On this additional page, make sure that the line numbers of household members start from 16, by canceling the pre-printed numbers and entering numbers starting from 16. Note that on this additional page you will have to change the pre-printed relationship code of member line number 16 into the relationship code of the person to the household head.

Once you have a complete list of names, relationship codes and sex, move across this page to ask and record answers to questions about individual persons. Start with the household head on line 01. When you have finished asking all questions for the person on line 01, continue to the person listed on line 02, etc.

HL5. How old is (*name*)? How old was (*name*) on his/her last birthday?

Enter each person's age in completed years, that is, his/her age at his/her last birthday. Completed age is also defined as 'the number of completed solar years since birth'. With this definition, since a 6-month-old baby has not completed a full solar year, his/her age will be entered as '00'. Note that you will be obtaining more accurate estimates of children's ages later.

This column should never be left blank.

If you have difficulty obtaining the ages of very elderly members of the household, you may enter the code '98', meaning 'Don't know'. For household members younger than 50, completed ages must be entered.

Eligibility for individual modules: Questions HL6, HL7 and HL8 concern eligibility information.

HL6. Circle line no. if woman is age 15-49.

Circle the line number in this column if the household member is a woman 15-49 years of age (this includes those age 15 and age 49). You will not ask this question to the respondent.

HL7. For each child age 5-17: Who is the mother or primary caretaker of this child?

If the household member is a child between 5 and 17 years of age (this includes those age 5 and age 17), record the line number of his/her mother or primary caretaker in this column. Ask this question to the respondent if necessary.

HL8. For each child under 5: Who is the mother or primary caretaker of this child?

If the household member is a child under the age of five (this includes those just born and those age 4, but not children who have completed 5 years of age), record the line number of his/her mother or primary caretaker in this column. Ask this question to the respondent if necessary.

HL8a. For adult household members age 18-59: Has (name) been very sick for at least 3 months during the past 12 months?

By chronically ill we mean that the person was too sick to perform his/her normal activities at work or at home, such as cooking, cleaning, driving or participating in activities. Also, we are asking whether the person was sick for a substantial amount of time, specifically for 3 months or longer during the previous 12 months. The episodes of illness do not need to be consecutive.

For children age 0-17 years ask HL9-HL12A:

For all children under age 18, we want to know whether either of their own (natural) parents is listed in the Household listing, and their survival status. This information can be used to measure the prevalence of orphanhood and child fostering in the population. For everyone age 18 and older, HL9-12 will be left blank.

HL9. Is (name's) natural mother alive?

By 'natural' we mean the biological mother. In many cultures, people consider other people's children whom they are raising as their own, especially children of their husband or sisters, etc. You should be certain that the respondent understands that you are asking about the woman who gave birth to the child.

Record whether or not the child's natural mother is still alive by circling the code corresponding to the response given. If the child's natural mother is not alive or if the respondent does not know, skip to HL11. Otherwise, continue to the question in the next column.

HL10. If alive: Does (name's) natural mother live in this household?

If the natural mother is still alive, we want to know whether she lives in the household. If the mother does live in the household, ask who she is (she should be listed in the Household Listing if she lives in the household) and record her line number in the space provided. If the mother is not a member of the household (not listed in the Household Listing), record '00'.

HL11. Is (name's) natural father alive?

HL12. If alive: Does (name's) natural father live in this household?

Fill in these questions in exactly the same way as HL9 and HL10. This time, make sure to record the survival status and the line number of the natural (biological) fathers. If the father of the household member is not alive or his survival status is now known by the respondent, move to the next person on the list.

HL12A. If father does not live in household: Has (name's) father been very sick for at least 3 months during the past 12 months?

Use the definition of ‘very sick’ as in HL8A. Circle the code corresponding to the answer given. This question should be left blank if the father lives in the household (See HL12).

When you have completed the listing of all household members and all questions in the Household Listing, probe to see if there are any other household members you have not included in the list: “**ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL?**” If yes, insert child’s name and complete the form.

After you have made sure that there are no other household members to be included in the list, complete the row at the bottom of the household list, ‘Totals’. Calculate the number of eligible women in the household and record the number under ‘**Women 15-49**’, calculate the number of children aged 5-17 years in the household and record the number under ‘**Children 5-17**’ and, finally, calculate the number of children **under five**, and record the number under ‘**Under-5s**’. The numbers recorded here for the women 15-49 and under-5s will indicate to you the number of individual women’s and under-five questionnaires you should have in the household (see below). You will also record these numbers in HH12 and HH14 in the Household Information Panel.

Calculate the number of adults who have been very sick for 3 months during the past 12 months and record the number under ‘Very sick’ (HL8A). Calculate the number of mothers dead, number of mothers very sick, number of fathers dead and the number of fathers very sick under HL9, HL10A, HL11 and HL12A, respectively.

When you have completed the Household Listing Form for all household members, prepare the individual questionnaire forms for this household:

- For each woman age 15-49 years, write her name and line number in the spaces provided (WM3 and WM4) at the top of her Questionnaire for Individual Women.
- For each child under age five, write his/her name and line number and the name and line number of his/her mother or caretaker in the spaces provided (UF3-6) at the top of the Questionnaire for Children Under Five.

You should now have a separate questionnaire for each eligible woman and child under five in the household, ready for use when you administer the questionnaires later on.

3.3.3 EDUCATION MODULE

Continue line by line, asking the questions for each household member who is eligible (age five or older), as you did when completing the Household Listing Form. Note that the lines corresponding to household members under five should remain blank.

ED1. Line No:

This is the number assigned to each person on the Household Listing Form. You do not need to fill in or do anything in this column since the numbers are already provided.

ED1A. Name:

Copy the names of each person age five and older from the Household Listing Form (HL2) to their corresponding line numbers.

For each household member age five or older, ask ED2 and ED3. These questions ask about educational attainment for all household members in this age group. (If children younger than five attend school or pre-school, this information will be recorded in the Questionnaire for

Children Under Five.) Any adult member of the household may provide this information for those not present.

ED2. Has (name) ever attended school or pre-school?

Circle '1' if the answer is 'Yes'. If the answer is 'No', circle '2' and go to the household member on the next line.

The term 'school' includes primary, secondary and post-secondary schooling, as well as any other intermediate levels of schooling in the *formal school system*. It also includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

Schools that carry out non-formal education are also included here. Ensure that respondents understand what is meant by 'non-formal education'. A non-formal education includes religious schools, such as Quranic schools, that do not teach a full, standard school curriculum. If a school teaches religious courses but also includes the standard curriculum – such as many Catholic schools – it would be coded as a standard school.

'Pre-school' is listed for children who do not attend grade 1 at age 5, but do attend some form of organized learning or early childhood education programme, whether or not such a programme is considered part of the school system. The definition of organized early learning programme does not refer to programmes offering only babysitting or child-minding.

ED3. What is the highest level of school (name) attended?

If the person has been to school, record the highest level of schooling attended by circling the code for the response. You may need to probe for the type of school attended. See below for levels and grades. Circle '8' if the response is "Don't know". Then ask, "***What is the highest grade (name) completed at this level?***"

Enter the highest grade completed or '98' for 'DK' ('Don't know'). If less than one grade, enter '00'. For instance, if a person has attended primary school but did not complete the first grade, then the level for this person will be circled as '1', and the grade will be entered as '00'.

Similarly, for a child who is attending grade 5 in primary school at the time of the interview, the level will be coded as '1' and the grade as '7', since this person has not yet completed grade 5.

For each household member **5-24 years** of age (this includes those age 5 and age 24), ask questions ED4-ED8, which inquire about school attendance. While the ideal respondent for these questions would be the mother or primary caretaker, any adult member of the household may provide the information.

Since questions from ED4 to ED8 refer to school attendance, they will have to be adapted to the situation at the time of the interview. The objective of these questions is to capture the school attendance of household members in two consecutive school years. The educational level and grade is specified below:

LEVEL**GRADE:**

0 - Pre School
 1 - Primary
 2 - Secondary
 3 - Higher
 6 - Non—Formal Education
 8 - Don't Know (DK)

Pre-School
 Kindergarten - 01
 Nursery 1 - 02
 Nursery 2 - 03

Primary
 Primary 1 - 04
 Primary 2 - 05
 Primary 3 - 06
 Primary 4 - 07
 Primary 5 - 08
 Primary 6 - 09

Secondary

JSS 1 - 10
 JSS 2 - 11
 JSS 3 - 12
 SS 1 - 13
 SS 2 - 14
 SS 3 - 15

Higher

NCE/AL/OND - 16
 BSc/HND - 17
 Post Graduate - 18

ED4. During the (2006-2007) school year, did (name) attend school or preschool at any time?

Circle the code corresponding to the answer given. If 'Yes', continue to the next question. If 'No', skip to ED7.

If the interview is carried out during the school year, then the question should be worded to refer to the current school year. If the interview is carried out between school years, then the question should refer to the last school year that has ended.

ED5. Since last (*day of the week*), how many days did (*name*) attend school?

When asking this question, insert the name of the day of the interview. For example, if the interview is taking place on a Tuesday, ask: "SINCE LAST TUESDAY, HOW MANY DAYS DID (*name*) ATTEND SCHOOL?"

ED6. During this/that school year, which level and grade is/was (*name*) attending?

Circle the code for the level of school, and enter the household member's current grade. If it applies, circle '8' for 'DK' (Don't know). Probe to determine the type of school, particularly to make sure if it is a standard or non-formal education. Then enter the highest grade number completed using '01', '02', etc. If a child is in pre-school or kindergarten, and grades are not used, omit the grade. If less than one grade was completed, enter '00'. Enter '98' for 'DK'.

If the interview is conducted during the time between two school years, the question should refer to the school year that has ended, and you should use 'THAT' and 'WAS' in the question. If the interview is conducted during the school year, the question should refer to the current school year. Note that these questions should capture children who may have been attending at the beginning of the school year, but have dropped out since then. If necessary, past tense could be used to make sure that you obtain information on the level and grade of children who may have dropped out from school during the course of the school year.

Questions ED4, ED5 and ED6 collect information on the school attendance of household members during the current school year (if the interview is conducted when schools are open) or the last school year that has ended (if the interview is conducted between school years). Questions ED7 and ED8 collect information on the school attendance of household members during the previous school year.

ED7. Did (*name*) attend school or preschool at any time during the previous school year, that is (2005-2006)?

If the child attended school at any time during the last school year, circle '1'. If the answer is 'No' or 'DK', circle the appropriate code and go to the household member on the next line.

ED8. During that previous school year, which level and grade did (*name*) attend?

Circle the code for the level of school attended and fill in the child's grade or enter '8' if the respondent doesn't know the level and/or grade, enter '98' If the child was in pre-school or kindergarten, and grades are not used, omit the grade.

3.3.4 WATER AND SANITATION MODULE

The purpose of the first two questions of this module is to assess the type of household water used for drinking as well as for other purposes, such as cooking and washing hands.

Definitions of the various sources of water are as follows (codes refer to those used in WS1 and WS2):

- *'11' – **Piped into dwelling**, also called a house connection, is defined as water service connected by pipe with in-house plumbing to one or more taps, for example, in the kitchen and/or bathroom.*
- *'12' – **Piped water to yard/plot**, also called a yard connection, is defined as a piped water connection to a tap placed in the yard or plot outside the house.*
- *'13' – A **public tap or standpipe** is a water point from which the public may collect their 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.*
- *'21' – A **tube-well or borehole** is a deep hole that has been driven, bored or drilled with the purpose of reaching groundwater supplies. Boreholes/tube-wells are constructed with casing, or pipes, which prevent the small-diameter hole from caving in and provide protection from infiltration of run-off water. Water is delivered from a tube-well or borehole through a pump that may be powered by humans, animals, wind, electricity, diesel fuel or solar energy.*
- *'31' – A **protected dug well** is a dug well that is protected from run-off water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well. Additionally, a protected dug well is covered so that bird droppings and animals cannot fall down the hole.*
- *'32' – An **unprotected dug well** is a dug well for which one or both of the following are true: (1) the well is not protected from run-off water; (2) the well is not protected from bird droppings and animals. If at least one of these conditions is true, the well is unprotected.*
- *'41' – A **protected spring** is a spring that is free from run-off and from bird droppings and animals. A spring is typically protected by a 'spring box' that is 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.*
- *'42' – An **unprotected spring** is a spring that is subject to run-off or bird droppings or animals. Unprotected springs typically do not have a 'spring box' (described above).*
- *'51' – **Rainwater collection** refers to rain that is collected or harvested from surfaces by roof or ground catchments and stored in a container, tank or cistern until used.*
- *'61' – A **tanker-truck** water source transports and sells water by means of a tanker truck.*

- ‘71’ – **Cart with small tank/drum** is used by a water provider who transports water into a community and then sells the water. Types of transports may include donkey cart, motorized vehicle or other means.
- ‘81’ – **Surface water** is water located above ground and includes rivers, dams, lakes, ponds, streams, canals and irrigation channels from which water is taken directly.
- ‘91’ – **Bottled water** is purchased water sold in bottles. Note that the code refers only to bottled water that is commercially available. Sometimes household members may store water from other sources in bottles – this should not be coded as bottled water.

WS1. What is the main source of drinking water for members of your household?

Circle the code for the most usual source. If several sources are mentioned, probe to determine the most usual source. If the source varies by season, record the source for the season of the interview. Note that the next question is only asked if the response to this question is ‘Bottled water’. You should skip WS2 if the response to WS1 is other than ‘Bottled water’. If the response is ‘Piped into dwelling’ or ‘Piped into yard/plot’, circle ‘11’ or ‘12’, respectively, and skip to WS5. Otherwise, skip to WS3.

WS2. What is the main source of water used by your household for other purposes such as cooking and hand washing?

This question should only be asked to households that use ‘Bottled water’ for drinking. Circle the code for the most usual source. If the source varies by season, record the source for the season of the interview. If the most usual source of non-drinking water is ‘Piped into dwelling’ or ‘Piped into yard/plot’, circle ‘11’ or ‘12’, respectively, and skip to WS5. Otherwise continue to the next question.

WS3. How long does it take to go there, get water, and come back?

This question is used to find out how convenient the source of water is to the dwelling. Note that the question is asked for water sources coded as ‘13-81’ and ‘96’ in WS1, or water sources coded as ‘13-96’ in WS2.

Fill in the estimated time (in minutes, converting from hours, if necessary) it takes by the usual mode of transport to get to the water source, wait to get water, and get back to the dwelling. Use zero(s) preceding the number if less than 100 minutes (for example, ‘060’ or ‘005’). Then continue to the next question.

If the water source is on the dwelling premises or if water is delivered to the dwelling by a vendor, circle ‘995’ for ‘Water on premises’ and skip to WS5. If the respondent does not know how long it takes, circle ‘998’ and continue on to the next question.

WS4. Who usually goes to this source to fetch the water for your household?

The purpose of this question is to find out the age and gender of the person who usually performs the task of hauling water. This will provide an understanding of whether water hauling responsibilities are given to members of a particular sex or age group.

Probe: **“IS THIS PERSON UNDER AGE 15? WHAT SEX IS THIS PERSON?”** Circle the code that corresponds with the response or ‘8’ if the respondent does not know. Adult refers to anyone age 15 or over, regardless of whether he/she is a household member. Child refers to anyone under the age of 15, regardless of whether he/she is a household member.

The purpose of the following two questions, WS5 and WS6, is to determine whether the household drinking water is treated within the household and, if so, what type of treatment is

used. This question is intended to gather information on water treatment at the household level and not water treatment at the municipal or vendor level.

WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?

Circle '1' if 'Yes', and continue to the next question. If 'No' or 'DK' (Don't know'), circle '2' or '8', respectively, and skip to WS7.

WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?

Circle the code corresponding to the response. The household may be using a method that you know does not make water safer to drink. Do not use your own judgement, just record the response. Record all items mentioned (for example, the household may be filtering the water and adding chlorine at the same time). Probe: "Anything else?" Circle 'X' for 'Other' and specify on the line provided what the household does to the water to make it safer to drink. Circle 'Z' if the respondent 'doesn't know'.

Definitions of various methods of water treatment are as follows:

- 'A' – Boil refers to boiling or heating water with fuel.
- 'B' – Add bleach/chlorine refers to using liquid chlorine bleach or bleaching powder to treat drinking water.
- 'C' – Strain it through a cloth refers to pouring water through a cloth that acts as a filter for collecting particles from the water.
- 'D' – Use water filter involves water flowing through a filter made of ceramic, sand or a combination of materials to remove particles and at least some microbes from the water.
- 'E' – Solar disinfection consists of exposing water, stored in buckets, containers or clear vessels, to sunlight.
- 'F' – Let it stand and settle refers to storing water undisturbed and without mixing long enough for larger particles to settle to the bottom by gravity. The settled water is carefully removed by decanting, ladling or other gentle methods that do not disturb the settled particles.

Questions WS7, WS8 and WS9 are about the toilet facility household members' use.

WS7. What kind of toilet facility do members of your household usually use?

The purpose of this question is to obtain a measure of the cleanliness of the sanitary facility used by the household members.

It may be necessary to observe the facility. If so, ask permission to do so. If the respondent answers or it is observed that the household members have no facilities or use the bush or field, enter '95' for 'No facilities or bush or field' and skip to the next module. If any of the flush or pour flush responses (11-15) are given, probe: "**WHERE DOES IT FLUSH TO?**" Circle the code corresponding to the response given.

Definitions of various types of toilet facilities are as follows:

- **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 odours. 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).

- ‘11’ - A **piped sewer system** is a system of sewer pipes, also called sewerage, that is designed to collect human excreta (faeces 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.
- ‘12’ - A **septic tank** is an excreta collection device and is a water-tight settling tank normally located underground, away from the house or toilet.
- ‘13’ - A **flush/pour flush to pit latrine** refers to a system that flushes excreta to a hole in the ground.
- ‘14’ - A **flush/pour flush to somewhere else** refers to excreta being deposited in or nearby the household environment (not into pit, septic tank or sewer); excreta may be flushed to the street, yard/plot, drainage way or other location.
- ‘15’ - **Flush to unknown place/not sure/DK where** should be coded in cases when the respondent knows that the toilet facility is a flush toilet, but does not know where it flushes to.
- ‘21’ - A **ventilated improved pit latrine or VIP** is a type of pit latrine that is 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.
- ‘22’ - A **pit latrine with slab** uses a hole in the ground for excreta collection and has a squatting slab, platform or seat that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit.
- ‘23’ - A **pit latrine without slab** uses a hole in the ground for excreta collection and does not have a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.
- ‘31’ - A **composting toilet** is a toilet into which excreta and carbon-rich material are added (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost.
- ‘41’ - **Bucket** refers to the use of a bucket or other container for the retention of faeces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal.
- ‘51’ - A **hanging toilet or hanging latrine** is a toilet built over the sea, a river, or other body of water into which excreta drops directly.
- ‘95’ - **No facilities or bush or field** includes excreta wrapped and thrown with garbage, the ‘cat’ method of burying excreta in dirt, defecation in the bush or field or ditch, and defecation into surface water (drainage channel, beach, river, stream or sea).

The purpose of the following two questions is to determine whether the household shares their sanitation facility with other households. The shared status of a sanitation facility is important because shared facilities can be less hygienic than facilities used by only a single household. Unhygienic conditions (faeces on the floor, seat or wall and flies) may discourage use of the facility.

WS8. Do you share this facility with other households?

Circle the code corresponding to the response given. If 'No', go to the next module.

WS9. How many households in total use this toilet facility?

The total number of households using this facility should include the household being interviewed. If less than ten households use this toilet facility, enter the number of households on the line provided. Circle '10' if ten or more households use this toilet facility. Note that '01' is not a valid response (since it means that this is the only household that uses the facility; if that is the case, you should go back to WS8 and correct the response there). Circle '98' for 'DK' ('Doesn't know').

3.3.5 HOUSEHOLD CHARACTERISTICS MODULE

HC1A. What is the religion of the head of this household?

HC1B. What is the mother tongue/native language of the head of this household?

HC1C. To what ethnic group does the head of this household belong?

Circle the code corresponding to the answer given. Make sure to get the religion, ethnicity or mother tongue/native language of the household head.

HC2. How many rooms in this household are used for sleeping?

This information provides a measure of how crowded the house is, and reflects the socio-economic condition of the household. A room in this case refers to a special area with a permanent partition that is used for sleeping. It is not necessarily the number of rooms in the household that are called 'bedrooms', but rather how many rooms get used for sleeping on a regular basis. Exclude rooms that are used only for sleeping by visitors to the household, but include those rooms that may not be regular 'bedrooms' but may be regularly used by one or more of the household members for sleeping.

Enter the number of rooms in this household that are used for sleeping.

HC3. Main material of dwelling floor

Circle the correct code for the material of the dwelling floor based on your observation. You will be able to observe the correct answer in most cases, but if in doubt, ask. If there is more than one kind of material making up the floor, record the main flooring material (the material that covers the largest amount of floor space).

HC4. Main material of the roof:

Circle the correct code for the material of the dwelling roof, based on your observation. You will be able to observe the correct answer in most cases, but if in doubt, ask. If there is more than one kind of material making up the roof, record the main roofing material (the material that covers the largest amount of roof).

HC5. Main material of the walls:

Circle the correct code for the material of the dwelling walls, based on your observation. You will be able to observe the correct answer in most cases, but if in doubt, ask. If there is more than one kind of material making up the walls, record the main wall material (the material that covers the largest amount of wall space).

HC6. What type of fuel does your household mainly use for cooking?

Information on the type of fuel used for cooking is collected as another measure of the socio-economic status of the household. The use of some cooking fuels can also have adverse health consequences.

Circle the code corresponding to the answer given. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. If the household uses more than one fuel for cooking, find out which type of fuel is used most often. If electricity, liquid propane gas (LPG), natural gas, or biogas is mainly used, circle '01', '02', '03', or '04', respectively, and skip to HC8. If any fuel other than the pre-coded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel on the line provided.

Definitions of some of the types of fuel are as follows: 'Biogas' includes gases produced by fermenting manure in an enclosed pit. 'Lignite' is a derivative of coal that produces more smoke when burned but produces less heat than coal.

HC7. In this household, is food cooked on an open fire, an open stove, or a closed stove?

Probe for type of stove and circle the code corresponding to the response given. If a response is given other than the pre-coded ones, circle '96' and specify the type of stove on the line provided. For 'Closed stove', skip the next question and ask HC8.

PLEASE FIND PICTORIALS ON OPEN FIRES, STOVES, CHIMNEYS AND HOODS POSTED AT THE WEBSITE www.childinfo.org. USE THESE PICTORIALS DURING THE INTERVIEWERS' TRAINING.

HC7A. Does the fire/stove have a chimney or a hood?

Circle the appropriate response.

HC8. Is the cooking usually done in the house, in a separate building, or outdoors?

Circle the code corresponding to the response given. If a response is given other than the pre-coded ones, circle '6' and specify on the line provided.

The answers to the following two questions on ownership of certain items will be used as an approximate measure of the socio-economic status of the household.

HC9. Does your household have?

Read out each item and circle the code corresponding to the answer given after each item. 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, circle '1' for 'Yes'. Otherwise, circle '2' for 'No'. Be sure to circle either a '1' or a '2' for each item. Do not leave any blank.

