



MULTIPLE INDICATOR CLUSTER SURVEY, NIGERIA 2016



MANUAL OF INSTRUCTIONS

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1.0 CHAPTER ONE

1.1 General Information

The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed by UNICEF. MICS is designed to collect statistically sound, internationally comparable estimates of key indicators that are used to assess the situation of children and women in the areas of health, education, child protection and HIV/AIDS. MICS can be used as a data collection tool to generate data for monitoring the progress towards national goals and global commitments aimed at promoting the welfare of children, including the Millennium Development Goals (MDGs) as well as the Sustainable Development Goals (SDGs).

Since the inception of MICS in the 1990s, more than 240 surveys have been carried out in 100 countries. As part of the global effort to increase the availability of high quality data, UNICEF launched the new round of MICS surveys in 2012, with results expected to be available starting from the end of 2013. MICS will help countries to capture rapid changes in key indicators for MDG target year 2015 and aims to expand the evidence base for policies and programmes. Nigeria has participated in the four rounds of MICS; 1995, 1999, 2007 and 2011. The current round of MICS 2016 has been expanded in content and scope to include questionnaire for individual men and modules such as water quality test, tobacco and alcohol use, life satisfaction, access to mass media and use of information and communication technology. MICS is designed to provide up-to-date data (information) for assessing the situation of Children and Women in Nigeria and contribute data for monitoring socio-economic activities of Nigerian population. It will provide the opportunity for Nigeria to capture rapid changes in key indicators particularly the MDGs and set the post MDG agenda.

1.2 Nigeria Specific Survey Objectives

The objectives of the main survey seek among others:

- i. To provide up-to-date information on the situation of children and women in Nigeria
- ii. To strengthen national statistical capacity by focusing on data gathering, quality of survey information, statistical tracking and analysis
- iii. To contribute to the improvement of data and monitoring systems in Nigeria
- iv. To strengthen technical expertise in the design, implementation and analysis of such systems
- v. To serve as baseline for post MDG agenda
- vi. To provide statistics to complement and assess the quality of data from recent national surveys such as Nigerian General Household Panel Survey (NGHPS) and National Demographic and Health Survey (NDHS) conducted by National Population Commission (NPopC).

1.3 Description of the roles and contributions of national and international stakeholders and funding agencies

The National Bureau of Statistics (NBS), as in the previous rounds of MICS, will be the implementing Agency for MICS5. It will be responsible for the entire process from planning to data dissemination. The National Planning Commission (NPC), the National Population Commission (NPopC), the Federal Ministries of Health, Education, Agriculture and Water Resources, WHO, WB, NPHCDA, Lagos and Kano States among others will be members of the Steering Committee that will oversee the implementation of MICS5 process. The Office of the Senior Special Adviser to the President on the Millennium Development Goals (OSSAP) supports gathering of data on socio-economic indicators especially those that will form baseline for post 2015 agenda. The office will therefore be approached for providing financial support to meet any shortfall. UNICEF will provide technical and financial support to NBS to facilitate high quality data from MICS5.

1.4 Roles and responsibilities of the Steering and Technical committees.

A National Steering Committee will be set up and its membership will include representatives from relevant Federal Ministries, Departments and Agencies (MDAs) such as Federal Ministries of Health, Education, Agriculture and Water Resources, Women Affairs and Social Development, Information and Communications; National Bureau of Statistics, National Planning Commission, Office of the Senior Special Assistant to the President on MDGs (OSSAP), CSOs, DFID, USAID, EU, UNFPA, WHO, WB and UNICEF. The NBS will chair the Committee and also serve as its Secretariat.

The **Steering Committee** will meet at least four times in the course of MICS 2016 process. Its roles and responsibilities will include

- To approve the survey plan and ensure transparent decision-making
- To facilitate other sources of funding
- To oversee smooth implementation
- To approve the preliminary and final reports
- To promote understanding for, and utilisation of survey results at national and sub-national levels.

The **Technical Committee** shall be composed of technical persons from NBS, NPopC, NPC, DFID and Federal Ministries of Agriculture and Water Resources, Health, Education, Lagos State, Kano State, NPHCDA, WHO, WB and UNICEF. Its roles and responsibilities will include

- Review the data gaps indicated in the data needs assessment and, based on this, advice on the list of indicators, the questionnaire modules and content.
- Review and advise on the sampling plan and sample design.
- Review and advice on the customised questionnaire.
- Assist in identifying facilitators for selected sessions of the training for the pre-test exercise and fieldwork exercises
- Review the draft tabulations, the statistical analysis. draft chapters, the Summary Findings and Final Reports and provide technical inputs of the organisations represented on the technical committee.

- Reach out and consult experts if needed for the preparation of the Final Report
- Highlight key messages for dissemination of the findings.

1.5 Questionnaires

MICS 2016 will make use of four questionnaires unlike other previous rounds of MICS that used three questionnaires. There is one questionnaire each for: household, individual women 15-49 years of age, individual men 15-49 years of age and one for children under age five (administered to their mothers or caregivers).

The following modules will be included in the Nigeria MICS5 questionnaires:

Household Questionnaire:

Household Information Panel	Insecticide Treated Nets
List of Household Members	Water and Sanitation
Education	Hand washing
Child Labour	Salt Iodization
Child Discipline	Water quality test
Household Characteristics	

Questionnaire for Individual Women:

Woman's Information Panel	Unmet Need
Woman's Background	Female Genital
Access to Mass Media and Use of Information and	Mutilation/Cutting
Communication Technology	Attitudes toward Domestic
Fertility/Birth History	Violence
Desire for Last Birth	Marriage/Union
Maternal and Newborn Health	Sexual Behaviour
Illness Symptoms	HIV/AIDS
Contraception	Tobacco and Alcohol Use
	Life satisfaction
	Post natal checks

Questionnaire for Individual Men:

Man's Information Panel	Marriage/Union
Man's Background	Sexual Behaviour
Access to Mass Media and Use of	HIV/AIDS
Information and Communication Technology	Circumcision
Fertility	Tobacco and Alcohol Use
Attitudes toward Domestic Violence	Life satisfaction

Questionnaire for Children under Five:

Under Five Child Information Panel	Breastfeeding and Dietary Intake
Age	Immunization
Birth Registration	Care Of Illness
Early Childhood Development	Anthropometry

Non Global MICS module that is included in Nigeria MICS Module

**Malaria (it is a leading cause of death of children under age five in Nigeria. It also contributes to anemia in children and a common cause of school absenteeism). We have been having a malaria module in the previous rounds of MICS. There will be no blood test as part of data collection for this module. Malaria questions have been integrated into the Care of Illness module of Children U5 questionnaire. The questions asked in the module include incidence of fever, whether blood sample was taken for testing and type of medicine given etc.*

The module on tobacco and alcohol use, in the women and men questionnaires, has also been greatly expanded to include questions related to CDC/WHO Global Adult Tobacco Survey.

The following modules from the global standard MICS questionnaires will be excluded from the Nigeria/MICS:

Household Questionnaire:

**Indoor Residual Spraying (Not Practiced in Nigeria)*

Questionnaire for Individual Women:

**Maternal Mortality (Sample size not adequate and alternative data source available, e.g. NDHS)*

1.6 Translation

The main survey will be implemented on Computer Assisted Personal Interview (CAPI) software. The CAPI program will be in English, questionnaire that will appear on the screen of the tablet will be in English. The questionnaires will not be translated to local languages.

Nigeria has over 250 languages excluding dialects and none is inferior to the other. However, training will take into consideration and highlight the use of local languages especially for words

and concepts that could easily be misunderstood. In addition, field staff will be recruited from areas of enumeration to reduce to the barest minimum ambiguity and multiple interpretations of concepts and words.

1.7 Pretest Survey

1.7.1 Introduction

As a prerequisite for the finalization process of survey instruments, there is need to carry out pretest on survey instruments. The exercise will among others provide insight into the flow as well as the sequence of the questions.

The objectives of the pretest survey include;

- i. To test the flow of survey questions
- ii. Appropriateness of the questions
- iii. To test the logic and skip pattern of the questions
- iv. To test the administration of the questionnaires

1.7.2 Coverage

The pretest will be carried out in FCT and three (3) other selected states, the states include Katsina, Abia and Ondo. The states are selected in such a way that Katsina will give opinion for the north, Ondo for the West, Abia for the East and FCT for the North Central. Two (2) enumeration areas (EAs) will be studied per state.

Methodology

1.7.3 Sample Design

A total of one hundred and four (104) households will be studied for the pretest. In each state; two (2) EAs will be canvassed and thirteen (13) households per EA will be systematically selected. A total of 104 households will be interviewed. All the survey questionnaires will be tested for accuracy and precision except for anthropometry and water quality test, before in-scripting them into the CAPI for use during the pilot study. Field work will last for only 2 days.

1.7.4 Training

There will be two levels of training;

- (i) Headquarters training (TOT); Participants will be people who are familiar with the instruments and will act as resource persons at the state training. The training will be held in Abuja and last for three days.
- (ii) State training will be conducted by trainers drawn from NBS HQ who participated at the first level of training (Training of Trainers). The training will be held in each state office. The training will last for five days.

1.7.5 Personnel for fieldwork

All field personnel that will be deployed to implement the pre-test survey will be NBS staff that has experience and familiarity with local terrain. Two teams will be deployed in each state, a team will comprise of four interviewers, one measurer and one supervisor. A team is expected to cover one enumeration area (EA) within the two days.

1.7.6 Fieldwork Monitoring, Coordination and Quality Checks

In order to improve the quality of data, modality for monitoring of the fieldwork is in place. This is to oversee the process of data collection and making sure the field officers carry out their assignment as designed in order to reduce errors to the barest minimum.

The trainers and the state officers will monitor the fieldwork activity while the trainers is expected to bring back all completed records to Abuja. The state officers in conjunction with the supervisors are to write comprehensive report of their experiences during the exercise. After the fieldwork, monitors and other stakeholders will hold debriefing meeting in Abuja where all the experiences gained during the training and fieldwork will be shared and used in finalizing the instruments.

1.7.7 Pretest for CAPI

After the pretest, the questionnaires will be scripted into the CAPI and there will also be two (2) days pretest to test smooth flow of questions and reliability of the equipment.

1.8 Pilot survey

1.8.1 Introduction

MICS is designed to provide up-to-date data for assessing the situation of Children and Women in Nigeria and contribute data for monitoring socio-economic activities of Nigerian population. Nigeria has participated in the four rounds of MICS; 1995, 1999, 2007 and 2011. The current round of MICS 2016 has been expanded in scope to include questionnaire for individual men and additional modules such as water quality test, tobacco and alcohol use, life satisfaction, access to mass media and use of information and communication technology hence the need to conduct the pilot. The experience learnt will be used to finalize the survey instruments and improve the data processing arrangements as well as the logistics for the main survey.

The main survey is expected to come up in 2016.

1.8.2 Pilot Survey objectives

The objectives of conducting the pilot survey include:

- (i) To test the adequacy of the survey instruments
- (ii) To test the strategy for administering the questionnaires
- (iii) To test the data processing arrangement, such as; system development, data processing capability, data analysis and tabulation; and
- (iv) To test the logistics arrangement

1.8.3 Coverage

The pilot survey will be carried out in eight (8) selected states, one state from each of the six geopolitical zones of the country while Kano and Lagos states are integrated because of their peculiarity in terms of level of data disaggregation in the two states. The basis for selection is that the states must cut across the north and south regions. Other selected states are the six zonal state offices of NBS which are; Kaduna (North-West), Gombe (North-East), Oyo (South West), Cross-

Rivers (South-South), Enugu (South-East) and Nasarawa (North-Central). Ten (10) Enumeration Areas (EAs) will be studied per state. Pilot will also be conducted for water quality test.

Methodology

1.8.4 Sample Design

A total of one thousand two hundred and eighty (1,280) households will be studied for the pilot exercise. In each pilot state; ten (10) EAs will be canvassed and sixteen (16) households will be systematically selected in each EAs and all households (HHs) selected will be interviewed using the tablet. All the instruments will be tested for accuracy and intended use. Field work will last for 16 days including travel time. All of the equipment used for pilot survey that is in good condition will also be deployed for the main survey.

SUMMARY OF HH TO BE COVERED FOR MICS 2016 PILOT SURVEY

S/No	No. of States	EA per State	Total EA	No. HH/EA	Total HH
1	8	10	80	16	1,280

1.8.5 Survey Instruments/Equipment

The main survey instrument for MICS 2016 pilot survey is the questionnaires. Hard copies of all the questionnaires will first be developed before scripting them into the tablet. Hand-held computers/tablets will be used in place of the paper questionnaire to capture data on the field. There will also be printing of few questionnaires for training purposes and backup for fieldwork. Also, the EAs/Clusters line maps and selected HHs lists to be used will be in accordance with the selected studying units (EAs/Clusters) in the design. Other instruments and equipment that will be used are the manuals of instructions, measuring boards, weighing scales, salt test kits, water quality test kits and Tablets/PDA devices. There will be two teams in each of the 8 states. This gives a total of 16 teams. Each team comprise of 6 field staff making a total of 96 field staff. There will be one tablet, one power bank and one SIM card for each member of the team. To forestall any stoppage of work due to equipment malfunctioning, there will be one extra equipment on standby for each team. There will be one Mobil Router for each supervisor to transmit the data to main server at the NBS headquarters. Also there will be one measuring scale

and measuring board for each team and one extra per team. Some of the equipment used for pilot survey will form part of those that will be used for the main survey. Overall, the required number of equipment for pilot field work is summarized as follows:

SUMMARY OF SURVEY EQUIPMENT FOR MICS 2016 PILOT SURVEY

S/No.	Equipment	No. Required
1	Measuring boards	16 pieces
2	Scales	16
3	Salt test kits	4 packets
4	GPS units	16
5	Tablet/PDA plus accessories	70
6	Solar Power Charger/Power Back	70 units
7	Mobil Routers	14 units
8	GSM SIM cards	70
9	Water Test Kits	Pkts

1.8.6 Personnel for fieldwork

All field personnel that will be deployed to implement the pilot survey will be NBS staff that has experience and familiarity with local terrain. The supervisor could either be male or female for MICS 5 pilot, the measurers must be female. The interviewers will be comprised of three females and one male. The measurer will also conduct WQT in the selected households.

1.8.7 Training

There will be two levels of training;

- (i) Headquarters training (TOT); Participants will be NBS officers, UNICEF staff, 4 technical staff and 2 Coordinators from Federal Ministry of Water Resources and other stakeholders. The training will hold at Akwanga (Nasarawa State). UNICEF WQT Consultants will serve as resource persons for WQT component of the training. Other resource persons include anthropometry Specialists, Nutrition Specialists, CAPI trainers and others. The training will last for 21 days i.e 10 days for questionnaire training, 5 days for CAPI training, 4 days for WQT training and 2 days for anthropometry.
- (ii) Zonal training will be conducted by trainers drawn from participants at the first level of training (Training of Trainers). Trainers from NBS will conduct training on questionnaires and anthropometry. The two (2) Coordinators and the four (4) technical staff from Federal Ministry of Water Resources that are trained during the TOT will serve as Coordinators and resource persons respectively for WQT training. The training will hold at two locations, namely: Nasarawa, to take care of participants from Kano, Kaduna, Gombe and Nasarawa; while Enugu centre will take care of participants from Lagos, Oyo, Calabar and Enugu. The training will last for 30 days i.e. 15 days for questionnaires training, 7 days for CAPI training, 3 days for anthropometry training while 5 days will be for Water quality test. It is good to note that measurers will be trained for Anthropometry measurement and Water Quality Test.

Eight (8) CAPI managers will be given technical training to manage CAPI related issues during data collection. Training will last for 5 days.

1.8.8 Fieldwork Arrangement

Two roving teams will be deployed for data collection per state. A team will be comprised of 6 persons (1 supervisor, 1 measurer and 4 interviewers). The roles of the team members are clearly defined and delineated in the fieldwork manual. A team is expected to cover an EA/Cluster in 2.5 days and 5 EAs in 12.5 days. Three and half (3.5) days will be used for call backs and travel time between the EAs. Two teams working at this rate will take sixteen (16) days to collect data from 10 EAs in each state. Hand-held computer/CAPI will be used for data collection.

Vehicles will be provided to enhance mobility of the teams, while boats will be hired in the riverine areas while motor bikes will be provided in the areas that are not motorable. Security issues with regards to protection of people and equipment are of paramount importance. Considering the situation in some parts of Nigeria, flash points in some areas/LGAs/or even states may not be included in the MICS 2016 coverage.

1.8.9 Fieldwork Monitoring, Coordination and Quality Checks

In order to improve the quality of data, modality for monitoring of the fieldwork will be put in place. This is to oversee the process of data collection and making sure the field officers carry out their assignment as designed in order to reduce both sampling and non-sampling errors. The primary objective of monitoring/quality checks is to assure collection of good quality data from the field.

Eight (8) NBS headquarter officers (trainers) and 3 officials each from Kano and Lagos States Statistical Agencies will monitor fieldwork for the pilot survey. These will also be supported by the UNICEF MICS Coordinator. Six (6) NBS headquarters directorate staff will coordinate the survey activities, eight (8) NBS State officers in the affected states and six (6) Zonal controllers will also take part in the monitoring exercise. Eight (8) CAPI managers will be deployed to all the affected states (1 per state) to provide prompt solutions to any CAPI related issues that may arise during data collection.

Survey Coordinator and Survey Director will manage the survey activities. Part of the activities to monitor include identification of EA boundaries, complete coverage of selected households, ensuring adherence to survey guidelines on number of call backs and other instructions. NBS trainers will monitor for seven (7) days while WQT trainers will monitor WQT data collection for six (6) days, three (3) days in each round. Each of the 8 CAPI managers will be deployed to each state and they will manage CAPI related issues that may arise during data collection.

The trainers as well as other officers who took part in the monitoring will write comprehensive report of their experiences during the exercise. After the fieldwork, monitors and other stakeholders will hold debriefing meeting in Abuja where all the experiences gained during the training and fieldwork will be shared and used in planning for the main survey. Monitoring exercise will be carried out throughout the period of data collection by assigning monitoring period to each category of monitors.

1.8.10 Down Loading of the Records

With the use of CAPI (hand-held computer device for data collection), the data will be downloaded to a designated portal at NBS Headquarters Abuja on daily basis. Two personnel from ICT department in Abuja will be dedicated to editing the data as it is being received from the field and feedback sent to the field personnel on any issues or observation on real time basis.

1.8.11 Data Processing/Analysis

Data processing for the pilot study will be done by the data processing Personnel at the NBS headquarters. The data processing activities will comprise of the following inter-related operations namely; computer editing, tabulation and analysis. The experiences gained during these activities will be used to finalize the main survey data processing activities.

1.9 SAMPLE DESIGN FOR MAIN SURVEY

1.9.1. Sample Design

The primary objective of the sample design to be used for the fifth round of the Nigeria Multiple Indicator Cluster Survey (MICS5) is to produce statistically reliable estimates of most indicators, at the national, state and geo-political zone levels as well as at the Senatorial district level for Lagos and Kano States.

1.9.2. Sampling Frame

The sample design for any household-based survey requires availability of a good sampling frame. The National Population Commission (NPopC) frame of Enumeration Areas (EAs) which were demarcated for the purpose of the Housing and Population Census conducted in 2006 is the main sampling frame to be used. There are two hierarchical master sample frames developed by NBS from the NPopC frame of EAs as described below.

Description of LGA Master Frame:

The National Population Commission gave NBS access to the frame of EAs demarcated for the 2006 Housing and Population Census. In this frame, there are over 662,000 EAs for the country out of which NBS was able to draw a Master Sample of 30 Enumeration Areas with equal probability from each LGA in the 36 states and 40 EAs in each of the 6 LGAs in the FCT, Abuja. This brings the total number of master sample EAs selected by NBS for its household-based surveys to 23,280. The 30 EAs in each LGA were selected into 3 replicates using a random systematic sampling method. Thus, each replicate contains 10 sample EAs.

Description of NISH Master Sample Frame:

The National Integrated Survey of Households (NISH) is a two-stage replicated and rotatable cluster sample design. The NISH Master Sample Frame is constructed from the frame of the LGA Master Sample in each state by pooling together the 30 EAs in each LGA for all the LGAs in the state. Therefore the total number of EAs/Clusters in the LGA master sample for each state is equal to 30 times the number of the LGAs in the state except in FCT, Abuja where it is 40 times. A sample of 200 EAs was then selected using a systematic selection procedure across all LGAs within the state. These 200 EAs that form the NISH master sample were selected into 20 replicates, with each replicate containing 10 sample EAs.

The sample of EAs selected by NBS for most of its national household surveys such as the General Household Survey (GHS) are based on a sub-sample of the National Integrated Survey of Households (NISH) master sample, selected as a combination of replicates from the NISH frame.

Prior to the selection of the sample EAs for the MICS 2016, a new NISH2 master sample was selected which is more statistically efficient for providing reliable estimates at the state level. In the systematic selection of the 200 sample EAs for each state from the LGA master sample frame, the probabilities were adjusted in order to provide a proportional allocation of the sample EAs to the different LGAs within each state, based on the size of the LGAs. This new sample of 200 EAs per state for NISH2 was divided into 20 systematic replicates of 10 sample EAs each, so that each national household survey such as the MICS 2016 can be based on a subsample of replicates, similar to the procedures with the original NISH.

1.9.3 Frame Updating:

A Frame that is not updated cannot be current and as a result such frame cannot account for changes in the units it contains. It can be said therefore that a frame that is not updated falls short of expectation of an effective frame. Timely updating of the frame can reduce duplication of units, remove blank spaces and include missing elements. Therefore a fresh household listing exercise will be carried out in all the selected EAs to be studied for MICS 2016. The listing exercise will be conducted with the use of paper listing form to collect information about the members of households in the selected EAs. In addition, information on the number of women and men age 15 to 49 years as well as children that are under five years old in the household will also be collected. To this end the data from the listing exercise will be entered and summary extractions will be made.

Six (6) teams will be constituted to carry out the listing exercise in each state except Lagos and Kano. Each team will comprise of 2 enumerators. One (1) supervisor will supervise two (2) teams. There will be three supervisors in each state. For Lagos and Kano States, there will be twelve teams and six (6) supervisors each to conduct the listing exercise. The listing exercise is expected

to last for twelve (12) days including inter-EA movement and call backs. The additional 6 teams each constituted in Lagos and Kano are to cover the additional 60 EAs in each of the two states.

1.9.4 Sample Size and Sample Allocation

The target sample size for the Nigeria MICS5 was calculated as 37,440 households. Determination of the number of sample households (denoted as n), generally uses the following formula that is based on the parameters of the distribution of a characteristic adopted as the design variable and on a number of other parameters that affect the precision. The required sample size n is given as:

$$n = \frac{4 * r * (1 - r) * deff}{(RME * r)^2 * pb * AveSize * RR}$$

where:

r = Predicted value of indicator (in target/base population)

$deff$ = Design effect

RME = Relative margin of error at 95% confidence level

pb = Proportion of target/base population in total population

$AveSize$ = Average household size

RR = Response rate

The principal domain of reporting to which the sample size n refers in this calculation is the state. For this sample design, determination of the sample size is based on the indicator stunting prevalence in under-5 children as the design variable. The results from the MICS4 of 2011 reported stunting prevalence at 35.8 percent at the national level. This estimate had a relatively high design effect ($deff$) of 4.85, indicating a large clustering effect for this characteristic. However, with the more efficient sample design for the MICS 2016 it is expected that the $deff$ will be lower, so a value of 3.5 was assumed for the $deff$ in calculating the sample size. The value for pb (percentage of children aged 0-4 years in the total population) based on the results of the MICS4 2011 and NDHS 2013 is 17.1; and Average Size (average household size) is 5.0. For state-level results, it is reasonable to use a relative margin of error (RME) of 18%. Based on previous survey results,

the household response rate is assumed to be 95%. Using the formula above, this calculation gives a total number of 954 sample households per state.

For 34 states and the FCT Abuja it is proposed to select a sample of 60 EAs per state and 16 households per EA, which would provide a sample of 960 households in each of these states. Six (6) replicates containing ten (10) EAs/clusters each will be selected from the NISH2 master sample for each of these states. In the case of the states of Kano and Lagos, it was decided to produce additional results at the level of the three senatorial districts in each state. Therefore a sample of 40 sample EAs per senatorial district is selected in these two states from the NISH2 master sample, for a total of 120 sample EAs and 1,920 sample households in each state. Based on this proposal, the total sample size for Nigeria will be 37,440 households. The selection of 16 households per EA should slightly reduce the design effects compared to the MICS 2011, in which 20 households were selected per EA.

Sample Allocation Summary Table

		No. of States	EA per State	Total EA	No. HH/EA	Total HH
1	34 States & FCT	35	60	2,100	16	33,600
2	Lagos and Kano	2	120	240	16	3,840
	Total			2,340	16	37,440

Being the first time that we are covering male MICS questionnaires, we propose to administer male questionnaires in one half of the selected households per EA (that is, 8 sample households per EA).

For the water quality tests, a much smaller subsample of households will be selected. Three (3) households will be selected per EA and thirty (30) EAs will be selected per state. A total of ninety (90) households will be covered in each state for the water quality tests.

1.9.5 Level of disaggregation for reporting

In order to make the results of Nigeria's MICS 2016 more useful to the policy makers, researchers and other users, the data will be disaggregated by state, sex, area of residence, age group, wealth index quintile and geo-political zone, while Lagos and Kano states will in addition be disaggregated at the senatorial level.

1.9.6 Survey Instruments/Equipment

The main survey instrument for MICS 2016 is the questionnaires which are mentioned above. Hard copies of all the questionnaires will first be developed and finalized before scripting them into the tablet. Hand-held computer/tablets will be utilized in place of the paper questionnaire to capture data on the field. If there are fundamental changes after the pilot study in those survey instruments, it will be amended accordingly before adopting them for main survey. There will also be printing of few of all the questionnaires for training purposes and backup for fieldwork in case there is problem with any of the CAPI during data collection. Also, the EAs/Clusters line maps and selected HHs lists to be used will be in accordance with the selected studying units (EAs/Clusters) in the design. Other instruments and equipment that will be used are the manuals of instructions, measuring boards, weighing scales, salt test kits, water quality test kits, GPS units and Tablets/PDA device. There will be two teams in each of the 35 states including FCT, Abuja and 4 teams each in Lagos and Kano. This gives a total of 78 teams. Each team comprise of 6 field staff making a total of 468 field staff. To forestall any stoppage of work due to equipment malfunctioning, there will be one (1) extra equipment to serve as reserve for each team. There will be one Mobil Router for each supervisor and one extra for each state officer. Some of the equipment used for pilot survey will form part of those that will be used for the main survey. Overall, the required number of equipment for field work, having taken into account those used for the pilot survey are summarized as follows:

List of Supplies for the pilot and main survey

S/No.	Equipment	No. Required
1	Measuring boards	117 cartons
2	Scales	117 pieces
3	Salt test kits	209 packets
4	GPS units	117
5	Tablet/PDA	549
6	Solar Power Charger/Power Pack	549
7	Mobil Routers	549 units
8	GSM SIM cards	549
9	Water Quality Test Kits (JMP to cover cost)	packs

NOTE: This is the total items required for both Pilot and Main Survey.

Recruitment and Training of Field Staff**1.9.7 Field staff Recruitment Criteria:**

The quality of data to be collected for a big survey like MICS5 is dependent on the calibre of field personnel to be engaged as well as the adequacy of training to be conducted. All the field staff to be recruited for MICS5 survey must be computer literate with minimum of Ordinary National Diploma (OND) qualification in numerate subject as well as adequate experience in household survey. Ability to speak local language in the area where they are going to work is also a prerequisite. Field staff will be recruited in right number by gender according to the sample size and workload. Six hundred and forty eight (648) Field staff will be recruited from NBS and State Statistical Agencies (SSAs). The breakdown of the number of staff is as follows: two teams of 6 persons (12 persons per state) equal 444, additional 2 teams for Lagos and Kano is 24. Extra 4 persons in each state that will participate in the training out of which two will be on standby for the fieldwork gives a total of 148. The measurer will also conduct WQT.

Two (2) ICT staff will be recruited and trained from each zone to manage CAPI related issues that could not be solved by monitors and supervisors.

1.9.8 Training

Two levels of training will be organized: The first is the Training of Trainers (TOT) and the second is the zonal training.

Training of Trainers (TOT)

Participants will be NBS officers, UNICEF staff, 18 technical staff from Federal Ministry of Water Resources and other stakeholders. The training will hold at Akwanga (Nasarawa state). UNICEF WQT Consultants will serve as resource persons for WQT component of the training. Other resource persons include anthropometry specialists, Nutrition Specialists, CAPI trainers and others. The training will last for 21 days i.e 10 days for questionnaire training, 5 days for CAPI training, 4 days for WQT training and 2 days for anthropometry. 12 ICT staff will be recruited from the zones, they will be properly trained, and will be deployed to each zone to manage issues relating to functionality of CAPI. CAPI training will last for 5 days.

Zonal Training

Zonal training will be conducted by Resource Persons drawn from participants at the first level of training (Training of Trainers). Trainers from NBS will conduct training on questionnaires and anthropometry. The eighteen (18) technical staff from Federal Ministry of Water Resources that are trained during the TOT will serve as resource persons for WQT training. Training will hold in the six (6) NBS zonal states except south west and north west where training will be held in Lagos and Kano states respectively. This is because Lagos and Kano states each have twice the number of EAs to be covered and teams compare to other states. The locations are: Lagos (south west), Kano (north west), Kaduna (North Central), Gombe (North East), Enugu (south east) and Calabar (south south). The training will last for 30 days i.e. 15 days for questionnaires training, 7 days for CAPI training, 3 days for anthropometry training and 5 days for Water quality test. It is good to note that measurers will be trained for Anthropometry measurement and Water Quality Test.

Training strategies will include classroom sessions, role play, mock interview, multiple rounds of anthropometry measurement and field practice.

1.9.9 Field work arrangement for data collection

Two (2) roving teams will be used in each state of the Federation and FCT, Abuja except Lagos and Kano States where four (4) teams each will be required due to having twice (120 EAs) each to cover within the same time duration as compared to other states (60 EAs).

Each roving team will consist of:-

- ❖ Four (4) Interviewers (1 male and 3 females)
- ❖ One (1) Measurer (female)
- ❖ One (1) Supervisor (male or female) – NBS permanent staff

DISTRIBUTION OF FIELD STAFF BY ZONE

S/NO	ZONE	NO.OF STATE	NO.OF INTERVIEWERS	NO.OF MEASURERS	NO.OF SUPERVISORS	STAND-BY FIELD STAFF	TOTAL
1	N.E.	6	48	12	12	12	84
2	N.W	7	64	16	16	16	112
3	N.C	7	56	14	14	14	98
4	S.E	5	40	10	10	10	70
5	S.S	6	48	12	12	12	84
6	S.W	6	56	14	14	14	98
TOTAL		37	312	78	78	78	549

For Pilot and Main Survey exercises, logistic arrangement will include the provision of vehicles, canoes and motorbikes for riverine areas and unmotorable roads respectively will be provided for field personnel throughout the duration of the fieldwork.

Sixty (60) EAs will be canvassed in each state except Lagos and Kano where 120 EAs each are to be covered. A team will cover 30 EAs throughout the duration of data collection: A team will cover 1 EA in 2½ days and 30 EAs in 75 days. Due to long distance between the EAs and LGAs,

10 days will be used for travelling between the EAs/LGAs. In order to mitigate stress and fatigue due to long period of data collection, 7 days will be used for rest i.e. 1 day in every fourth night.

In all, data collection will last for ninety two (92) days. There will be four standby field staff in Lagos and Kano states respectively while two field staff will be on standby in the remaining 34 States and FCT, so that replacement can be made quickly if the need arises during fieldwork. The standbys will not be paid unless they are engaged during data collection.

1.9.10 Monitoring of field work

Headquarter staff will monitor in all the thirty six States and FCT to enhance quality data assurance from the field. In addition, the following level of officers will be involved in the monitoring exercise:-

- Six (6) NBS zonal controllers
- Thirty seven (37) state officers
- Thirty seven (37) NBS Headquarters Monitors
- Twelve (12) CAPI managers will manage CAPI related issues
- Thirty six Directors of State Statistical agencies (SSA)
- UNICEF Country and Field office staff
- Donors agencies supporting MICS
- Independent monitors
- Six representatives from the MDAs

Two (2) CAPI managers will manage each zone and solve any CAPI related issues that may arise during data collection.

1.9.11 Coordination of field work

One (1) Project Director and one (1) Project Coordinator will drive the survey. Six (6) NBS Coordinators from the headquarters will be involved in the coordination exercise. They will participate in the first level training at the headquarters and also zonal training as well as fieldwork. Each coordinator will be assigned to each of the six (6) zones for the coordination exercise.

1.9.12 Data Processing

This will be done in accordance with MICS standards based on the MICS data processing template. UNICEF will provide support to NBS to develop platform for receiving transmitted data from the field. The Statistical Package for Social Sciences (SPSS) will be used for analysis. CSPro is free software available for download by NBS. Census and Survey Processing System (CSPro) software will be used to receive transmitted data from the field. The CSPro software will be provided to NBS by UNICEF.

The final data processing activities and table generation will be carried out at NBS Headquarters Abuja with SPSS version 21. The analysis will be done by competent Programmers/Analysts. It is expected that the data processing period will be substantially reduced with the use of tablet for data collection.

1.9.13 Data Analysis and Report Writing

ICT department of NBS will analyze the data with technical support from UNICEF. All the required tables will be generated according to MICS 2016 tabulation template. Zero draft report will be written half way into data collection (September 2016) while preliminary report will be written a week after data collection (November 2016)

The preliminary findings and tables will be generated within five weeks after data collection (November 2016), while preliminary report, executive summary and final reports will be done December 2016 and January 2017. Experienced report writers from NBS and UNICEF will form the technical working group that will write the summary and final reports. Reports will be written in such a way to make it useful to:

- i. Users
- ii. Policy Makers
- iii. Planners
- iv. Researchers and Students etc

1.9.14 Archiving and Dissemination

The SPSS data and survey documents will be archived using the International Household Survey Network (IHSN) Microdata Management Toolkit. The toolkit (a software package) and training on how to use it will be provided by UNICEF during the MICS Data Processing Workshop.

1.9.15 Timeline of Activities for MICS 2016

S/No	ACTIVITY	PERIOD	Time Frame	Date
1	Planning and Preparation:	April - May, 2015	21 day	16/ 4/ 2015 - 6/5/2015
1.1	Steering and Technical Meetings	November, 2014	5 days	13/11/2014 - 19/11/2014
1.2	Review of survey instruments	July, 2015	5 days	27/7/2015 - 31/7/2015
2	CAPI & Data Processing Workshop	August, 2015	5 days	24/8/2015-28/8/2015
3	Second round of National Steering and Technical Meetings	September, 2015	2 days	15/9/2015 - 16/9/2015
3.0	Household Listing Exercise	October - December, 2015	42 days	
3.1	Printing of Survey Instruments for HH listing	October, 2015	5 days	19/10/2015 - 24/10/2015
3.2	Headquarters Training (TOT)	October, 2015	1 day	22/10/2015
3.3	State Training	November, 2015	1 days	16/11/2015
3.4	Fieldwork	November, 2015	14 days	17/11/2015 - 30/11/2015
3.5	Data Entry of Listing Exercise	December, 2015	21 days	1/12/2015 - 22/12/2015
4.0	Pretest	October – December, 2015	20 days	
4.1	Printing of Survey Instruments for Pretest	October, 2015	4 days	6/11/2015 - 9/11/2015
4.2	HQ Training (TOT)	November, 2015	3 days	11/11/2015 - 13/11/2015
4.3	State Training	November, 2015	5 days	16/11/2015 - 20/11/2015
4.4	Data Collection	November, 2015	2 days	23/11/2015 -24/11/2015
4.5	Report of the pretest	November, 2015	4 days	26/11/2015 – 30/11/2015
4.6	Deployment of questionnaires into CAPI and test running	December, 2015	2 days	15/12/2015 – 16/12/2015
5.0	Second Round Household Listing	February - March, 2016	12 days	
5.1	Second Round Household Listing	February - March, 2016	12 days	22/2/2015 – 4/3/2016
6.0	Pilot test in Selected States:	February - May 2016	91 days	
6.1	Headquarters Training (TOT)	February - March, 2016	21 days	29/2/2016 - 19/3/2016
6.2	Zonal Training	March - April 2016	29 days	23/3/2016 - 20/4/2016

6.3	Data Collection	April - May, 2016	16 days	22/4/2016 - 7/5/2016
6.4	Data Processing/Analysis/Report Writing	May, 2016	7 days	9/5/2016 - 15/5/2016
6.5	Finalisation and Harmonisation of Survey Instruments	May, 2016	3 Days	16/5/2016 - 18/5/2016
6.6	Printing of Survey Instruments for Main Survey (Training & back-up)	May, 2016	3 days	20/5/2016 - 24/5/2016
7.0	Main Survey	June 2016 – February, 2017	222 days	
7.1	Headquarters Training (TOT)	May - June, 2016	21 days	30/5/2016 - 19/6/2016
7.2	Zonal Training	June - July, 2016	30 days	22/6/2016 – 19/7/2016
7.3	Data Collection/Cleaning	July - October, 2016	92 days	25/7/2016 - 24/10/2016
7.4	Table Generation (Mid way into data collection period)	September, 2016	3 days	7/9/2016 – 9/9/2016
7.5	Further Data Cleaning	October, 2016	7 days	24/10/2016 – 30/10/2016
7.6	Zero Draft Summary Report	October, 2016	4 days	25/10/2016 – 28/10/2016
7.7	UNICEF data validation	October - November, 2016	10 days	31/10/2016 – 11/11/2016
7.8	NBS Response	November, 2016	4 days	14/11/2016 -17/11/2016
7.9	UNICEF Feedback	November - December, 2016	10 days	18/11/2016 – 1/12/2016
7.10	Table Generation	December, 2017	8 days	2/12/2017 – 13/12/2017
7.11	Data Analysis & Interpretation	December 2016 - January, 2017	25 days	14/12/2016 – 21/12/2016 and 4/1/2017 - 27/1/2017
7.12	Draft Report Writing	January, 2017	10 days	9/1/2016 - 18/1/2016
7.13	Summary Report Writing	January, 2017	10 days	9/1/2016 - 18/1/2016
7.14	Final Report Writing	January - February, 2017	15 days	23/1/2017 – 5/2/2017
8.0	Data Launch/Archiving/Documentation/Dissemination	February, 2017	15 days	February, 2017

2.0 CHAPTER TWO

FIELD STAFF

2.1 The Roles of Enumerators

Interviewers play a central role in the collection of data and the ultimate outcome of the exercise depends on how they conduct the interviews. The success of this survey therefore, depends on the quality of each interviewer's ability to collect accurate information from the respondents. It is, therefore, important for the interviewer to be consistent in the way he/she puts the questions to the respondent. Therefore, the role of the enumerator includes the following:

- (i) Locating structures and housing units in the sample Clusters assigned to him/her by the supervisor.*
- (ii) Identifying the entire eligible respondent in each household*
- (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) Making call-backs to interview respondents who could not be interviewed during their first or second visit due to various reasons.*
- (vi) Ensuring that the information given is correct by keeping the respondent focused to the questions.*
- (vii) Preparing the debriefing notes in the notebook for the supervisor on the problems encountered.*
- (viii) Verifying questionnaires completely before sending them over to the supervisor and before leaving the locality.*

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 sponsored by UNICEF on the household’s, women and children’s welfare. Your household has been selected through a random sampling process and we would like to interview you, the women and children in your household.”