Ask the question for the following items: **ELECTRICITY, RADIO, TELEVISION, MOBILE TELEPHONE, REFRIGERATOR and NON-MOBILE TELEPHONE?**

HC10. Does any member of your household own:

This question collects information on the ownership of various items owned by any of the household members. Read out each item and circle the code corresponding to the answer given after each item. If the respondent reports that an item such as a motorcycle 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, circle '1' for 'Yes'. Otherwise, circle '2' for 'No'. Be sure to circle either a '1' or a '2' for each item. Do not leave any blank. **Ask the question for the following items: WATCH, BICYCLE, MOTORCYCLE OR SCOOTER, ANIMAL-DRAWN CART, CAR OR TRUCK, BOAT WITH A MOTOR.**

3.3.6 ITN (INSECTICIDE TREATED NET) MODULE

It is recognized that consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of clinical malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programmes that promote the use of ITNs. There are various types and brands of mosquito nets. Some require regular treatment with insecticide. Others are factory-treated and do not require re-treatment for 6 to 12 months (pre-treated) or 36 months (permanent type). By observing the mosquito nets yourself, you should be able to identify what brands or types of mosquito nets households own, but respondents may not always permit you to enter the sleeping areas where the nets are found. Your supervisor may provide you with photographs to help you to distinguish different types of mosquito nets. In order to assess the effectiveness of mosquito net used in preventing malaria, we need to gather accurate information on the type of nets, whether and when they were last treated with insecticide and whether household members use the nets when they sleep at night.

Note that ‘cake covers’ or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets.

TN1. Does your household have any mosquito nets that can be used while sleeping?

Circle the code corresponding to the response given. If ‘No’, skip to the next module.

TN2. How many mosquito nets does your household have?

Enter the number of mosquito nets that the household has. If the household has seven or more nets, record ‘7’

TN3. Is the net (are any of the nets) any of the following brands:

| |
|--|
| IDENTIFY TYPES OF TREATED NETS AVAILABLE IN THE COUNTRY. |
|--|

During training, you will be shown all the common mosquito nets that are available in the country. The brand/type name is often located on the net itself. A picture of the different types of nets available in the country may also be provided for reference during interviews. Use this to identify the type of net in the dwelling and circle the corresponding number on the questionnaire.

Read the name of each type of nets in turn: **“IS THE NET (ARE ANY OF THE NETS) LONG-LASTING?** Circle the appropriate response code . Then proceed to ask about the re-treatable nets: **“IS THE NET (ARE ANY OF THE NETS) RE-TREATED?** Circle the appropriate response code. Is there any other Insecticide nets? Specify.

Note that if the respondent has indicated the number of nets in TN2, you should still have the respondent confirm the presence or absence of each of the type of nets in TN3. For example, the respondent may have indicated that there is only one net in the household. If the respondent indicates that there is a net in the household of a type, you should still continue down the list of nets and code ‘No’ for all other nets. It is possible that once you mention the type of net, the respondent may remember an extra net not included in the figure in TN2.

If the respondent is not sure whether a net is one of these types, try to observe the net, if possible. If it is not possible to observe the net(s), use the pictures you were given to aid in identification.

TN4. Check TN3 for types of nets in the household.

Go through the list in TN3 in order, and stop when you are able to check one of the three boxes in TN4. Follow the instructions below for the first box checked. Only one of the following three boxes should be checked.

If a long-lasting treated net was mentioned, check box 1 and skip to the next module. This means that the household has at least one long-lasting net.

If pre-treated net was mentioned, check box 2 and skip to TN6. This means that the household does not have a long-lasting net, but has at least a pre-treated net.

If another type of net was mentioned, check box 3 and continue with TN5 to learn more about the net.

TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?

This question is only asked about all nets other than the long-lasting and pre-treated nets. With this question, we try to learn whether the net was actually treated with an insecticide when the household obtained it.

Note that the question should refer to the net most recently obtained. If the household has only one net, you do not need to specify (MOST RECENT) when asking the question.

TN6. How many months ago was the (most recent) net obtained?

This question is only asked about re-treated (*not* permanently treated) nets and all other nets. If the household owns more than one of these types of nets, we are interested in the net that was acquired most recently.

If it was obtained within the last 2 years (24 months), calculate the number of months from the respondent's answer and record the number of months in the space provided. If the net was obtained within the last month, enter '00' in the space provided.

For example, if the respondent says, "We bought the net a year and a half ago, during the planting season," the first step is to add 12 months for each year mentioned (1 year = 12 months). The season mentioned by the respondent was the 'planting season'. Using this memory cue, ask the respondent to be more precise about which month the net was purchased, that is, "at the beginning, middle or end of planting season?" or which planting season if there is more than one. If the respondent says that he/she bought it "at the beginning of the planting season in April," and it is October at the time of the interview, count the number of months between April and October, not counting the month of purchase (May, June, July, August, September, October = 6 months. Then add the sums, 12 months + 6 months = 18 months, and record '18' in the space provided).

If the net was obtained more than 2 years ago, circle '95'. If the respondent does not know the exact number of months, probe to obtain the best estimate. If the respondent says 'a year ago', probe to try to determine if the net was obtained exactly 12 months ago, or earlier or later. Circle '98' for 'Not sure' only if the respondent cannot even estimate how long ago the net was obtained.

TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?

Make sure that the respondent understands that you don't mean simply 'washing the net' or spraying it with insecticide from a can or canister. We want to know whether the net was soaked or dipped in an insecticide.

Circle the code corresponding to the answer given. If 'No' or 'DK' ('doesn't know'), skip to the next module.

TN8. How long ago was the most recent soaking/dipping done?

If the last time was within the last 2 years (24 months), record the number of months ago in the space provided. If the last time was less than 1 month ago, record '00'. If the last time was more than 2 years ago, circle '95'. If the respondent does not know the number of months, probe to obtain his/her best estimate. Circle '98' for 'Not sure' only if the respondent cannot even estimate when the net was last soaked or dipped.

3.3.7 CHILDREN ORPHANED AND MADE VULNERABLE BY HIV/AIDS

In this survey, we are identifying children and households that may have been affected by HIV/AIDS. We do not actually know why a parent or household member died or is sick; it could be from malaria or diabetes or AIDS. Despite this uncertainty, we collect information on whether children and households that are vulnerable due to adult illness are receiving services. We first identify whether a household contains orphaned or vulnerable children through four criteria:

- Children under age 18 who have lost one or both parents (HL9 and HL11 from Extended Household Listing)
- Children under age 18 whose parent or parents have been ill for 3 of the past 12 months (HL10A and HL12A from Household Listing)
- Children under age 18 who live in a household in which an adult (aged 18-59 years) has died during the past year and who was chronically ill for 3 of the 12 months before he or she died (OV2-OV4 from module on Children Orphaned and Made Vulnerable by HIV/AIDS)
- Children under age 18 who live in a household in which an adult (aged 18-59 years) is chronically ill (or who has been ill for 3 of the past 12 months – HL8A from Extended Household Listing).

This module is made up of two sections: The first section identifies households where there is at least one adult aged 18-59 years who was very sick for 3 of the past 12 months and died. This is one of the criteria for identifying if there are eligible children aged 0-17 years for this module, in addition to the criteria in the Household Listing module. The second section asks about different types of support provided to children aged 0-17 years in such households.

Note that the module is administered only if there is at least one child aged 0-17 years residing in the household.

OV1. Check HL5: any children 0-17?

Check the column HL5 for the entire household to see if there are any children 0-17 years of age (including age 17). If 'Yes', check the corresponding box, and continue to the next question. If 'No', check the second box and go to the next module.

OV2. I would like you to think back over the past 12 months. Has any usual member of

your household died in the last 12 months?

Care should be taken to determine whether or not the death was within the last 12 months. It can be helpful to probe the respondent by asking if they remember what month the person died, if they are having trouble remembering if the death was more or less than a year ago. Circle the code corresponding to the answer given. If the answer is 'Yes', continue to the next question. If the answer is 'No', skip to OV5.

OV3. (Of those who died in the past 12 months) were any of these people between the ages of 18 and 59?

Circle the code corresponding to the answer given. If the answer is 'No', skip to OV5.

OV4. (Of those who died in the past 12 months and were between the ages of 18 and 59) were any of these people seriously ill for 3 of the 12 months before he/she died?

Circle the code corresponding to the answer given.

A person should be considered 'seriously ill' if he/she was too sick to perform his/her normal activities at work or at home, such as cooking, cleaning, driving or participating in activities. Also, we are asking whether the person was sick for a substantial amount of time, specifically for 3 months or longer of the previous 12 months. The episodes of illness do not need to be consecutive.

If 'Yes', skip to OV8 to ask about support systems to households with children – A 'Yes' answer to this question means that there is at least one adult who died during the past 12 months, who was 18-59 years of age and had been seriously ill for at least 3 months. If 'No', continue with the filter in question OV5.

OV5. Return to the Household Listing and check the following:

1. Whether the total number of mothers dead is higher than 0 or the total number of fathers dead is higher than 0 (from HL9 and HL11).
2. Whether the number of adults aged 18-59 years in the household who were very sick for at least 3 months during the past 12 months is higher than 0.
3. Whether the number of mothers or fathers who are not living in the household and were very sick for at least 3 months during the past 12 months is higher than 0.

If any of these totals are higher than 0, this means that the household includes orphaned or vulnerable children and questions OV8 – OV 18 should be asked.

OV8. List all children aged 0-17 years. Record names, line numbers and ages of all children beginning with the first child, and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children aged 0-17 years in the household. Ask all questions for one child before moving to the next child.

All children in the household are considered vulnerable if there is a 'Yes' response to question OV4, or if any of the checks yield a value of more than '0' in OV5. Thus all children will be listed in this module. If there are more than four children in the household, a separate questionnaire should be used for those children. Be sure to ask questions OV10-OV18 for the first child before you start with the second child.

OV9. I would like to ask you about any formal organized help or support that your household may have received for (name) and for which you did not have to pay. By formal organized support I mean help provided by someone working for a programme. This programme could be government, private, religious, charity, or community-based. Remember this should be support for which you did not pay.

OV9 contains a statement that should be read to the respondent before starting on the questions OV10-OV18 for each child. Note that the respondent to this module can be the main respondent to the Household Questionnaire, and not necessarily the mothers or primary caretakers of children listed below OV8.

We are not asking about *all* the help and support that a household may have received for a child; we are asking specifically about formal, organized support that came from an organization. The types of support we want to know about for the purposes of this survey are:

- formal, organized support (government, private, religious, charity, community-based);
- provided free of charge, the household did not have to pay, and
- the help was provided specifically for the child.

As an example of the kind of help to include or not include: a neighbour acting on her own, cooking meals for the family because the mother is too sick to cook meals. While this help is of great importance to the household, if the neighbour is acting from her own good heart, we will not include it here. However, if that neighbour is working for an organization and part of her task at that organization is to provide meals (for free) for people who are too sick to cook for themselves, then we will include that type of help in this section.

OV10. Now I would like to ask you about support your household received for (name). In the last 12 months, has your household received any medical support for (name), such as medical care, supplies or medicine? Circle the code corresponding to the answer given.

OV11. In the last 12 months, has your household received any emotional or psychological support for (name), such as companionship, counselling from a trained counsellor or spiritual support, which you received at home
Circle the code corresponding to the answer given. If the household did not receive support of this kind for the child, skip to OV13.

OV12. Did your household receive any of this support in the past 3 months?
The emotional or psychological support would have been provided in the previous 3 months, free of charge for a 'Yes' response to be appropriate. This question is asked for 3 months, in addition to 12 months, because this sort of assistance is needed more regularly than other types of support. Circle the code corresponding to the answer given.

OV13. In the last 12 months, has your household received any material support for (name), such as clothing, food or financial support?
Circle the code corresponding to the answer given. If the household did not receive support of this kind for the child, skip to OV15.

OV14. Did your household receive any of this support in the past 3 months?
The material support would have been provided in the previous 3 months, free of charge for a 'Yes' response to be appropriate. This question is asked for 3 months, in addition to 12 months,

because this sort of assistance is needed more regularly than other types of support. Circle the code corresponding to the answer given.

OV15. In the last 12 months, has your household received any social support for (*name*), such as help in household work, training for a caregiver, or legal services?

Circle the code corresponding to the answer given. If the household did not receive support of this kind for the child, skip to OV17.

OV16. Did your household receive any of this support in the past 3 months?

The social support would have been provided in the previous 3 months, free of charge for a 'Yes' response to be appropriate. This question is asked for 3 months, in addition to 12 months, because this sort of assistance is needed more regularly than other types of support. Circle the code corresponding to the answer given.

OV17. Check OV8 for age of child:

The remaining question (OV18) is only for children aged 5-17 years. If a child is less than five, check the first box and skip to the next child. If there is no other child in the roster, skip to the next module.

OV18. In the last 12 months, has your household received any support for (*name's*) schooling, such as allowance, free admission, books or supplies?

Ask whether any support was given for the child that was related to school, such as books, supplies or monetary compensation. Circle the code corresponding to the answer given.

3.3.8 CHILD LABOUR MODULE

This module is to be administered to the mother or primary caretaker of each child resident in the household aged 5 through 17 years (this includes those age 5 and age 17). For household members younger than five or older than 17, rows should be left blank.

CL1. Line no:

This is the number assigned to each person on the Household Listing Form. You do not need to fill in or do anything in this column since the numbers are already provided. Explain, **“Now I would like to ask about any work children in this household may do.”**

CL2. Name:

Insert the child's name, copying from the Household Listing, column HL2. This is done to prevent confusion during the interview.

CL3. During the past week, did (*name*) do any kind of work for someone who is not a member Of this household? *If yes: for pay in cash or kind?*

'Pay' refers to any compensation for work, including cash or goods or services provided to the child or his family. 'The past week' refers to the 7 days preceding the interview day. Note that the person indicated – someone who is not a member of this household – may be a relative or a family member who lives in a different household.

If the answer is 'Yes', ask if the work was done for pay in cash or kind. Circle '1' if work was done for pay in cash or kind. Circle '2' if work was not done for any form of pay. If '1' or '2' is circled, continue to the next question. If no work was done by that child in the past week, circle '3' and skip to CL5.

CL4. *If yes: Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household?*

Record the estimated number of hours the child spent doing work in the past 7 days and skip to CL6. Make sure the mother or primary caretaker understands what you mean by “*SINCE LAST (day of the week)*” – specify the name of today’s weekday, as you did in the Education Module. If the child works more than one such job, include the total hours spent doing such work in all jobs.

CL5. At any time during the past year, did (*name*) do any kind of work for someone who is not a member of this household? *If yes: for pay in cash or kind?*

CL5 is essentially the same question as CL3; this time the reference period is 1 year rather than the last 1 week. Continue with the next question after you have circled the response to this question.

CL6. During the past week, did (*name*) help with household chores such as shopping, Collecting firewood, cleaning, fetching water, or caring for children?

As was explained in CL3, ‘the past week’ refers to the 7 days preceding the interview day. Circle ‘1’ if ‘Yes’, and continue to the next question. If ‘No’, circle ‘2’ and skip to CL8.

CL7. *If yes: Since last (day of the week), about how many hours did he/she spend doing these chores?*

Insert the estimated number of hours the child spent doing household chores in the past 7 days. Make sure the mother/primary caretaker understands what you mean by ‘since last (day of the week)’ – specify the name of today’s weekday, just as you did for CL4.

CL8. During the past week, did (*name*) do any other family work (on the farm or in a business or selling goods in the street)?

As was explained in CL6, ‘the past week’ refers to the 7 days preceding the interview day. ‘Other family work’ means any work done other than household chores/housekeeping to help with family income generation or subsistence production. This may include raising livestock belonging to the household or working in a family business.

Circle ‘1’ if ‘Yes’, and continue to the next question. If ‘No’, circle ‘2’ and go to the next line, corresponding to the next eligible child aged 5-17 years.

CL9. *If yes: Since last (day of the week), about how many hours did he/she do this work?*

Insert the estimated number of hours worked. Again, make sure the mother/primary caretaker understands what you mean by ‘since last (day of the week)’ – specify the name of today’s weekday, just as you did for CL4 and CL7.

3.3.9 MATERNAL MORTALITY

Maternal mortality refers to deaths among;

- a) **women who are pregnant,**
- b) **women who die during childbirth and**
- c) **women who die during the post-partum period.**

For this questionnaire, *the post-partum period is defined as the 6-week period following the end of pregnancy.*

This module is administered to adult household members only. For the purposes of this module, adults are defined as persons aged 15 years or older.

MM1. *Line number:*

This is the number used to identify each household member eligible for this module (household members aged 15 years and older). You do not need to fill in or do anything in this column since the numbers are already provided.

MM2. *Name:*

Insert the name of each adult (those at least 15 years of age) in the household in this column next to his/her line number (from Household Listing, HL1), copying from the Household Listing, column HL2.

After completing the list of adults, you will need to try and speak with everyone on the list available in the household at the time of your visit. Ask the following questions MM3 through MM8 to each adult, in turn, and then continue to the next adult on the list, until you have recorded answers for each adult listed. In the case of adults who are not available during your visit, you will ask for a proxy report (see MM3 below). Note that it is not necessary to do call-back visits to the household to complete this information.

MM3. *Is this a proxy report?*

MM3 asks if the responses recorded for this person on the list is a proxy report, that is, if the information that will be recorded for this adult is being provided by the person him/herself or by another adult household member. If the adult listed is available for interview, record '2' for 'No' and skip to MM5.

If an adult listed is not at home, ask if there is another adult household member who is able to respond to questions about the absent person's sisters. If there is another adult who can respond, record a 'Yes' ('1') to question MM3 and continue to MM4.

Even in cases where there are no adults in the household who feel they can answer questions regarding the absent person's family, always ask MM5–MM9 and record 'Doesn't know' ('98'), where necessary.

If there is another adult present, ask questions MM5–MM9, specifying that you want to know about the sisters of the adult who is not present. Name that adult not present, and ask each question in turn, even if the respondent is unsure of some answers. In such cases, record '98' for 'Doesn't know'.

MM4. *Line Number of proxy respondent (from household listing HL1):*

Record the line number of the adult who will provide information for the absent person (from Household Listing, HL1).

MM5. *How many sisters (born to the same mother) have you ever had?*

This question asks how many sisters the respondent (or the adult for whom he/she is responding) has ever had. It is important that the respondent understands that you are asking about her true biological sisters, that is, all of the females born to the respondent's mother. For example, female cousins or sisters-in-law who may commonly be referred to as 'sister' should not be counted. Emphasize to the respondent that this number should include both her sisters who are living and those who have died.

MM6. *How many of these sisters ever reached age 15?*

Enter the number of sisters who reached age 15 in the spaces provided. Use leading zeros if necessary. Again, this may include sisters who are alive now and age 15 or older and sisters who have died at some point after reaching their 15th birthday. The answer to this question must be less than (one or more sisters died before reaching age 15) or equal to (all of the sisters survived to age 15) the total number of sisters reported in MM5.

MM7. How many of these sisters (who are at least 15 years old) are alive now?

Enter the number of sisters age 15 or older who are alive now in the spaces provided.

MM8. How many of these sisters who reached age 15 or more have died?

Enter the number of sisters who died when they were 15 or older. The sum of the numbers reported in MM7 and MM8 must equal the total number of sisters aged 15 or more reported in MM6.

Note that there are no skips in questions MM5-MM9. If the respondent states in MM5 that she/he never had any sisters, you should enter '00' for the following four questions, MM6-MM9.

MM9. How many of these dead sisters died while pregnant, or during childbirth, or during the six weeks after the end of pregnancy?

This question asks about sisters reported in MM8 who died during any of the following three time periods: while pregnant, during childbirth or during the 6 weeks after the end of pregnancy. There are two important issues here. First, respondents should include any sister's death (recorded in MM8) that occurred during these time periods, regardless of the cause of death. For example, if a sister died from an accident and this accident occurred while she was pregnant or during the 6 weeks following her pregnancy, this death should be reported in MM9.

It is also important to remember that not all pregnancies produce a live birth. Therefore, the 6-week period after the end of a pregnancy could refer to a 6-week period following a miscarriage, an induced abortion or a stillbirth.

3.3.10 SALT IODIZATION MODULE

After you have completed all modules of the Household Questionnaire, administer the module on Salt Iodization. Note that in this module, you will most probably perform a test on a sample of salt provided by the respondent.

SI1. We would like to check whether the salt used in your household is iodized. May I see a sample of the salt used to cook the main meal eaten by members of your household last night?

This item is used to record the type of salt used to prepare the family's main meal the day before the questionnaire is administered, and the outcome of the test for salt iodization.

Once you have a sample of salt, perform the test and circle the code that corresponds to the test outcome. Circle '1' if the test is negative (0 parts per million/no colour - not iodized). Circle '2' if the test shows less than 15 parts per million iodine (weak colour). Circle '3' if the test is positive (15 parts per million or more, strong colour). Circle '6' if there is 'No salt in home'. Circle '7' if the salt was present, but not tested for any reason.

If the respondent indicates that no salt was used to cook the main meal last night, or that no meal was cooked, ask for a sample of the salt usually used for cooking in the household, and perform the test on this sample of salt.

The Household Questionnaire ends with two questions that will confirm the presence (or absence) of other individuals you may need to interview in this household. If there is at least one woman in the household eligible for the Questionnaire for Individual Women, you will proceed to interview that woman. If not, you will check if there are any eligible children, and interview their mother/primary caretaker if there is at least one such child residing in the household.

SI2. Does any eligible woman age 15-49 reside in the household?

Check Household Listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman. If there are women aged 15-49 in the household, check the box marked 'Yes' and go to the Questionnaire for Individual Women to administer it to the first woman aged 15-49. If there are no women aged 15-49 in the household, check the box marked 'No' and continue to SI3.

SI3. Does any child under the age of 5 reside in the household?

Check Household Listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child. If there are children under age five in the household, check the box marked 'Yes' and go to the Questionnaire for Children Under Five to administer it for the first child under five. If there are no children under age five in the household, check the box marked 'No' and end the interview by thanking the respondent for his/her cooperation.

3.4 HOW TO FILL IN THE INDIVIDUAL WOMEN QUESTIONNAIRE

List of modules in the questionnaire

Apart from the women's information, the following modules are inclusive:

- (1) Child mortality module
- (2) Tetanus Toxoid module
- (3) Maternal and Newborn Health module
- (4) Contraception and Unmet need
- (5) Female Genital mutilation/cutting
- (6) HIV/AIDS
- (7) Sexual Behaviour

The purpose of the questionnaire for individual Women is to provide information on a wide range of MICS indicators. You will have identified women who are eligible for this questionnaire after you have completed the Household Listing in the Household Questionnaire. Eligible women for this questionnaire are women listed in the household Listing who are age 15 through 49 (see column HL6 of the Household Listing).

THIS QUESTIONNAIRE SHOULD ONLY BE ADMINISTERED BY A SKILLED FEMALE INTERVIEWER. IT INCLUDES MODULES AND QUESTIONS ON SENSITIVE AND PRIVATE TOPICS SUCH AS **SEXUAL BEHAVIOUR, CONTRACEPTION AND HIV/AIDS**. THE USE OF A MALE INTERVIEWER WILL RESULT IN THE COLLECTION OF UNRELIABLE INFORMATION, IF NOT JEOPARDIZE THE OVERALL ADMINISTRATION OF THE QUESTIONNAIRE AND LEAD TO REFUSALS.

IT IS ALSO STRONGLY RECOMMENDED THAT INTERVIEWERS MAKE EVERY ATTEMPT TO INTERVIEW WOMEN ALONE.

3.4.1 WOMEN'S INFORMATION PANEL

WM1-WM6 should be filled in before you start the interview.

WM1. EA Name/Cluster number

Enter the EA name/cluster number from the Household Questionnaire, question HH1.

WM2. Household number

Enter the household number from the Household Questionnaire, question HH2.

WM3. Woman's name

Enter the woman's name from the Household Questionnaire, column HL2 of the Household Listing.