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 assumed the enumerator wants to hear. It is therefore very important that the enumerator remains absolutely neutral as he/she asks questions. The enumerators 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 to:

- (i) Contact local authority Officials in the areas assigned to a team to gain their cooperation.*
- (ii) Locate the Clusters (slum and non-slum) assigned to his\her team.*
- (iii) Assign works to enumerators and provide working materials.*
- (iv) Continue training the enumerators on the job if necessary.*
- (v) Check the quality of the work of each enumerator through skim and spot checks.*
- (vi) Maintain the morals of the enumerators so that they work in cheerful atmosphere.*
- (vii) Observe some of enumerator's interviews to ensure politeness and that question are properly asked and ideas correctly interpreted.*
- (viii) Help the enumerator to resolve problems he\she may have with locating households or with difficult respondents.*
- (ix) Review each question to be sure it is completed and consistent.*
- (x) Meet with each enumerator on daily basis to discuss performance and future assignments.*
- (xi) Write a comprehensive report of the data collection in his/her team*

2.3 The Roles of Measurer

- (i) Test the anthropometry tools daily and record the results on the standardization form before starting fieldwork..*
- (ii) Understand and implement the methods detailed in the interviewer guide*
- (iii) It is the responsibility of the measurer to ensure good measurement and accurate recording of all the children anthropometry and salt iodization test in the entire household covered by the enumerators within the EAs/Clusters covered.*
- (iv) Protect all equipment (especially the height board and scales) from damage*
- (v) No decision other than those specified in the editing guideline should be taken by Measurer.*
- (viii) The Measurer should ensure the quality of data collected right in the EAs and effect correction where necessary before leaving the EAs.*

(viii) To conduct water quality test on the water the households drink

2.4 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 cooperation 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 the state*

2.5 The Roles of Zonal Controllers

- (i) Zonal Controller supervises the activities of the survey in the 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*

2.6 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.*

2.7 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 layer 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 high quality data collection.*
- (v) Submit reports for various levels of the field work.*

2.8 The Roles of MICS 5 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*

3.0 CHAPTER THREE

3.1 Instructions for Interviewers

MICS 2016 QUESTIONNAIRES and Eligible Respondents

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

All modules of the **Household Questionnaire** will be administered to this person, referred to as the *Household Respondent*, including the module in the questionnaire where the information collected is about other household members (i.e., the educational attainment).

For the purposes of this questionnaire, an adult is defined as someone age 15 and over. However, very young household members (below age 18) may not be the most ideal members to interview. Therefore, in cases when there is another older adult member (for instance, the parent of the 15 year-old) available to interview, you should prefer to interview this person who is likely to be more knowledgeable about the household. Interviewing the household head is not a must and you are not required to ask for the household head to do the interview.

It is also true that it can be an advantage if you begin the **Household Questionnaire** with a mother or primary caregiver, since many of the questions/modules are about children, and mothers/caregiver provide more accurate responses to such questions better than anybody else. 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.

There should only be one respondent to the Household Questionnaire and the other members of the household should not respond to any part of the questionnaire. Ideally, the respondent is also not expected to consult any other members that may be available in the household for some factual questions he or she may not be certain (i.e., age or education of household members).

However, if you think that this may seriously affect the flow of the questionnaire(s) you may allow the respondent to ask other members in order to get more correct information (such as age information which may affect the eligibility of some members for individual questionnaires or modules where age checks are important (i.e., education or child labour module)).

When you have completed the Household Questionnaire, you will have identified women (aged 15-49 years) and mothers or primary caregivers 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-5** to mothers of children under-5 years of age who are residing in the household. If the mother is not listed in the Household Listing, then the person who is acknowledged as the **primary caregiver** should be the respondent to the Under Five Questionnaire.*
- *You should interview separately all men aged 15 through 49 who reside in the household to fill in the **Questionnaire for Individual Men**.*

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, Men and Questionnaire for Children Under-5**), 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 caregiver 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 Woman'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-5**" should be the **mother**. Only if the mother of the child is not alive or if she is alive but not listed in the household (living elsewhere) then you should interview the **primary caregiver of the child** in that household. If the mother/primary caregiver is not available for interview or not at home, try to find out when she/he will be available and return. 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 -5years old is not available, but the mother/primary caregiver is, complete the questionnaire for the child but do not complete the last module (Anthropometry). If the child is still not available after the call-back visit(s), record the result in question AN2 as 'Child not present'.

If an eligible man is not available for interview or not at home, ask a family member or neighbour when he will return. Note this on the Man's Information Panel, follow your supervisor's instructions, and return to interview him at that time. **Do not take responses for the man's questionnaire from anyone other than the eligible man himself.**

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 Woman's Information Panel of the questionnaire. If it is not possible to interview a mother or primary caregiver, 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. These conventions can be summarized as follows, as covered in your training:

Character formatting:

SMALL CAPS	- used for questions you will ask the respondents
<i>Italics</i>	- instructions to the interviewer and cover page questions
Lower case letters	- response codes
<i>(italics enclosed in parentheses)</i>	- words to be replaced by the interviewer, as appropriate

Question styles:

- Some 'questions' are in the form of filters. These are in fact not questions to be asked to respondents. They include **checks** that the interviewer uses to skip certain questions.
- Areas with **light gray background** indicate those questions and filters that should not be asked directly by interviewers, *but should be coded, based on previous responses or observations.*
- **Letters** are used to indicate response categories in questions where **multiple responses can be accepted and coded**. **Numbers** are used to indicate response categories in **questions where only one response will be coded**. These constitute the majority of questions.
- **DK** is used to abbreviate '**Don't Know**'.
- For **numeric response codes**, '**8**', '**98**', '**998**' and '**9998**' are used throughout to indicate '**DK**' responses; '**6**', '**96**', '**996**' and '**9996**' are used to indicate '**Other**' responses.
- In questions where **letters are used for response categories**, '**X** is used for '**Other**', '**Y** is used for '**None**', and '**Z** is used for '**DK**'.
- **Rosters:** These are lists that involve the **collection of information on the same subject for multiple persons**. For example, the education module is in the form of a roster, where educational level and attainment information is collected for all members of the household above age 5.
- **Skip instructions** are provided to the right of the response categories (with the exception of

rosters), normally in a skip column, and indicate the number of the question that the interviewer should skip to (11⇒WS6).

- **Probes** are used to ask further questions to the respondent, and are either indicated as **“Probe:”** or with a question such as **“ANYTHING ELSE?”**
- Prompts are used to explicitly remind the respondent of an answer expected on a selected topic. For example, in the case of household assets, respondent is not asked to simply list all household assets in the household, but rather, each of the assets the questionnaire is intended to collect is directly asked as a question, such as **“ELECTRICITY?”**
- There are occurrences when a word is either in **old characters or underlined**. These are *intended to emphasize a point, or make sure that you do not forget what the question is intended to capture*. For instance, in question WS1, the word **“MAIN”** is in bold to emphasize that only one source of drinking water should be selected.
- **“Other”** response codes are almost always followed by (*specify*), which indicate that once the “other” option is selected, you are expected to write the exact answer.

3.2 How to Handle an Interview

The interviewer and the respondents are strangers to each other and therefore one of the main tasks of the interviewer is to establish rapport with the respondent. The respondent’s first impression of you will influence her/his willingness to participate in the survey. Make sure that your appearance is neat and you also appear friendly as you introduce yourself.

On meeting the respondent, the first thing you do is to introduce yourself, stating your name, organization you are working for, the objectives of the survey, and what you want the respondent to do for you. The interviewer is advised to avoid long discussions on issues which are not related to the survey and which may consume a lot of his/her time.

After building rapport with the respondent, ask questions slowly and clearly to ensure the respondent understands what he/she is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to form his/her opinion, he/she may respond with “I don’t know” or give an inaccurate answer.

Specifically, the following guidelines will guide you on how to handle interviews:

- Ensure that you **understand the exact purpose** of the survey and each question. This will help you to know if the responses you are receiving are adequate.

- 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.
- 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 questionnaires**. Do not change the sequence of the questions.
- 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 it. 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 select 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** when the respondent gives you the responses. Never rely on writing answers in a notebook for transfer to the questionnaire later.
- **Check the whole questionnaire before you leave** the household to be sure it is completed correctly.
- **Thank the respondent for her (or his) cooperation** and giving you time to interview her/him. Leave the way open to future interviews. Avoid over-staying in the respondent’s household even if he/she is very friendly and welcoming.

General Points

Make a good first impression

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.**

When first approaching the respondent, do your best to **make her/him relax**. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greetings and then proceed with your introduction as specified on your questionnaire.

If and when necessary, tell the respondent that the survey will help the Government/UNICEF to develop plans for children and women and that his/her cooperation will be highly appreciated.

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.**Always have a positive approach**

Never adopt an apologetic manner, and does not use word such as “*are you too busy?*”. Such questions will obviously invite refusal before you start. Rather, tell the respondent, “*I would like to ask you a few questions*”.

Stress confidentiality of information collected

Always stress confidentiality of the information you obtain from the respondent. Explain to the respondent that the information you collect will remain confidential and that no individual names will be used for any purposes, and that all information will be grouped together and depersonalized when writing the report. Never mention other interviews or read the questionnaire with other interviewers or supervisor in front of a respondent or any other person. This will automatically erode the confidence the respondent has in you.

Probe for adequate responses

The interviewer should phrase the question as it is in the questionnaire. If he/she realizes that an answer is not consistent with other responses, then he should seek clarification through asking indirect questions or some additional questions so as to obtain a complete answer to the original question. This process is called probing. Questions, while probing, should be worded so that they are neutral and do not lead to the respondent in a particular direction. *Ensure the meaning of the original question is not changed.*

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.

Answering questions from respondent

The respondent may ask you some questions about the survey or how he/she was selected to be interviewed or how the survey is going to help her/him, before agreeing to be interviewed. Be direct and pleasant when you answer. The respondent may also be concerned about the length of the interview. Please be frank to tell him/her how long you are likely to take to administer the questionnaire.

Interview the respondent alone

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

important in the case of the Woman's Questionnaire, which includes several topics that respondents will consider to be "personal" or "private". If other people are present, explain to the respondent that some of the questions are private and request to talk to him/her while alone.

Handling hesitant respondents

There may be situations where the respondent simply says, "I don't know," or gives an irrelevant or acts in a manner suggesting he/she is bored or contradicts earlier answers. In all these cases, try your best to make him/her get interested in the question. Spend a few moments talking about things unrelated to the interview (e.g. his/her town or village, the weather, his/her daily activities etc.)

3.3 TIPS FOR SUCCESSFUL INTERVIEW

Be Neutral throughout the Interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never give the impression by your look or by the tone of your voice to the respondent that she has given the "Right" or "Wrong" answer to the question. Never appear to approve or disapprove of any of the respondent's replies.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as: "Can you explain a little more?", "I did not quite hear you, could you please tell me again?", "There is no hurry. Take a moment to think about it".

Never Suggest Answers to the Respondent

If a respondent's answer is not relevant to a question, do not probe her by saying something like "I suppose you mean that Is that right?" In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer.

Handle Hesitant Respondents Tactfully

There will be situations where the respondent simply says "I don't know", gives an irrelevant answer, acts very bored or detached, contradicts something she has already said, or refuses to answer the question. In these cases you must try to re-interest her in the conversation. If the respondent refuses, simply write REFUSED next to the question and proceed as if nothing had happened. If you have successfully completed the interview, you may try to obtain the missing information at the end, but do not push too hard for an answer. Remember, the respondent cannot be forced to give an answer.

Do not Form Expectations

You must not form or express any opinions about the ability and knowledge of the respondent because this can influence the interview. The respondent, believing that you are different from her, may be afraid or mistrustful. You should always behave and speak in such a way that she is put at ease and is comfortable talking to you.

DAILY PREPARATIONS BEFORE DATA COLLECTION

1. Test the scale with a standard weight, and the height boards with a standard wooden dowel/rod. Record the results on the standardization of tools form.
2. Verify that the team has all necessary equipment and materials.
3. Ensure all the preparations with the car and driver are completed in the evening before the full day of data collection. Don't lose valuable time fuelling cars and/or repairing tires during daylight hours. The itinerary for each day should be discussed with the team to ensure enough time is provided for data collection.

What to do when arrive in the cluster

1. Meet with the village chief or other local representative and explain the objectives of the survey.
2. Present the EA/cluster's household listing information and update it with the village chief or community leader.

What to do in the selected household

1. The team leader will indicate the selected household and assign the number in sequence to identify the household within in the cluster (1,2,3...). The interviewer will record the household number on the questionnaire and the team leader will double check the number is correctly recorded.
2. Identify the head of the household or another appropriate adult to serve as respondent.
3. Briefly explain the purpose of the visit and request consent to continue. If the respondent gives consent, confirm exactly what will be considered as a household for the purpose of the survey.
4. If there are children under five years of age in the household, request any vaccination cards, health cards, birth registration or identification for the young children in the household.
5. One team member begins to complete the household composition questionnaire with the respondent

6. After listing all the household members, measurer should be able to easily identify all children under five years of age that belong to the household, as well as the women and men aged 15 to 49 years.
7. Measure the height and weight of all children less than five years of age. Carefully record the results, verifying with between the measurer and assistant as you go along (see section on anthropometric measurement below for further instructions). After the measurement of each child, collect children information on measles immunization status and vitamin A supplementation and deworming in the past six months (if included on the questionnaire).
 - Request the vaccination card and review. If the child received the measles vaccination from the card, record 1 to indicate yes, vaccination information from card. If the vitamin A supplementation and/or deworming has been recorded in the past six months, record 1 to indicate yes, vitamin A and/or deworming information from card.
 - For measles, if the respondent does not have a document to confirm the immunization status, ask him/her to show you what the site of injection (left arm).
 - For vitamin A, show the respondent the vitamin A samples (red and blue) and ask if the child received a vitamin A supplementation drops in the mouth in the past six months. If the answer is yes, record 2 to indicate yes, from recall.
 - For deworming, show the respondent the deworming tablet and ask if the child received a deworming in the past six months. If the answer is yes, record 2 to indicate yes, from recall.
- 7b. For Water Quality Testing, please refer to a separate Water Quality Testing Manual.
8. Ensure that the same household ID number is recorded on the household composition questionnaire as the anthropometry questionnaire.
9. At the end of fieldwork every day,
 - ✓ Check that the identification information of all completed questionnaires is complete
 - ✓ Check each questionnaire for mistakes.
10. When finished give the completed questionnaires to the team leader. The team leader will review the questionnaires and enter the data before putting them in to a folder of the completed interviews for the cluster.

What to do before leaving Community

1. Check on the cluster assignment sheet that all data was collected
2. Review data quality of all anthropometric measures of children.
3. Return to the households where errors have been identified in anthropometric measures, make re-measures and enter the corrections.
4. Ensure that all absent households were re-visited.
5. Gather all survey equipment and store carefully in the car.

6. Thank the village chief or responsible authority for their collaboration before leaving.

Placement of Height Board and Scale

Find a comfortable area with shade where you can set-up the equipment. It is preferable to take the measures outside during the day. Always find a flat surface where you can place the scale and height board. Also, it is best to place the height board against a wall to prevent the board from falling backwards.

Never put the height board on a table for measurement of children. This is dangerous.

If it's raining or there are many people present, you can also take the measurements inside. If you must take the measures inside, make an open space and make sure that there is enough light to read the instruments.

Take all measurements as a two person team

When taking a child's height/length, the assistant holds the child in place and ensures that the child is straight on the height board. Be gentle but firm when holding the child on the height board. With weight measures the mother can hold the child. When a child is around the measuring equipment, he/she should be held as to prevent tripping or falling.

Never leave a child alone around measurement equipment.

Measure and weigh women then children

Measure women first as it will help to reassure children. It is advisable to measure the less "difficult" child first. Measure one person at a time and use the names of women and children to avoid mistakes during the recording of measures.

Do not frighten the child

In order to weigh and measure children, you have to help them onto the board or scale and adjust their bodies before the measurement. Always explain to the mother or the child what you will do. Ensure that the mother and child are relaxed before taking the measures. If a child is distressed, allow the mother to calm the child before taking measurements.

Try to continually improve your anthropometry skills

Your skills will improve if you make an effort to always make correct and accurate measures. As you develop a regular routine, it will become easier to measure even difficult children quickly and accurately.

4.0 CHAPTER FOUR

4.1 HOUSEHOLD QUESTIONNAIRE

4.1.1 How to Fill In the Household Questionnaire

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and the households. It will be used to collect important information on a number of MICS5 indicators and to identify women who are eligible (qualified) to be interviewed for the Questionnaire for Individual Women, identify men who are eligible to be interviewed for the Questionnaire for individual men and the mothers or primary caregivers of children under five who will be interviewed for the Questionnaire for Children Under Five.

Begin by introducing yourself to the respondents as follow:

WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. 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 (National Bureau of Statistics – NBS); the topic of the survey (Multiple Indicators Cluster Survey – MICS); approximate duration of the interview; the issue of confidentiality; and with whom you would like to speak. You can also include the sponsors name (UNICEF), *it has an added advantage as per the effect of UNICEF on Nigerian Women and Children in general*. If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and leave and proceed 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.

4.1.2 Household Information Panel

The Household Information Panel consists of an upper (HH1 to HH8B) and a lower (HH9 to HH15) panel. The upper panel should normally be filled in before you approach the household. Your supervisor will have provided the necessary information to you when you are assigned the household. *The information is normally on the selection sheet.*

HH1. Cluster number

This is a serial number of all the EA's to be covered in this survey. The states are arranged in alphabetical order starting from Abia, Adamawa, Zamfara. For instance Abia will take the first 60 numbers i.e. 0001 to 0060. Adamawa will start from 0061 to 0120, etc. Cluster numbers for each state will be given to the interviewer by the supervisor.

HH2. Household number

The household Number is represented by two digit code. This is the serial number generated for the 16 HH's selected in each EA and this can be copied from the selection sheet.

HH3. Interviewer name and number

The interviewer will write his/her own name and the code assigned to him/her during training as a form of control to ensure the quality of data collected.

HH4. Supervisor name and number

The supervisor will write his/her own name and the code assigned to him/her during training as a form of control to ensure the quality of data collected.

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, enter the date you complete the Household Questionnaire.

HH6. Area

The code of each of the Area within a state is one digit. Select 1 for urban and 2 for rural.

HH7. State name

The name and code of the State where the interview was conducted should be recorded in the space and box provided.

HH8. Questionnaire for men

Select 1 if the household is selected for questionnaire for men and 2 if not.

HH8A. Name of head of household

Enter the full name of the head of household (HH) and his/her telephone number. The name given must correspond with the one that will be given in HL2. If the name of the household head given to you is different from the one in the Household Listing, *write down the name of the current head of household.*

HH8B. Water quality test

Select 1 if the household is selected for Water quality test and 2 if not.

HH9. Result of Household Interview

This area will be completed after completing the household questionnaire. One of the options must be selected to show the status of the questionnaire completed for the household.

‘Completed’: If the Household Questionnaire is completed, select ‘01’.

‘No household member or no competent respondent at home at time of visit’: If the dwelling is occupied, but no one is at home or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent and you have not been able to contact a more qualified member of the household after repeated visits, select ‘02’.

‘Entire household absent for extended period of time’: If no one is at home and the neighbours say that no one will return for several days or weeks, select ‘03’.

‘Refused’: If the household refuses to be interviewed, select ‘04’.

'Dwelling vacant / Address not a dwelling': If a dwelling assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in, this is what we call "vacant," and you should select '05'. Other times, you may find that a dwelling is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, select '05' as the result for the visit.

'Dwelling destroyed': If the dwelling was burned down or was demolished, select '06'.

'Dwelling not found': If you are unable to find the dwelling even after asking people in the area whether they are familiar with the address or the name of the household head on listing forms, select '07'.

'Partially completed': If the Household Questionnaire is not completely filled, select '08'

'Other (specify)': If you have not been able to complete the Household Questionnaire for another reason, you should select '96' and specify the reason in the space provided. Some examples of 'Other' codes might be: the household respondent is incapacitated.

Questions HH10 to HH15 should be fill after the household questionnaire has been completed.

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. The respondent for the household Questionnaire should preferably be the head of the household. If he/she is absent the next person who is acting as head of household or an adult in the household should be interviewed. This person should be a member of the household and must be capable of providing all the necessary information on each household member. The interviewer should ask a few questions to be able to identify who the head of the household is. Other members can help by adding information or details on the questions concerning them.

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. Normally, this is the line number of last member listed in the Household Listing.

HH12. Number of women age 15-49 years

Enter the total number of women age 15-49; these are women eligible for interview with the Questionnaire for Individual Women. This should be calculated as the total number of lines selected in HL7.

HH13. Number of women's questionnaires completed

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

HH13A. Household selected for questionnaire for men

Enter the total number of men age 15-49; these are men eligible for interview with the Questionnaire for individual men. This should be calculated as the total number of lines circulated in HL7A.

HH13B. Number of men's questionnaires completed

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

HH14. Number of children under age 5

Enter the total number of children under five eligible for inclusion in the survey. This should be calculated as the total number of lines distributed in HL7B.

HH15. Number of under-5 questionnaires completed

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

***NOTE:** You will complete question HH9 (Result of household interview) as soon as the Household Questionnaire has been completed, or after all attempts have been made to interview the household. Questions HH13, HH13B and HH15 should be filled in once you have concluded all individual interviews in the household – that is, when all mothers or primary caregivers 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, HH13B and HH15 should equal the total number of eligible women (HH12), total number of eligible men (HH13A) 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 HH13B and HH13A; and HH15 and HH14.*

HH18. Record the start time

Record the time of the day you start the household interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in front of the hour or minute. Avoid rounding the minutes and write the exact minutes as you see on your watch.

4.1.3 Household Listing Form

A household is defined as "A person or a group of persons, related or unrelated, who live together and share a common eating arrangement and livelihood, and recognize one person as a head." (National Definition and Source)

A household is defined as a person or group of persons

- who are related or unrelated,
- who live together in the same dwelling unit,
- who acknowledge one adult male or female as the head of household,

- who share the same living arrangements, and
- who are considered as one unit.

In some cases one may find a group of people living together in the same dwelling, but each person has separate eating arrangements; they should be counted as separate one-person households. Domestic servants, relatives and other workers living and eating in the household are to be included as household members (even if they spend the weekend elsewhere and stay with the household the rest of the week). Three unrelated persons who live and cook meals together would be considered to form one household.

Collective living arrangements (also referred to as institutional populations) such as hostels, army camps, boarding schools, or prisons are not considered as households.

You will be assigned specific households to interview. Households that you will visit would have been identified previously by listing teams.

One should make a distinction between a family which reflects blood decent and marriage and a household as used in this survey to identify an economic unit. You must be conscious and use the criteria provided on household membership to determine which individuals make a particular household.

Household Listing Module

HL1. Line number. 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. All household members are identified with these line numbers throughout the questionnaires administration in the household. *Start the conversation with the head of household by saying:*

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. A household head is a usual resident member of the household acknowledged by the other members of the household as the household head. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondents to define who heads the household. 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 relevant characteristics to be the household head.

List of all household members should follow the head of household from line 02. Ask: **ARE THERE ANY OTHERS WHO LIVE HERE – EVEN IF THEY ARE NOT AT HOME NOW?** If yes, complete the listing for all of them.

*Note that if there are more than 15 household members, you will need to use a continuation (additional) questionnaire to record the additional household members. Mark the cover page of the continuation questionnaire as “CONTINUATION”. The primary questionnaire for that set should say ‘SEE CONTINUATION’ across the top of the cover sheet. The clause “**Tick here if additional Questionnaire used**”✓ should be completed. The continuation questionnaire should have all identification information (HH1 to HH7) written on it on the cover page. After filling the information for remaining household members in the continuation questionnaire, you should continue your interview in the primary questionnaire. Please remember to change the line numbers of household members on the continuation questionnaire by cancelling the pre-printed numbers and entering numbers starting from 16 to read ‘16’, ‘17’, ‘18’, etc., and to keep the continuation questionnaire inside the primary one so that they remain together. **When carrying out the listing of the households, firstly complete questions HL2-HL4 for all members, that is, (HL2) the Name of the household member, (HL3) the relationship to the head of household and (HL4) their sex, then start asking questions HL5 through HL15 for each person at a time.***

This means, the Household Listing Form will be completed in two stages:

- *Names (HL2), Relationship codes (HL3) and Sex (HL4)*, of all household members are to be 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 and HL4 during the first stage. Then, questions from HL5 to HL15 are asked for each person before moving to the next person.
- *“WHAT IS (name)’S DATE OF BIRTH?”(HL5) through “WHO IS THE PRIMARY CAREGIVER OF (NAME?”(HL15)* must be completed horizontally, that is each of the members of the household from head to the last member following the skip instructions attached to each question.

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-in-law / Sister-in-law'), not as '08' ('Brother / Sister'), because *Sola* is a brother-in-law of the head of the household. Respondents tend to provide the relationship of the person to themselves, rather than to the head of the household.

Household head: The member who makes key decisions in the household and whose authority is acknowledged by other members. It should be borne in mind that the key decision maker may not necessarily be the oldest. Other factors within the household can determine who the head is such as what proportion of income is member's to total household income.

Wife/Husband: refers to the married or partner by mutual consent to the head of household.

Son/Daughter: refers to biological child of the Head of household (male – son; female – daughter)

Son-in-Law/Daughter-in-Law: these are husband or wife to any of the head of households' children

Grand Child: children to any of the biological child of the head of household

Parent: father or mother to whom the head of household is a biological child.

Parent-in-Law: the biological father/mother to the spouse of the head of household

Brother/Sister: someone who is blood related to the head of household

Brother-in-Law/Sister-in-Law: Someone who is blood related to the head of household's spouse.

Uncle/Aunty: this is the blood related brother or sister to the parent of the head of household

Niece/Nephew: this refers to the child born to the brother or sister to the head of household

Other Relatives: refers to the other unclassified person who can be traced to the head of household or spouse living in the household e.g. Cousins

***Adopted Child;** A child not having the head of household as the biological father but was accepted by the head as his/her child.*

***Foster Child:** A Child who was accepted to be cared for by the head of household*

***Step Child:** A child brought to the head of household by the spouse*

***Not Related:** Someone who is not bloodily related to the head of household e.g. friend*

***Don't Know:** If the interviewer refused to ask/forgot to ask for the relationship **due to incompetency** then the person might fall into this category.*

HL4. IS (name) MALE OR FEMALE?

Select '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 and the person is not physically available for your confirmation of sex, Please ask "**boy or girl?**", "**male or female?**" or "**please the gender of the person?**" never use your judgement. This column should never be left blank.

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 starting from HL5. Start with the household head on line 01. When you have finished asking all questions HL5 to HL15 for the person on line 01, continue with the person listed on line 02, etc.

The bold line around questions HL1, HL2, HL3 and HL4 is intended to emphasize that the information here should be completed vertically, before moving on to complete the listing horizontally, separately for each person, from HL5 to HL15.

HL5. WHAT IS (*name*)’S DATE OF BIRTH?

If the respondent knows the date of birth for the member of the household, record the answer in months and year. You will need to convert the month into numbers. For this,

January = 01; February = 02; March = 03; April = 04;
May = 05; June = 06; July = 07; August = 08;
September = 09; October = 10; November = 11; December = 12.

If the respondent does not know the month of birth, enter the code ‘98’ for ‘Don’t know month’ and ask for the year of birth. Try to obtain at least the year of birth. If year is still unknown, enter ‘9998’.

HL6. HOW OLD IS (*name*)?

Enter each person’s age in completed years, that is, his/her age as at his/her last birthday. Completed age is also defined as ‘the number of completed years since birth’. With this definition, since a 6-month-old baby has not completed a full 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.

Even after you have probed and asked all the necessary information from the respondent you still have difficulty obtaining the ages of elderly members of the household, you may enter the code ‘98’, meaning ‘Doesn’t know/over age 50’. For household members younger than 50, completed ages must be entered. However, you should still indicate, with a note, what age range the person in question might be, so that your supervisor can have an idea of the eligibility of the person to individual questionnaires. If the age of the member of the household is 95 or higher enter the code ‘95’ for all such cases.

How to use the historical calendar:

- *Ask of any historical event (national or local) which occurred around the time of birth or childhood.*
- *Ask how old respondent was when that event occurred or how many years elapsed before his/her birth.*
- *Then use the information obtained to calculate the age. For example, if respondent was 15 when Nigeria obtained independence, this person should be 15 + 55 (i.e. 1st October 1960 to 23rd September 2015) = 70 years. If still this methodology fails try the next approach.*
- *Simply estimate how old the respondent may be based on some district historical events.*

HL6A. DID (name) STAY HERE LAST NIGHT?

If yes select '1', if no select '2'.

ELIGIBILITY FOR INDIVIDUAL MODULES:**HL7. Select line number if woman is age 15-49.**

Select the line number in this column if the household member is a woman 15-49 years of age. Do not ask this question from the respondent again, as you can check through HL4 and HL6, and for any female "code 2" in HL4 and aged from 15years to 49years in HL6, select the line number as applicable in HL7.

HL7A. Select line number if man is age 15-49 and the household is selected for Questionnaire for men.

Select the line number in this column if the household member is a man 15-49 years of age. Do not ask this question from the respondent again, as you can check through HL4 and HL6, and for any male "code 1" in HL4 and aged from 15years to 49years in HL6, select the line number as applicable in HL7A.

HL7B. For children under age 5: WHO IS THE MOTHER OR PRIMARY CAREGIVER OF THIS CHILD?

If the household member is a child under the age of five (this includes babies delivered even on the day of the interview and children who had their last birthday as 4 years old), do not enter for children who had their last birthday as 5 years old or more), select the line number of his/her mother or primary caregiver in this column. Ask this question from the respondent if necessary. Later, you will be interviewing the person you are circling her/his line number here about the child you are collecting information.

For children age 0-17 years ask HL11-HL14A:

For all children age 0-17 years of age, we want to know whether their own (natural) parents are listed in the Household Listing Form, and their survival status. This information can be used to measure the prevalence of orphan hood and child fostering in the population. For everyone age 18 and older, HL11-HL14A will be left blank. Please, do not ask these questions from any member of the household listed that has clocked 18 years and older.

HL11. IS (*name*'s) NATURAL MOTHER ALIVE?

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

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 HL13. Otherwise, continue with the question in the next column.

HL12. DOES (*name*'s) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?

If the natural/biological mother of the child 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 (that is, the natural/biological mother of the child is not listed in the Household Listing), record '00'.

HL12A. WHERE DOES (*name*)'s NATURAL MOTHER LIVE?

If the natural/biological mother of the child is still alive and does not live presently in the household, we want to know where she lives. Record '1' if she lives in another household in this country, '2' if she lives in institution in this country, '3' if abroad and '4' if DK (Don't know).

HL13. IS (*name*'s) NATURAL FATHER ALIVE?

By 'natural' we mean the biological father of the child whose name is mentioned. In many cultures, people consider other people's children whom they are raising as their own, especially children of their wife or brothers/sisters, etc. You should be certain that the respondent understands that you are asking about the father who gave birth to him/her.

Record whether or not the child's natural father is still alive by circling the code corresponding to the response given. If the child's natural father is not alive or if the respondent does not know, go to HL15.

HL14. DOES (*name*'s) NATURAL FATHER LIVE IN THIS HOUSEHOLD?

If the natural/biological father of the child is still alive, we want to know whether he lives in the household. If the father does live in the household, ask who he is (*he should be listed in the Household Listing if he lives in the household*) and **record his line number in the space provided**. If the father is not a member of the household (that is, the natural/biological father of the child is not listed in the Household Listing), record '00'.

HL14A. WHERE DOES (*name*)'s NATURAL FATHER LIVE?

If the natural/biological father of the child is still alive and does not live presently in the household, we want to know where he lives. Record '1' if he lives in another household in this country, '2' if he lives in institution in this country, '3' if abroad and '4' if DK (Don't know).

HL15. CHILDREN AGE 0 to 14

Record the line number of mother from HL12 if indicated. If HL12 is blank or '00' then ask 'WHO IS THE PRIMARY CAREGIVER OF (Name)'?

When you have completed the listing of all household members and all questions in the Household Listing Form, probe one more time to see if there are any other household members you have not included in the list. If there is any, insert the name of the member and complete the form.

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 man age 15-49 years, write his name and line number in the spaces provided at the top of his Questionnaire for Individual men.
- For each child under age five, write his/her name and line number (UF3-UF4) and the name and line number of his/her mother or caregiver in the spaces provided (UF5-UF6) at the top of the Questionnaire for Children Under Five.

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

4.1.4 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.**

Information should be collected horizontally in this module. For this, start by copying here the name and age information of all members who are age five or older in the Household Listing Form. Then, complete all education questions for each person, before you move on to the next person.

ED1. Line number:

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. Please, maintain the line number attached to each household member in HL1.

ED2. Name and Age:

Copy the names and ages of each person age 5years old and older from the Household Listing Form (HL2 and HL6) to their corresponding line numbers. Leave this column and the rest of the line blank for each child that is less than 5years old as listed in HL2 and HL6.

For each household member age 5years or older, ask ED3 and ED4. These questions ask about educational attainment for all household members in this age group. (If children

younger than 5 years attend school or preschool, do not complete it here, the information will be recorded in the Questionnaire for Children Under-5).

ED3. HAS (*name*) EVER ATTENDED SCHOOL OR PRESCHOOL?

The question wants to know if the respondent had attended a formal (organized) school with standard curriculum. Example of the schools referred here can be found in ED4. Select '1' if the answer is 'Yes' and continue with question ED4. If the answer is 'No', select '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-standard curriculum (*non-formal education*) are NOT included here. A non-standard curriculum 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 (*formal*) school.

'Preschool' is listed for children who do not attend grade 1, 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.

ED4A. 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 if the respondent says 'I don't know', if the respondent "doesn't know" Select '8'. If the highest level of school the child has attended is preschool (Level=0), then select 0.

ED4B. "WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL?"

Enter the highest grade completed or '98' for 'DK' ('don't know'). The respondent that has not completed primary 1 will have the level code as '1' and the grade code as '10'. Any

respondent that has not completed JSS 1 will have the level coded as '2' and the grade coded as '20' and so on.

Similarly, for a child who is currently in primary 5 at the time of the interview, the level will be coded as '1' and the grade as '14', since this person is yet to complete primary 5.

For someone who is no more at school, the highest level attended is the one he/she went to before leaving education system, even if it was for a few weeks. **Note that the grade 00, 10, 20, and 30 can only apply to ED4B as a form of transition.** In ED4A, if level is 4 go to ED5.

For household members age 5-24 years ask ED5-ED8:

For each household member 5-24 years of age, ask questions ED5-ED8, which inquire about school attendance.

Since questions from ED5 to ED8 refer to school attendance, they will have to be adapted to the situation at the time of the interview. All questions should be retained. However, the wording and coding will have to be changed. The objective of these questions is to capture the school attendance of household members in two consecutive school years. In the explanations below, information is provided on how this can be tackled.

LEVEL

0 - Pre School

1 - Primary

2 - Secondary

3 - Higher

4 - Non-formal education

8 - Don't Know (DK)

Codes for Grades in ED4B, ED6 and ED8			
Preschool	Primary	Secondary	Higher
Never completed Nursery 1 (only if ED4B)00	Never completed Primary 1 (only if ED4B)10	Never Completed JSS 1 (only if ED4B).....20	Never completed NCE, AL, OND, Technical, HND, BSC, (only if ED4B).....30
Nursery 101	Primary 1..... 11 Primary 4.....14	JSS 1..... 21 SS1.....24	
Nursery 202	Primary 2..... 12 Primary 5..... 15	JSS 2..... 22 SS2.....25	NCE31 Bsc.....35
Nursery3.....03	Primary 3..... 13 Primary 6.....16	JSS 3..... 23 SS3.....26	AL/OND....32 Post Graduate....36 Technical....33 HND.....34

ED5. DURING THE (2015-2016) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?

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.

Take the example of a state where the school year ends in July and the new school year begins in September: If the interview is carried out in August 2015 (between school years), then the question should refer to the 2014-2015 school year; if the interview is carried out in October 2015 (during the new school year), then the question should refer to the 2015-2016 school year.

Select the code corresponding to the answer given. If the response is ‘Yes’, continue with the next question. But if the response is ‘No’, then skip to ED7.

ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING?

Select the code for the level of school, and enter the household member's current grade. If it applies, select '8' for 'DK' ('Don't know'). Enter the highest grade number completed using '01', '02', etc.

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. If the response on level in ED6 is 4, interviewer should go to ED7.

Questions ED5 and ED6 collect information on the school attendance of household members age 5-24 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). While questions ED7 and ED8 collect information on the school attendance of household members, aged 5-24 during the previous school year.

IF THE INTERVIEW IS CARRIED OUT AFTER THE START OF THE 2015-2016 SCHOOL YEAR, THEN ED5-ED6 SHOULD REFER TO THE 2015-2016 SCHOOL YEAR, AND ED7-ED8 SHOULD REFER TO THE SCHOOL YEAR 2014-2015.

ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2014-2015), DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?

If the child attended school at any time during the last school year, select '1'. If the answer is 'No' or 'DK', select 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?

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 if the respondent says 'I don't know', if the response is "don't know" Select '8'. If the highest level of school the child has attended is preschool (Level=0), then select 0.

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 preschool but did not complete the first grade (Kindergarten), then the level for this person will be selected as '0', and the grade will be entered as '00'.

Similarly, for a child who is attending grade 5 (i.e. primary 5) in primary school at the time of the interview, the level will be coded as '1' and the grade as '14', since this person has not yet completed grade 5 (primary 5).

Select the code for the level of school attended and fill in the child's grade or select '8' if the respondent doesn't know the level and/or '98' if the respondent doesn't know the grade. If level in ED8 is 4, interviewer should go to the next person.

4.1.5 SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

The purpose of this module is to obtain information on the use of physical and verbal means of disciplining children age 1-17. The module aims to measure a range of discipline and punishment responses, from non-violent approaches to psychological aggression, to moderate and severe forms of physical punishment.

The module has a unique structure and approach. You will use this part to select, randomly, the child for whom you will be asking the questions CD3 (A-K) and CD4.

SL1. Check HL6 for children 1-17 years and write the total number in the space provided.

SL2. Check the number of children age 1-17 years in SL1. If there is no eligible child go to the next module. If there is one child go to SL9 and record the rank number as '1', enter the line number, child name and age. If two or more eligible children are found, continue with SL2A

SL2A. Table 1 is used to list all *Children aged 1-17 Years Eligible for Child Discipline Questions*. As described in the module itself, you will review the Household Listing and list each of the children aged 1-17 years in the table in order according to their line number (HL1). You should not include other household members outside of the age range of 1-17 years. One by one, record the line number (HL1), name (HL2), sex (HL4), and age (HL6) from the Household Listing Form to the columns SL4, SL5, SL6, and SL7 for each child age 1-17 years.

SL3. Rank number

This is the number used to identify the one child randomly chosen for this module. You do not need to fill in or do anything in this column since the numbers are already provided.

SL4. Line number from HL1

This is the number used to identify each child from the household list who is eligible for this module. Go to the Household Listing and list below each of the children aged 1-17 years (including those age 1 and those age 17) in order according to their line number (HL1). Do not include other household members outside of the age range of 1 to 17 years.

It is very important that you list all eligible children in order according to their line number. Failure to do so may result in failure to select a child randomly and may introduce bias in the selection process.

SL5. Name from HL2

Insert the name of each eligible child in this column next to his/her line number, copying from the Household Listing, column HL2.

SL6. Sex from HL4

Record the eligible child's sex from HL4.

SL7. Age from HL6

Record the eligible child's age from HL6.

SL8. Total children age 1-17 years

Count the number of children and record the total number of children aged 1-17 years in the box provided.

Table 2 is used for the *Selection of Random Child for Child Discipline Questions*. The table is used if there is more than one child aged 1 -17 years in the household.