WM4. Woman's line number

Enter the woman's line number from the Household Questionnaire, column HL1 of the Household Listing.

WM5. Interviewer name and number

Enter your own name and identifying number. You will be provided with these identification numbers at the time of training.

WM6. Day/month/year of interview

Enter the date of the interview as day, month and year. If the interview is not completed on your first visit and you visit the household to interview the woman again, revise and enter the final date of interview. In other words, the date here should be the date when you have either completed the woman's questionnaire, or when the interview has not been conducted but it has been decided that there will be no more attempts to interview the eligible woman.

WM7. Result of women's interview

Complete this question once you have concluded the interview with the woman. Circle the code corresponding to the result of the interview. If the questionnaire is completed, circle '1' for 'Completed'. If you have not been able to contact the woman after repeated visits, circle '2' for 'Not at home'. If the woman refuses to be interviewed, circle '3' for 'Refused'. If you were able to only partly complete the questionnaire, circle '4' for 'Partly completed'. If the woman is incapacitated, circle '5'. If you have not been able to complete this questionnaire for another reason, you should circle '6' for 'Other' and specify the reason in the space provided.

Make every attempt to carry out the woman's interview in privacy. Ask all other household members or anyone else who is present (including male members of the survey team) to leave in a courteous manner.

If the respondent is a mother/caretaker, ask her to collect all the birth certificates and health/ immunization cards she has for her children or the children she cares for before you begin the interview. You will need these when you go on to interview her about her children under age five.

Repeat greeting if not already read to this woman: **"WE ARE FROM (NATIONAL BUREAU OF STATISTICS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (SOME) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?"**

As with the similar sentence at the beginning of the Household Questionnaire, you may change the wording of these introductory sentences as appropriate. You must make sure, however, to include the following when you are introducing yourself: **The name of the implementing agency; the topic of the survey; approximate duration of the interview; the issue of confidentiality;** and with whom you would like to speak.

If permission is given, begin the interview. If the respondent does not agree to continue, thank her and go on to the next interview. Later, discuss the refusal with your supervisor; you or another person from the team may attempt to interview the woman for a second time. This will depend on your description of the refusal. However, remember that a woman's participation in the survey must be on a voluntary basis, and potential respondents must never be forced to participate.

Age and date of birth:

Age (WM8 or WM9) is one of the most important questions in the interview, since almost all analysis of the data depends on the respondent's age. This question must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth and age on the Questionnaire for Individual Women.

WM8. In what month and year were you born?

If the respondent knows her date of birth, write 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', etc. If the month or day contains only one digit, use a leading zero to fill in the first space. For example, the month of March is coded as '03'. If she does not know her month of birth, circle '98' for 'DK month' and ask her for the year of her birth. If she knows the year, write it in the spaces 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, horoscope, or a birth or baptismal certificate that might give her date of birth. If such documentation is available, ask the woman if the information on the document(s) is correct. Only when it is absolutely impossible to even estimate the year of birth should you circle '9998' for 'DK year'.

WM9. How old were you at your last birthday?

Enter her age in completed years, that is, her age at her last birthday. If she knows her age, write it in the space provided.

If she does not know the answer to either of these two questions, probe for clues that might indicate her age. Ask how old she was when she was first married or first gave birth. Try to find out how long ago she got married or had her first child. (You may be able to find out the age of her oldest child if the child is still living. You may be able to relate her age to someone else in the household whose age is known. You may be able to determine her age based on how old she was when an important event occurred, and the number of years that have elapsed since.) You MUST fill in this information. Do not leave this blank.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 or older than 49, you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation; write 'INELIGIBLE' on the cover page of the questionnaire, and correct the age and eligibility information for this woman on the cover page and in Columns HL5 and HL6 of the Household Questionnaire.

Questions WM10 - WM12 are about the educational attainment and literacy of the woman. Note that you will have collected some of this information on the woman in the Education module of the Household Questionnaire, either from another household member or from the woman herself. You should still ask these questions. You will be collecting slightly different information with these questions.

WM10. Have you ever attended school?

Circle the code corresponding to the response given. If 'No', skip to WM14. Otherwise, continue on to the next question.

The term 'school' includes primary, secondary and post-secondary schooling, as well as any other intermediate levels of schooling in the *formal school system*. It also includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

Schools that carry out non-formal education are also included here. Ensure that the woman understands what is meant by 'non-formal education'. A **non-formal education** includes religious schools, such as Quranic schools, that do not teach a full, standard school curriculum. If a school teaches religious courses but also includes the standard curriculum – such as many Catholic schools – it would be coded as a standard school.

WM11. What is the highest level of school you attended?

Circle the code corresponding to the highest level ever attended, regardless of whether or not the year was completed. For example, if she attended Form/Year 1 of secondary school for only 2 weeks, record 2.

WM12. What is the highest grade you completed at that level?

For this question, record the number of years that the respondent successfully completed at that level recorded in WM11. For example, if a woman was attending grade 3 of secondary school and left school before completing that year, record '11'. Although grade 3 was the highest year she attended, she completed 2 years of secondary school. If less than 1 year, record '00' for completed years. For example, if she attended only 2 weeks of grade 1 of secondary school, record '00' for completed years. See grade codes at the footnotes in the questionnaire.

WM13. Check WM11.

If the respondent attended secondary school or a higher level, check the corresponding box and go to the next module. If the highest level the respondent attended was primary school, non standard curriculum check the appropriate box and continue to WM12.

WM14. Now I would like you to read this sentence to me.

To ascertain whether women are literate or not, you will be showing women with interview cards with pre-printed sentences on them, and asking women to read them. **Note that this question will be asked only to women who have not attended school, or did not attend school beyond the primary level.** We assume that women who have attended secondary school or higher are literate. However, it is also known that some women who have attended or even completed primary school may be functionally illiterate. Therefore, we need to ask this question to such women.

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. If the respondent cannot read the whole sentence, probe: **“CAN YOU READ PART OF THE SENTENCE TO ME?”**

Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for the sentences in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language

required, circle '4', and specify the language. If the respondent is blind/mute or visually/speech impaired, circle '5'.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible woman in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

3.4.2 CHILD MORTALITY MODULE

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 births the woman has ever had (including births from earlier marriages). The answers are used to estimate childhood mortality rates.

EXPLAIN WHAT A LIVE BIRTH IS TO INTERVIEWERS DURING TRAINING. **MAKE SURE THAT INTERVIEWERS UNDERSTAND CLEARLY THE DIFFERENCE BETWEEN A LIVE BIRTH AND OTHER PREGNANCY OUTCOMES, SUCH AS STILLBIRTHS, MISCARRIAGES AND ABORTIONS.** IN COUNTRIES WHERE THE TERM USED FOR 'LIVE BIRTH' MAY NOT BE DISTINCT ENOUGH FROM TERMS USED FOR OTHER PREGNANCY OUTCOMES, MAKE SURE THAT THE QUESTIONNAIRE AND YOUR INSTRUCTIONS TO THE INTERVIEWERS ARE VERY CLEAR, AND THAT THE INTERVIEWERS ARE ABLE TO EXPLAIN TO RESPONDENTS WHAT IS MEANT BY A LIVE BIRTH, IF NECESSARY.

It is important that the respondent understands which events to include in these reports. **We want to know about all of the woman's natural 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.

We do not want you to 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).**

CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth?

The first question of the module is used to determine if the rest of the module and several subsequent modules should be administered to this woman. If the answer is 'Yes', circle '1', and continue with the next question. If the woman says she has never given birth, read out the probe to make sure the woman understands the meaning of 'birth', as described during your training. Explain:” **I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?”** If her answer is still 'No', skip directly to Contraception and Unmet Need.

CM2A. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or whose father is a man other than your current partner.

You need to obtain the year of the woman's first birth, which means the very first time she gave birth, even if the child is no longer living, or is the child of a partner other than her current one. As with all questions about dates and ages, you may need to probe to obtain the best information.

Ask for the child's date of birth. If she knows the exact birth date, enter the day, month and year of birth on the lines provided and continue to CM3. You will have to convert the month to a number, as you have been instructed. If the month or day contains only one digit, use a zero to fill in the first space. For example, the month of March is coded as '03'. If she does not know the exact birth date, ask her the day, month and year separately. Enter the information as provided. If she does not know the day, circle '98'.

If she can give the month of birth, convert it to a number and enter it on the line provided. If she cannot give the month, probe to try to estimate the month. If you cannot estimate the child's month of birth from this information, you may need to find out in which season he/she was born. If it is still not possible to estimate the child's month of birth, circle '98' in the space for month of birth.

If she can give a year of birth, write it in the space provided and continue to CM3. If she cannot give the year of the birth, circle '9998' and go to CM2B.

CM2B. How many years ago did you have your first birth?

This question is asked only to women who are not able to give the year of their first birth in CM2. It may be easier to obtain this information, especially if the first child is still alive. In this case, the answer is the first child's current age in completed years. Record the response in the space provided.

CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?

Read the question slowly. The sons and daughters being considered are those who live with her in her household (these children should have been listed in the Household Listing). Circle the code corresponding to the response. If she answers 'No', skip to CM5.

CM4. How many sons live with you? How many daughters live with you?

If the answer to CM3 is 'Yes', record the number of sons and daughters living with the woman in the space provided. If the answer is 'None' for sons (or if she does not have any sons), record '00' in the space provided for sons. Similarly, if she has no daughters now living with her (or if she does not have any daughters), record '00' in the space for daughters. Do not leave either of the spaces blank. Since the question is asked only to women who have children living with them in the same household, at least one of the spaces should have a value higher than 00.

Remember, we are interested only in the respondent's OWN children – not foster children, children of her husband by another woman, or children of another relative.

CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?

This refers to sons and daughters who are alive but not living with the woman. For example, one or more of her children may be living with a relative, staying in a boarding school, been given up for adoption, or may be grown-up children who have left home.

Make sure the respondent is not reporting dead children in this question. Circle the code corresponding to the response. If she answers 'No', skip to CM7.

CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you?

If the answer to CM5 is 'Yes', record the number of sons and daughters who are alive but not living with the respondent in the space provided. If the answer is 'None' for sons (or if she does not have any sons who are alive), record '00' in the space provided for sons. If the answer is

'None' for daughters (or if she does not have any daughters who are alive), record '00' in the space provided for daughters.

Since this question is asked only to women who have children alive who are not living with them, at least one of the spaces should have a value higher than 00. For women who have been asked this question, the spaces should not be left blank.

CM7. Have you ever given birth to a boy or girl who was born alive but later died?

This question is extremely important. Circle the code corresponding to the response. Some respondents may fail to mention children who died very young, so if she answers 'No', it is important to probe by asking "...THAT IS, ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT SURVIVED ONLY A FEW HOURS OR DAYS (OR ONLY A SHORT TIME)?" If the answer is still 'No', skip to CM9.

Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful, but the information is important.

CM8. How many boys have died? How many girls have died?

If the answer to CM7 is 'Yes', record the number of sons and daughters who were born alive but later died in the spaces provided. Do not leave either of the spaces blank. For women who have been asked this question, at least one of the spaces should have a value higher than 00.

CM9. Sum answers to CM4, CM6 and CM8

Add the numbers of births reported in CM4, CM6 and CM8 and write the sum here, then cross check with question CM10. i.e. **CM9 = CM4 + CM6 + CM8**

CM10. Just to make sure that I have this right, you have had in total (*total number*) births during your life. Is this correct?

If she says it is correct, check the box marked 'Yes' and continue to the next question. If she says 'No', first check your addition and then go back through the list to check with the respondent whether you have obtained the information correctly. For example, starting with CM4, you would ask: "**YOU HAVE TWO SONS AND ONE DAUGHTER LIVING WITH YOU, IS THAT CORRECT?**" Do the same for CM6 and CM8. Correct the answers and the sum mentioned in CM9 and then continue to the next question. Make sure to cancel the 'No' in CM10 and check 'Yes' after you have made the corrections.

CM11. Of these (*total number*) births you have had, when did you deliver the last one (even if he/she has died)?

This question is used to ascertain the woman's eligibility for the subsequent two modules. Enter the date of the woman's most recent birth, even if the child is no longer alive, in the space provided. If the child has died, take special care when referring to this child by name in the following modules. If the woman does not remember the day of birth, you may enter '98' to the space provided for 'Day'. Note that you MUST obtain exact information on the month and year of the last birth; '98' is not allowed for month and year.

CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, Since (*day and month of interview in 2007*)?

If the respondent's last birth occurred in the last 2 years, enter the name of the child on the line provided and check the box marked 'Yes'. Then continue with CM13. If the respondent's last birth did not occur in the last 2 years, check the box marked 'No' and go to the Contraception and Unmet Need.

CM13. At the time you became pregnant with (*name*), did you want to become pregnant

then, did you want to wait until later, or did you want no (more) children at all?

Ask this question to women who have had a live birth during the last 2 years. The question is asked to find out whether the pregnancy for this child was wanted at the time, whether the woman actually wanted to have the child later than she did, or whether she did not want the pregnancy and the subsequent birth at all. Circle the appropriate code and continue with the next module.

YOU MAY USE THE EXAMPLE BELOW (AND SIMILAR OTHER EXAMPLES) TO EXPLAIN TO INTERVIEWERS DURING TRAINING HOW THIS MODULE SHOULD BE COMPLETED AND HOW THE RESPONSES SHOULD BE ENTERED.

WOMAN INTERVIEWED IN FEBRUARY 2007 HAS HAD FOUR LIVE BIRTHS. TWO OF HER CHILDREN, ONE BOY AND ONE GIRL, ARE LIVING WITH HER. ONE BOY, FROM HER FIRST BIRTH IN MARCH 1995, IS LIVING ELSEWHERE, AND ONE GIRL (WANTED AT THE TIME), WHO WAS BORN IN NOVEMBER 2005, HAS DIED SINCE THEN. ASSUMING THAT THE WOMAN HAS GIVEN THE CORRECT INFORMATION (NO CHANGES NEEDED AFTER CHECKING CM10), THE FOLLOWING RESPONSES SHOULD BE CODED:

| | |
|------|--|
| CM1 | '1' CIRCLED |
| CM2A | '98' CIRCLED FOR DAY, '03' ENTERED FOR MONTH, '1995' ENTERED FOR YEAR. |
| CM2B | SKIPPED (REMAINS BLANK). |
| CM3 | '1' CIRCLED |
| CM4 | '01' FOR SONS AT HOME, AND '01' FOR DAUGHTERS AT HOME ENTERED |
| CM5 | '1' CIRCLED |
| CM6 | '01' ENTERED FOR SONS ELSEWHERE, '00' ENTERED FOR DAUGHTERS ELSEWHERE |
| CM7 | '1' CIRCLED |
| CM8 | '00' ENTERED FOR BOYS DEAD, '01' ENTERED FOR GIRLS DEAD |
| CM9 | '04' ENTERED |
| CM10 | 'YES' MARKED |
| CM11 | '98/11/2005' ENTERED |
| CM12 | 'YES' MARKED |
| CM13 | '1' CIRCLED |

3.4.3 TETANUS TOXOID (TT) MODULE

This module is to be administered to all women who have had a live birth in the 2 years preceding the date of the interview. If the woman has had no live births during the 2 years preceding the interview, you should leave this module blank and skip to the next module.

The purpose of this module is to obtain information about protection from tetanus for infants through vaccination of their mothers. Neonatal tetanus is easily prevented if a woman receives the immunization while she is pregnant with the baby, or receives several vaccinations against it at an appropriate interval before the birth.

Ask these questions, even if the most recent baby is no longer alive.

TT1. Do you have a card or other document with your own immunizations listed?

First, ask whether she has a vaccination card or other documentary evidence of vaccination. Ask to see this evidence and record that you have seen it by circling '1'. If a card is presented, use it to assist with answers to the following questions. If the woman says she has a card but does not/cannot show it to you, circle '2'.

If the card is not available ('2' or '3' circled in TT1), you must try to find out how long ago the last tetanus toxoid (TT) dose was received, and the total number of TT doses the mother has received in her lifetime. Use the probing questions, and record her answers in the spaces provided.

Women who do not have immunization cards may have difficulty identifying whether injections they received were tetanus toxoid injections.

TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?

Ask if she received any tetanus toxoid injection during her last pregnancy. Circle '1' for a 'Yes' response. If the answer is 'No' or 'DK', circle the code corresponding to the response and skip to TT5.

TT3. *If yes:* How many times did you receive this anti-tetanus injection during your last pregnancy?

Enter the number of doses she reports in the space provided and continue to TT4. If she does not know, circle '98' and skip to TT5.

TT4. *How many TT doses during last pregnancy were reported in TT3?*

Check the box corresponding to the number of TT doses during last pregnancy. If she reported at least two TT injections during her last pregnancy, go to the next module. If she reported fewer than two TT injections during her last pregnancy, continue with TT5.

TT5. Did you receive any tetanus toxoid injection at any time before your last pregnancy?

Circle the code corresponding to her response. If she reports never having received any TT prior to her last pregnancy, or does not know, circle the code corresponding to the answer given and go to the next module. If 'Yes', continue with TT6.

TT6. How many times did you receive it?

Ask about doses received during or before the next-to-last pregnancy or between pregnancies (at any time before the last pregnancy). Enter her response in the space provided, as in TT3.

TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy?

Ask the mother the month and year in which she received the last dose of TT before her last pregnancy. You will need to convert the month to a number, as done earlier. If she cannot supply the month, circle '98' for 'DK Month'. If she can provide the year, fill in the year in the space provided and skip to the next module. If she does not know the year, circle '9998' and continue to TT8.

TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?

Ask her to estimate how long ago she received the last dose of TT (the dose before her last pregnancy), and enter her response in years.

YOU MAY USE THE EXAMPLE BELOW (AND SIMILAR OTHER EXAMPLES) TO EXPLAIN TO INTERVIEWERS DURING TRAINING HOW THIS MODULE SHOULD BE COMPLETED AND HOW THE RESPONSES SHOULD BE ENTERED.

WOMAN INTERVIEWED IN FEBRUARY 2007 HAS HAD FOUR LIVE BIRTHS. TWO OF HER CHILDREN, ONE BOY AND ONE GIRL, ARE LIVING WITH HER. ONE BOY, FROM HER FIRST BIRTH IN MARCH 1995, IS LIVING ELSEWHERE, AND ONE GIRL (WANTED AT THE TIME), WHO WAS BORN IN NOVEMBER 2005, HAS DIED SINCE THEN. ASSUMING THAT THE WOMAN HAS GIVEN THE CORRECT INFORMATION (NO CHANGES NEEDED AFTER CHECKING CM10), THE FOLLOWING RESPONSES SHOULD BE CODED:

CM1 '1' CIRCLED
CM2A '98' CIRCLED FOR DAY, '03' ENTERED FOR MONTH, '1995' ENTERED
 FOR YEAR.
CM2B SKIPPED (REMAINS BLANK).
CM3 '1' CIRCLED
CM4 '01' FOR SONS AT HOME, AND '01' FOR DAUGHTERS AT HOME
 ENTERED
CM5 '1' CIRCLED
CM6 '01' ENTERED FOR SONS ELSEWHERE, '00' ENTERED FOR DAUGHTERS
 ELSEWHERE
CM7 '1' CIRCLED
CM8 '00' ENTERED FOR BOYS DEAD, '01' ENTERED FOR GIRLS DEAD
CM9 '04' ENTERED
CM10 'YES' MARKED
CM11 '98/11/2005' ENTERED
CM12 'YES' MARKED

3.4.4 MATERNAL AND NEWBORN HEALTH MODULE

This module is to be administered to all women who have had a live birth in the 2 years preceding the date of the interview. Check Child Mortality module CM12 and record the name of the last-born child in the space provided. Use this child's name in the following questions, where indicated.

If the woman has not had any live births in the 2 years preceding the date of interview, leave this module blank and skip to the next module.

The purpose of this module is to obtain information on the health of the mother and newborn child. The module asks about health and care received by the mother during pregnancy and

during labour and delivery. We also ask about the weight of the child and breastfeeding at the time of birth.

MN1. In the first two months after your last birth (the birth of *name*), did you receive a Vitamin A dose like this?

IF MORE THAN ONE TYPE OF CAPSULE OR DISPENSER IS IN USE, INTERVIEWERS SHOULD BE GIVEN A SAMPLE OF EACH TYPE.

Vitamin A given to nursing mothers is transferred to her infant and can improve the health status of both mother and child. The recommended dose for post-partum women is 200,000 International Units (IU).

Show the 200,000 IU vitamin A capsule or dispenser you were given to help the respondent remember. Circle the code corresponding to the response.

MN2. Did you see anyone for antenatal care for this pregnancy? *If yes: Whom did you see? Anyone else?*

Antenatal care check-ups help to detect problems associated with pregnancy and delivery. All pregnant women should have routine check-ups. This question refers to any antenatal care received during the pregnancy – a check specifically for the pregnancy and not for other reasons.

This is a three-part question. First, ask if she saw anyone for antenatal care for this pregnancy. Then, if the woman answers ‘Yes’, you must ask whom she saw for the check-up. Finally, ask if she saw more than one person and record all persons seen. If you are unsure how to code a person mentioned, write the words used to describe the person in the space provided ‘Other’ and circle ‘X’. If she saw no one for antenatal checks, circle ‘Y’ and skip to MN7. Doctors, nurses, midwives and auxiliary nurse midwives are skilled health personnel who have midwifery skills to manage normal deliveries and diagnose or refer obstetric complications. ‘Traditional birth attendants’ may be trained or untrained. If the woman gives the name of a health facility, ask her to tell you who she saw there.

MN2A. How many times did you receive antenatal care during this pregnancy?

Respondent should state specifically the number of times she received antenatal care and NOT for any other reasons.

MN2B. How many months pregnant were you at your first antenatal care visit for this pregnancy

This refers to the age of the pregnancy at first antenatal care visit.

MN3. As part of your antenatal care, were any of the following done at least once?

Ask about each procedure and record the response before asking about the next one. Circle ‘1’ for ‘Yes’, or ‘2’ for ‘No’ in each case. It may be necessary to explain some of the procedures. We want to know whether each of the procedures listed was performed during any of the antenatal check-ups during her last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. The question asks for the following procedures:

A. Were you weighed?

B. Was your blood pressure measured?

Blood pressure is measured with a medical instrument. A rubber cuff is wrapped around a person’s upper arm and is inflated. While slowly releasing air from the cuff, the person

measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure.

C. Did you give a urine sample?

D. Did you give a blood sample?

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various diseases, such as anaemia, parasite infestations or infectious diseases.

MN4. During any of the antenatal visits for the pregnancy, were you given any information or counselled about AIDS or the AIDS virus?

We want to know if someone spoke with the respondent about AIDS or the AIDS virus during any of her antenatal care visits. This covers topics such as babies getting the AIDS virus, things that you can do to prevent getting the AIDS virus, or getting tests for the AIDS virus. It does not matter whether the topic was discussed only once or more than once, or discussed in one visit or over several visits.

MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?

Be clear to the respondent that you are not asking to know the results of the test, simply whether or not she was tested. Circle the code corresponding to the response. If the answer is 'No' or 'DK', skip to MN7.

MN6. I don't want to know the results, but did you get the results of the test?

Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the results.

Be clear to the respondent that you are not asking to know the results of the test, simply whether or not she knows the results of the test. Circle the code corresponding to the response.

MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?

During pregnancy, a woman's immune system is weakened, making her more susceptible to malaria infection than women who are not pregnant. Malaria in pregnant women can cause several complications that are dangerous to the mother and unborn child, including severe malaria and death, maternal anaemia and low birth-weight in newborns. The World Health Organization recommends that pregnant women in malaria-endemic areas take a treatment dose of Sulfadoxine Pyrimethamine (SP) example Fansidar (usually three tablets taken all at once) other types of anti-malarial medicines can be used as a preventive measure, once a month during the third trimester of pregnancy (months 7, 8 and 9 of the pregnancy). Such preventive treatment with Sulfadoxine Pyrimethamine, usually given during antenatal visits, is known as intermittent preventive treatment (IPT).

Circle the code corresponding to the answer given. Medicines to prevent malaria include only those medicines that a woman takes during pregnancy when she does not already have malaria. If the respondent took medicines during pregnancy when she did not already have malaria, continue to the next question.

If the respondent did not take any medicine to prevent her from getting malaria, circle '2'. If she does not know whether she received treatment to prevent malaria during her last pregnancy, circle '8' for 'DK'. In both cases, skip to MN7.

If the respondent says that she had malaria or a fever during the pregnancy and was given medicines to treat the malaria or fever, this would not be considered preventive treatment. In such a case, circle '2' for 'No' and skip to MN7.

MN6B. Which medicines did you take to prevent malaria?

Circle the codes corresponding to all medicines reported taken to prevent malaria during the pregnancy.

PROVIDE INTERVIEWERS WITH PICTURES OR PACKAGES OF TYPICAL ANTI-MALARIAL MEDICINES USED IN THE COUNTRY, TO BE SHOWN TO RESPONDENTS DURING THE INTERVIEWS.

If the respondent cannot remember the name of the medicine taken, ask her to show you the package it came in. If she doesn't have the package, show her typical anti-malarial and ask if she took any of them. If she mentions that during an antenatal visit 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.

If she took another medicine, write the name in the space provided in 'Other', and circle 'X'. If she doesn't know the name of the medicine she took to prevent malaria, circle 'Z'.

MN6C. Check MN6B for medicine taken:

This filter is used to skip the next question if the woman did not take SP during her last pregnancy. If SP was taken (MN6B), continue with the next question. If SP was not taken, skip to question MN7.

MN6D. How many times did you take SP during this pregnancy to prevent malaria?

Here we are asking about preventive doses of SP, not curative doses given if she had a fever. Therefore, in this question, we want to know only about preventive doses.

Record the number of times she took SP during pregnancy in the space provided. If the woman visited an antenatal clinic or other facility because she was sick with fever and was given SP, do not count this in the number of times she took SP during the pregnancy. Count only the 'doses' taken (three tablets taken at the same time = '1 dose') when the woman was pregnant and did not have a fever.

MN7. Who assisted with the delivery of your last child (*name*)? Anyone else?

When asking this question, be sure to use the name of the child you are referring to, so that there is no confusion.

Probe for the type of person who assisted with the delivery. If the woman is not sure of the status of the person who attended the delivery, for example, if she doesn't know whether the attendant was a midwife or a traditional birth attendant, probe further. Circle the codes corresponding to all persons assisting at the delivery. If you are unsure where to code a person mentioned, write it in the space provided 'Other' and circle 'X'. If no one attended the delivery, circle 'Y'.

MN8. Where did you give birth to (*name*)?

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a hospital, health centre or clinic, write the name of the place in the space provided on the questionnaire. Ask whether the place is in the public (run by the government) or private sector. If the place is in the public sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other public' and circle '26'. Similarly, if the place is in the private medical sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other private medical' and circle '36'.

If the respondent answers that she delivered in another place not listed, write the description of the place in the space provided for 'Other' and circle '96'. Then write the name of the place in the space provided on the questionnaire 'Name of place' 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. Places that are not health facilities, other than home, should also be coded as 'Other' and described.

MN9. When your last child (*name*) was born, was he/she very large, larger than average, average, smaller than average, or very small?

Low-birth weight babies are at higher risk of serious illness or death than other babies. Mothers are asked to give the baby's birth weight, but since some babies are not weighed at birth, a mother's subjective assessment of the baby's size at birth is important. When the information from women who answer these questions is analysed, we can obtain an indication of what women mean by these subjective categories. This information can provide an estimate of the average birth-weight.

Read the entire question exactly as written before accepting an answer. This is the woman's own opinion about the size of her baby. Even if she knows the child's birth-weight, tell her that you want to know her own idea of whether the baby was very large, larger than average, average, smaller than average or very small. If the respondent is unable to tell you, do not try to guess the answer based on the birth-weight information or the appearance of the baby; circle '8' for 'DK'. In cases when the woman knows the birth-weight of the baby and tells you the exact weight, do not use your judgment to influence her response in MN9. In other words, even if the woman tells you that her baby was smaller than average while the birth-weight she is stating is quite large in your opinion, do not probe further to 'correct' the woman's perception of the size of the baby.

MN10. Was (*name*) weighed at birth?

Circle the code corresponding to the response given. If the baby was not weighed at birth or the mother doesn't know, skip to MN12.

MN11. How much did (*name*) weigh?

Ask the woman to show you her (or the child's) health card, if available. Record the birth-weight in kilograms. If the weight is 'From card' or is recorded on another written document (such as a vaccination card, antenatal card or birth certificate), circle '1' and record the weight in the corresponding space. If the birth-weight is reported by the mother, but no card or document is available, circle '2' for 'From recall' and record the weight in the corresponding space. Fill in the weight only once. Use zeros to fill in all digits if necessary. For example, if the woman tells you that the baby was 3.5 kilograms at birth; enter the information as '3.500'. Always record the birth-weight from the card when possible.

If there is no card, and the mother cannot remember the exact weight, record her best estimate. Only circle '99998' for 'DK' if she absolutely cannot remember even the approximate weight.

MN12. Did you ever breastfeed (*name*)?

Breastfeeding is important for a child's health and because it prevents pregnancy during the period when the mother is breastfeeding. 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.

Circle the code corresponding to the response given. If the response is 'No' (she never breastfed the child), go to the next module.

MN13. How long after birth did you first put (*name*) to the breast?

If the mother reports that the baby was put to the breast immediately after birth, circle '000'. Otherwise, record the time in completed hours or days.

If less than 1 hour, circle '1' for 'Hours' and record '00' in the space provided. For example, if the woman said she began breastfeeding within 10 minutes of the birth, circle '1' and record '00' hours.

If the mother began breastfeeding within 24 hours of the birth, circle '1' and record the number of hours that passed before the baby was put to the breast.

If she began breastfeeding 24 hours or more after the birth, circle '2' and record the number of days. Record in completed number of days. For example, if the baby was first breastfed 30 hours after delivery, circle '2' and record '01' days.

If the woman does not know or does not remember how long after birth she put the baby to the breast, circle '998'.

MN13A. After (*name*) was born did any health professional check on your health?

Health professionals refer to Medical Doctors, Nurses/Midwives and the medical check is the normal one given to women after child delivery and may be called postnatal care.

MN13B. how many days or weeks after the delivery of (*name*) did the first check-up

Made this refers to the first contact period with health facility/personnel after delivery.

3.4.5 MARRIAGE/UNION MODULE

This module is to be administered to all women **aged 15-49 years (including women age 15 and age 49)**.

In the questionnaire and this manual, 'marriage' always refers to both formal and informal unions, such as living together. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.

For example, if a woman went to live with her boyfriend and his family and stayed there for several years, they would be considered 'living together', whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union. **Casual sexual encounters are not included here.**

MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?

The options here are currently married, living with a man, or not in union (the woman is neither married nor living with a man). Circle the code corresponding to the respondent's status at the time of the interview. If the woman is currently neither married or in a union, **skip to MA3.**

MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?

If she knows the age of her current partner on his last birthday, enter his age in the space provided. If she does not know his age, circle '98'.

Skip to MA5, irrespective of the response.

MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?

For women who are not currently married or living with a man, ask whether they have ever been married or lived with a man. Remember that ‘married’ refers to both formal and informal unions.

Circle the code corresponding to the response given. Notice that there are two different response categories for a ‘Yes’ response: **‘Yes, formerly married’** and **‘Yes, formerly lived with a man’**. Be sure to make the distinction between the two categories. If the respondent just answers ‘Yes’, probe by asking, **“WERE YOU FORMERLY MARRIED OR DID YOU LIVE WITH A MAN?”** If she was formerly married and also reports living with a man, circle the code for ‘Yes, formerly married’.

If she was never married and never lived with a man circle ‘3’ for ‘No’ and go to the next module. Otherwise, continue on to MA4.

MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?

Circle the code corresponding to the response given. For a woman who is not currently married and not currently living with someone but who was formerly in a union, record her current marital status at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced or separated.

You should use ‘widowed’ (a) for women who were married and their husband died, and (b) for women who were in an informal union and their partner died. ‘Divorced’ should be used for women who were married and whose marriage formally ended. ‘Separated’ should be used (a) for women who were married, but are no longer continuing the marriage with their husband, and (b) for women who were in an informal union and are no longer continuing the union with their partner.

MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?

As with MA1, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her husband or partner and is now either married to or living with someone else, record ‘More than once’. If a woman is not currently married or in an informal union but was previously married or living with someone else two or more times, record ‘More than once’ by circling ‘2’. If she has married or lived with someone else only once, circle ‘1.’

Note that the question refers to periods of marriage or informal unions, and not to numbers of husbands or partners. If a woman was married to a man and divorced him, and then married the same person again, she should be considered as having married ‘More than once’. The same applies to informal unions with the same person.

MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?

If the respondent knows the date that she first married or started living with a man as if married, write it in the appropriate spaces for ‘Month’ and ‘Year’. You will need to convert the month into numbers, as instructed earlier. For example, January is ‘01,’ February is ‘02,’ March is ‘03,’ etc.

If she does not recall the date that she first married or started living with a man as if married, ask whether she has any documentation that might give the date. If she does not know or have

documentation of the month, circle '98' for 'DK month' and ask her the year that she first married or started living with a man as if married. Enter the year in the space provided. Once again, if she does not know and does not have documentation of the year that she first married or started living with a man as if married, circle '9998' for 'DK year'.

MA7. Check MA6.

If both the month and year are known, go to the next module. If either the month or the year is not known, continue to MA8.

MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?

As with other age questions, if she does not know, probe. For instance, ask how old she was when her first child was born and then ask how long before or after giving birth she began living with her first husband or partner. Do not leave this question blank.

3.4.6 CONTRACEPTION AND UNMET NEED

This module provides a simplified approach to estimating the 'unmet need for contraception' in a country, as well as the 'proportion of demand (for contraceptives) satisfied'.

This module should be administered to all women aged 15-49 years (including women age 15 and age 49). These questions and the ones in the HIV/AIDS module deal with private behaviour and attitudes. The questions are designed to elicit basic information needed to estimate contraceptive prevalence rates and types of methods used, as well as to measure the need for family planning by identifying women who want no more children or want to postpone their next birth.

A SUITABLE INTRODUCTION SHOULD BE PROVIDED TO FIELDWORKERS. INTERVIEWERS NEED TO BE ESPECIALLY SKILLED IN BRINGING UP THESE SENSITIVE TOPICS. AS NOTED EARLIER, INTERVIEWERS SHOULD ALWAYS BE FEMALE. MALE INTERVIEWERS SHOULD NOT BE EMPLOYED TO ASK WOMEN THESE QUESTIONS.

YOU MAY WANT TO ASK THESE QUESTIONS ON CONTRACEPTION ONLY TO ALL WOMEN AGE 15 THROUGH 49. IN SUCH CASES, YOU MAY WANT TO INTRODUCE A FILTER QUESTION BEFORE CP1, IN WHICH THE INTERVIEWER MARKS WHETHER THE WOMAN IS OR HAS EVER BEEN MARRIED, AND SKIPS TO THE NEXT MODULE IF SHE HAS NEVER MARRIED.

If present, male members of field teams (such as supervisors, editors and drivers) should be asked to leave the interview area. Even in cases where women are being interviewed alone, they will be reluctant to answer these questions if they sense you are part of a team that includes males and that her responses may be shared with them.

CP1. I would like to talk with you about another subject – family planning/CHILD SPACING – and your reproductive health. Are you pregnant now?

This question is important because later questions in this module will not need to be asked of pregnant women. A woman who is pregnant does not need to use contraception!

Circle the code corresponding to the response given. If she is pregnant, circle '1' and go to the next question. If the woman is not pregnant, circle '2'. If she is unsure or does not know for certain if she is pregnant, circle '8' for 'Unsure or DK'. In both cases, skip to CP2.

CP1A. At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children?

This question is asked only to women who are pregnant at the time of interview (CP1=1), and the answer is used to assess the woman's need for contraception: If she did not want to become pregnant, she is considered to have 'unmet need'. Read the entire question to the respondent before accepting an answer, stressing the underlined words. Circle the code corresponding to the response given. Whatever the woman's response to this question, you should skip to CP4B.

CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?

Circle the code corresponding to the response given. If the answer is 'No', go to the next module.

CP3. Which method are you using?

Circle the code corresponding to the response given. Do not prompt the woman. If she mentions more than one method, circle the code for each method that is currently being used. If she mentions a method you do not know of, write her description in the space provided in 'Other' and circle 'X'.

Since methods are effective for different lengths of time, you may have difficulty determining if a particular respondent is currently using a method. Current users of the pill should be taking pills daily. Methods such as condoms, vaginal methods, and withdrawal are used with each act of intercourse, so current users of these methods will have used them during the most recent acts of intercourse.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may be administered 2 to 6 months earlier and still provide protection. **Implants provide protection for up to 5 years or until removed. An IUD protects against pregnancy until it is removed or expelled.**

If necessary, consider the last 1 month as 'current use'.

If the woman has been sterilized, you will circle 'A' for 'Female sterilization' as the current method. If the woman's current partner has been sterilized, you will circle 'B' for 'Male sterilization' as the current method. If, however, she is no longer married to (or living with) a former partner who had a **vasectomy, this should not be noted as the current method.** Lactational Amenorrhoea Method (LAM) should only be circled if the woman explicitly states that she is breastfeeding for contraceptive purposes or that she believes that she is being protected from the risk of pregnancy because she is breastfeeding.

CP4A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?

Ask the question choosing the appropriate wording, based on what you know about the woman. If she is not pregnant, and has no living children, ask: **"Now I would like to ask some questions about the future. Would you like to have a child or would you prefer not to have any children?"** Ask the entire question before accepting an answer.

If she is not pregnant and has one or more children, you will have to word the question differently, saying **"Would you like to have another child or would you prefer not to have any more children?"**

Circle the code corresponding to the response given. Note that each response leads to a different skip instruction. If the woman wants to have a/another child, you should circle '1' and continue with CP4C. If she wants no more children or does not want to have children at all, you should

circle '2' and skip to CP4D. If she says she cannot get pregnant, circle '3' and skip to the next module. If she is undecided or does not know, circle '8' and skip to CP4D.

For women who are currently pregnant, you will not be asking CP4A. Instead, you will be asking CP4B, which uses the same response categories and is essentially the same question as CP4A, worded slightly differently:

CP4B. *If currently pregnant: Now I would like to ask some questions about the future.*

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

Note that we want to make sure that pregnant women do not think that we are asking them if they want the child they are pregnant with now. Response categories and skip instructions are the same as those for CP4A.

CP4C. How long would you like to wait before the birth of (a/another) child?

Here, you will also need to choose the appropriate phrasing for the question, based on what you already know about the respondent. This question should be asked of all women (pregnant or not pregnant) who say that they want to have another child.

NOTE THAT THE ANSWER CAN BE GIVEN IN MONTHS OR YEARS. CIRCLE '1' IF THE RESPONSE IS IN MONTHS OR '2' IF IN YEARS, AND RECORD THE ANSWER IN THE APPROPRIATE SPACES. IF SHE SAYS SHE WOULD LIKE TO HAVE A BABY RIGHT AWAY, RECORD 993 FOR 'SOON/NOW'. IF THE WOMAN SAYS SHE CANNOT GET PREGNANT, CIRCLE '994'. IF THE WOMAN TELLS YOU SHE WOULD LIKE TO WAIT UNTIL AFTER SHE IS MARRIED TO HAVE A CHILD, RECORD '995' FOR 'AFTER MARRIAGE'. IF SHE GIVES A DIFFERENT ANSWER, CIRCLE '996' FOR 'OTHER'. IF SHE SAYS SHE DOES NOT KNOW, CIRCLE '998'. FOR WOMEN WHO SAY THAT THEY CANNOT GET PREGNANT, YOU SHOULD SKIP TO THE NEXT MODULE.

CP4D. Check CP1

This is a filter that you will use to make sure that you do not ask question CP4E to women who are pregnant at the time of the interview. Check her response to CP1: If the woman is currently pregnant, mark the corresponding box and skip to the next module. If she is currently not pregnant or is unsure, continue with the next question, CP4E.

CP4E. Do you think you are physically able to get pregnant at this time?

A woman who believes that she is incapable of becoming pregnant cannot be considered to have 'unmet need' for contraception. This question aims to learn whether the woman thinks she can conceive a child. Circle the code corresponding to the response given.

Make sure that the woman does not relate her current physical ability to get pregnant with her current marital status. It is important to emphasize to the woman, if necessary, that we are interested in her current physical ability – she may be physically able to get pregnant, but may think that this is not possible because she currently does not have a partner. In such cases, the woman should obviously be coded as 'Yes'.

CP4F. State the main reason

State the main reason for NO in CP4E

- **Primary Infertility:-** Has never been pregnant despite trying for a period of over 2 years
- **Secondary Infertility:** - Has pregnant before but unable to get pregnant as a result of some medical problem.

- **Premature menopause:** - Menstruation (monthly blood flow in women) stopped before the age of menopause (about 53yrs and above).
- **Currently using Family Planning**
- **Cosmetic/looks:** - Does not want her physical figure, looks altered (e.g sagging breast, growing fat and big Tommy).
- **Social:-** Widow already have enough children stigma of having many children
- **Economic:** - Limited resources.

3.4.7 FEMALE GENITAL MUTILATION/CUTTING MODULE

Female genital mutilation/cutting (FGM/C), or female circumcision, has been practised for hundreds of years by some population groups living in Africa and along the southern edge of the Arabian Peninsula. It involves total or partial removal of the external female genitalia. The operation is performed on young girls, usually before they reach the age of puberty. It is frequently performed, particularly in rural areas, **without anaesthesia** by traditional midwives and/or circumcision practitioners.

The World Health Organization has identified four types of FGM/C:

- **Clitoridectomy:** *the removal of all or part of the clitoris*
- **Excision:** *the removal of all or part of both the clitoris and the labia minora*
- **Infibulation:** *the removal of all or part of the clitoris, labia minora and labia majora, followed by the stitching together of the edges of the wound so as to form a hood over the urethra and vagina leaving only a small posterior opening to allow the passage of urine and menstrual fluid*
- **Other manipulations of the labia:** *usually cutting without removal of any flesh.*

After determining if the respondent has ever heard of FGM/C in questions FG1 and FG2, the module contains questions to determine if the respondent was circumcised and, if so, the type of circumcision and the type of practitioner who performed the operation (FG3 to FG7). Questions related to the type of circumcision are only intended to differentiate the most radical type of circumcision, 'Infibulation', and the least radical, 'Other manipulations of the labia', from other forms of mutilation ('Clitoridectomy' and 'Excision'). Results from previous surveys have indicated that respondents could not provide enough detailed information to make a more precise clarification.

FG1. Have you ever heard of female circumcision?

Circle the code corresponding to the answer given. Skip to FG3 if 'Yes'. Otherwise, continue to the next question.

FG2. In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?

Circle the code corresponding to the answer given. If 'No', go to the next module.

FG3. Have you yourself ever been circumcised?

Circle the code corresponding to the answer given. If 'No', skip to FG8.

FG4. Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?

Circle the code corresponding to the answer given. Skip to FG6 if 'Yes' ('1').

FG5. Was the genital area just nicked (small cut) without removing any flesh?

Circle the code corresponding to the answer given.

FG6. Was the genital area sewn closed (or 'sealed')?

Circle the code corresponding to the answer given.

FG7. Who circumcised you?

First ask if she knows who circumcised her. Probe to find out the type of person who performed the operation. Circle the code corresponding to the answer given. If she knows it was a traditional person but you are unsure how to code the person mentioned, write the words used to describe the person in the space provided for 'Other traditional' and circle '16'. If she knows it was a health professional but you are unsure how to code the person mentioned, write the words used to describe the person in the space provided for 'Other health professional' and circle '26'. If she does not know who circumcised her, circle '98'.

FG8. The following questions apply only to women who have at least one living daughter.

Check CM4 and CM6, Child Mortality module. Woman has living daughter?

Check CM4 and CM6 of the Child Mortality module. If the respondent has a daughter who is now alive, even if the daughter does not live with the respondent, check the box marked 'Yes' and continue to the next question. If the woman does not have a living daughter, check the box marked 'No' and skip to FG16.

At this point, you will start the second set of questions, which are related to the respondent's daughter(s) (FG8-FG15). These allow for the tracking of intergenerational changes in the practice of FGM/C. If (at least one of) the respondent's daughter(s) is circumcised, questions that focus on the most recently circumcised daughter are asked about the type of circumcision, the age at circumcision, and the type of practitioner who performed the operation.

FG9. Have any of your daughters been circumcised? If yes, how many?

First ask if (any of) the respondent's daughter(s) has been circumcised. If 'Yes', enter the number in the space provided. If no daughters have been circumcised, circle '00' and skip to FG16.

FG10. To which of your daughters did this happen most recently?

Record the daughter's name in the space provided.

FG11. Now I would like to ask you what was done to (*name* [from FG10]) at that time.

Was any flesh removed from the genital area?

Circle the code corresponding to the answer given. If 'Yes', skip to FG13. Otherwise, continue to the next question.

FG12. Was the genital area just nicked without removing any flesh?

Circle the code corresponding to the answer given.

FG13. Was the genital area sewn closed (or 'sealed')?

Circle the code corresponding to the answer given.

FG14. How old was (*name* [from FG10]) when this occurred?

Enter the daughter's age at the time she was circumcised in the space provided. If the respondent does not know how old her daughter was at circumcision, probe to get an estimate. If she is still unable to provide her daughter's age at circumcision, circle '98'.

FG15. Who did the circumcision?

First ask if she knows who circumcised her daughter. Probe to find out the type of person who performed the operation. Circle the code corresponding to the answer given. If she knows it was a traditional person but you are unsure how to code the person mentioned, write the words used to describe the person in the space provided for 'Other traditional' and circle '16'. If she knows it was a health professional but you are unsure how to code the person mentioned, write the words used to describe the person in the space provided for 'Other health professional' and circle '26'. If she does not know who circumcised her daughter, circle '98'.

FG16. Do you think this practice should be continued or should it be discontinued?

The last question in the module aims to elicit the respondent's opinion of FGM/C. The question is asked of all women who have ever heard of FGM/C (FG1=1 or FG2=2). Circle the code corresponding to the answer given.

3.4.8 HIV/AIDS MODULE

This module is to be administered to all women aged 15-49 years (including woman age 15 and age 49). The purpose of this module is to obtain information to help programme managers and policy makers plan more effective programmes to prevent HIV infection. The questions assess knowledge, attitudes and behaviour related to AIDS transmission, prevention and testing for the virus that causes AIDS.

First, questions are asked to estimate the respondent's basic knowledge about HIV transmission and AIDS.

HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?

This question serves as an introduction and allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to 'AIDS'. If a respondent has never heard of the HIV virus or AIDS, go to the next module.

The following questions ask the respondent about specific ways to avoid HIV transmission. They focus on programmatically important ways to avoid HIV – by limiting the number of partners and by using condoms. They also probe into misconceptions concerning HIV transmission, through mosquito bites or sharing food, for example.