Go to the cover page of this questionnaire and find the last digit of the household number (HH2). This is the number of the row you should go to in the table (SL.8). Check the total number of children age 1-17 years in SL.1 above. This is the number of the column you should go to in the table. Find the box where the row and the column meet and select the number that appears in the box. This is the rank number (SL.3) of the selected child.

SL.9. Write name and line number of the child selected for the module from SL.5 and SL.4, based on the rank number in SL.8

4.1.6 Child Labour Module

This module is to be completed for each child resident in the household aged 5 through 17 years.

CL1. Line number:

If age of child is 5 to 17 years tick the appropriate box and continue with CL2. For household members younger than five tick the first box and go to the next module.

CL2. Now I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (DAY OF THE WEEK), DID (NAME) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

Ask questions A – D and select the code corresponding to the response given.

CL3. CHECK CL2, A TO D

If there is at least one **Yes** in CL2 tick the first box and continue with CL4 but all answers are **No** tick the second box and skip to CL8.

CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID (NAME) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

Record the estimated number of hours the child spent doing work in the past 7 days and continue with CL5. If less than 1 hour, record 00. Make sure the respondent 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. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Select ‘1’ if Yes, and ‘2’ if No.

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC) OR OPERATING HEAVY MACHINERY?

This question is intended to collect information on the activities that require working with dangerous tools or operating heavy machinery. Select the code corresponding to the response given.

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (*name*)?

From A to F select ‘1’ if ‘Yes’, ‘2’ if ‘No’.

CL8. SINCE LAST (*day of the week*) DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?

CL8 is intended to capture typical work children usually get involved with. Select ‘1’ if ‘Yes’, and continue with the next question. If ‘No’, select ‘2’ and skip to CL10.

CL9. IN TOTAL, HOW MANY HOURS DID (NAME) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (DAY OF THE WEEK)?

As in CL4, ‘the past week’ refers to the 7 days proceeding the interview day (not counting the interview day). Insert the estimated number of hours worked. If less than 1 hour record ‘00’.

CL10. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?

This question intends to capture whether the child has done any paid or unpaid work for the family. Select the code corresponding to the response given.

CL11. CHECK CL10, A to G

If there is at least one 'Yes' continue with CL12. If all answers are 'No' go to the next module.

CL12. SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID (NAME) ENGAGED IN THIS ACTIVITIES/THESE ACTIVITIES, IN TOTAL?

As in CL4 and CL9, 'the past week' refers to the 7 days preceding the interview day (not counting the interview day). Insert the estimated number of hours worked. If less than one hour, record "00".

4.1.7 Child Discipline Module

The purpose of this module is to obtain information on the use of physical and verbal means of disciplining children age 1-14.

It has a unique structure and approach. This question is designed to collect information about disciplinary methods used by the mother or primary caregiver for the selected child.

CD1. CHILD SELECTION

This is used to select child's age from SL9. If the child is 1-14 years of age continue with CD2. If the child is 15-17years go to the next module

CD2. Line number and Name of the child

This is the number used to identify each child from the household list who is eligible for this module. Write the line number and name of the eligible child that was selected in SL9 only if the child's age falls between 1-14.

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.

Ask the questions in the Child Discipline module, beginning with CD3 (A). It is important to mention that we are interested in knowing only about what may have occurred during the past month – the 30 days preceding the survey and only in relation to this child.

When asking the questions, remind the respondent, from time to time, that you are asking about the last 30 days or one month, and that you are interested if she/he or anyone else has used this method with the child. Select '1' for 'Yes' and '2' for 'No' in all questions up to CD3 (K).

If the selected child was living away from the household/household members during the past month, then you will need to select '2' for 'No' in all questions from CD3 (A) to CD3 (K).

CD3 (A). TOOK AWAY PRIVILEGES, FORBADE SOMETHING (**name**) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.

'Privileges' means a right or a benefit that is not available to everyone. As children get older, parents/caregivers often extend privileges not available to a very young child. If you must explain what this question means, first try by asking each prompting question separately. If you need to give examples, try to phrase these questions appropriately for the child's age. "Did you (or someone else in the household) forbid (name) from leaving the house or from going outside for a time? Did you (or someone else in the household) prohibit (name) from doing something he/she usually does, such as playing with friends or watching TV?" For a young child, you might include such things as 'forbidding him/her to have sweets', etc.

CD3 (B). EXPLAINED WHY *(name)*S BEHAVIOUR WAS WRONG.

When a child does something wrong, some parents/caregivers try to teach the child not to repeat the behaviour by explaining why they consider the behaviour to be wrong. For example, a young

child playing with matches may be told not to do so, because he or she could accidentally start a fire.

CD3 (C). SHOOK HIM/HER.

Some parents/caregivers may shake (pick the child up or take him/her by the shoulders or other part of the body) and shake the child back and forth more than once. This is a method some parents may use to punish a child for bad behaviour. They may use this method alone, or combine this form of punishment together with other actions or methods to teach the child.

CD3 (D). SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Parents/caregivers may raise their voice when a child does something they consider wrong.

CD3 (E). GAVE HIM/HER SOMETHING ELSE TO DO.

This question is designed to capture another non-violent discipline technique, diverting the child's attention from the incorrect behaviour. A parent/caregiver may try to distract the child from doing the unsuitable behaviour by giving the child something else to do in its place. If the respondent does not understand, you may add a probe: "This means distracting the child or helping the child pay attention to something else."

CD3 (F). SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Spanking a child on the bottom with a bare hand is a form of physical punishment used by some parents/caregivers.

CD3 (G). HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.

Hitting a child with a hard object (this includes a belt) is a more severe form of physical punishment used by some parents/caregivers. It is considered more severe than spanking because more force can be exerted with a hard object than a bare hand. Some parents/caregivers use this form of punishment to teach a child not to engage in a bad behaviour. Remember, you are asking if the method of punishment was used with this child during the previous 30 days.

CD3 (H). CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

Some parents/caregivers use verbal abuse to teach a child not to engage in a bad behaviour.

CD3 (I). HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

This asks if the parent/caregiver (or someone else in the household) slapped the child on the head or in the face, or on one or both ears. As before, slapping or hitting refers to an action carried out with a bare hand. (All questions using these terms refer to use of a bare hand, unless another object is explicitly mentioned.) Repeat this question slowly, and be sure to wait for an answer before going on to CD3 (J).

CD3 (J). HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

This question is different from the previous question [CD3 (I)] because it asks whether the child was slapped or hit with a bare hand on the extremities – hand(s), arm(s) or leg(s).

CD3 (K). BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.

Select the code corresponding to the response given.

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

This question is designed to capture attitudes toward discipline and should be asked last, after asking about parental/caregiver disciplinary behaviour. The question asks the respondent for her/his own opinion of whether it is necessary to use physical punishment when teaching a child to behave properly. Do not be surprised if a respondent who has indicated that she/he has used physical punishment says that she/he does not believe in such punishment. Select '1' if the response is Yes and '2' if the response is No.

If the respondent states that she/he has no opinion on this or that she/he does not know, select '8'.

4.1.8 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?

Select the code corresponding to the answers 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 the dwelling floor:*

Select 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 at different parts of the household, record the main flooring material (the material that covers the largest amount of floor space).

HC4. *Main material of the roof:*

Select 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 exterior walls:*

Select 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 at different parts of the household, 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.

Select 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) (cylinder), biogas or kerosene is mainly used, select '01', '02', '04', or '05', respectively, and skip to HC8. There might be cases when no cooking is done in the household. In this case, select '95' and skip to HC8. If any fuel other than the pre-coded ones is reported as being the main fuel used for cooking, select '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. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?

Select the code corresponding to the response given. Select '1' if the cooking is done in a separate room designated as a kitchen. Select '2' if the cooking is done in an area used for living, sitting, sleeping, and not in a separate kitchen or building. Select '3' if the cooking is done in another building and '4' only if the cooking is usually done outdoors.

If a response is given other than the pre-coded ones, select '6' and specify the cooking place 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.

HC8. DOES YOUR HOUSEHOLD HAVE:

Read out each item and select 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, select '1' for 'Yes'. Otherwise, select '2' for 'No'. Be sure to select either a '1' or a '2' for each item. Do not leave any blank.

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

HC9. 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 select 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, select '1' for 'Yes'. Otherwise, select '2' for 'No'. Be sure to select either a '1' or a '2' for each item. Do not leave any blank. Bicycle for children (used as a toy) should not be considered.

Ask the question for the following items: Watch, Mobile telephone, Bicycle, Motorcycle/Scooter, Animal-drawn cart, Car/truck, Boat with Motor.

HC10. Do you or someone living in this household own this House?

Note that the question pertains to the situation at the time of interview. If the respondent or anyone else living in the household owns the dwelling, select '1' and continue with the next question. If the answer is 'No' then ask **Do you rent this dwelling from someone not living in this household?** If the dwelling is rented, select '2'. If the household lives in the dwelling without paying rent, if the household is squatting, or if there is another arrangement, select '6'; probe if the dwelling is not owned or rented by a household member.

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?

Select the code corresponding to the response given. If 'No', skip to HC13.

Note that the land in question may be far away, even in another country. Accept such answers as "Yes".

HC12. HOW MANY PLOTS, ACRES OR HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?

Record the total number of Plots, acres or hectares of land owned by all members of the household that can be used for agriculture. If less than 1, record '00'. If 95 or more hectares (or other units) are owned, record '95'. If unknown, record '98'. The interviewer can record the size of land owned by any member(s) of household in local unit such as ridges, plot, acres etc.

HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS OR POULTRY?

Select the code corresponding to the response given. If 'No', skip to HC15.

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?

Read out each item and enter the number corresponding to the answer given. Do not leave any items blank gives separate numbers for each. If the answer is 'none', record '00' for that animal/animal group. If the household has 95 or more of any one type of animal/animal group, record '95'. If unknown, record '98'.

Ask the question for the following animals: CATTLE; MILK COWS OR BULLS; HORSES, DOGS, DONKEYS OR MULES; GOATS; SHEEP; CHICKENS; PIGS ETC.

HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACTIVE BANK ACCOUNT?

The bank account owned by any member of the household must be functional and active. Select the code corresponding to the response given.

4.1.9 Insecticide Treated Nets 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 brands of mosquito nets. In order to assess the effectiveness of mosquito net use 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?

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

Note that the question asks whether the household has mosquito nets and can be used while sleeping. In short, even if there is mosquito net which is actually not used or set up, we consider that the household owns it and include this net in the total number of mosquito nets.

TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?

Enter the number of mosquito nets that the household has. Remember that if a mosquito net is owned but not used, we include this net in the total number of mosquito nets.

TN3. Ask the respondent to show you the nets in the household; if more than 3, you will use additional questionnaires, since the page only includes three columns for nets.

OBSERVATION OF MOSQUITO NETS: TN4 TO TN13.

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pre-treated) or 36 months (long-lasting type). In order to assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, whether the net has been treated with insecticide, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask questions TN4 through TN12, as applicable for each net that the household owns. Ask to see all of the nets that the household has and systematically ask the questions for each net as it is shown to you, beginning with the first net and asking all the questions for one net at a time. Even if you cannot directly observe a net, you must ask the questions for each net the household member reports.

To distinguish each net, you may use phrases like, “Now let’s talk about the first net you showed me” or ‘Let’s talk about the net which (*name*) uses’ if this information has already been mentioned by the respondent. If a household has more than 3 nets, use an additional questionnaire. At the top of ITN Module of additional questionnaire, rename the columns ‘4th Net’, ‘5th Net’, and ‘6th Net’. Fill the identification information on the first page of the additional questionnaire (mainly cluster number and household number). Once ITN module has been completed for all additional nets, continue the interview on the first household questionnaire.

Brands and treatment could be different from one net to the other. That is why it is important to complete the information from TN4 to TN12 for one net before asking your questions for the next one.

TN4. *Mosquito net observed?*

For each net, record whether you actually observed the net or not.

TN5. Is the net (are any of the nets) any of the following types:

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 select 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?** Select the appropriate response code. If ‘don’t know brand select ‘18’. Then proceed to ask about the pre-treatable nets: **“IS THE NET (ARE ANY OF THE NETS) PRE-TREATED?** Select the appropriate response code. Is there any other Insecticide nets? Specify. If the respondent says he does not know the brand or type of pre-treated nets select ‘98’.

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

TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?

Ask how many months ago the household obtained the net. If the net was obtained within 36 months from the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the mosquito net more than 36 months ago, record ‘95’. If less than one month, record “00”

The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record ‘98’ (DK/Not sure) if the respondent does not have any idea of how long ago the household obtained the net.

TN7. Check TN5 for type of net

Check the type of net. If it is a long-lasting net, tick the corresponding box and skip to ‘TN11’, if it is pre-treated, tick the corresponding box and skip to ‘TN9’, if it is others types of net, tick the box and continue with the next question (TN8).

TN8. WHEN YOU GOT THE 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.

TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?

This question is only asked for pre-treated nets, and obtains information on whether the household has ever treated the net with insecticide. 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. This information will be linked to the information on the type of net and when the net was obtained to determine if the net is still effective.

If the respondent answers ‘Yes’, select 1 and continue with the next question. If the response is ‘No’ or the respondent does not know or unsure about it, select ‘2’ or ‘8’ respectively and skip to TN11.

TN10. HOW MANY MONTHS 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 24 months ago, select ‘95’. If the respondent does not know the number of months, probe to obtain his/her best estimate. Select ‘98’ for ‘DK/Not sure’ only if the respondent cannot even estimate when the net was last soaked or dipped.

TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?

If the respondent answers ‘Yes’, select 1 and continue with the next question. If the response is ‘No’ or the respondent does not know or unsure about it, select ‘2’ or ‘8’ respectively and skip to TN13.

TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?

These questions are intended to collect information on the particular mosquito nets and people sleeping under them the night before the survey.

In TN11, ask the respondent if anyone slept under each mosquito net last night, and if the respondent answers “Yes”, record the name and line number of the person from the household listing form in TN12.

If more than four people slept under a single net the night before the survey, use an additional questionnaire to record the name and line number of these persons. Fill the identification information on the first page of the additional questionnaire (mainly cluster number and household number). Once additional persons are listed there, continue the interview on the first household questionnaire.

If someone not listed in the Household List slept under the mosquito net, record “00” for the line number.

TN13.

At this point, go back to TN4 if there are any other nets. If no more nets, continue with the next module.

N/B: Tick the box below TN13 if additional questionnaire is to be used.

4.1.10 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 into compound, yard or plot, also called a yard connection, is defined as a piped water connection to a tap placed in the compound, yard or plot outside the house.
- ‘13’ – Piped to neighbour - the household may be obtaining water from a neighbour’s house or yard connection.
- ‘14’ – A public tap / 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 catchment 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.
- ‘92’ – Sachet (pure) water is a small sealed packet containing water meant for drinking.

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

Select the code for the most usual source. If several sources are mentioned, probe to determine the most usual source. **Note that you can only select one response code.** If the source varies by season, record the source for the season of the interview. If the response is ‘Piped into dwelling’, ‘Piped into compound, yard or plot’, or ‘Piped into neighbour’ select ‘11’, ‘12’, or ‘13’ respectively, and skip to WS6. If the response is ‘Bottled water’ and ‘sachet (pure) water’ select ‘91’ and ‘92’ respectively and continue with the next question. Note that the next question is

only asked if the response to this question is ‘Bottled water’ or Sachet water. For all other responses, 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’ or sachet water for drinking. Select 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’, ‘Piped into compound, yard or plot’, or ‘Piped into neighbour’, select ‘11’, ‘12’, or 13 respectively, and skip to WS6. Otherwise select appropriate code and continue with the next question.

Note that you cannot replace “cooking and hand washing” with other uses of non-drinking water.

WS3. Where is that water source located?

This question should only be asked to households where the main source of water is not a piped system. Select the code for the location of water source. If the location is in own dwelling or in own yard/plot then select ‘1’ or ‘2’ and skip to WS5A. Otherwise select appropriate code and continue with the next question.

WS4A. How long does it take to go there, get water, and come back?

This question is used to find out how convenient the location of the source of water is to the dwelling for households using a water source outside their dwelling.

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 with the next question.

If the respondent does not know how long it takes, select ‘998’ and continue with the next question.

WS4B. *WHAT IS THE DISTANCE TO THE NEAREST WATER SOURCE?*

This question should be used to inquire about the distance to the nearest water source. If the distance is less than 100 meters select ‘1’. Select ‘2’ if more than 100 but less than 1km, ‘3’ if more than 1 km but less than 2 km, ‘4’ if more than 2km but less than 4 km and ‘5’ if more than 4 km.

WS5. Who usually goes to this source to collect 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?” **Select 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.**

WS5A. IN THE PAST TWO WEEKS, WAS THE WATER FROM THE SOURCE NOT AVAILABLE FOR AT LEAST ONE FULL DAY?

Select ‘1’ if ‘Yes’, and continue with the next question. If ‘No’ or ‘DK’ (Don’t know’), select ‘2’ or ‘8’, respectively, and continue with the next question.

The purpose of the following two questions, WS6 and WS7, 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.

WS6. Do you do anything to the water to make it safer to drink?

Select ‘1’ if ‘Yes’, and continue with the next question. If ‘No’ or ‘DK’ (Don’t know’), select ‘2’ or ‘8’, respectively, and skip to WS7A.

WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?

Select 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?**” Select ‘X’ for ‘Other’ and specify on the line provided what the household does to the water to make it safer to drink. Select ‘Z’ if the respondent ‘Doesn’t know’. If ‘Z’ is selected then the other codes should not be selected. This question can have multiple responses.

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.
- ‘G’ – Add alum refers to using alum to filter the drinking water.
- ‘H’ – Add water tablet/liquid refers to using water tablet/liquid to treat drinking water.
- ‘X’ – If the respondent provide an option different from the one listed above.
- ‘Z’ – DK refers to “Don’t know”

WS7A. DO YOU USE A DIFFERENT SOURCE OF DRINKING WATER DURING THE DRY AND RAINY SEASONS?

Select (1) if ‘Yes’, (2) if ‘No’ and (8) if ‘Don’t know’.

WS7B. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?

Record the number of minutes it takes to go to the source of drinking water during the rainy and dry seasons in the space provided. If ‘Don’t know’ select 998.

Questions WS8, WS9, WS10 and WS11 are about the toilet facility household member use.

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?

The purpose of this question is to obtain a measure of the hygiene 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?”** Select 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 to pit latrine refers to a system that flushes excreta to a hole in the ground and has a water seal.
- ‘14’ - A flush to somewhere else refers to excreta being deposited in or nearby the household environment (may have a water seal but deposited 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 (made of concrete, steel, or wood to allow standing with ease) 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/Open pit 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/hanging latrine is a toilet built over the sea, a river, or other body of water into which excreta drops directly.
- ‘95’ - No facilities/bush/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). If ‘95’ is chosen, skip to the next module.

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.

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?

Select the code corresponding to the response given. If ‘No’, go to the next module.

WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?

The intention of this question is to understand whether the shared facility is only shared with other households (such as a neighbouring household) or whether the facility is open to the public. If it is a public facility, then select ‘2’ and skip to the next module. If ‘1’ is selected, continue with WS11.

WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?

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. Select '10' if ten or more households use this toilet facility. Note that '01' is not a valid response (since it means that is the only this household that uses the facility; if that is the case, you should go back to WS9 and correct the response there). Select '98' for 'DK' ('Don't know').

4.1.11 Hand-washing Module

Hand-washing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five. This module is intended to collect information on hand-washing facilities and the presence of cleansing agents in these facilities. As some of the questions require observation, the completion of this module may take time.

HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.

You will begin by asking whether you may see the place where household members most often wash their hands. If the respondent agrees and you observe the facility, select '1'. If there is no specific place in dwelling, plot, or yard, select '2' and skip to HW4. If there is a place but permission is not granted to see it, select '3' and skip to HW4, if it is a moving object like kettle, basin select '4' and skip to HW4. If the place used for hand-washing is not observed for any other reason, select '6' and skip to HW4.