For questions HA2-HA8, circle the code for the response given. If the respondent cannot provide a 'Yes' or 'No' answer, circle '8' for 'DK'. Do not prompt the respondent or indicate the 'correct' answer in any way.

HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?

HA3. Can people get infected with the AIDS virus because of witchcraft or other supernatural means?

HA4. Can people reduce their chance of getting the AIDS virus by using a condom every Time they have sex?

HA5. Can people get the AIDS virus from mosquito bites?

HA6. Can people reduce their chance of getting infected with the AIDS virus by not having sex at all?

HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?

HA7A. Can people get HIV by getting injections with a needle that was already used by someone else?

HA8. Is it possible for a healthy looking person to have the AIDS virus?

HA9. Can the AIDS virus be transmitted from a mother to a baby?

An understanding of more in-depth AIDS-related knowledge is obtained with this question, which aims to determine whether the woman knows that a mother who has AIDS can pass on the disease to her baby.

Ask each item one at a time and circle the code for the response given. The items ask whether the respondent thinks that a mother with AIDS can transfer the disease to her baby ‘**During pregnancy**’, ‘**During delivery**’ or ‘**By breastfeeding**’ him/her. Circle ‘1’ for ‘Yes’ and ‘2’ for ‘No’ for each of the items. If the woman does not know the answer or is unsure, circle ‘8’.

The following four questions are meant to ascertain the respondent’s personal opinion and attitude towards people with AIDS. We present a situation to the respondent, asking her to imagine a particular scenario. Then we ask her to tell us how she would react to the situation.

Circle the code for the response given. Once again, do not prompt the respondent or indicate the ‘correct’ answer in any way. If a respondent says she doesn’t know, is unsure, or that it depends, circle ‘8’ for ‘DK/not sure/depends’.

HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?

If a school learns that a female teacher has the AIDS virus, but she is not sick, how should the school handle this information? Should the teacher be allowed to continue teaching at the school, or should she be removed from her teaching position? We are not asking about whether or not a teacher has actually been asked to leave a teaching position, but rather, what is the respondent’s opinion about how such a case should be handled; should the teacher be allowed to continue teaching?

HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?

HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?

HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?

The following questions aim to obtain information about the level of ‘unmet need’ for HIV-testing. They first ask about experience of HIV testing. Voluntary testing and counselling are now encouraged, in the belief that if a person knows his or her status, he or she is more likely to adopt behaviours to prevent contracting the virus or (if positive) transmitting it. Many of those who get tested do not return to learn the results of the test, but the proportion of those who return

should rise as the quality of pre-test counselling improves. It is important to obtain an estimate of the number of those tested who return to learn the results, in order to monitor this proxy indicator of the quality of available counselling and the level of demand for such services.

HA14. Check MN5: Tested for HIV during antenatal care?

Check the respondent's answer to MN5 in the Maternal and Newborn Health module regarding whether or not she was tested for HIV during her antenatal care visits. If the respondent has already answered that she was tested during antenatal care visits, you do not need to ask her questions HA15-HA18. In such cases, check the box marked 'Yes' and go to HA18A. If her answer was 'No', check the corresponding box and continue to HA15.

HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?

Ask the respondent if she was tested for the HIV. Be clear to the respondent that you are not asking to know the results of the test. Circle the code for the response given. If her answer is 'No', skip to HA18.

HA16. I do not want you to tell me the results of the test, but have you been told the results?

Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the results. It is important that you do not attempt to find out the HIV status of any respondent who has been tested, or imply that you have any interest in knowing her HIV status. Ask the question, ensuring that the respondent knows that you are not interested in learning the results of any test she may have undergone. Circle the code corresponding to her response.

HA17. Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?

If the respondent has been tested for HIV, we want to know whose idea it was to get the test. There are three options, so read the entire question before expecting an answer. Perhaps the respondent asked to be tested for HIV. Perhaps a health worker offered to test the respondent and the respondent accepted being tested. Perhaps the test was required for some reason.

Circle the code corresponding to the response. If the respondent got tested because her partner asked her to do so, you would circle '1', corresponding to 'Asked for the test', because she got the test of her own volition, in response to someone asking her to do so. This would be the case if a girlfriend or boyfriend or spouse or other concerned person personally asked them to get tested. If the respondent was offered the test during a normal health centre visit, for instance, and the respondent accepted the test, this would be coded as '2', 'Offered and accepted'. By 'required', we mean formally required. For example, an employer may require their employees to get tested for the AIDS virus. If so, you would circle '3' for 'Required'. Also, some countries require applicants applying for work permits or applicants applying for visas to show proof of an AIDS test.

HA18. At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?

HA18A. If tested for HIV during antenatal care: Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?

Note that some women will be asked HA18 and others will be asked HA18A, but the same set of response codes will be used to indicate the woman's response. Specifically, women who have not been tested for HIV during antenatal care ('No' marked in HA14) or any other time ('2' circled in HA15) are asked HA18. For women who have been tested for HIV during antenatal care, you

should ask HA18A. Even if the respondent has been tested for HIV during antenatal care, we still ask this question, since the original testing place may no longer be accessible to the respondent.

Circle the code corresponding to the response.

3.4.9 SEXUAL BEHAVIOUR

The purpose of this module is to obtain information to help programme managers and policy makers plan more effective family planning/reproductive health programmes. This module is to be administered to all women aged 15-24 (including women age 15 and age 24). **Before continuing, ensure that no one else, besides you and the respondent, is present for the interview. If the respondent's privacy cannot be ensured, STOP HERE and do not ask the questions in this module.**

These questions may be embarrassing for some respondents; therefore, ask them in a matter-of-fact voice and do not make the respondent feel embarrassed by your own behaviour. 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, it will make the respondent think that the questions are not serious. Make sure you maintain a serious attitude.

SB0. Check WM11: Age of respondent is between 15 and 24?

Check the age of the respondent recorded in WM11. If the respondent is aged 25-49, she is not eligible for this module; check the first box, and go to the next module. If the respondent is aged 15-24 (including age 15 and age 24), check the second box, and continue to the next question, SB1.

SB1. Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential. How old were you when you first had sexual intercourse (if ever)?

It is very important that you read the first sentence, and to emphasize to the respondent that her responses will remain strictly confidential. If necessary, explain to her once again that the information she shares with you will only be used for statistical purposes; that her name will never be revealed; and her responses will not be shared with others in the community or elsewhere.

The age we are asking about is the age of the respondent the very first time she had sexual intercourse. It does not matter whether the woman continued to have a relationship with this person. We are not asking about the first time with her current partner, but rather, the first experience of sexual intercourse in her entire life.

There are two ways of asking this question and you will choose which one to ask depending on the particular situation of the respondent. If the respondent has children or is married or living with someone, you will ask **“HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE?”** If the respondent has not had any children, has never been in a union, you can ask **“HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE, IF EVER?”**

If the response is ‘Never had intercourse’, circle ‘00’ and skip to the next module. Otherwise, enter the age in years on the line provided. If she was less than 10 years old, use a zero to fill in the first space.

If the respondent tells you that her first time was when she started living with her first husband, record her response by circling '95'. You will have collected this information in the Marriage/Union module. If the respondent says that her first time was with her first husband, but it was before they began living together, probe for the respondent's age at the time.

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 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. If she has never married and/or never had children, you can probe by relating the timing of the first intercourse to whether she was going to school at the time, or to places that she might have lived. The respondent should feel comfortable in taking her time to think about her response to remember correctly.

SB2. When was the last time you had sexual intercourse?

By 'the last time you had sexual intercourse' we are referring to the respondent's most recent act of sexual intercourse.

In most cases you will record the respondent's answer by using the same units of measure she used in her response. For example, if she says '3 weeks ago', circle '2' and write '03' in the boxes next to 'Weeks ago'. If she says "4 days ago," circle '1' and write '04' next to 'Days ago'. If the respondent says "last night," circle '1' and write '00' for 'Days ago'. If the respondent answers with a month, for example, if she says "it was in December," count the number of months and record months. It may be helpful to write the name of the month in the questionnaire. All responses within the last 12 months will be recorded in months, weeks or days.

If the response is 12 months or more, circle '4' and record the answer in years. The 'Years ago' row should be used only if the last intercourse was more than 1 year ago. There should never be a response recorded '00' 'Years Ago'. If the response is 12 months or more, go to the next module.

While this question is a simple one, respondents who have not had sexual intercourse recently are likely to round off their answers, and it will be up to you to learn from respondents whether they last had sex more or less than a year ago. For example, a woman with no regular sexual relationships may engage in sexual intercourse on an irregular basis. Perhaps the last time she had sexual intercourse was during a trip she took 10 months ago; she will be more likely to respond "about a year ago," rather than count how many months ago it was. Therefore, you will need to probe all responses of 'a year ago' with: "**DO YOU REMEMBER WHICH MONTH IT WAS?**" In this way, we will be able to determine whether the respondent actually had intercourse within the last year or more than a year ago. Respondents who last had sexual intercourse, 10, 11, 12, 13, 14 or 15 months ago may all give responses of 'a year ago'; it will be up to you to clarify when it actually was. Asking the respondent "**WAS IT MORE OR LESS THAN A YEAR AGO?**" is not a very good probe for this question; it would be best to ask, "**DO YOU REMEMBER WHAT MONTH IT WAS?**" If a woman has not yet resumed intercourse since she had her last child, check CM11 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

SB3. The last time you had sexual intercourse was a condom used?

If used correctly, condoms can reduce the risk of transmission of AIDS and other sexually transmitted infections. We do not mention this fact to the respondent, because we do not want to influence her answer here. In this question we are referring only to the last occasion the respondent had sexual intercourse.

Circle the code for the response given.

SB4. What is your relationship to the man with whom you last had sexual intercourse?

In this question, we want to know the relationship of the respondent to the person with whom she last had sex. If the man is 'Boyfriend or fiancé', ask:

“Was your boyfriend/fiancé living with you when you last had sex?” If 'Yes', circle '1' for 'Spouse/cohabiting partner' and skip to SB6. If 'No', circle '2' and continue with the next question.

Note that we are interested in the relationship of the woman with the person mentioned at the time they last engaged in sexual intercourse. For example, if a woman's last partner was a boyfriend she was living with at the time, you would record 'Spouse/cohabiting partner' even though they are no longer living together. They were living together at the time of the sexual encounter. Record the status of the relationship that existed at the time the two people last had sexual intercourse. It is most important to determine whether or not the sexual partner was someone the respondent was living with at the time they last had sexual intercourse.

SB5. How old is this person?

Sometimes young women have sexual partners who are significantly older than they are; this can put them at higher risk of HIV infection. In this question we ask young women to tell us the age of their sexual partners.

Record the age in the space provided. If she does not know, ask her to estimate the age of this person. If the respondent is unable to estimate the partner's age, circle '98' and continue to the next question.

SB6. Have you had sex with any other man in the last 12 months?

We are interested in finding out whether the respondent had sex with anyone else within the past 12 months. We want the respondent to take their time in answering because we are asking about a fairly long period of time – the entire year preceding the date of interview. Continue to the next question if 'Yes'. If 'No', go to the next module.

SB7. The last time you had sexual intercourse with this other man, was a condom used?

This question asks about condom use with 'this other man'. This is the man she had intercourse with during the last 12 months, but not the man she had her last intercourse with.

Circle the code for the response given.

SB8. What is your relationship to this man?

This question asks about the relationship she had with this other man. It should refer to the relationship she had with the man at the time of intercourse. Replace 'is' in the question to 'WAS', if necessary.

The questions should be asked, probed and recorded the same way as SB4. Note that if '1' is circled (the man was a spouse or cohabiting partner at the time of intercourse), you should skip to SB10.

SB9. How old is this person?

Again, we are looking for the age of the man she had intercourse with at the time of the sexual encounter.

Record the age in the space provided. If she does not know, ask her to estimate the age of this person. If the respondent is unable to estimate the sexual partner's age, circle '98' and continue to the next questions.

SB10. Other than these two men, have you had sex with any other man in the last 12 months?

Circle the code corresponding to response given. Continue to the next question if the response is 'Yes'. If 'No', go to the next module.

SB11. In total, with how many different men have you had sex in the last 12 months?

This is the total number of different partners the respondent has had sexual intercourse with in the last 12 months, including the ones already mentioned. Enter the total in the space provided. If her response is less than 10, use a leading zero.

When you have finished asking SB10 or SB 11, thank the woman. Check whether she is the mother or primary caretaker of any children that live with her and that are under the age of five by checking the Household Questionnaire, column HL8, for the woman's line number. If so, start interviewing her with the Questionnaire for Children Under Five for those children.

If this woman is not the mother or primary caretaker of any children under five in the household, check if there is another eligible woman residing in the same household. If so, go on to administer the Questionnaire for Individual Women to the next eligible woman. Continue until you have completed questionnaires for all eligible women and children in the household.

3.5

UNDER FIVE CHILDREN

HOW TO FILL IN THE CHILDREN QUESTIONNAIRE

Apart from the Under – Five child information panel, the questionnaire consists of the following modules

- (1) Birth Registration and early learning
- (2) Child development
- (3) Vitamin A module
- (4) Breast feeding module
- (5) Care of Illness module
- (6) Malaria module
- (7) Immunisation module
- (8) Anthropometry

The purpose of the Questionnaire for Children Under Five is to provide information on a wide range of MICS3 indicators relating to the first 5 years of life. You will have identified children under five, eligible for this questionnaire, after you have completed the Household Listing in the Household Questionnaire. The core modules of this questionnaire include Birth Registration and Early Learning, Vitamin A, Breastfeeding, Care of Illness, Immunization, and Anthropometry.

To collect information on children under five by using this questionnaire, we have to identify a respondent who can answer detailed questions on the health and well-being of these children. If the mother is living in the same household as the eligible child (in other words, if she is listed in the Household Listing, together with the child), then she is obviously the person who should be interviewed for that child. If the mother of the eligible child is not listed in the Household Listing (she may be deceased or living elsewhere), you should have identified a person in the Household Listing who takes primary responsibility for raising and caring for the child.

INTERVIEWERS MAY GET CONFUSED ABOUT WHO THE RESPONDENT TO THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE SHOULD BE. EXPLAIN THIS THOROUGHLY DURING TRAINING, GIVING EXAMPLES. MAKE SURE TO EXPLAIN THAT THE PRIMARY CARETAKER IS NOT SIMPLY SOMEONE LOOKING AFTER THE CHILD WHEN THE MOTHER IS AWAY (FOR INSTANCE, PEOPLE WHO MAY CARE FOR THE CHILD DURING THE DAY WHEN THE MOTHER IS AT WORK). EXPLAIN TO INTERVIEWERS THAT THEY SHOULD ONLY INTERVIEW RESPONDENT OTHER THAN THE MOTHER IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD.

This questionnaire is to be administered to all mothers or primary caretakers (see the Household Listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see the Household Listing, column HL5).

A separate form should be filled in for each eligible child listed in the Household Questionnaire – check column HL8 on the Household Listing. Circle the number corresponding to the mother’s or caretaker’s response where indicated.

3.5.1 UNDER- FIVE CHILD INFORMATION PANEL

UF1-UF6 should be filled in before you start the interview.

UF1. EA Name and Cluster Number

Enter the EA Name and cluster number from the Household Questionnaire, question HH1.

UF2. Household number

Enter the household number from the Household Questionnaire, question HH2.

UF3. Child’s name

Enter the child’s name from the Household Questionnaire, column HL2 of the Household Listing. The child’s name should be used throughout the interview. In order to prevent confusion during the interview, his/her name is recorded here.

UF4. Child’s line number

Enter the child’s line number from the Household Questionnaire, column HL1 of the Household Listing.

UF5. Mother’s/caretaker’s name

Enter the mother’s/primary caretaker’s name from the Household Questionnaire, column HL2 of the Household Listing.

UF6. Mother’s/caretaker’s line number

Enter the mother’s/primary caretaker’s line number from the Household Questionnaire, column HL1 of the Household Listing.

UF7. Interviewer name and number

Enter your own name and identifying number. You will be provided with these identification numbers during training.

UF8. Day/month/year of interview

Enter the date of the interview: day/month/year. If the interview is not completed on your first visit and you visit the household to interview the mother/caretaker again, revise and enter the final date of the interview. In other words, the date here should be the date when you have either completed the Questionnaire for Children Under Five, or when the interview was not conducted but when it

was decided that there will be no more attempts to interview the mother or primary caretaker of the under-five child.

UF9.Result of interview for children under five

Complete this question once you have concluded the interview. Remember that the code refers to the mother or primary caretaker of the under-five child. Circle the code corresponding to the results of the interview. If the questionnaire is completed, circle '1' for 'Completed'. If you have not been able to contact the mother/primary caretaker after repeated visits, circle '2' for 'Not at home'. If the mother/primary caretaker refuses to be interviewed, circle '3' for 'Refused'. If you were able to only partly complete the questionnaire, circle '4' for 'Partly completed'. If the mother/primary caretaker is incapacitated, circle '5'. If you have not been able to complete this questionnaire for another reason, you should circle '6' for 'Other' and specify the reason in the space provided.

Ask the mother/primary caretaker to collect all the birth certificates and health/immunization cards she has for this child before you begin the interview. You will need these during the interview.

Repeat greeting if not already read to this mother/primary caretaker: **“WE ARE FROM NATIONAL BUREAU OF STATISTICS (NBS ABUJA). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE A SHORT PERIOD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?”**

As with similar sentences at the beginning of the Household Questionnaire and Questionnaire for Individual Women, you may change the wording of these introductory sentences as appropriate. You must make sure, however, to include the following when you are introducing yourself: The name of the implementing agency; the topic of the survey; the approximate duration of the interview; the issue of confidentiality; and with whom you would like to speak.

If permission is given, begin the interview. If the respondent does not agree to continue, thank her/him and go to the next interview. Later, discuss the refusal with your supervisor; you or another person from the team may attempt to interview the respondent for a second time. This will depend on your description of the refusal. However, remember that the respondent's participation in the survey must be on a voluntary basis, and potential respondents must never be forced to participate.

Date of birth and age.

You will begin the interview with questions about the child's date of birth and age. These are two of the most important questions in the interview, since almost all analysis of the data depends on the child's exact age. While completed age in years is sufficient for women's interviews, we need to obtain accurate information on the child's age in months. This is necessary because some of the analysis of the information that you will be collecting can only be done on the basis of age in months. You will collect this information by learning the child's date of birth. It will then be possible to compare the date of interview with the date of birth of the child and, after the data is collected, calculate the child's age in months by comparing these two pieces of information.

The questions on age and date of birth must be asked independently from similar questions on the Household Questionnaire and Questionnaire for Individual Women. The person you may be interviewing for this questionnaire may be the same woman you interviewed for the Questionnaire for Individual Women, and you may have obtained dates of birth of her children in

that questionnaire. Also, you may have obtained the child's age in the Household Questionnaire. Even in such cases, you must ask these questions again.

THE CHILD'S DATE OF BIRTH IS VERY IMPORTANT IN THIS SURVEY. FOR A NUMBER OF INDICATORS, INCLUDING THOSE ON ANTHROPOMETRY, IMMUNIZATION AND BREASTFEEDING, WE NEED TO HAVE THE EXACT AGE OF CHILDREN IN MONTHS TO BE ABLE TO CALCULATE THE RELEVANT INDICATORS.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (name). In what month and year was (name) born?

Note that you may modify the first sentence based on the number of children in the respondent's care. If this is the only child the respondent cares for, change the sentences to **"NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (name). IN WHAT MONTH AND YEAR WAS (name) BORN?"**

Ask the mother or primary caretaker for the child's date of birth. Probe: **"WHAT IS HIS/HER BIRTHDAY?"** It is important to record the child's month and year of birth accurately.

If the mother/primary caretaker knows the exact birth date, including the day, enter the day of birth. Otherwise, circle '98' for 'DK day'. You do not need to probe further for day of birth.

Convert the month to a number as you have done before. Enter the number in the space provided. If the month or day contains only one digit, use a leading zero. For example, the month of March is coded as '03'. Note that you are not allowed to enter DK for month or year of birth. You have to obtain month and year of birth of the child.

Since all MICS3 surveys will be conducted in 2006 or 2007, the year of birth of the child cannot be earlier than 2001 (for surveys in 2006) or 2002 (for surveys in 2007).

If the mother/primary caretaker is unable to provide the date of birth information, horoscope, or a birth or baptismal certificate that might give the date of birth of the child. However, confirm with the respondent that the date of birth recorded on such documents is indeed correct.

UF11. How old was (name) at his/her last birthday?

After having obtained the child's date of birth, ask the child's age in completed years, and record in the space provided. Remember, ages must refer to the last birthday.

If the mother/primary caretaker does not know the current age of the child, try asking **"HOW MANY YEARS AGO WAS (name) BORN?"** You may help the respondent by relating the child's age to that of other children or to some important event or to the season of birth, by asking, for example,

"HOW MANY RAINY SEASONS AGO WAS (name) BORN?"

DURING TRAINING, PROVIDE INTERVIEWERS THE DATES OF IMPORTANT EVENTS THAT THEY CAN USE AS REFERENCE POINTS IN THE INTERVIEWS. DATES OF RECENT NATURAL DISASTERS, MAJOR POLITICAL INCIDENTS AND RELIGIOUS EVENTS CAN BE VERY USEFUL TO PROBE FOR DATES OF BIRTH, AGES, DURATIONS AND SO FORTH.

Ask UF10 and UF11 independently. Then, check for consistency between the date of birth and completed age.

You have to be meticulous in checking for the consistency between the date of birth and age. You also have to be fairly quick in doing so. A good interviewer will perform the check without causing a lull in the conversation.

Checking for consistency between date of birth (UF10) and completed age (UF11).

After having obtained both date of birth and age, check for the consistency between the two. The child's age plus her year of birth must equal the year in which the child last had a birthday.

Assuming that you were able to obtain a month and year of birth, you should check the consistency by following these steps:

- If the month of birth is before the month of interview (the child had his/her birthday this year), then her/his age plus her/his year of birth should equal the year of interview.
 - Example: A child who was born in October 2003, in a survey conducted in November 2005, should be age 2 ($2003 + 2 = 2005$).
- If the month of birth is after the month of interview (the child has not had his/her birthday this year), then her/his age plus year of birth should equal the previous year.
 - Example: A child who was born in December 2003, in a survey conducted in October 2005, should be age 1 ($2003 + 1 = 2004$).
- If the month of birth is the same as the month of interview, and the day of birth is not known, then a sum of either the current or the previous year is correct.
 - Example: A child born in November 2002, in a survey conducted in November 2005, could be age 3 or age 2. Probe further to see if the date of birth is correct and whether the child has completed age 2 or 3.
- If the month of birth is the same as the month of interview, and the day of birth is known, the sum of age and year of birth should equal the year of interview if the day of birth is before the day of interview, and the sum of age and year of birth should equal the previous year if the day of birth is after the day of interview.

Example: A child born on 8 February 2002, in an interview conducted on 15 February 2006, should be age four. A child born on 28 February 2002, in an interview conducted on 3 February 2006, should be age three, since this child will complete 4 full years on 28 February 2006.

If you find that the date of birth and age are inconsistent, either the date of birth or the age, or both, are incorrect, and need to be corrected. Do not assume that one is more accurate than the other. Probe, using documents that may be available, dates of well-known events and ages of other children, of the respondent herself/himself, etc.

3.5.2 BIRTH REGISTRATION AND EARLY LEARNING MODULE

BR1. Does (*name*) have a birth certificate? May I see it?

This question aims to provide an estimate of the extent of birth registration in your country. Respondents must be assured that the information about individual families will never be given to authorities, and that they cannot be identified in any way.

Ask to see the birth certificate and check if it is issued by National Population Commission, then circle the appropriate corresponding code, noting whether or not the certificate was seen. If the child has a birth certificate issued by National Population Commission and it was seen, circle '1' and skip to BR5. If the child does not have a birth certificate or the birth certificate seen is not issued by National Population Commission then, circle '3'. If the child has a birth certificate but the

mother/primary caretaker is unable to show you the certificate ('2'), continue to the next question. If don't know circle 8.

BR2. Has (*name's*) birth been registered with the civil authorities?

Circle the code corresponding to the response. If the answer is 'Yes', skip to BR5. If the child's birth has not been registered with civil authorities, circle 2 then continue to the next question. If the answer is 'DK', skip to BR4.

BR3. Why is (*name's*) birth not registered?

This question aims to elicit the reason for non-registration.

Circle the code corresponding to the response. Note that although there might be more than one reason for not registering a child, we need to get only one response – the most important one according to the mother/primary caretaker. If the response is definitely not one of the pre-coded responses, circle '7' for 'Other' and specify the response in the space provided. If don't know circle 8.

BR4. Do you know how to register your child's birth?

The purpose of this question is to assess how important lack of knowledge (of the process of registering or, if applicable, the place to go to register) may be among the reasons for non-registration. This information can inform advocacy efforts and help in the formulation of education campaigns.

Circle the code corresponding to the response.

BR5. Check age of child in UF11: Child is 3 or 4 years old?

If the child is 3 or 4 years old, check the box marked 'Yes' and tick appropriately and continue on to BR6. If not (if the child is 0, 1 or 2 years old), check and tick the box marked 'No' and skip to BR8.

BR6. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?

This question aims to find out if the child is participating in early learning activities. Baby-sitting or child-minding, even if done in a special place such as a day-care centre, does not qualify as such a programme unless it includes organized learning activities. You must ensure that the mother or primary caretaker understands the meaning of 'Early Childhood Education Programme', explaining it as instructed.

Circle the appropriate code. Skip to BR8 if the answer to this question is 'No' or 'DK'.

BR7. Within the last seven days, about how many hours did (*name*) attend?

This question is asked if the child is attending an early childhood education programme. Record the estimated number of hours the child attended any organized learning or early childhood education programme in the last 7 days. *If the mother/caretakers can not give the correct estimate, then, you can estimate from the number of hours spent by the child per day in school as supplied by the respondent). Use a leading zero if necessary.*

BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (*name*)?

Read each items shown below. If 'No', circle 'Y' and move to the next item on the list. If 'Yes', ask: "WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD – THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?"

For each activity, circle the code for every person who engaged in the activity with the child before proceeding to the next item. If someone other than the mother or father engaged in the activity with the child, circle 'X'.

Note that in a household where there are no adults other than the child's mother and father, 'X' should not be circled. Adults who are not members of the household but who may have engaged in the listed activities with the child should not be coded here.

BR8A. Read books or look at picture books with (*name*)?

BR8B. Tell stories to (*name*)?

BR8C. Sing songs with (*name*)?

BR8D. Take (*name*) outside the home, compound, yard or enclosure?

BR8E. Play with (*name*)?

BR8F. Spend time with (*name*) naming, counting and/or drawing things?

3.5.3 CHILD DEVELOPMENT MODULE

The questions in this module are used to obtain information about the extent to which households provide a supportive and stimulating learning environment. The first two questions are about books in the household; the third question is about things that the child plays with; the last two questions are about whether the child is left alone or left with another child as a caregiver.

CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books.

This question asks for the number of books in the household, including schoolbooks and books for older children, but not picture books or books especially meant for young children.

Note that this question will only be asked once per mother/primary caretaker. If you are interviewing the same mother/primary caretaker for more than one child, ask this question when you interview her/him for the first child. Copy the response to this question to the same question in the questionnaire for the second child. If you are interviewing more than one mother/primary caretaker in the same household, ask the question once of each of the mothers/primary caretakers. Note that their responses to the number of books in the same household may be different.

Record the number of books in the space provided. There is no need to make an actual count of books yourself. Rely on the respondent's answer, and avoid asking to see and count the books yourself, since this is likely to require extra time. If the respondent is unsure about the number of books and is not able to provide an answer the first time you ask the question, ask her/him if there are more than 10 books. If yes, circle '10'. If she/he says that there are less than 10 books, probe further to get an exact number. If there are no such books in the household, record '00'.

CE2. How many children's books or picture books do you have for (*name*)?

This question asks specifically about children's books or picture books for the child. This excludes schoolbooks (appropriate for or belonging to older children), as well as other books for adults that are present in the household. Those books for older children and adults are already included in the previous question, CE1.

Record the number of books in the space provided. There is no need to make an actual count of books yourself. Rely on the respondent's answer, and avoid asking to see and count the books yourself, since this is likely to require extra time. If the respondent is unsure about the number of children's books or picture books and is not able to provide an answer the first time you ask the question, ask her/him if there are more than 10 such books. If yes, circle '10'. If she/he says that there are less than 10 such books, probe further to get an exact number. If there are no such books in the household, record '00'

CE3. I am interested in learning about the things that (*NAME*) plays with when he/she is at home. What does (*name*) play with?

This question is used to learn about different types of playthings used by the child. We want to know if the child has objects to play with, and what these are, even if they do not include store-bought toys. We are interested in learning about other objects that are used as playthings, such as ordinary household objects and natural materials.

Extra care should be taken to ask this question and record the responses. Experience has shown that respondents find it very easy to give the same answer to a list of different playthings. Often they will answer 'Yes' to all items, whether or not it is true, perhaps because they think this is the 'correct' response or one that will please the interviewer.

After asking "**WHAT DOES (*name*) PLAY WITH?**" do not pause; start asking whether the child plays with playthings from each of the categories listed. For example, ask: "**DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?**" and so on.

If the respondent answers 'Yes' to any of these prompted categories, then probe to learn specifically what the child plays with to ascertain the response. For example, probe by saying "**WHAT DOES HE/SHE SPECIFICALLY PLAY WITH?**" or "**CAN YOU PLEASE GIVE AN EXAMPLE?**" If you ascertain that the child uses playthings that would fall into each of the prompted categories, circle the appropriate code.

Circle 'Y' if the child does not play with any of the items mentioned. Note that if 'Y' is circled, none of the other codes should be circled.

CE4. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others. since last (*day of the week*), how many times was (*name*) left in the care of another child (that is, someone less than 10 years old)?

This and the following question are used to assess whether children are at increased risk, either because they are left alone or are left with a child as caregiver. These situations have been shown to be associated with higher risk for children, although there are many exceptions.

The question sets up a hypothetical situation, one in which the mother/primary caretaker would be gone for more than just a moment – situations in which the child could be left alone for an hour or more. The question specifies that we want to know about situations in which the respondent actually leaves the premises, not simply going out of sight of the child, such as to another part or another room of the house.

When asking this question, insert the name of the day of the interview. For example, if the interview is taking place on a Tuesday, ask: "**SINCE LAST TUESDAY...**" Enter the response in the spaces provided. If the child was not left in the care of another child during this period, enter '00' for 'None'.

Note that 'another child' is defined as a child less than 10 years old.

CE5. In the past week, how many times was (name) left alone?

This question asks, given the same situation as in CE4, whether and how many times the child was left completely unattended, even by another child.

As in CE4, make it clear to the respondent that you are asking only about the week previous to the day of interview. Enter the response in the spaces provided. If the answer is 'None', enter '00'.

3.5.4 VITAMIN A MODULE

VA1. Has (name) ever received a vitamin A capsule (supplement) like this one?

This question asks if the child has received a vitamin A supplement.

Show the capsule or dispenser you were given to help the caretaker remember. You may be instructed to show different capsules, 100,000 IU for children 6-11 months old and 200,000 IU for children 12-59 months old, asking the caretaker to identify the correct one. Circle the code corresponding to the response. If the child has never received a vitamin A supplement or the mother/caretaker does not know if he/she has ever received one, skip to the next module.

VA2. How many months ago did (name) take the last dose?

If the answer to VA1 was 'Yes', record the number of months ago the last dose was given to the child. As you have done before, use a leading zero if necessary. If the child received the supplement during the 1-month period preceding the interview, record '00'. Circle '98' if the mother/primary caretaker does not know when the child took the last dose.

VA3. Where did (name) get this last dose?

This question is meant to provide information for health programmes about where children are most likely to get their vitamin A dose.

Circle the code corresponding to the answer given. If the dose was obtained during a routine visit to a health facility, circle '1'. If the child was taken to a health facility because she/he was sick, and the supplement was obtained during this visit, circle '2'. If vitamin A supplement was given during a National Immunization Campaign, circle '3'. If the supplement was obtained from a source not listed, write the description next to 'Other' and circle '6'. If don't know circle 8.

3.5.5 BREASTFEEDING MODULE

BF1. Has (name) ever been breastfed?

This question asks if the child has ever been breastfed. It includes any breastfeeding experience of the child – not necessarily by the mother/primary caretaker.

Circle the code corresponding to the response. Continue to the next question if the child was ever breastfed ('1'). If the child was never breastfed, circle 'No' and skip to BF3. Skip to BF3 in the case of a 'DK' response as well.

BF2. Is he/she still being breastfed?

'Being breastfed' is defined as putting the child to the breast at least once a day.

Circle the code corresponding to the response.

BF3. Since this time yesterday, did he/she receive any of the following?

This question asks about what the child was fed in the preceding 24 hours. The purpose of this question is to determine what liquids or foods the child was given.

Prompt by asking each listed item in turn, such as: “**DID (name) RECEIVE VITAMIN OR MINERAL SUPPLEMENTS OR MEDICINE?**” or “**DID HE/SHE RECEIVE PLAIN WATER?**” and so on through the list. Read each item aloud and record the response before proceeding to the next item. Use the local terms for these liquids or foods. Make sure that the respondent understands the question, particularly what is meant by ‘since this time yesterday’. Specify to the mother/primary caretaker: mid-morning, mid-afternoon, etc., depending on the time of the interview.

Circle the code corresponding to the response. If the mother/primary caretaker does not know the answer, repeat the question using other local words for the fluid or food. If the answer is still not known, circle ‘8’ for ‘DK’

BF3A. Vitamin, mineral supplements or medicine?

BF3B. Plain water?

BF3C. Sweetened, flavored water or fruit juice or tea or infusion?

BF3D. Oral rehydration solution (ORS) Salt sugar solution (SSS)?

BF3E. Infant formula?

BF3F. Tinned, powdered or fresh milk?

BF3G. Any other liquids?

BF3H. Solid or semi-solid (mushy) food?

BF4. Check BF3H: Child received solid or semi-solid (mushy) food?

If the child received solid or semi-solid (mushy) food (BF3H=1), check the box marked ‘Yes’ and continue to the next question. If ‘No’ or ‘DK’, check the corresponding box and go to the next module.

BF5. Since this time yesterday, how many times did (name) eat solid, semi-solid or soft foods other than liquids?

In this question, we want to find out how many times the child was given non-liquid foods in the 24 hours prior to the interview. Record the number of times in the space provided. If the number is seven or more, record ‘7’. If the respondent does not know, circle ‘8’.

3.5.6 CARE OF ILLNESS MODULE

These questions aim to find out if the child has recently had diarrhoea or any other illness and, if so, what treatments, drinks and foods the child took during the episode.

CA1. Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last?

Diarrhoea is determined by the perception of the mother or caretaker, or by three or more loose or watery stools per day, or by blood in stool.

When asking this question, insert the name of the day of the interview. For example, if the interview is taking place on a Tuesday, ask: “**HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE TUESDAY OF THE WEEK BEFORE LAST?**”

Record the mother's/primary caretaker's answer by circling the corresponding code. If a respondent is not sure what is meant by diarrhoea, tell her/him it means **“THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN THE STOOL.”** Make sure the respondent understands what is meant by ‘in the last 2 weeks’. If the child has not had diarrhoea in the last 2 weeks or the caretaker doesn't know, skip to CA5.

CA2. During this last episode of diarrhoea, did (*name*) drink any of the following:

We want to know if and what type of oral rehydration solution (ORS) the child took during the last episode of diarrhoea.

Ask each question separately: **“WAS (*name*) GIVEN A FLUID MADE FROM A SPECIAL PACKET CALLED (*local name for ORS packet solution*)? WAS HE/SHE GIVEN GOVERNMENT-RECOMMENDED HOMEMADE FLUID?”** and so forth. Read each item aloud and circle the code corresponding to the response before proceeding to the next item.

CA2A. A fluid made from a special packet called (*local name for ORS packet solution*)?

CA2B. Government-recommended homemade fluid? (Salt sugar solution)

CA2C. A pre-packaged ORS fluid for diarrhoea?

CA3. During (*name*'s) illness, did he/she drink much less, about the same, or more than usual?

For those children who had diarrhoea in the past 2 weeks, ‘illness’ in this and the next question refers to the diarrhoea episode. Disregard any additional illness these children might have had. If dehydrated, a child may take more fluids than usual. We want to know if the pattern of fluid consumption changed during the illness. The focus in this question is on how much fluid was actually consumed by the child. Ask the question just as it is worded here. Read out the entire question and circle the appropriate code for the caretaker's response. Get the respondent's best judgement of the relative amount of total fluids actually consumed by the child. All fluids are included, not just special ones given during diarrhoea. For example, water, tea, fruit juice, breastmilk and formula are included as well as special fluids such as ORS.

Try to find out what actually happened, not what the respondent thinks ought to have happened. An answer such as, “A child with diarrhoea (or ‘a child who is ill’) needs more fluids” is not satisfactory. You would need to ask, **“BUT HOW MUCH DID YOUR CHILD ACTUALLY DRINK DURING THIS DIARRHOEA?”**

It may be difficult to estimate the relative amount of breastmilk taken by the child. The respondent may make an estimate based on whether the child nursed longer or more frequently.

CA4. During (*name*'s) illness, did he/she eat less, about the same, or more food than usual?

During an episode of diarrhoea or other illness, a child may change the amount usually eaten. The focus in this question is on how much food was actually consumed by the child.

Ask the question just as it is worded here. Read out the entire question and circle the code corresponding to the caretaker's response. Get the caretaker's best judgement of the relative amount of total food actually consumed by the child. Try to find out what actually happened, not what the caretaker thinks ought to have happened. An answer such as, “A child with diarrhoea (or ‘a child who is ill’) needs more food” is not satisfactory. You would need to ask, **“BUT HOW MUCH DID YOUR CHILD ACTUALLY EAT DURING THIS DIARRHOEA?”**

If the caretaker replies that the child took only fluids (that is, the child did not 'eat'), circle '1' for 'None'. If the caretaker's answer is 'less than usual', probe by asking "**MUCH LESS OR A LITTLE LESS?**" to find out if she/he thinks the amount was 'much less' or 'somewhat less'. Then circle the appropriate code. If the mother/primary caretaker offered more food than usual, but the child ate much less, the answer is 'much less'; circle '2'.

Make sure that the respondent understands that this includes breastmilk, if the child is still being breastfed. If the child is very young and the caretaker replies that he/she takes only fluids or breastmilk (that is, has not started 'eating' yet), there is no need to probe, since 'drinking' and 'eating' count as the same for this child. Circle the answer for this question (eating) that comes closest to the answer you circle for CA3 (drinking).

CA4A. Check CA2A: ORS packet used?

Check CA2A. If CA2A =1, check the box marked 'Yes', and tick then continue to CA4B. If 'No', skip to CA5.

CA4B. Where did you get the (local name for ORS packet from CA2A)?

The intent of this question is to identify where the ORS packet was obtained. If there is more than one source, circle the code corresponding to the last source given. If the respondent obtained the ORS packet from a medical sector source, ask whether the place is in the public (run by the government) or private sector. If the place is in the public sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other public' and circle '16'. Similarly, if the place is in the private medical sector, but is not one of the pre-coded categories, write the description in the space provided for 'Other private medical' and circle '26'.

If the respondent answers that the ORS packet was obtained from another place not listed, write the description of the place in the space provided for 'Other' and circle '96'. Then notify 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. Circle '98' if the respondent does not know where the ORS packet was obtained.

CA4C. How much did you pay for the (local name for ORS packet from CA2A)?

Record how much was paid in Naira (N) for the ORS packet. If it was free, circle '9996'. Circle '9998' if the respondent does not know how much was paid for the ORS packet.

CA5. Has (name) had an illness with a cough at any time in the last two weeks, that is, since (day of the week) of the week before last?

Illness with a cough means a cold or other acute respiratory illness with a cough.

Circle the code corresponding to the response given. If the respondent says "He coughs all the time," or "She's been coughing for months," do not count this as an 'illness with a cough' since it is a chronic problem. If the answer is 'No' or 'DK', circle the appropriate code and go to CA12. If the symptoms started before but continued into the 2-week period, this counts as 'Yes'.

CA6. When (name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?

The question aims to find out if the child has or had an illness needing assessment by a health professional (as defined by the US Centers for Disease Control/Integrated Management of Childhood Illness programme).

If the respondent asks "What do you mean by 'fast breathing'?" you may say "**NOTICEABLY FASTER THAN NORMAL WHEN THE CHILD IS RESTED.**" If the respondent asks "What do you mean by 'difficulty breathing'?" you may say "**THE CHILD SOUNDED/LOOKED AS IF HE/SHE WAS HAVING TROUBLE BREATHING.**" You may give other explanations that were developed and

tested during the adaptation and pre-testing of the questionnaire. Circle the code corresponding to the response. If the answer is 'Yes', continue to the next question. Otherwise, skip to CA12.

CA7. Were the symptoms due to a problem in the chest or a blocked nose?

This question aims to find out if the problem needs assessment by a health professional, which does not include a simple cold.

Circle the code corresponding to the caretaker's response. If the symptoms were from a 'Blocked nose', skip to CA12. If the symptoms were due to 'Other' reasons, write the respondent's description in the line provided, circle '6' and skip to CA12. Otherwise, continue to the next question.

CA8. Did you seek advice or treatment for the illness outside the home?

'Seeking care outside the home' means going outside the family or household for advice or treatment. Seeking care could include anything from asking a neighbour for advice, to holding a religious ceremony on the child's behalf, to going to a hospital. If a physician or other provider visits the household to give care, this counts as seeking care outside the home. The child may or may not have accompanied the respondent when he/she sought care. For example, going to buy medicine without the child counts as seeking care

Circle the code corresponding to the response given. If the answer is 'Yes', continue to the next question. Otherwise, skip to CA10.

CA9. From where did you seek care?

After the first reply, ask: "ANYWHERE ELSE?" until all sources are mentioned. However, do not suggest or prompt any answers. Circle the code for every provider mentioned.

If the source of care is a hospital, health centre or clinic, write the name of the place in the space provided on the questionnaire. Ask whether the source is in the public (run by the government) or private sector. If the source is in the public sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other public' and circle 'H'. Similarly, if the source is in the private medical sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other private medical' and circle 'O'. Note MCH is an acronym for Maternal Child Health

If the respondent answers that he/she sought care from another place not listed, write the description of the place in the space provided for 'Other' and circle 'X'. Then write the name of the place in the space provided on the questionnaire (*Name of place*) 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.

CA10. Was (name) given medicine to treat this illness?

Circle the appropriate code. If the answer is 'Yes', continue to the next question. Otherwise, go to CA12.

CA11. WHAT MEDICINE WAS (name) GIVEN?

This question aims to determine whether the child was given an antibiotic for the illness for example: procaine penicilline, ampicillin, emcillin ampiclox, amoxicillin, gentamicin, septrin, erythromycin etc More than one medicine may have been administered to the child. Examples of analgesics that might be given are paracetamol, panadol, acetaminophen etc. Circle the codes corresponding to all medicines given.

If the respondent does not know the name of the medicine, ask him/her to show you the medicines. If he/she cannot show the packaged medicine, follow the guidelines provided to you during training.

If the respondent names a medicine that is not listed, circle 'X' for 'Other' medicine and fill in the name of the medicine in the space provided.

If you cannot determine the type of medicine given to the child with a cough, circle 'Z' for 'DK'.

CA11A. Check CA11: Antibiotic given?

Check CA11. If an antibiotic was given (code 'A' circled) to treat this illness, check the box marked 'Yes', and continue to CA11B. If 'No', skip to CA12.

CA11B. Where did you get the antibiotic?

The intent of this question is to identify where the antibiotic was obtained. Circle the code corresponding to the answer given. If the respondent obtained the antibiotic from a medical sector source, ask whether the place is in the public (run by the government) or private sector. If the place is in the public sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other public' and circle '16'. Similarly, if the place is in the private medical sector, but is not one of the pre-coded categories, write the description in the space provided for 'Other private medical' and circle '26'.

If the respondent answers that the antibiotic was obtained from another place not listed, write the description of the place in the space provided for 'Other' and circle '96'. Then notify 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. Circle '98' if the respondent does not know where the antibiotic was obtained.

CA11C. How much did you pay for the antibiotic?

Record how much was paid in local currency for the antibiotic. If it was free, circle '9996'. Circle '9998' if the respondent does not know how much was paid for the antibiotic.

CA12. Check UF11: Child aged Under 3?

CA12 is used to filter out children aged 3 and 4, since the next question is to be asked only of children under age three. Check UF11; if the child is under three (he/she is 0, 1 or 2 years old), mark the box corresponding to 'Yes' and continue with the next question. If the child is not under three (she/he is 3 or 4 years old), mark the box corresponding to 'No' and skip to CA14.

CA13. The last time (*name*) passed stools, what was done to dispose of the stools?

The purpose of this question is to know what was done with the most recent stools passed by the child in the household. The safe disposal of children's stools is of particular importance because children's stools are the most likely cause of faecal contamination to the immediate household environment. Correct disposal of stools is linked with lower risks of diarrhoea.

Respondents are asked where they usually dispose of their children's stools if the child did not use the toilet facility. Circle the most appropriate code.

CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?

This question asks for symptoms that would cause the respondent to take a child to a health facility right away.

Note that this question will only be asked once per mother/primary caretaker. If you are interviewing the same mother/primary caretaker for more than one child, ask this question when you interview her/him for the first child. Copy the response to this question to the same question in the questionnaire for the second child. If you are interviewing more than one mother/primary caretaker in the same household, ask the question once of each of the mothers/primary caretakers.

Circle the codes for the symptoms mentioned. If the caretaker mentions a few signs and stops, continue by asking “**ANY OTHERS?**” until the caretaker cannot recall any additional symptoms, but do not prompt with any suggestions. Circle the codes corresponding to all symptoms mentioned. If you are not sure whether a certain sign as reported by the respondent fits in one of the above categories, write it down in full and check with your supervisor later.

3.5.7 MALARIA MODULE FOR UNDER-FIVES

Most children living in areas with malaria experience their first malaria infections during the first year or two of life, when they have not yet acquired adequate clinical immunity. In these young children, the disease can progress rapidly to severe malaria and death. About 90 per cent of deaths due to malaria are among children under 5 years of age. The World Health Organization recommends that all children under age five be presumptively treated with anti-malarial medication within 24 hours of the onset of fever to prevent severe malaria and death.

ML1. In the last two weeks, that is, since (*day of the week*) of the week before last, has (*name*) been ill with a fever?

Fever is a symptom of malaria, and in areas where malaria is prevalent, mothers are advised to take action to treat for malaria as soon as fever begins.

When asking this question, insert the name of the day of the interview. For example, if the interview is taking place on a Tuesday, ask: “**IN THE LAST TWO WEEKS, THAT IS, SINCE TUESDAY OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?**”

Circle the code corresponding to the answer given. Circle the code corresponding to ‘Yes’ only if the child has been ill with a fever at any time in the 2 weeks prior to the date of the interview. If the child has not been ill with a fever or the respondent doesn’t know, skip to ML10.