HW2. *Observe presence of water at the specific place for hand-washing*

HW2, HW3A and HW3B are observation questions. In HW2, you will observe whether there is water available at the place used for hand-washing. If there is a tap or pump at the specific place for hand-washing, open the tap or operate the pump to see if water is coming out. If there is a bucket, basin or other type of water container, examine to see whether water is present in the container. If you learn that the water is temporarily not available at the specific place for hand-washing, code it as water not available ('2') but take a note of this at the end of the questionnaire.

HW3A. *Record if soap or detergent is present at the specific place for hand-washing*

HW3A will be used to record whether there is soap or detergent at the place used for hand-washing. Select all available at the place for hand-washing. If there is soap or detergent at the place used for hand-washing, continue with the next question, otherwise skip to HW4.

HW3B. *Record your observation*

You have to observe and record whether members of the household use bar soap, detergent or powder, liquid soap and ash/mud/sand in washing their hands. Select all that apply and skip to HH19.

HW4. *DO YOU HAVE ANY SOAP OR DETERGENT (OR OTHER LOCALLY USED CLEANSING AGENT) IN YOUR HOUSEHOLD FOR WASHING HANDS?*

Select '1' if 'Yes', and continue with the next question. If 'No', select '2' and skip to HH19.

HW5A. *CAN YOU PLEASE SHOW IT TO ME?*

This is used to ask the respondent whether it is possible to show the soap or detergent. Record your observation if the respondent shows you the soap, detergent, or other cleansing agent. Select all that apply. If the respondent is unable to show or does not want to show, select '2' and skip to HH19.

HW5B. *Record your observation*

You have to observe and record whether members of the household use bar soap, detergent, liquid soap and ash/mud/sand in washing their hands. Select all that apply. You do not need to ask. Just observe and record.

HH19. *Record the end time.*

Record the time of the day you finish the household interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in front of the hour or minute.

4.1.12 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.

SII. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?

This item is used to record the type of salt used to prepare the family's main meals and the outcome of the test for salt iodization.

Once you have a sample of salt, perform the test as described below and select the code that corresponds to the test outcome. Select '1' if the test is negative (0 parts per million/no colour - not iodized). Select '2' if the test shows more than 0 but less than 15 parts per million iodine (weak colour). Select '3' if the test is positive (15 parts per million or more, strong colour). Select '4' if there is 'No salt in home'. Select '5' if the salt was present, but not tested for any reason. Record the reason.

The salt testing kits contain small 10 ml bottles with a stabilized starch-based solution. Each kit is sufficient for testing at least 100 samples of salt. One to two drops of the solution dripped on a small amount of salt containing iodine produces a blue/purple colour change. Coloration indicates that iodine is present. Below follows a brief description of the basic steps to test for iodine content in salt, the most common fortificant. The same basic principles also apply when testing for iodine content in salt, with the main difference being that no re-check solution will be needed with that type of salt.

1. Put a small amount of salt (about a teaspoon or less) on a white piece of paper. Make a small pile and flatten the top.
2. Add 1-2 drops of test solution and check the result immediately in good light, using the colour chart supplied with the test kit.
3. When no colour appears (suspected alkalinity in the salt sample); on a fresh sample of salt, add up to 5 drops of the re-check solution supplied with the kit and then add 2 drops of test solution on the same spot and compare to the colour chart.
4. When you have compared to the colour chart, select on the questionnaire the code that corresponds to the test outcome.

SURVEY COORDINATORS: IN MICS5, SALT CONTAINING 15 PARTS PER MILLION (PPM) OR MORE OF IODATE/IODIDE IS CONSIDERED ADEQUATELY IODIZED. THIS IS IN ACCORDANCE WITH THE INTERNATIONALLY AGREED INDICATOR FOR IODIZED SALT CONSUMPTION. IT IS THEREFORE IMPORTANT THAT THE SALT TESTING KITS USED IN MICS5 SURVEYS HAVE A CUT-OFF POINT OF 15 PPM, EVEN IF A DIFFERENT CUT-OFF POINT IS COMMONLY USED IN THE COUNTRY. FURTHERMORE, EVERY EFFORT SHOULD BE MADE TO USE ONLY THOSE KITS THAT HAVE A SINGLE CUT-OFF; IN OTHER WORDS, THE SOLUTION IN THE KIT SHOULD DISTINGUISH ONLY BETWEEN LESS THAN 15 PPM VERSUS 15 PPM OR GREATER, IN ADDITION TO 0 PPM. REFER TO CHAPTER II.7 FOR MORE INSTRUCTIONS ABOUT SALT IODIZATION TESTING.

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 three 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, any man in the household selected for the questionnaire for individual men you will proceed to interview that woman or man. If not, you will check if there is any eligible child, and interview his/her mother/primary caregiver.

Before ending the interview, go through your entire questionnaire quickly to check if no information is missing, everything is clearly written and all information is consistent. If necessary, do not hesitate to ask the questions again to the respondent. When you are sure your questionnaire is complete, continue with HH20.

HH20. *Does any eligible woman age 15-49 reside in the household?*

Check household listing, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman. If there is at least one eligible woman in the household, go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman. If there is no eligible woman in the household continue with Individual Man Questionnaire.

Does any eligible man age 15-49 reside in the household?

Check household listing, column HL7A for any eligible man. You should have a questionnaire with the Information Panel filled in for each eligible man. If there is at least one eligible man in the household, go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man. If there is no eligible man in the household continue with QUESTIONNAIRE FOR CHILDREN UNDER FIVE.

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

Check household listing, column HL7B for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child. If there is at least one eligible child in the household go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caregiver of the first eligible child. If there is no eligible child, end the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information on the cover page.

5.1 How to Fill In the Questionnaire for Individual Women

The purpose of the Questionnaire for Individual Women is to provide information on a wide range of MICS 2016 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 Form who are age 15 to 49 (see column HL7 of the Household Listing Form).

SURVEY COORDINATORS: THIS QUESTIONNAIRE SHOULD ONLY BE ADMINISTERED BY A SKILLED FEMALE INTERVIEWER. IT INCLUDES MODULES AND QUESTIONS ON SENSITIVE AND PRIVATE TOPICS SUCH AS FERTILITY, DOMESTIC VIOLENCE, SEXUAL BEHAVIOUR, CONTRACEPTION AND HIV/AIDS. THE USE OF A MALE INTERVIEWER WILL RESULT IN THE COLLECTION OF UNRELIABLE INFORMATION, IF NOT JEOPARDIZE THE ADMINISTRATION OF THE QUESTIONNAIRE OVERALL AND LEAD TO REFUSALS. IT IS ALSO STRONGLY RECOMMENDED THAT INTERVIEWERS MAKE EVERY ATTEMPT TO INTERVIEW WOMEN ALONE.

5.1.1 Woman's Information Panel

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

WM1. Cluster number

Enter the 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.

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/caregiver, 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 CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEWER WILL

TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

If greeting has already been read at the beginning of the household questionnaire to these woman, then read the following.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL

AND ANONYMOUS.

MAY I START NOW?"

If permission is given, go to WM10 to record the time and then begin the interview.

If permission is not given then select ‘03’ in WM7. Discuss this result with your supervisor. 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.

WM7. Result of woman’s interview

Complete this question once you have concluded the interview with the woman. Select the code corresponding to the result of the interview. If the questionnaire is completed, select ‘01’ If not at home select ‘02’. If the woman refuses to be interviewed, select ‘03’ If you were able to only partly complete the questionnaire, select ‘04’. If the woman is incapacitated, select ‘05’. If you have not been able to complete this questionnaire for another reason, you should select ‘96’ and specify the reason in the space provided.

WM8. Field Supervisor’s Name and number)

Leave this space blank. The field supervisors will later enter his/her name and number in the space provided when checking the completed household questionnaires.

WM10. Record the time

Record the time of the day you start the interview using the 24-hour system. If the hour or minutes are less than 10, put a leading zero in front of the hour or minute.

5.1.2 Woman's Background

Age and date of birth: Age (WB1 and WB2) is one of the most important information in the interview, since almost all analysis of the data depends on the respondent's age. These questions 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, there is need to ask again for her date of birth and age on the Questionnaire for Individual Women.

WB1. 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, select '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 document such as an identification card, or baptismal certificate that might give the date of birth. If such document 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 select '9998' for 'DK year'.

WB2. HOW OLD ARE YOU?

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.

Probe: "**HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?**"

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.) You MUST fill in this information. Do not leave this blank. Compare and correct WB1 and WB2 if inconsistent.

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 HL6 and HL7 of the Household Questionnaire.

Questions WB3-WB7 is about the educational attainment and literacy of the woman. Note that you have collected some of this information on the Education module in the Household Questionnaire, either from another household member or from the woman herself. You should ask these questions again and compare if there is any difference, the interviewers is to probe further in order to get the correct information.

WB3. HAVE YOU EVER ATTENDED SCHOOL, PRESCHOOL OR NON- FORMAL EDUCATION?

Select the code corresponding to the response given. If 'No', skip to WB7. 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 studies. The non- formal refer to other learning system that is not formal in nature. That is non-standard curriculum. A non-standard curriculum includes religious schools, such as Koranic schools, that do not teach a full, standard school curriculum. If a school teaches religious courses but also includes the standard curriculum – such as Catholic other religious schools it would be coded as a standard (formal) school. Examples are schools that offers subject like mathematics, English Language etc.

WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?

Select 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 'Secondary'. If '4' (Non-formal) skip to WB7.

WB5. 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 WB4. For example, if a woman was attending grade 3 of secondary school and left school before completing that year, record '10'. 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.

WB6. Check WB4.

If the respondent attended secondary school or a higher level, tick '2or 3' in WB4 then go to the next module. If the level, the respondent attended was preschool, primary or non-formal school, tick ('0,1or 4') in WB4, tick the second check box and continue with WB7.

WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.

To ascertain whether the woman is literate or not, you will show the woman being interviewed, card with pre-printed sentences, and you will ask her to read the sentences.

Note: Any woman who has not attended school will answer this question, or those who did not attend school beyond primary level. We assume any woman who has attended secondary school or higher are literate.

Based on your knowledge of/interaction with the respondent, choose the card with the language in which the respondent is likely 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, select '4', and specify the language. If the respondent is blind/mute or visually/speech impaired, select '5'.

It is important to avoid the problem of having other respondents in the household overhearing the sentence being read. Carelessness might make subsequent respondents in the household to be able to repeat the sentence when they are interviewed, even if they are unable to read, ordinarily. 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.

Codes for Grades in WB5.			
Preschool	Primary	Secondary	Higher
Never completed Nursery 1.....00	Never completed Primary 1 . 10	Never completed JSS 120	Never completed NCE, AL, OND, Technical, HND, BSc30
Nursery 1 ...01	Primary 1 11	JSS 1.....21	NCE31
Nursery 2 ...02	Primary 2 12	JSS 222	AL/OND32
Nursery 3 ...03	Primary 3 13	JSS 323	Technical33
	Primary 4 14	SS 124	HND34
	Primary 5 15	SS 225	BSc35
	Primary 6 16	SS 326	Post Graduate36

5.1.3 ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

The main purpose of this module is to access the awareness about the information/communication Technology. It will enable us to know the reading habit of the population as well as access to and uses of computer and internet.

MT1. Check WB7:

If the respondent in WB7 has secondary or higher education, able to read or no sentence in required language continue with MT2. If she cannot read at all or blind/virtually impaired skip to MT3.

MT2. How often do you read a newspaper or magazine: Almost every day, at least once a week, less than once a week or not at all?

Please note that a newspaper could be accessed in different forms (paper or internet). Select the code corresponding to the response.

MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK, OR NOT AT ALL?

Select the code corresponding to the response.

MT4. HOW OFTEN DO YOU WATCH TELEVISION WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Select the code corresponding to the response.

MT5. CHECK WB2: AGE OF RESPONDENT?

From WB2, if the respondent age is 15 to 24 continue with MT6. If age 25 to 49 skip to next module.

MT6. HAVE YOU EVER USED A COMPUTER?

For the Nigerian context, a computer is defined as a desktop, laptop and tablet. Not all phones are the type of computer this survey is looking for hence the omission of phones. If yes continue with MT7. If No skip to MT9

MT7. Have you used a computer from any location in the last 12 months?

If yes continue with MT7. If No, skip to MT9

MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Select the code corresponding to the response.

MT9. HAVE YOU EVER USED THE INTERNET?

In explaining internet using local languages, please explain further by giving examples of google and social media apps e.g facebook, whats app, viber, yahoo, gmail etc

If yes continue with the next question. If No, skip to the next module.

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?

In explaining internet using local languages, please explain further by giving examples of google and social media apps e.g facebook, whats app, viber, yahoo, gmail etc

If yes, continue with the next question. If No, skip to the next module. You may probe to know whether the internet was used from any location, with any device.

MT11.DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Select the code corresponding to the response.

5.1.4 FERTILITY/BIRTH HISTORY

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.

SURVEY COORDINATORS: 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).

Live birth: It is one in which the new born baby or infant showed signs of life, by crying or breathing even if it died shortly afterwards.

Still birth: It is an infant which showed no sign of life when born.

Miscarriage: It is a spontaneous involuntary abortion during the first six months of pregnancy

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 woman says ‘Yes’, select ‘1’, and continue with the next question. If the woman says she has never given birth, select ‘2’ and skip to CM8.

CM4. 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). Select the code corresponding to the response. If she answers yes continue with next questions if ‘No’, skip to CM6.

CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?

If the answer to CM4 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. We are taking about biological mother only.

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

CM6. 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. Select the code corresponding to the response. If she answers 'No', skip to CM8.

CM7. 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 CM6 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.

CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?

The above question is sensitive. Therefore it should be asked with care.

Select 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 “**I MEAN, A CHILD WHO EVER BREATHED, OR CRIED OR SHOWED SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?**” If the answer is still ‘No’, skip to CM10.

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.

CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?

If the answer to CM8 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.

CM10. Sum answers to CM5, CM7 and CM9

Add the numbers of births reported in CM5, CM7 and CM9 and write the sum here, then continue with CM11.

NOTE: For women who responded NO in *CM1* and *CM8* the interviewer should records (00) in the space provided in *CM10* and proceed to *ISI*.

CM11. 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 then further check if she has ever given birth. If she has not given any birth before, continue go to ILLNESS SYMPTOMS module. If she has given birth before, continue with CM12.

If she says ‘No’, first check responses to CM1-CM10 and then go back through the questions to check with the respondent whether you have obtained the information correctly. For example, starting with CM5, you would ask: “**YOU HAVE TWO SONS AND ONE DAUGHTER LIVING WITH YOU, IS THAT CORRECT?**” Do the same for CM7 and CM9. Correct the answers and the sum mentioned in CM10 and then continue to the next question. Make sure to cancel the ‘No’ in CM11 and check ‘Yes’ after you have made the corrections.

CM12A. THIS QUESTION IS USE TO COMPARE THE CHILD MORTALITY IN CM10 WITH NUMBER OF BIRTH HISTORY MODULE. COMPARE IF NUMBER ARE THE SAME CONTINUE WITH CM13, BUT IF NUMBER ARE DIFFERENT PROBE AND RECONCILE.

CM13. Check BH4: IN BIRTH HISTORY MODULE: *Last birth occurred within the last 2 years, that is, since (day and month of interview) is 2016.(IF THE MONTH OF INTERVIWE AND THE MONTH OF BRITH ARE THE SAME, AND THE YEAR OF BIRTH IS 2013, consider these as a birth within the last two years). If no live birth in last 2 years go to Illness symptoms modules, if one or more live birth in the last 2 years.*

Record name of last born child and continue with next module. Record name of last born child if child has died take special care when referring to this child by name in the following modules.

If the respondent’s last birth occurred in the last 2 years, in BH4 check the box marked ‘Yes’ and enter the name of the child on the line provided. Then continue with the next Module. If the respondent’s last birth did not occur in the last 2 years, check the box marked ‘No’ and go to the ILLNESS SYMPTOMS Module.

SURVEY COORDINATORS: INTERVIEWERS SHOULD REPLACE (*day and month of interview in 2016*) WITH THE DAY AND MONTH THE INTERVIEW IS BEING CONDUCTED, AND USE 2013 FOR THE YEAR SINCE THE INTERVIEW WILL BE CONDUCTED IN 2016.

EXAMPLES:

- IF FIELDWORK WILL BE COMPLETED DURING JANUARY 2016, CHANGE TO ‘JANUARY 2014’ AND INSTRUCT INTERVIEWERS TO USE THE DAY OF THE INTERVIEW. IF AN INTERVIEW IS CONDUCTED ON 23 JANUARY 2016 THE SENTENCE SHOULD READ “***Did the woman’s last birth occur within the last 2 years, that is, since 23 JANUARY 2014?***”

5.1.5 BIRTH HISTORY

In this module we will record the names of all the respondent births, whether still alive or not, starting with the first one she had. We will also record names of all the births in BH1. Twins and triplets will be recorded in separate lines. A if there are more than 14 births additional questionnaire will be used.

BH1. What name was given to your *(FIRST/NEXT)* baby?

The respondent is expected to provide the names of all the births she has in a sequential manner whether alive or dead.

BH2. WHERE ANY OF THESE BIRTHS TWINS?

Indicate whether the birth was single or multiple. Select '1' if single and '2' if multiple.

BH3. Is *(name)* A BOY OR GIRL?

Select '1' for boy and '2' for girl.

BH4. IN WHAT MONTH AND YEAR WAS *(name)* BORN?

The month and year must be written in the box provided and interviewer must probe further by asking for the baby birthday if the mother/caregiver does not remember.

BH5. IS *(name)* STILL ALIVE?

If 'Yes' select 1 and continue with BH6. If 'No' select 2 and skip to BH9.

BH6. HOW OLD WAS *(NAME)* AT HIS/HER LAST BIRTHDAY?

The age as at the last birth day should be recorded.

BH7. Is *(name)* LIVING WITH YOU?

Ask whether the child is currently living with the mother/caregiver. If yes select 1 and no select 2.

BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1).

From the HL1 record the household line number of the child. If the child is not listed record “00” and continue.

BH9. IF DEAD: HOW OLD WAS (NAME) WHEN HE/SHE DIED?

The respondent is expected to provide how old the child was when he/she died. If one year, probe to know how many months the child was. Record days if less than one month, record days and ‘00’ if the child lived less than a day, record months if less than 2 years; or years if 2 or more years.

BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?

Select ‘1’ if the respondent mentioned name that was not listed in HL1. Record and reconcile. Select ‘2’ if you are to move to the next birth. Continue till you exhaust the list.

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH IN BIRTH HISTORY MODULE)?

This question is intended to probe to know whether there is any live birth(s) the responded had that is not mentioned in the birth history module. Select ‘1’ for yes and ‘2’ for no.

5.1.6 Desire for Last Birth

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last born -child in the space provided, in CM13 and record name of last born child on the space provided at the top of this module. Use this child’s name the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME?

Select the code corresponding to the response given. If the response is ‘Yes’ (wanted to get pregnant) select ‘1’ and go to next module. If No select 2 and continue with the next question.

DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?

Select the code corresponding to the response given. If the respondent says ‘Yes’ select 1 and continue with the next question. If she wants no more, select ‘2’ and go to next module.

DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?

If the response is given in months, select ‘1’ and record the number of months. If the response is given in years, select ‘2’ and record the number of years. If don’t know, record 998

5.1.7 Maternal and New-born Health MODULE

This module is to be administered to all women with a live birth in the 2 years preceding the date of the interview. Record name of last born child from CM13 Fertility and Birth History module) 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.

Definition of terms:

Pregnant: A woman is said to be pregnant if fertilization has taken place after sexual intercourse.

Pre-natal Care: refers to a pregnant woman going for consultation on the conditions of the pregnancy before child birth. (Note: that the woman need not be ill.)

Post-natal Care: refers to the mother and child (aged 5 years or less) going for consultations after delivery. (Note they need not be ill.)

A Doctor: is physician who examines, diagnose, and treat patients.

A nurse: can be synonymous to a physician assistant examine, diagnose, and treat patients under the supervision of a physician. A person educated and licensed to practice nursing and

one who is concerned with the diagnosis and treatment of human responses to actual or potential health problems

A *midwife*: is a person; usually a woman but can be a man, is one who is trained to assist women in childbirth, i.e. the person serves as an attendant at childbirth but is not a physician.