ML2. Was (*name*) seen at a health facility during this illness?

Circle the code corresponding to the answer given. If the child was not seen at a health facility during this illness or the mother/primary caretaker doesn’t know, skip to ML6.

ML3. Did (*name*) take a medicine for fever or malaria that was provided or prescribed at the health facility?

Circle the code corresponding to the answer given. If the child did not take any medicine for the fever or malaria that was provided or prescribed at the health facility, or if the mother/primary caretaker does not know, skip to ML5.

ML4. What medicine did (*name*) take that was provided or prescribed at the health facility?

Circle the codes corresponding to all medicines taken by the child to treat the fever, both anti-malarials and other types of medicines such as acetaminophen that were provided or prescribed at the health facility. If the respondent cannot remember the names of all the medicines the child took, use the following approach to probe for the correct names of the anti-malarial and other types of medicines taken:

- (1) Ask to see the package of leftover medicines; some households keep popular anti-malarial and other medicines at home.
- (2) Show the respondent a sample of each common anti-malarial – from both public and private sources – in the original packages, in case some respondents remember the containers.
- (3) Use common brand names when asking the respondent about anti-malarial medicines.

If the medicine is an anti-malarial but is not listed, circle 'H' and fill in the name in the space provided. If the medicine is another type of medicine, but is not listed, circle 'X' and fill in the name in the space provided. If the mother/primary caretaker still doesn't know, circle 'Z'.

ML5. Was (name) given medicine for the fever or malaria before being taken to the health facility?

This question is only asked if the child was seen at a health facility during the illness (ML2 = 1).

Circle the code corresponding to the answer given. If the response is 'Yes', skip to ML7 to learn the type of medicine given. If the child did not take any medicine for the fever or malaria before being taken to the health facility, or the respondent doesn't know, skip to ML8.

Note that all response categories to this question skip ML6, to go to either ML7 or ML8.

ML6. Was (name) given medicine for fever or malaria during this illness?

This question is only asked if the child was not taken to a health facility during the illness causing fever (ML2 = 2 or 8).

Circle the code corresponding to the answer given. If the child was not given any medicine for the fever or malaria during this illness or the respondent does not know, circle the appropriate code and skip to ML8. Otherwise, continue to the next question.

ML7. What medicine was (name) given?

Circle the codes corresponding to all medicines taken by the child to treat the fever, both anti-malarials and other types of medicines such as paracetamol, panadol, acetaminophen etc given during this illness. Examples of Sulphadoxine Pyremethamine (SP) are Fansidar, Metakelfin, Amalar, Laridox, Franomine, Malarex, etc. If the respondent cannot remember the names of all the medicines the child took, use the following approach to probe for the correct names of the anti-malarial or other types of medicines taken:

- (1) Ask to see the package of leftover medicines; some households keep popular anti-malarial and other medicines at home.
- (2) Show the respondent a sample of each common anti-malarial – from both public and private sources – in the original packages, in case some respondents remember the containers.
- (3) Use common brand names when asking the respondent about anti-malarial medicines.

If the medicine is an anti-malarial but is not listed, circle 'H' and fill in the name in the space provided. If the medicine is another type of medicine, but is not listed, circle 'X' and fill in the name in the space provided. If the mother/primary caretaker still doesn't know, circle 'Z'.

ML8. Check ML4 and ML7: Was anti-malarial mentioned (codes A-H)?

If an anti-malarial was mentioned either in ML4 or ML7 (codes A-H), check and tick the box marked 'Yes' and continue to the next question. If 'No', check the corresponding box and skip to ML10.

ML9. How long after the fever started did (name) first take (name of anti-malarial from ML4 or ML7)?

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of an anti-malarial medicine to treat the fever.

If multiple anti-malarial medicines are mentioned in ML4 or ML7, name all anti-malaria's mentioned. **Record the code for the day on which an anti-malarial was given for the first time.** If he/she started taking (the anti-malarial) the same day the fever started, circle '0' for 'Same day'. If the anti-malarial was first given the next day (the day after the fever began), circle '1' for 'Next day' and so on. If the respondent does not know how long after the fever started the child first took the anti-malarial, circle '8'.

ML9A. Where did you get the (name of anti-malarial from ML4 or ML7)?

The intent of this question is to identify where the anti-malarial first given for fever was obtained. If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given – that is, the anti-malarial given on the day recorded in ML9.

Circle the code corresponding to the answer given. If the respondent obtained the anti-malarial from a medical sector source, ask whether the place is in the public (run by the government) or private sector. If the place is in the public sector, but is not one of the pre-coded choices, write the description in the space provided for 'Other public' and circle '16'. Similarly, if the place is in the private medical sector, but is not one of the pre-coded categories, write the description in the space provided for 'Other private medical' and circle '26'.

If the respondent answers that the anti-malarial was obtained from another place not listed, write the description of the place in the space provided for 'Other' and circle '96'. Then notify 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. Circle '98' if the respondent does not know where the anti-malarial was obtained.

ML9B. How much did you pay for the (name of anti-malarial from ML4 or ML7)?

Record how much was paid in local currency for the anti-malarial identified above. If it was free, circle '9996'. Circle '9998' if the respondent does not know how much was paid for the anti-malarial medicine.

ML10. Did (name) sleep under INSECTICIDE TREATED NET (itn) last night?

Ask the respondent if (name) slept under **insecticide treated net** the previous night and circle the code corresponding to the answer given. If the respondent answers that the child did not sleep under a mosquito net last night or that he/she does not know, circle the appropriate code and skip to the next module. Otherwise, continue to the next question.

You will have asked about **insecticide treated nets** in the household to the respondent to the Household Questionnaire. Some similar questions are asked here, from ML11 to ML15. Note that these questions are asked of the net the child slept under the previous night, which might not necessarily be the mosquito net for which detailed information was collected in the ITN module of the Household Questionnaire.

ML11. How long ago did your household obtain the mosquito net?

If the net that the child slept under the previous night was obtained within the last 2 years (24 months), calculate the number of months from the respondent's answer and record the number of months in the space provided. If the net was obtained within the last month, enter '00' in the spaces provided.

For example, if the respondent says "We bought that net a year and a half ago, during the planting season," the first step is to add 12 months for each year mentioned (1 year = 12 months). The season mentioned by the respondent was the 'planting season'. Using this memory cue, ask the respondent to be more precise about which month the net was purchased: Ask whether it was the beginning, middle or end of planting season or which planting season it was if there is more than one. If the respondent says that he or she bought it "at the beginning of the planting season in April" and it is October at the time of the interview, count the number of months between April and October, not counting the month of purchase (May, June, July, August, September, October = 6 months. Then add the sums: 12 months + 6 months = 18 months, and record '18' in the space provided).

If the net was obtained more than 2 years ago, circle '95.' If the respondent does not know the exact number of months, probe to obtain the best estimate. If the respondent says "a year ago," probe to try to determine if the net was obtained exactly 12 months ago, or earlier or later. Circle '98' for 'Not sure' only if the respondent cannot even estimate how long ago the net was obtained.

ML12. What type of INSECTICIDE TREATED NET (ITN) is this?

There are various types of ITN. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (re-treated type) or 36 months (permanent type). By observing the mosquito nets yourself, you should be able to identify what types of ITN households own, but respondents may not always permit you to enter the sleeping areas where the nets are found. Your supervisor may provide you with photographs to help you to distinguish different types ITN. In order to assess the effectiveness of mosquito net use in preventing malaria, we need to gather accurate information on the type of ITN and whether and when they were last treated with insecticide.

Identify the type of ITN in the dwelling and circle the corresponding number on the questionnaire. If the respondent is not sure whether a net is one of these brands, try to observe the ITN, if possible. If it is not possible to observe the net(s), use the pictures you were given to aid in identification.

If it is a permanently treated ITN (codes '11'), skip to the next module. If it is a re-treated net (codes '21'), skip to ML14. If it is some other net, circle (code 36 . If the respondent does not know the type of ITN, circle '98' for 'DK' .

ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?

Circle the code corresponding to the answer given.

ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?

Make sure that the respondent understands that you don't mean simply 'washing the net' or spraying it with insecticide from a can or canister. We want to know whether the net was soaked or dipped in an insecticide.

Circle the code corresponding to the answer given. If 'No' or 'DK', skip to the next module.

ML15. How long ago was the net last soaked or dipped?

If the last time was within the last 2 years (24 months), record the number of months ago in the space provided. If the last time was less than 1 month ago, record '00'. If the last time was more than 2 years ago, circle '95'. If the respondent does not know the number of months, probe to obtain his/her best estimate. Circle '98' for 'Not sure' only if the respondent cannot even estimate when the net was last soaked or dipped. If the respondent says 'a year ago', probe to try to determine if the net was obtained exactly 12 months ago, or earlier or later.

3.5.9 IMMUNIZATION MODULE

Procedures for completing this module are somewhat more complicated than most other modules in the MICS3 questionnaires. Make sure to have interviewers practise the administration of the module during training by using real Immunization/Child Health Cards. Reading and understanding Immunization/Child Health Cards usually requires considerable practice.

This module is used to obtain the percentage of children under five who have received BCG, DPT3, OPV3, measles and other immunizations before age one.

IM1. Is there a Immunization/Child Health Card for (name)?

If the respondent reports that there is a Immunization/Child Health Card for the child, ask to see it. You should have obtained Immunization/Child health cards at the beginning of the interview. If you did not already obtain the card for the child, now is the time to ask for it again.

In some cases, the respondent may not be willing to take time to look for the Immunization/Child health cards, thinking that you are in a hurry. Encourage the respondent to look for the Immunization/Child health cards for the child. It is critical to obtain written documentation of the child's immunization history. Therefore, be patient if the respondent needs to search for the card.

If the respondent does not have a Immunization/Child health cards but the vaccine doses are registered in another document (for example, a booklet with records of clinic visits), ask to see it. If the card or other document is seen, circle '1' and continue to the next question. If the card or other document is not seen, circle '2' and skip to IM10 – you will be asking the respondent to recall the child's vaccinations. If the respondent does not have a Immunization/Child health cards or any other document where the vaccine doses are registered for the child, circle '3' and skip to IM10.

Questions IM2-IM8B

You will complete questions from IM2 through IM8B when respondents show you the Immunization/Child health cards for the child:

- Copy the dates in the spaces provided for IM2-IM8B for each type of immunization or vitamin A dose recorded on the card or document.
- If the card shows only part of the date, record '98' for 'DK' in the column for which the information is not given. For example, if the date given was July 2004, you would record '98' for 'Day', '07' for 'Month', and '2004' for 'Year'.
- If the card shows that a vaccination or vitamin A dose was administered but the date is not specified, write '44' in the day column, and leave the month and year columns blank.
- However, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since this probably indicates that the vaccinations were given on the same day.

Remember that vaccines may be listed on the card in a different order than the one that appears on the questionnaire. Be sure to check the card carefully because sometimes the month may be listed first, sometimes the day. Be careful to record the dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) that children should be brought in for their 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, and not date of appointments. Be patient and read the card thoroughly. It is very important that you copy the information on administered vaccinations on the card to the questionnaire accurately.

After you have completed transferring the information from the card to the questionnaire, proceed with question IM9.

IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (name) receive any other vaccinations – including vaccinations received in campaigns or immunization days?

It is possible that some of the vaccinations received by the child were not recorded. For example, the respondent may have forgotten to bring the card to the health facility or the respondent may have taken (name) to a National Immunization Day.

If the answer is ‘Yes’, circle ‘1’ only if the respondent mentions vaccines included in the questionnaire. You can refer to the information already obtained from the Immunization/Child health cards to make sure that the mother/primary caretaker is referring only to these vaccines. Write ‘66’ in the corresponding ‘Day’ column for IM2-IM8B, and leave the month and year columns blank. For example, if two doses of DPT were recorded on the card, and another dose was given but not recorded, the answer to IM4C should be ‘66’ in the ‘Day’ column.

Do not ask the respondent to supply dates from memory. Enter a date only if the card or other document is available and lists a date for the immunization dose.

Once you have probed for all vaccinations, skip to IM19.

Questions IM10 through IM18 are asked only to mothers/primary caretakers of children who do not have Immunization/Child health cards, or those children for whom Immunization/Child health cards were not shown.

IM10. Has (name) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?

Only ask IM10-18 to obtain the child’s vaccination status if a Immunization/Child health cards or other document is not available (that is, if the answer to IM1 was ‘2’ for ‘Yes, ‘Not seen’ or ‘3’ for ‘No’). Describe the vaccination techniques in detail to the caretaker and provide further explanations if needed. When mentioning the vaccines or the specific diseases, use local synonyms if needed. We are not interested in injections for treating a disease – antibiotics, anti-malarials, etc. – but only in vaccines.

Circle the code corresponding to the response. If the answer is ‘Yes’, continue to the next question, to start asking about each of the vaccines. If the answer is ‘No’ or ‘DK’, skip to IM19.

IM11. Has (name) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?

If the Child is available, check the left hand shoulder if there is a scar as evidence.

Circle the code corresponding to the response.

IM12. Has (*name*) ever been given any ‘vaccination drops in the mouth’ to protect him/her from getting diseases – that is, polio?

Circle the code corresponding to the response. If the answer is ‘Yes’, continue to the next question. If the answer is ‘No’ or ‘DK’, skip to IM15.

IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?

Ask how old the child was at first dose, prompting “just after birth or later?” Circle the code corresponding to the response.

IM14. How many times has he/she been given these drops?

Fill in the number in the space provided.

IM15. Has (*name*) ever been given ‘DPT vaccination injections’ – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)

Circle the code corresponding to the response. If the answer is ‘Yes’, continue to the next question. If ‘No’ or ‘DK’, skip to IM17.

IM16. How many times?

Fill in the number in the space provided.

IM16A. Has (*name*) ever been given Hepatitis B injection?

Circle the code corresponding to the response. If the answer is Yes, continue to the next question. If No or DK, skip to IM17

IM16B. How many times?

Fill in the number in the space provided.

IM17. Has (*name*) ever been given ‘Measles vaccination injections’ – that is, injection in the arm at the age of 9 months or older – to prevent him/her from getting measles?

Circle the code corresponding to the response. If the caretaker specifically mentions measles vaccine but refers to an injection in the thigh, accept the answer as valid and circle ‘1’ for ‘Yes’.

IM18. Has (*name*) ever been given ‘Yellow Fever vaccination injections’ – that is, a Injection in the arm at the age of 9 months or older – to prevent him/her from getting yellow fever? (sometimes given at the same time as measles)

Circle the code corresponding to the response.

IM19. Please tell me if (*name*) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days.

| |
|--|
| You must insert the dates and types of vaccination given in the most recent National Immunization Day (NID) campaigns in NIGERIA. If possible, include the season in which each NID took place, because some respondents may not be able to identify a precise date. |
|--|

This question is asked to provide information about immunization programmes. It also provides a check on IM9 for children with a Immunization/Child health cards, since doses given in National Immunization Days are usually not recorded on the card.

Circle the code corresponding to the response. If the respondent answers 'Yes' here to at least one of the dates, check back to IM9. If the answer given there (to IM9) was 'No', ask again.,

IM20. Does any eligible child reside in the household for whom this respondent is mother/caretaker? Check Household Listing, column HL8.

When you have finished asking the questions in the immunization module, thank the respondent. Check whether she/he is the mother or primary caretaker of any other children that live with her and are under the age of 5 years by checking the Household Questionnaire, column HL8, for the respondent's line number. If so, start interviewing her/him with the Questionnaire for Children Under Five for other children. If this respondent is not the mother or primary caretaker of any other children under five in the household, mark the box corresponding to 'No'. Proceed to administer the Anthropometry module for all children in the household. Continue until you have completed questionnaires for all children in the household.

3.5.10 ANTHROPOMETRY MODULE

Weights and heights of all eligible children under five in the household will be measured after all the Questionnaires for Children Under Five are completed. However, if some respondents or children have to leave the household before all questionnaires in the household have been completed, or if a call-back has to be made to interview another respondent, it is best to complete the measurements on those children who are present. The most important thing is not to miss measuring those who are eligible.

Measurement of heights and weights will normally be the responsibility of field editors. Each fieldwork team will have one set of measuring boards and weighing scales. Therefore, once you have completed the questionnaires and are ready to start anthropometric measurements, you should call upon field editors to join you in the household, together with the equipment.

Although the field editor will be the main team member responsible for anthropometric measurements, you will also receive training on how to weigh and measure children. In some cases, the entrance of field editors to the household may not be possible; in such cases, you may yourself perform the measurements, with the assistance of the mother.

Each child will be weighed and measured, and the results will be recorded in his/her questionnaire. Be sure the weight for each child is recorded on the correct questionnaire. Procedures for weight and height measurements are discussed in detail in Appendix Five. This section is confined to explaining how the results will be coded.

AN1. Child's weight

The child should be weighed according to the instructions given during training. Record the result to the nearest tenth of a kilogram (100 grams). Place the kilograms to the left of the decimal point and grams to the right of the decimal point. Use a leading zero if the number of kilograms is one digit.

AN2. Child's length or height

Check the age of the child in UF13. If the child is under 2 years old, check the appropriate box, measure and record recumbent length (that is, lying down), to the nearest tenth of a centimetre. If the child is age two or older, check the corresponding box and then measure and record standing height. Write a zero first if the number of centimetres is two digits.

AN3. Measurer's identification code

You should enter the two-digit identification number of the person who performed the measurements in the space provided. This would normally be the field editor or yourself.

AN4. Result of measurement

Circle the appropriate code corresponding to the result of the measurement. If the reason is 'Other', write a description in the line provided and circle '6'.

AN5. Is there another child in the household who is eligible for measurement?

If there is another child in the household who is eligible for measurement, check the box marked 'Yes' and record measurements for the next child on that child's questionnaire. If 'No', check the appropriate box and end the interview with this household by thanking all participants for their cooperation.

After you have completed all anthropometric measurements in the household, you should record the results of the interviews in UF11 of the Under-Five Child Information Panel on each child's questionnaire.

Gather together all questionnaires for this household.

Tally the number of women's questionnaires completed in HH13 and the number of child questionnaires completed in HH15 of the Household Information Panel of the Household Questionnaire.

Before you leave the dwelling, check to ensure that the entire questionnaire (including all modules) is completed and that there are no blanks left. Be sure to distinguish between true zero answers and missing data or 'DK' answers. Make sure that all identifying numbers have been filled in on the Information Panels of each questionnaire. Give the questionnaires to your supervisor.

4.0 THE UNICEF ELECTRONIC SCALE

The UNICEF Electronic Scale was designed to help health workers monitor the weight of children and pregnant women.

The scale makes weighing fast, easy and accurate. It can be used in two ways:

1. Pregnant mothers or older children can line up for weighing, stepping on the scale one after the other.
2. Babies and very small children can be weighed while being held in the arms of a mother or helper. This second method of weighing is called 'tared weighing'.

The scale is powered by long-lasting lithium batteries. The batteries should last for at least 1 million weighing cycles, or 400 weighings every day of the year (except weekends and holidays) for at least 10 years. The batteries and the electronic 'heart' of the scale are in a sealed unit to withstand damage from heat,

humidity and dust. The solar cell is used only to turn the scale on and to tare the scale.

The scale switches off automatically if it is not used for 2 minutes. This helps preserve the life of the battery.

Preparing the UNICEF Electronic Scale for use:

1. Place the scale on a hard, level surface (wood, concrete or firm earth). Soft or uneven surfaces may cause small errors in weighing.
2. *The scale will not function correctly if it becomes too warm.* It is best to use the scale in the shade, or indoors. If the scale becomes hot and does not work correctly, place it in a cooler area and wait 15 minutes before using it again.
3. The scale must adjust to changes in temperature. If the scale is moved to a new site with a different temperature, wait for 15 minutes before using it again.
4. Handle the scale carefully:
 - Do not drop or bump the scale.
 - Do not weigh loads totalling more than 150 kilograms.
 - Protect the scale from excess moisture or humidity.
 - Do not use the scale at temperatures below 0° C or above 45° C.

Cleaning the scale


To clean the scale, wipe surfaces with a damp cloth. *Never put the scale into water.*

Storing the scale


Do not store the scale in direct sunlight or other hot places.

Weighing an infant or young child held by a health worker or helper (tared weighing)

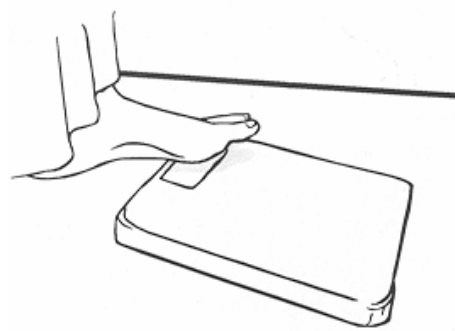
NOTE:

 is used to represent the mother and child image that appears on the left side of the display whenever the scale has been tared.

1. Turn the scale on by covering the solar cells for less than 1 second.

The display should show  188.8 first, then 0.0.

Wait until the display shows 0.0 before stepping on the scale.



Cover the solar cells for less than 1 second.



The scale is preparing itself for use. The scale is ready for use.


2. Ask your helper to stand on the scale. Make sure the solar cells are not covered by a skirt or the person's feet. Your helper's weight will appear on the display within 2 seconds.

NOTE:


The person being weighed must stand still on the scale.




Your helper's weight appears on the display.

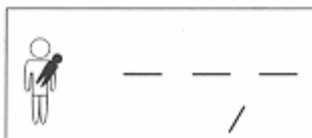
3. With your helper standing still on the scale, cover the solar cell for less than 1 second. The display will read  0.0. The small picture of the mother and baby means the scale is adjusting (taring) itself to ignore the helper's weight and preparing to weigh only the baby.



Cover the solar cells for less than 1 second to tare the helper's weight. Once tared, the display will show  0.0.

- The helper can now get off the scale to get the baby. Alternatively, the mother can hand the baby to her.

If the helper gets off the scale to get the baby, the display will show  ---.



If the helper gets off the scale, the display shows that the scale has been tared for the helper's weight.

- After the helper steps back onto the scale and holds the baby, *only the weight of the baby will be displayed.*



Record the baby's weight.

NOTE:


The scale will continue to show only the weight of the baby until the solar cell is covered or the helper returns the baby to its mother.



Now the helper can hold the baby and get back on the scale. Only the baby's weight will show on the display.

- After the baby is given back to its mother, the display will again show  0.0 (as long as the helper remains standing on the scale). If the helper steps off the scale to get another baby, the display will show  ---.





If the helper gives the baby to someone else to hold, the tared scale will again display  0.0.

- Repeat steps 4 and 5 to weigh another baby.

Remember: The scale switches off automatically 2 minutes after the last weighing. If this happens, follow the instructions to turn it on again.

Taring weights:

Important points

- The weight of the person who will hold the child must be displayed (and then tared) before the child is given to her for weighing.
- The same person whose weight is tared must also hold the child.
- The weight of the child being weighed must be more than 2 kilograms if the helper stays on the scale to receive the child.
- If the helper gets off the scale to get a child while the display shows  0.0 (tared weighing mode), the next child can weigh less than 2 kilograms.
- The tare can be de-activated by quickly covering the solar cell or by waiting until the scale switches off automatically. The scale will always display  --- if the new load weighs less than the tared weight.
- If there is too much movement on the scale during measurement, the

display will switch between $!$ and $.!$ until the load becomes stable.