A *Traditional Birth Attendant*:(TBA) is one who assists the mother during childbirth. She may have acquired skills by delivering babies herself, or through apprenticeship from other TBAs.

***MCH*:** is a Maternal and Child Health aid. Main function concerns health status of mother and children.

***Community Health Workers*:** (*CHW*) used today as an umbrella term to describe members of the health workforce that function under a multitude of various job titles such as community health advisors, lay health advocates, outreach educators, community health representatives, peer health promoters, and peer health educators. Either they are lay members of communities who work for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counselling and guidance on health behaviours, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.

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

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?

Select the code corresponding to the response given. If the response is ‘Yes’ select 1 and continue. If ‘no’ select 2 then skip to MN5.

MN2. WHOM DID YOU SEE?

Select the code for the person seen for antenatal care. **Probe:**“ANYONE ELSE?” and select the codes for any other persons seen for antenatal care during this pregnancy.

In MN1, ask if she saw anyone for antenatal care for this pregnancy. If she saw no one for antenatal checks, select ‘2’ and skip to MN5. If the woman answers ‘Yes’ to MN1, ask whom

she saw for the check-up. Probe to learn if she saw more than one person and record all persons seen. Also probe for the type of person seen and select all answers given. If you are unsure how to code a person mentioned, write the words used to describe the person in the space provided 'Other' and select 'X'.

If the woman gives the name of a health facility, ask her to tell you whom she saw there.

MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?

This refers to the age of the pregnancy at first antenatal care visit. Or the weeks or months of the pregnancy. Select the code corresponding to the response. If week select 1, month select 2 and DK 998.

MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?

Ask the respondent how many times she saw someone for antenatal care during her last pregnancy. Probe to identify the number of times antenatal care was received. If a range is given, Record the minimum number of times antenatal care was received in the space provided.

MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?

Ask about each procedure and record the response. Select '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. 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.

B. DID YOU GIVE A URINE SAMPLE? A URINE MAY BE TAKEN FROM WOMAN TO DISCOVER ANY KIND OF DISEASE.

C. 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.

MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?MAY I SEE IT PLEASE?

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 seen 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, select '2'.

If the card is not available select '2' (card not seen) or '3' (No) in MN5)

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.

MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?

Ask if she received any tetanus toxoid injection during her last pregnancy. Select '1' for a 'Yes' response. If the answer is 'No' or 'DK', select the code appropriately and skip to MN9.

MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?

Enter the number of times this tetanus injection was given in the space provided and continue with MN8. If the number of doses is 7, record '7'. If she does not know, select '8' and skip to MN9.

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*

Check the box corresponding to the number of tetanus injections during last pregnancy. If she reported at least two tetanus injections during her last pregnancy, go to MN12. If she reported fewer than two tetanus injections during her last pregnancy, continue with MN9.

MN9. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?

Select the code corresponding to her response. If she reports never having received any tetanus injection prior to her last pregnancy, or does not know, select the code corresponding to the answer given and skip to MN12. If 'Yes', continue with MN10

MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)?

Ask for number of times of tetanus injections 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 MN7. If 5 or more times record '5'. If 'don't know' select 8 and then skip to MN12

MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)?

Ask her to estimate how long ago she received the last dose of tetanus injections (the dose before her last pregnancy), and enter her response in years. If less than 1 year, record 00

MN12. *Check MN1 for presence of antenatal care during this pregnancy:*

If the answer to MN1 is 'Yes', check the corresponding box and continue with MN13. If no antenatal care is received during this pregnancy, skip to MN17.

Comment on 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 new-borns. The World Health Organization recommends that pregnant women in malaria-endemic areas take a treatment dose of SP (usually three tablets taken all at once) 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 SP, usually given during antenatal visits, is known as intermittent preventive treatment (IPT). The generic name for SP is sulfadoxine-pyrimethamine, and other brand names can exist. Other anti-malarial medicines can be used as a preventive measure as well.

Select 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 with next question.

MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?

If the respondent response is 'Yes' select 1 and continue with MN14, but if did not take any medicine to prevent her from getting malaria, select '2'. If she does not know whether she received treatment to prevent malaria during her last pregnancy, select '8' for 'DK'. In both cases, skip to MN17.

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, select '2' for 'No' and skip to MN17.

MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?

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

If the respondent cannot remember the name of the medicine taken, ask her to show you the pack it came with. If she doesn't have the pack, show her typical anti-malarial packs 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, select 'A' on the assumption that she took SP.

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

MN15. Check MN14 for medicine taken:

This filter is used to skip the next question if the woman did not take SP during her last pregnancy. If SulphadoxinePyremethaminewas taken (MN14), continue with the next question. If SulphadoxinePyremethaminewas not taken, skip to question MN17.

MN16. DURING YOUR PREGNANCY WITH NAME, HOW MANY TIMES DID YOU TAKE SULPHADOXINE PYREMETHAMINE (SP) /FANSIDAR IN TOTAL?

Here we are asking about preventive doses of SP, or fansidar 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 ‘times’ taken (three tablets taken at the same time = ‘1 dose’ = ‘1 time’) when the woman was pregnant and did not have a fever.

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?

Select the code for the person assisted with the delivery. Probe: “**ANYONE ELSE?**” and select the codes for any other persons assisting with the delivery of this child.

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. Select 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 select ‘X’. If no one attended the delivery, select ‘Y’.

MN18. 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 select ‘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 select ‘36’. ***If unable to determine whether public or private write the name of the place.***

Dispensary, health centre or health post is typically the lowest level of care, or first point of entry into the health system.

Government hospital

It is a union comprising a number of partially self-governing states united by a central (federal) government.

State Govt is the self-governing status of the state and is a component of the federal government. It is the second hierarchy of the government.

Private medical sector: it is run by an individual, or group of person or association

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 select ‘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 select the code corresponding to the response. Places that are not health facilities, other than home, should also be coded as ‘Other’ and described.

MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?

A caesarean section is a delivery of a baby through an incision in the woman’s abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

If the respondent says yes, select 1 and continue with the next question, but if No, select 2 and skip to MN20.

MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION

The purpose here is to identify the time the Doctor directed the caesarean for the pregnant women. Sometime the directive would be given for the due day of delivery, while others is when prolong labour pains started.

If the response is before select '1', if after, select '2'.

MN19B. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED SOON AFTER THE BIRTH OF (name). Was (NAME) dried (or wiped) after birth?

Select 1 if yes, 2 if Noor 8 don't know as appropriate.

MN19C. AFTER THE BIRTH, WAS (NAME) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST?

Circle '1' if yes, '2' if no and '8' if 'Don't know'. If available, show the respondent a picture that shows skin-to-skin position.

MN19D. HOW LONG AFTER THE BIRTH WAS (name) BATHED FOR THE FIRST TIME?

If the baby was bath immediately after birth select '000', if after some hours, write the number of hours, if less than 1 hour, record '00' hours and 'Don't know/Remember 998

MN19E. Check MN18: Was the child delivered in a health facility?

If after checking you discover that the child was delivered in health facility skip to MN19H. If No or don't know continue with the next question.

MN19F. WHAT WAS USED TO CUT THE CORD?

The purpose of this question is to know the instrument that was used in cutting the baby's cord. If new blade select A, if blade use for other purposes select B, if scissors select C, others specify. Select X

MN19G. WAS THE INSTRUMENT USED TO CUT THE CORD BOILED PRIOR TO USE?

Select the code(s) corresponding to the response.

MN19H. WAS ANYTHING APPLIED TO THE CORD AFTER IT WAS CUT AND TIED UNTIL IT FELL OFF?

If yes select '1' and continue. If No select '2' and skip to MN20. If 'Don't know select '8' and skip to MN20.

MN19I. WHAT WAS APPLIED TO THE CORD?

Select the code(s) corresponding to the response. This is a multiply choice question. You may probe for anything else.

MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?**Comment on weight of child:**

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; select '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 judgement to influence her response in MN20. 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.

Birth weight is defined as the weight taken immediately after birth or within the first 24 hrs of life.

For example, where birth is at home and immediately after child is taken to hospital, then this is assumed to be birth weight. If mother takes child to hospital one day or week later, this is not weight at birth.

MN21. WAS (*name*) WEIGHED AT BIRTH?

Select the code corresponding to the response given. If ‘Yes’ continue with the next question but, if the baby was not weighed at birth or the mother doesn’t know, skip to MN23.

MN22. 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), select ‘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, select ‘2’ 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 select ‘99998’ for ‘DK’ if she absolutely cannot remember even the approximate weight.

MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?

Select the code corresponding to the response given. If ‘Yes’ 1, and if No 2

MN24. 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.

Select the code corresponding to the response given. If the response is ‘Yes’ select 1 and continue with next question but if ‘No’ (she never breastfed the child), go to next module

MN25. 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, select '000'. Otherwise, record the time in completed hours or days.

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

If the mother began breastfeeding within 24 hours of the birth, select '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, select '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, select '2' and record days.

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

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?

If the child was given anything to drink other than breast milk, then select code '1' for 'Yes' and '2' for 'No' then go to next module.

MN27. WHAT WAS (*name*) GIVEN TO DRINK?

Select the code corresponding to the response. Probe by asking "ANYTHING ELSE?" to find out if the child was given anything else to drink. If the respondent answers that the child was given a drink other than those listed here, write the description of the drink in the space provided for 'Other' and select 'X'.

5.1.8 POST NATAL HEALTH CHECK

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check CM13 in Fertility /Birth History module and record name of last born child on the space provided at the top of this module. Use this child's name while asking the questions, where indicated.

PN0. DURING THE FIRST TWO DAYS AFTER BIRTH, DID ANY HEALTH CARE PROVIDER DO THE FOLLOWING ACTIONS FOR YOUR NEW-BORN EITHER AT HOME OR A FACILITY?

Inquire from the respondent actions taken by the health care provider for the new-born during the first two days after birth. Select the code(s) in each questions accordingly. This Multiple response.

PN1. Check MN18: Was the child delivered in a health facility?

If the child was delivered in health facility tick the box for yes and continue with the next question. If 'No' is the response skip to PN6.

PN2. YOU HAVE SAID THAT YOU GAVE BIRTH IN (NAME OR TYPE OF FACILITY IN MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

We want to know how long the respondent stayed in the health facility after delivery. If it is hours write the number of hours, write the number of days it was for days and number of weeks respectively. Select 998 if the respondent say he does not know or that he does not remember.

PN3. BEFORE YOU LEFT THE (NAME OR TYPE OF FACILITY IN MN18), DID ANYONE CHECK ON (NAME)'S HEALTH Select 1 for yes and 2 for No.

PN4. AND ABOUT CHECKS ON YOUR HEALTH – I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (NAME OR TYPE OR FACILITY IN MN18)?

Select 1 for yes and 2 for No. and continue.

PN5. DID ANYONE CHECK ON (NAME)'S HEALTH AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN18)?

If yes select '1' and skip to PN11. If No select 2 then go to PN16

PN6. CHECK MN17: DID A HEALTH PROFESSIONAL, TRADITIONAL BIRTH ATTENDANT, OR COMMUNITY HEALTH WORKER ASSIST WITH THE DELIVERY?

From MN17, if the delivery was assisted by a health professional, traditional birth attendant, or community health worker tick the box and continue with PN7. If No skip to PN10

PN7. AFTER THE DELIVERY WAS OVER AND BEFORE (*PERSON OR PERSONS IN MN17*) LEFT YOU, DID (*PERSON OR PERSONS IN MN17*) CHECK ON (*NAME*)’S HEALTH?

SELECT CODE CORRESPONDING TO THE RESPONSE AND CONTINUE.

PN8. AND DID (*person or persons in MN17*) CHECK ON YOUR HEALTH BEFORE LEAVING.

Explain to the respondent what checking on her health mean. By that you meant assessing her health, for example asking question about her health or examining you. Select code corresponding to the response and continue.

PN9. AFTER THE (*PERSON OR PERSONS IN MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*NAME*)?

If yes select ‘1’ and skip to PN11. If No skip to PN18.

PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*NAME*)’S HEALTH AFTER DELIVERY. AFTER (*NAME*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?

SELECT ‘1’ FOR YES AND CONTINUE, SELECT ‘2’ NO AND SKIP TO PN19

PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE? If ONCE select 1 and skip to PN12A. If more than once select ‘2’ then go to PN12B.

PN12A/PN12B. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPENS? AND HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?

If less than one day record hours if less one week record days, otherwise, record weeks and don’t know select 998.

PN13. WHO CHECK ON (*name*)’s HEALTH AT THAT TIME?

Select the code for the person who checkson the health of (*name*) at that time of delivery.

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. Select the codes corresponding to all persons who checked on her that time of delivery. If you are unsure where to code a person mentioned, write it in the space provided 'other (specify)' and select 'X'.

PN14. WHERE DID THIS CHECK TAKE PLACE?

Ask where the check took place. Is it at Home such as respondent's home or other people home, or Public sector such as government hospital, government clinic/health post; or Private medical sector such as private hospital, private clinic, private maternity home or other private medical centre? If unable to determine whether public or private. Write the name of the place in the space provided.

PN15. Check MN18: Was the child delivered in a health facility?

If the child was delivered in a health facility tick the box and continue with PN16. If No tick the box and go to PN17

PN16. After you left (*NAME OR TYPE OF FACILITY IN MN18*), did anyone check on your health?

If yes select '1' and skip to PN20. If No select '2' and moved to the next module.

PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

IF YES TICK THE BOX AND CONTINUE WITH PN18. If No tick the box and skip to PN19.

PN18. After the delivery was over and (*PERSON OR PERSONS IN MN17*) left, did anyone check on your health?

If yes select '1' and skip to PN20. If No select '2' and moved to the next module.

PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH?

If the response is 'yes' continue with the next question. If 'No' moved to the next module.

PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?

If it is just once select '1' and skip to **21A** and if more than once select '2' and skip to **PN21b**

PN21A/PN21B. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? AND HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? If less than one day record hours if less one week record days, otherwise, record weeks and don't know select 998.

PN22. Who checked on your health at that time?

Indicate the health professional(s) or other person(s) that checked on the respondent health. Note that this is a multiple response question.

PN23. WHERE DID THIS CHECK TAKE PLACE?

Ask where the check took place. Is it at Home such as respondent's home or other people home, or Public sector such as government hospital, government clinic/health post; or Private medical sector such as private hospital, private clinic, private maternity home or other private medical centre? If unable to determine whether public or private. Write the name of the place in the space provided.

5.1.9 Illness Symptoms

IS1. Check Household Listing, column HL9 and HL15

Check column HL9 in Household Listing Form of the household questionnaire. If the respondent is the mother or caregiver of any child under age 5, then continue with IS2. Otherwise, go to next module.

IS2. 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. Probe by saying ‘**ANY OTHER SYMPTOMS**’ and keep asking for more signs or symptoms until the mother/caregiver cannot recall any additional symptoms.

Select all symptoms mentioned, **but do not prompt with any suggestions**. . 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.

If the respondent mentions a symptom not listed here, write the description of the symptom in the space provided for ‘other (specify)’ and select ‘X’ (‘Y’, and ‘Z’, for additional symptoms not listed).

5.1.10 Contraception

This module should be administered to all women aged 15-49 years. These questions deal with private behaviour and attitudes. They are designed to collect the basic information needed to estimate contraceptive prevalence rates and types of methods used.

Any other person that may be present during the interview should be asked to leave the interview area to ensure privacy. Even cases where women are being interviewed alone, they will be reluctant to answer these questions, especially if they sense that you are part of a team that includes males and that her responses may be shared with the males in the team.

CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. 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!

Select the code corresponding to the response given. If she is pregnant, select ‘1’ and go to the next module and if No select ‘2’ If the woman is unsure or does not know for certain if she is pregnant, select ‘8’ for ‘Unsure or DK’.

CP2. COUPLES 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?

Select the code corresponding to the response given. If yes select 1 and skip to **CP3**

If the answer is 'No select 2 and go to the next module.

CP2A. COUPLES 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?

Select the code accordingly, If yes select 1 or 'No select 2 then go to next module.

CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?

Select the code corresponding to the response given. Do not prompt the woman. If she mentions more than one method, select 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' (specify) and select '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 condom use, 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.

Female sterilization: Also known as tubal ligation or tubectomy. It involves a surgical operation that cuts and ties separately the fallopian tubes (i.e. the female ducts through which the female egg passes into the womb after being released from the ovaries) with the aim of preventing fertilization by the sperms.

Male sterilization: It is also known as Vasectomy. It involves a surgical operation to cut, and tie separately the vas deferens (i.e. the male ducts which conduct sperms) with the aim of preventing the sperms from entering the womb during sexual intercourse.



I.U.C.D.: It is the abbreviated version of Intra Uterine Contraceptive Device. It is a special loop or coil which is inserted into the womb to prevent sperm from fertilizing the female egg after sexual intercourse.

Douche: It involves the use of syringe to wash the vagina with water or chemical solution immediately after intercourse with the aim of preventing the sperm from fertilizing the ovum.

Abstinence: It is a non-scientific method of birth control which involves staying away from sexual intercourse either permanently or for a period of time.

Withdrawal: It involves the man withdrawing before ejaculation during sexual intercourse.

Rhythm: It is a non-scientific method of birth control which involves deliberate avoidance of sexual intercourse during the "unsafe period" of a woman's menstrual cycle but indulging in the sex act during her "safe period". Safe period is that period outside the woman's ovulation period.

DIAPHRAGM: A dome-shaped rubber or plastic contraceptive device for women, placed inside the

Vagina over the entrance to the womb to prevent sperm from entering.

NORPLANT: Trademarks for a removable skin implant dispensing a long-term contraceptive drug.



Note that vasectomy and tubectomy are different from other surgical operations on the male or female organ for other purposes.

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

If the woman has been sterilized, you will select 'A' for 'Female sterilization' as the current method. If the woman's current partner has been sterilized, you will select 'B' for 'Male sterilization' as the current method. However, if 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 be selected only 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.

5.1.11 Unmet Need

Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. Questions used in this module as well as a number of other modules are used to assess whether women have an unmet need for family planning.

UN1. Check CP1: Currently pregnant?

This is a filter that you will use to make sure that you do not ask questions UN2 to UN4 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 continue with UN2. If she is currently not pregnant, is unsure or does not know, skip to UN5.

UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?

Select the code corresponding to the answer given. Skip to UN4 if 'Yes'. Otherwise, continue to the next question.

UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?

Select the code corresponding to the answer given.

UN4. 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. Select the code corresponding to the response given. If the woman wants to have another child, you should select '1' and continue with UN7. If she wants no more children or does not want to have children at all, you should select '2' and skip to UN13. If she is undecided or does not know, select '8' and skip to UN13.

UN5. Check CP3. Currently using "Female sterilization"?

Select the code corresponding to the response given. If yes go UN13 and if No continue with UN6.

UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?

Select the code corresponding to the response given. If the woman wants to have a/another child, you should select '1'. If she wants no more children or does not want to have children at all, you should select '2' and skip to UN9. If she says she cannot get pregnant, select '3' and

skip to UN11. If she is undecided or does not know, select '8' and skip to UN9.

UN7. 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. Select '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, select '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, select '996' for 'Other'(specify). If she says she does not know, select '998'. For women who say that they cannot get pregnant, you should skip to UN11.

UN8. Check CP1. Currently pregnant?

Check CP1.If the woman is currently pregnant, mark the corresponding box and skip to UN13. If she is currently not pregnant, is unsure or does not know, continue with UN9.

UN9. Check CP2. Currently using a method?

Check CP2.If the woman is currently using a method, mark the corresponding box and skip to UN13. If she is currently not using a method, continue with UN10.

UN10. 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. Select 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'.

UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?

If the woman does not believe that she is physically capable of becoming pregnant, we ask the reason(s) why. Select the code corresponding to the answer. If more than one reason is given, select all the codes for these responses.

UN12. CHECK UN11. "NEVER MENSTRUATED" MENTIONED?

Check UN11.If code 'C' is selected (Never menstruated), mark the corresponding box and go to the next module. If code 'C' is not selected, continue with UN13.