Possible reasons for the scale not taring weight:

- There was no weight on the scale to tare. Put some weight on the scale and try again.
- The solar cell was not covered completely.
- The solar cell was covered for more than 1 second. Try covering it for less than 1 second.
- It is too dark. Put the scale in a brighter place.
- The load weighs more than 120 kilograms. Use a lighter load.

What to do if the scale display shows $.$

E01:

The scale has to adjust itself. Get off the scale and wait until E01 no longer appears.

E02

and switches off automatically:

Make sure there is no load on the scale and try to start the scale.

E03

and switches off automatically:

The scale is either too cold or too hot. Move it to a different place where the temperature is between 0° C and 45° C. Wait 15 minutes for it to adjust to the new temperature, then start the scale.

E04

after measuring:

The load is too heavy (more than 150 kilograms). Get off the scale and reduce the load.

E05

for a few seconds after trying to start the tare function:

The load is too heavy for taring (more than 120 kilograms). Get off the scale and reduce the load.

4.1 MEASURING PROCEDURES AND PRECAUTIONS

(1) Procedures directed to specific individuals

*The procedures to be followed in measuring a child are directed to specific individuals, that is, the **measurer** and/or the **assistant**, indicated in bold type at the beginning of each step.*

(2) Two trained people required

Two trained people are required to measure a child's height and length. The measurer holds the child and takes the measurements. The assistant helps hold the child and records the measurements on the questionnaire. If there is an untrained assistant, such as the mother, then the trained measurer should also record the measurements on the questionnaire. One person alone can take the weight of a child and record the results if an assistant is not available.

(3) Placement of the measuring board and scale

Begin to observe possible places where the electronic scale and board can be positioned as soon as you walk into a sample household. Be selective about where you place the measuring board and electronic scale. During daylight hours, it is best to measure outdoors. If it is cold, rainy or if too many people congregate and interfere with the measurements, it may be more comfortable to weigh and measure a child indoors. Make sure there is adequate light.

(4) Assessing the age of the child

Before you measure, determine the child's age. If the child is less than 2 years old, measure length. If the child is 2 years of age or older, measure height. If accurate age is not possible to obtain, measure length if the child is less than 85 centimetres. Measure height if the child is equal to or greater than 85 centimetres.

(5) When to weigh and measure

Begin weighing and measuring after verbal information has been recorded on the questionnaire. This will allow you to become familiar with the members of the household. DO NOT weigh and measure at the beginning of the interview, that is, as soon as you enter a household, since this would likely be perceived as overly intrusive.

(6) Weigh and measure one child at a time

In cases when there is more than one eligible child of the same mother/caretaker, complete all the questionnaires for the mother/caretaker, and then weigh and measure her/his children. If there is more than one eligible child and more than one mother/caretaker, you should be careful about the timing of the measurements, and use your judgement in such cases. If you think that leaving all of the measurements until after the completion of all questionnaires will cause confusion and errors, then you must carry out measurements of children by the same mother/caretaker once the questionnaires administered to that mother/caretaker have been completed, and then move on to the next mother/caretaker. However, in reality, it is often the case that interviewing all mothers/caretakers first, and measuring all children at the end is more practical – use this option if you are sure that this will not cause confusion.

(7) Control the child

When you weigh and measure, you must control the child. The strength and mobility of even very young children should not be underestimated. Be firm yet gentle. Your own sense of calm and self-confidence will be felt by the mother and the child.

When a child comes into contact with any measuring equipment, that is, a measuring board or electronic scale, you must hold the child so that he or she doesn't trip or fall. Never leave a child alone with a piece of equipment. Always maintain physical contact with the child, except for the few seconds while taking his or her weight.

(8) Coping with stress

Since weighing and measuring requires touching and handling children, normal stress levels for this type of survey work are higher than for surveys where only verbal information is collected.

Explain the weighing and measuring procedures to the mother and, to a limited extent, the child, to help minimize possible resistance, fear or discomfort. You must determine if the child or mother is under so much stress that the weighing and measuring must stop. Remember, young children are often uncooperative; they tend to cry, scream, kick and sometimes bite. If a child is under severe stress and is crying excessively, try to calm the child or return the child to the mother for a moment before proceeding with the weighing and measuring.

Do not weigh or measure a child if:

- *The mother refuses.*
- *The child is too sick or too distressed.*
- *The child is physically deformed, which will interfere with or give an incorrect measurement. To be kind, you may want to measure such a child and make note of the deformity on the questionnaire.*

(9) Recording measurements and being careful

Record the measurements in pen. If you make an error, cancel it and rewrite the correct numbers. Keep objects out of your hands and pens out of your mouth, hair or breast pocket when you weigh and measure so that neither you nor the child will get hurt due to carelessness. When you are not using a pen, place it in your equipment pack, pen case or on the survey form. Make sure you do not have long fingernails.

Remove rings and watches before you weigh and measure to prevent them from getting in the way. Do not smoke when you are in a household or when you weigh and measure.

(10) Strive for improvement

You can be an expert measurer if you strive for improvement and follow every step of every procedure the same way every time. The quality and speed of your measurements will improve with practice. You may be working with a partner to form a team. If so, you will be responsible not only for your own work, but that of your team.

You will be required to weigh and measure many children. Do not take these procedures for granted, even though they may seem simple and repetitious. It is easy to make errors when you are not careful. Do not omit any steps. Concentrate on what you are doing.

4.2 NUTRITIONAL STATUS MEASUREMENT

SUMMARY PROCEDURES

MEASURING A CHILD'S HEIGHT: SUMMARY OF PROCEDURES (SEE ILLUSTRATION 1) 1

- (1) **Measurer or assistant:** Place the measuring board on a hard flat surface against a wall, table, tree, staircase, etc. Make sure the board is stable.
- (2) **Measurer or assistant:** Ask the mother to remove the child's shoes and unbraid any hair that would interfere with the height measurement. Ask her to walk the child to the board and to kneel in front of the child (if she is not the assistant).
- (3) **Assistant:** Place the questionnaire and pen on the ground (Arrow 1). Kneel with both knees on the right side of the child (Arrow 2).
- (4) **Measurer:** Kneel on your right knee only, for maximum mobility, on the child's left side (Arrow 3).
- (5) **Assistant:** Place the child's feet flat and together in the centre of and against the back and base of the board. Place your right hand just above the child's ankles on the shins (Arrow 4), your left hand on the child's knees (Arrow 5), and push against the board. Make sure the child's legs are straight and the heels and calves are against the board (Arrows 6 and 7). Tell the measurer when you have completed positioning the feet and legs.
- (6) **Measurer:** Tell the child to look straight ahead at the mother if she is in front of the child. Make sure the child's line of sight is level with the ground (Arrow 8). Place your open left hand on the child's chin. Gradually close your hand (Arrow 9). Do not cover the child's mouth or ears. Make sure the shoulders are level (Arrow 10), the hands are at the child's side (Arrow 11), and the head, shoulder blades and buttocks are against the board (Arrows 12, 13 and 14). With your right hand, lower the headpiece on top of the child's head. Make sure you push through the child's hair (Arrow 15).

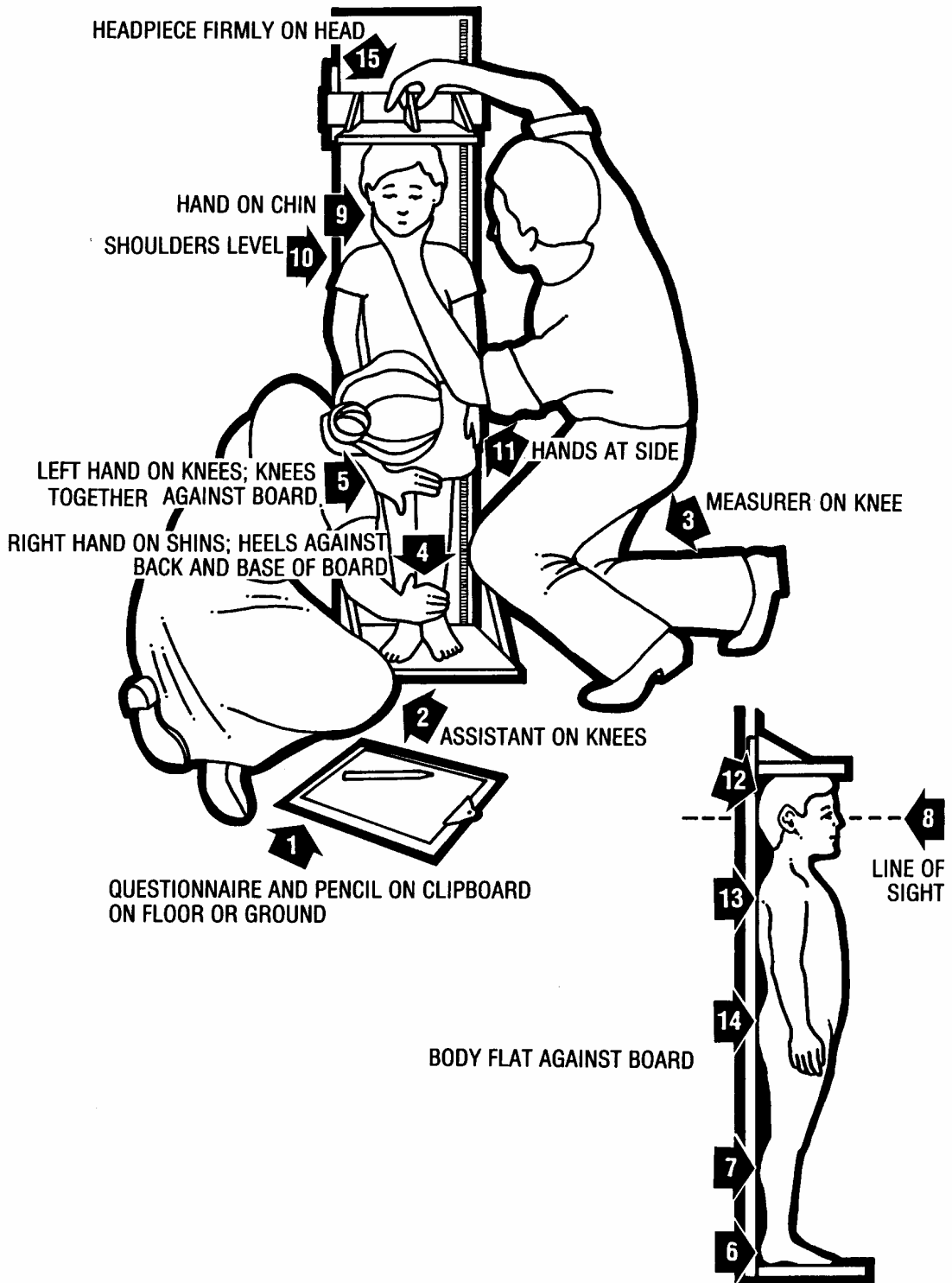
1 If the assistant is untrained (for example, the mother), then the measurer should help the assistant with the height procedure.

- (7) **Measurer and assistant:** Check the child's position (Arrow 1-15). Repeat any steps as necessary.
- (8) **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 centimetre. Remove the headpiece from the child's head, your left hand from the child's chin and support the child during the recording.
- (9) **Assistant:** Immediately record the measurement and show it to the measurer.

NOTE: If the assistant is untrained, the measurer records the height.

- (10) **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to cancel and correct any errors.

Illustration 1. measuring a child's height



MEASURING A CHILD'S LENGTH: SUMMARY OF PROCEDURES (SEE ILLUSTRATION 2) 2

- (1) **Measurer or assistant:** Place the measuring board on a hard flat surface, such as the ground, floor or a steady table.
- (2) **Assistant:** Place the questionnaire and pencil on the ground, floor or table (Arrow 1). Kneel with both knees behind the base of the board, if it is on the ground or floor (Arrow 2).
- (3) **Measurer:** Kneel on the right side of the child so that you can hold the footpiece with your right hand (Arrow 3).
- (4) **Measurer and assistant:** With the mother's help, lay the child on the board by doing the following:
Assistant: Support the back of the child's head with your hands and gradually lower the child onto the board.
Measurer: Support the child at the trunk of the body.
- (5) **Measurer or assistant:** If she is not the assistant, ask the mother to kneel on the opposite side of the board facing the measurer to help keep the child calm.
- (6) **Assistant:** Cup your hands over the child's ears (Arrow 4). With your arms comfortably straight (Arrow 5), place the child's head against the base of the board so that the child is looking straight up. The child's line of sight should be perpendicular to the ground (Arrow 6). Your head should be straight over the child's head. Look directly into the child's eyes.
- (7) **Measurer:** Make sure the child is lying flat and in the centre of the board (Arrow 7). Place your left hand on the child's shins (above the ankles) or on the knees (Arrow 8). Press them firmly against the board. With your right hand, place the footpiece firmly against the child's heels (Arrow 9).
- (8) **Measurer and assistant:** Check the child's position (Arrows 1-9). Repeat any steps as necessary.

2 If the assistant is untrained (for example, the mother), then the measurer should help the assistant with the length procedure.

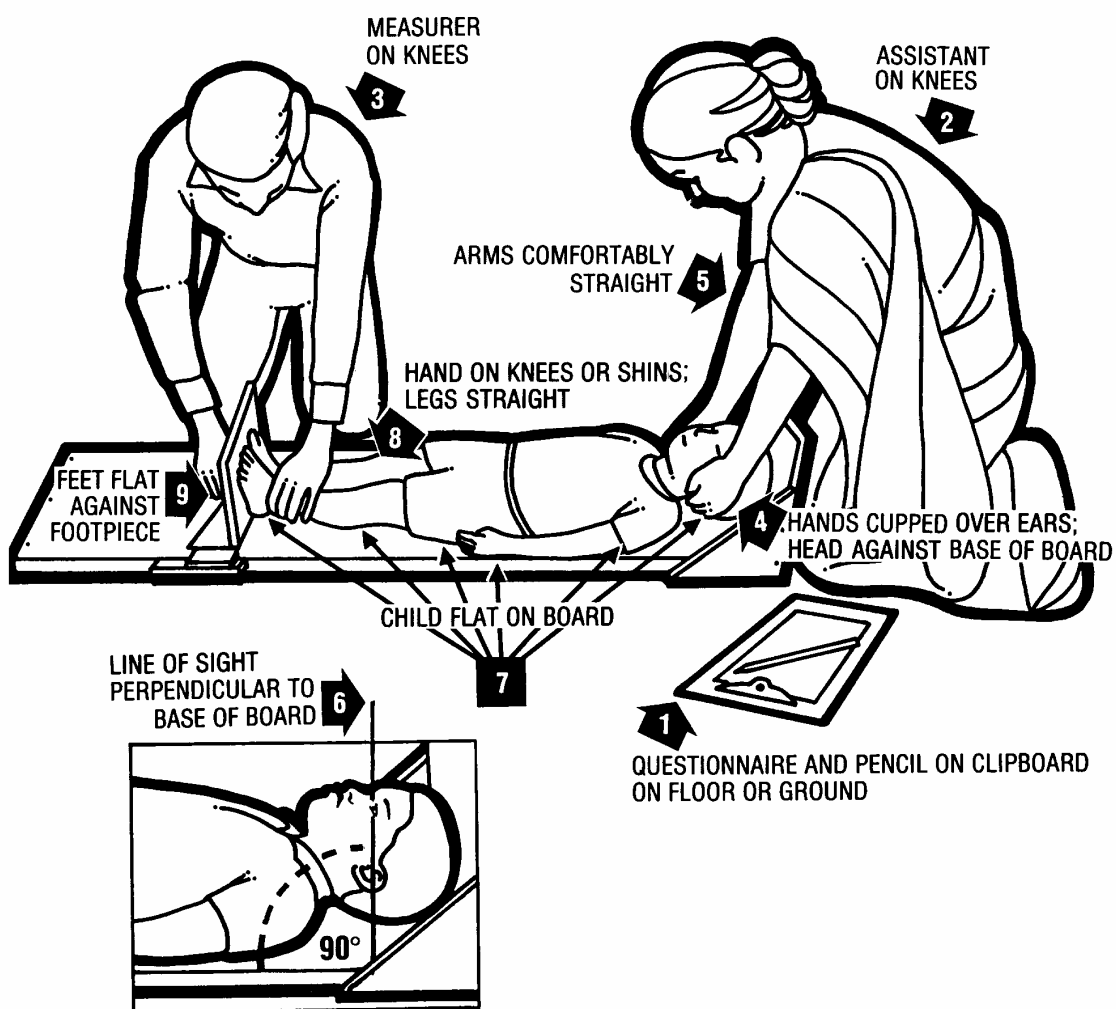
(9) **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 centimetre. Remove the footpiece, release your left hand from the child's shins or knees and support the child during the recording.

(10) **Assistant:** Immediately release the child's head, record the measurement and show it to the measurer.

NOTE: If the assistant is untrained, the measurer records the length on the questionnaire.

(11) **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to cancel and correct any errors.

Illustration 2. measuring a child's length



Annex 1 – Definitions

Introduction

Following are definitions of key terms and concepts used in the MICS 3. It is important for interviewers to thoroughly understand these concepts in order to collect data properly.

Access to Safe Water

As one of the most basic human necessities, water is the object of many government and community-based investment schemes. The aim of the MICS 3 is to distinguish between safe and unsafe sources of drinking water. Safe water sources include taps and protected sources, while unsafe sources include open or unprotected sources. It is acknowledged that using ‘source’ as a proxy for water quality requires some assumptions. Hazards are sometimes associated with public water services; pipes and wells may be damaged or contaminated. However, it would not be appropriate to require respondents to assess the quality of their drinking water. If more than one source of drinking water is used, only the main one will be recorded.

Adopted Child/Step-Child:

A child voluntarily accepted as one’s own child, although a child of other parents

Bed Net:

A mosquito net, a fine net draped over a bed to prevent mosquitoes from feeding on those sleeping in the bed.

Breastfeeding Exclusively:

Refers to the number of weeks child was exclusively breastfed. In other words, period of time when the child received only breast milk, with no additional liquids or solid foods.

Breastfeeding

Includes both exclusively breastfeeding or currently breastfeeding while providing other liquids.

Child Nutrition

The evaluation of nutritional status is based on the rationale that, in a well-nourished population, there is a statistically predictable distribution of children or a given age with respect to height and weight. The distribution of children in such a well-nourished population can be used as a reference for assessing the nutritional status of children in other populations.

Three standard indices of physical growth that describe the nutritional status of children can be calculated: height-for-age, weight-for-height and weight-for-age. Each of these indices gives different information about growth and body composition that can be used to assess nutritional status.

Height-for-age is a measure of growth. A child who is below a certain threshold is considered short for his/her age, or stunted, a condition reflecting chronic under-nutrition.

Weight-for-height describes current nutritional status. A child who is below the standard threshold is considered too thin for his/her height, or wasted, a condition reflecting an acute or recent nutritional deficit.

Weight-for-age is a good overall indicator of a population's nutritional health

Diarrhoea episode: Is defined:

- a) as three or more loose or watery stools per day,
- b) and/or blood in the stool on any day, or
- c) as defined by the mother

Dwelling Unit

A household intended to be occupied as a residence, in distinction to a store, office, or other building. A household usually will reside in a single dwelling unit, but it is possible for a single household to reside in several dwelling units or for several households to reside in a single dwelling unit.

Education levels

Nursery / Pre-school: A school for children who are not old enough or not ready to attend primary school. Usually attended by children less than 6 years of age.

Enumerator:

The individual responsible for administering a survey or questionnaire to members of the population.

Head of Household

The head of the household is the key decision-maker within the household and his/her position of authority is acknowledged by the other members of the household. As such, the main economic provider may not necessarily be the head of the household. In many African societies the oldest adult male is often considered the head of household, regardless of whether or not he is the main economic provider.

As the key decision-maker, the head of household is the person most aware of what is happening in the household, and will often be the most appropriate respondent in MICS 3. However, the head of household may not be able to answer all questions accurately if he is not the main economic provider of the household, or if other household members have their own areas of authority. In such cases, the head of household may be assisted during the interview by other household members. For example, older siblings may be more knowledgeable about exact levels of schooling of younger members of the household.

A special situation is created by an absent head of household. The person recognised as being the household head may not be a regular resident member of the household. For examples, a polygamous husband may be the head of several households, or a rural head of household may migrate to the city to seek employment and leave his family behind in the village. In both cases, the husband may still be the main household decision-maker, in spite of his long periods of absence. It is essential that absent heads of household be enumerated with their households, even when they are away.

Household

A household can be a one-person or multi-person unit. A number of criteria can be used to define the household.

A basic distinction should be drawn between the household and family unit. The latter involves the criterion of kinship, where members are related by blood, marriage, or adoption. Households could consist of a single family or several families. It is also possible for families to be spread across

households, either temporarily or permanently. For example, a married woman may continue to live in her father's household while she is young, while her husband lives under a separate roof.

For MICS 3, a household is a group of people who live and eat together. Members should acknowledge the authority of a single head of household, whether that person is presently living with the rest of the household or not.

In polygamous households, each wife is treated as a separate household when the wives live in separate quarters or compounds.

Household members who normally reside in the household are de jure members, regardless of whether or not they happen to be present at the time of the interview. The household is an economic unit in which members are inter-linked by an economic relationship, such as producing together, sharing money earned, or sharing the home. MICS 3 collects information on a wide range of key events which are the expression of this economic behaviour. It is therefore essential that all persons who have participated in the decisions or in the result of these decisions be included in the household.

Insect Treated Net

Insect treated net (ITN) refers to the following conditions (a) is a permanent net that does not require any treatment, (b) a pre-treated net obtained in the past six months, or (c) a net that has been soaked with insecticides in the past six months.

Permanent is a pre-treated net that does not require any further treatment

Pre-treated net that requires additional treatments every 6-12 months.

Last 7 days

The seven days prior to the interview. If the interview is done on a Wednesday, the last 7 days are the days since the previous Wednesday

Last 30 days

The 30 days prior to the interview. If the interview is done on the 10th of the month, the last 30 days are the days between the 10th of the previous month and the day of the interview.

Leasehold

Use of land on the basis of rent with the terms and length of use being described in a rental contract the lease. In Kenya leasehold rights to land typically give the leaseholder access to and use of the land for an extended period – 25, 33, 50, and 99 – year leases are common. Many estates have been established through acquiring leasehold access to the land.

Pharmacy

Store that specializes in the sale of medicines and other medical health-related items.

Prescription

Written instructions from a doctor to a pharmacist concerning the form and dosage of a drug to be sold or otherwise provided to a patient. Only with a prescription can some medicines be legally provided to consumers.

Respondent:

The individual to whom an enumerator is asking survey questions at a particular time.

Sample

A representative portion of the population. The sample is selected from the population and the characteristics of its members examined in order to estimate and gain information about the characteristics of the population as a whole. A sample is generally selected for study because other population is too large to study in its entirety.

Traditional Healer

Traditional healers tend to use locally available traditional remedies to treat illnesses. They may also employ magic or religious methods in the treatment of their patients.

Unprotected well (water)

A well from which to draw water, the surroundings of which and who well shaft is not line in concrete or other impermeable material. In consequence, polluted water can easily drain into the well, potentially posing a health hazard.

VIP latrine

Acronym for 'Ventilated Improved Pit Latrine'. The primary features of VIP latrines consist of an enclosed structure (roof and walls) with a large diameter (110mm), PVC vertical ventilation pipe running outside the structure from the pit of the latrine to vent above the rood. The often will have concrete slabs containing the latrine hole.

Well-being

The state of being healthy, happy, prosperous satisfied with one's life circumstances. It is the opposite of 'poverty' or 'being poor'. 'Well-being' can also be used a synonym for welfare, e.g., 'one's level of well-being.