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?

Note that the answer can be given in months or years. Select '1' if the response is in days, '2' if in weeks, '3' if in months, 4' if in years and record the answer in the appropriate spaces. If

she says she is in menopause or has had hysterectomy, record 994. If the woman tells you she had her last menstrual period before her last birth, record '995'. If she says she has never menstruated, select '996'.

5.1.12 Female Genital Mutilation/Cutting(FGM/C)

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 FG8). 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').

FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?

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

FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?

Select the code corresponding to the answer given. If 'Yes' select 1. Otherwise, continue with the next question and if 'No' select 2, then go to the next module.

FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED? Select the code corresponding to the answer given. If 'Yes' select 1. Otherwise, continue with the next question and if 'No' select 2, and skip to FG9

FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?

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

FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?

To nick is to make a small cut in the edge or surface. Select the code corresponding to the answer given.

FG6. WAS THE GENITAL AREA SEWN CLOSED?

Select the code corresponding to the answer given. If necessary, probe: **WAS IT SEALED?**

FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?

Write the age of respondent at circumcision. If the respondent does not know the exact age, probe to get an estimate. If she still says she does not remember or unsure, select '98'.

FG8. WHO PERFORMED THE CIRCUMCISION?

First ask if she knows who circumcised her. Probe to find out the type of person who performed the operation. Select the code corresponding to the answer given. 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 select '16'. 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 select '26'. If she does not know who circumcised her, select '98'.

FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here

Check CM5 and CM7 of the Fertility/Birth History. Sum the answers to both questions and write the total.

FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS. IS THIS CORRECT?

If the respondent says ‘Yes’ and if she has one or more living daughters continue with FG11. If the respondent says ‘Yes’ but she does not have any living daughters skip to FG22.

If the respondent says ‘No’, check responses to CM1 – CM10 and make corrections as necessary, until she answers ‘Yes’ to FG10.

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

The total number of daughters in FG12 should be equal to the number in FG9

If more than 4 daughters, use additional questionnaires

At this point, you will start the second set of questions, which are related to the respondent’s daughter(s) (FG12-FG21). 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.

FG12. Name of Daughter

Record the daughter’s name in the space provided.

FG13. HOW OLD IS (name)?

Record the age of her daughter in the space provided.

FG14. Is (*name*) younger than 15 years of age?

Check FG13 and click '1' for 'Yes' if her daughter is less than 15 years of age. If 'No', select '2' and skip to FG13 for next daughter(s). If there are no more daughters, skip to FG22.

FG15. IS (*name*) CIRCUMCISED?

Record the corresponding answer. If 'No', skip to FG13 for next daughter. If there are no more daughters, skip to FG22.

FG16. HOW OLD WAS (*name*) 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, select '98'. If age is less than one year record '00'

FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (*name*) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?

Select the code corresponding to the answer given. If 'Yes', skip to FG19. Otherwise, continue to the next question.

FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?

Select the code corresponding to the answer given.

FG19. WAS HER GENITAL AREA SEWN CLOSED?

Select the code corresponding to the answer given. If necessary, probe: **WAS IT SEALED?**

FG20. WHO PERFORMED THE CIRCUMCISION?

First ask if she knows who circumcised her daughter. Probe to find out the type of person who performed the operation. Select the code corresponding to the answer given. 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(specify) health professional' and select '16'. 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' (specify) select '26'. If she does not know who circumcised her daughter, select '98'.

FG21.

Go back to FG13 for next daughter. If there are no more daughters, continue with FG22.

FG22. 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=1). Select the code corresponding to the answer given. This will allowed the government to make decision on female genital mutilation/cutting.

5.1.13 Attitudes Toward Domestic Violence

In this module, we have only one question, which asks for the woman's opinion on domestic violence. Note that we are not asking whether the woman has been subjected to domestic violence. Research has shown, however, that there is overall agreement in the proportion of women who think that a husband may be justified in hitting or beating his wife in certain situations, and the actual prevalence of domestic violence. The correlation may be on a societal level, and not on an individual level.

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

- [A] IF SHE GOES OUT WITHOUT TELLING HIM?**
- [B] IF SHE NEGLECTS THE CHILDREN?**
- [C] IF SHE ARGUES WITH HIM?**
- [D] IF SHE REFUSES TO HAVE SEX WITH HIM?**
- [E] IF SHE BURNS THE FOOD?**

Read each item aloud. For each situation, select the code corresponding to the answer given – ‘1’ if ‘Yes’ (she thinks the husband is justified in hitting or beating his wife in that situation), ‘2’ if ‘No’, and ‘8’ if the respondent does not know or does not have an opinion. This should not be a direct question but little and gentle questions.

5.1.14 Marriage/Union

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). Select 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 MA5.

MA2. HOW OLD IS YOUR HUSBAND/PARTNER?

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, select ‘98’.

MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?

In this question, we are interested in the wives and/or live-in partners that the respondent's husband/partner has. Select the code corresponding to the answer given. If 'No', skip to MA7 and if 'don't know', also skip to MA7 as well.

MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?

Similar to the previous question, we are interested here in the number of wives and/or live-in partners the respondent's husband has. Enter the number of other wives in the space provided. Use leading zeros if necessary. For all answers, skip to MA7.

MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?

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.

Select 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, select the code for 'Yes, formerly married'.

If she was never married and never lived with a man select '3' for 'No' and go to the next module. Otherwise, continue on to MA6.

MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?

Select 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 either widowed, divorced or separated.

You should use 'widowed' (1) for women who were married and their husband died, and (2) for women who were in an informal union and their partner died. 'Divorced' should be used for women who were formally married and whose marriage formally ended. 'Separated' should

be used (3) for women who were married, but are no longer continuing the marriage with their husband, and (2) for women who were in an informal union and are no longer continuing the union with their partner.

MA7. 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' and skip to MA8B. If she has married or lived with someone else only once, select '1' and skip to MA8A

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.

MA8A/MA8B. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? AND 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, select '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 and go to next module. 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, select '9998' for 'DK year'.

MA9. 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.

5.1.15 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. **Before continuing, ensure that no one else, besides you and the respondent, is present for the interview and the respondent's answers will remain strictly confidential. If the respondent's privacy cannot be ensured, STOP HERE and do not ask the questions in this module until you have privacy again.**

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.

SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?

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.

If the response is ‘Never had intercourse’, select ‘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. THE FIRST 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 to the first occasion the respondent had sexual intercourse.

Select the code for the response given.

SB3. 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’, select ‘2’ and write ‘03’ in the boxes next to ‘Weeks ago’. If she says “4 days ago,” select ‘1’ and write ‘04’ next to ‘Days ago’. If the respondent says “last night,” select ‘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.

Record answers in days, weeks or months if less than 12 months (one year) if 12 months (one year) or more answers must be recorded in years. If 'years ago' skip to SB15.

Check CM12 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.

SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?

In this question, this time, we are referring only to the last occasion the respondent had sexual intercourse. The purpose here is confirmed whether condom was used or not.

Select the code for the response given.

SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON 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 person is 'boyfriend', ask: "**WERE YOU LIVING TOGETHER AS IF MARRIED?**" If 'Yes', select '2' for 'Cohabiting partner'. If 'No', select '3' for 'Boyfriend' and skip to SB7.

SB6. Check MA1:

Check MA1 of the Marriage/Union module. If the respondent is currently married or living with a man, check the corresponding box and skip to SB8. If the woman is not married or in union, check the corresponding box and continue to the next question.

SB7. 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, probe by asking "**ABOUT HOW**

OLD IS THIS PERSON?”.If she still says she does not know, select ‘98’ and continue to the next question.

SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?

We are interested in finding out whether the respondent had sexual intercourse 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’, skip to SB15.

SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?

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

Select the code for the response given.

SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?

This question asks about the relationship she had with this other person. It should refer to the relationship she had with the person at the time of intercourse.

The questions should be asked, probed and recorded the same way as SB5. If the person is ‘boyfriend’, ask: **“WERE YOU LIVING TOGETHER AS IF MARRIED?”** If ‘Yes’, select ‘2’ for ‘Cohabiting partner’. If ‘No’, select ‘3’ for ‘Boyfriend’ and skip to SB12.

SB11. Check MA1 and MA7:

Check MA1 and MA7 of the Marriage/Union module. If the respondent is currently married or living with a man and married only once, check the corresponding box and skip to SB13. For all other cases, check the corresponding box and continue to the next question.

SB12. HOW OLD IS THIS PERSON?

Again, we are looking for the age of the person she had sexual 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, probe by asking "ABOUT HOW OLD IS THIS PERSON?". If she still says she does not know, select '98' and continue to the next question.

SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?

Select the code corresponding to response given. Continue to the next question if the response is 'Yes'. If 'No', skip to SB15.

SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE 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. Since this question is asked only if the respondent has had sexual intercourse with at least three partners in the last 12 months, the answer should never be '00', '01' or '02'.

SB14A. FOR ALL THE SEXUAL INTERCOURSE WITH NON MARITAL PARTNERS IN THE LAST 12 MONTHS (FROM DATE OF THIS INTERVIEW), WAS A CONDOM USED?

Among the total number of partners the respondent has had sexual intercourse with in the last 12 months was a condom used; the respondent should give the number of those partners of which condom was used. But if she is not sure don't remember or don't know record "8 '".

SB15 IN TOTAL WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?

The total number of partners the respondent has had sexual intercourse with in his life time. The respondent should give the number of those partners she had have sexual intercourse from the first term she had experience sex. Also note that if a non-numeric answer is given, probe to get an estimate number. But number of partners is 95 or, more, write ‘99’ and don’t know should recorded 98.. If her response is less than 10, use a leading zero.

5.1.16 HIV/AIDS

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 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 AIDS, skip to next module.

The following questions HA2-HA8 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-HA7 select the code for the response given. If the respondent cannot provide a ‘Yes’ or ‘No’ answer, select ‘8’ for ‘DK’. Do not prompt the respondent or indicate the ‘correct’ answer in any way.

HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER 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 select 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. Select ‘1’ for ‘Yes’ and ‘2’ for ‘No’ for each of the items. If the woman does not know the answer or is unsure, select ‘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.

Select 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, select ‘8’ for ‘DK/not sure/depends’.

HA8A. Check HA8A, (B) and (C) for the consistency, if all in HA8 is NO or don’t know. Skip to HA9. If At least one yes continue with HA8D.

HA8D. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMEN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?

As in HA8, this question is aimed at testing the knowledge of the respondent in the area drugs that can reduce HIV virus.

Select the code corresponding to the answer given and continue with the next question.

HA9. IN YOUR OPINION, 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?

Select the code corresponding to the answer given and continue with the next question.

HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?

Select the code corresponding to the answer given and continue with the next question.

HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?

Select the code corresponding to the answer given and continue.

HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR HOUSEHOLD?

The following questions aim to obtain information about the level of ‘unmet need’ for HIV-testing and will be asked to women with a live birth in last 2 years and received antenatal care. They first ask about AIDS counselling and 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.

Select the code corresponding to the answer given and continue with the next question.

HA12A. Do you think children with THE AIDS VIRUS should be ALLOWED TO attend ANY school?

Select the code corresponding to the answer given and continue with the next question.

HA13. Check CM13: Any live birth in last 2 years?

Check CM13 in the Fertility/Birth History and Newborn Health module to see if the woman has any live births in last 2 years. If the respondent has no live births in last 2 years check the box marked ‘No’ and skip to HA24. If she has a live birth in last 2 years check the corresponding box and continue with HA14.

HA14. Check MN1: Received antenatal care?

Check the respondent's answer to MN1 in the Maternal and Newborn Health module regarding whether or not she received antenatal care. If the respondent has received antenatal care check the box marked 'Yes' and continue with HA15. If she has not received antenatal care in last 2 years check the corresponding box and skip to HA24.

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT?

[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?

[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?

[C] GETTING TESTED FOR THE AIDS VIRUS?

WERE YOU:

[D] OFFERED A TEST FOR 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 during this pregnancy. 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.

Select the code corresponding to the answer given and continue with the next question.

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS 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. Select the code corresponding to the response. If the answer is 'No' or 'DK', skip to HA19.

HA17. 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. Select the code corresponding to the response. If the answer is 'No' or 'DK', skip to HA22.

HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?

Select the code corresponding to the response.

All answers should skip to HA22.

HA19. Check MN17: Birth delivered by health professional (A, B, or C)?

Check the respondent's answer to MN17 in the Maternal and Newborn Health module regarding whether or not this birth was delivered by a health professional (doctor, nurse/midwife, or auxiliary midwife). If the birth was delivered by a health professional check the box marked 'Yes' and continue with HA20. If the birth was not delivered by a health professional check the corresponding box and skip to HA24.

HA20. I DO NOT WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?

Be clear to the respondent that you are not asking to know the results of the test, simply whether or not she was tested. Select the code corresponding to the response. If the answer is 'No', skip to HA24.

HA21. 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. Select the code corresponding to the response.

HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?

Be clear to the respondent that you are not asking to know the results of the test, simply whether or not she was tested. Select the code corresponding to the response. If the answer is 'Yes', skip to HA25. If the answer is 'No', continue.

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?

Select the code corresponding to the response.

HA24. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?

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. Select the code for the response given. If her answer is 'No', skip to HA27.

HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?

Select the code corresponding to the response.

HA26. I DO NOT 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.

It is important that you do not attempt to find out the HIV status of any respondent who has been tested, or simply that you have any interest in knowing her HIV status. Ask the question, ensuring that the respondent knows that you are not interested in learning the results of any test she may have undergone. Select the code corresponding to her response.

HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?

Select the code corresponding to the response.

5.1.17 TOBACCO AND ALCOHOL USE

This module aim at identifying people that smoke Tobacco product and other cigarettes such as cigars, water pine/shish, cigarillos or pipe and how often people smoke. The module also emphasised on drinking of Alcohol such as beer, glass of wine or cognac, vodka and whiskey.

TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?

Select the code corresponding to the response. If No skip to TA6.

TA2 HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?

We want to know the age of the individual when she first smoke a whole stick of cigarette. If never smoked a whole cigarette select '00' and skip to TA6.

TA2A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER SMOKED CIGARETTES ON A DAILY BASIS?

This question is seek to inquire from the respondent if she has ever in his lifetime smoke cigarettes every day. If, yes, daily select 1 but if the response is No, less than daily select 2.

TA3. DO YOU CURRENTLY SMOKE CIGARETTES?

Select the code corresponding to the answer given. If YES, go to the next question. If NO skip to TA6.

TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?

The respondent is expended to give the total number of cigarettes she smoked in the last 24 hours. Record the number in the space provided.

TA4A. HOW MANY CIGARETTES DO YOU CURRENTLY SMOKE PER WEEK ON AVERAGE?

You are expected to ask the person how many hand-rolled and manufactured cigarettes he currently smoke per week on average. Record the number in the space provided. If none write "000".If "not every week" write "666".

TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?

You are to record the number of days the respondent smoke cigarettes during the last one month.If less than 10 days, record the number of days. If 10 days or more but less than a month, select "10". If "every day" or "almost every day", select "30".

TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE/SHISHA, CIGARILLOS OR PIPE?

If YES, daily select '1', if No, less than daily select '2' skip to TA10

TA6A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKED TOBACCO PRODUCTS ON A DAILY BASIS?

Select the code corresponding to the answer given. If YES, go to the next question. If NO select 2

TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?

Select the code corresponding to the response. If respondent say NO skip to TA10.

TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?

Select all mentioned by the respondent.

TA8A. HOW MANY (*products selectd in TA8*) DO YOU CURRENTLY SMOKE PER WEEK ON AVERAGE?

Write the number as provided by the respondent in the space provided. If none write "000".

If "not every week" write "666".

TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?

Record the number of days the respondent smoke Tobacco products during the last one month. If less than 10 days, record the number of days. If 10 days or more but less than a month, select "10". If "every day" or "almost every day", select "30".

TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?

If yes select '1' and continue, if No select '2' and skip to TA13A.

TA10A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKELESS TOBACCO PRODUCTS ON A DAILY BASIS?

If YES, and “daily” is mentioned, please select ‘1’, if No, “less than daily” select ‘2’.

TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?

Seek to know whether the respondent use any smokeless tobacco products in the last one month. If yes select ‘1’ and continue. If no select ‘2’ and skip to TA13A.

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?

Select all mentioned by the respondent.

TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?

Record the number of days the respondent smokeless Tobacco products during the last one month. If less than 10 days, record the number of days ‘0’. If 10 days or more but less than a month, select “10”. If “every day” or “almost every day”, select “30”.

TA13A. HOW OFTEN DOES ANYONE SMOKE INSIDE YOUR HOME? WOULD YOU SAY DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY, OR NEVER?

Select the code corresponding to the response.

TA13B. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME?

If yes select ‘1’ and continue. If No or don’t know select ‘2’ and skip to TA13E.

TA13C. DO YOU USUALLY WORK INDOORS OR OUTDOORS?

Select the code corresponding to the response. If the response is ‘2’ skip to TA13E.

TA13D. DURING THE LAST ONE MONTH, DID ANYONE SMOKE INDOOR AREAS WHERE YOU WORK?

Select the code corresponding to the response.

TA13E. CHECK TA3 AND TA7: CURRENT TOBACCO SMOKER?

If yes, tick the box and continue with TA13F. If No skip to TA13O.

TA13F. DURING THE LAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING?

Select the code corresponding to the response.

TA13G. DURING THE LAST 12 MONTHS, HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER?

If yes select '1'. If No select '2' and skip to TA13K.

TA13H. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE LAST 12 MONTHS, WERE YOU ADVISED TO QUIT SMOKING TOBACCO?

Select the code corresponding to the response.

TA13I. DURING THE LAST ONE MONTH, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES?

The health warning can be "smokers are liable to die young", "smokers can become impotent". If yes select '1' and continue with the next question. If no select '2' and skip to TA13K. If the respondent says she did not see any cigarette packages select '6' and skip to TA13K.

TA13J. DURING THE LAST ONE MONTH, HAVE WARNING LABELS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING?

Select the code corresponding to the response.

TA13K. CHECK TA4A: CURRENT SMOKER OF MANUFACTURED CIGARETTES?

If yes after checking, tick the box and continue with TA13L. If No, tick the box and go to TA13O.

TA13L. THE LAST TIME YOU BOUGHT CIGARETTES FOR YOURSELF, HOW MANY CIGARETTES DID YOU BUY?

Select the code corresponding to the response and observe the skip instruction.

TA13M. HOW MANY CIGARETTES WERE IN EACH (*unit selectd in TA13L*)?

Write the number of cigarettes per unit selectd in TA13L

TA13N. IN TOTAL, HOW MUCH MONEY DID YOU PAY FOR THIS PURCHASE?

Record the total amount in Naira, in the space provided.

TA13O. CHECK MT2: READS NEWSPAPERS OR MAGAZINES?

If yes after checking, tick the box and continue with TA13P. If No, tick the box and go to TA13Q.

TA13P. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION IN NEWSPAPERS OR IN MAGAZINES ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?

Select the code corresponding to the response.

TA13Q. CHECK MT4: WATCHES TELEVISION?

If yes after checking, tick the box and continue with TA13R. If No, tick the box and go to TA13S

TA13R. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION ON TELEVISION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?

If yes select '1' and no select '2'. If the respondent says she did not go to any stores where cigarettes are sold select '6' and continue.

TA13S. During the last one month, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?

Select the code corresponding to the response.

TA13T. During the last one month, have you noticed any of the following types of cigarette promotions?

Types of cigarettes promotions are listed below. Select the code corresponding to the response.

TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?

If yes, select 1; if No select 2 and move to the next module.

TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR CALABASH, PALM WINE, PITO OR BURUKUTU; ONE GLASS OF WINE; OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR GIN.

How old were you when you had your first drink of alcohol, other than a few sips?

If the respondent says he never had one drink of alcohol select '00' and move to the next module. Record the age when she had her first drink of alcohol.

TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?

If she says she did not have one drink in last month, record '00' and moved to the next module. If less than 10 days, record the number of days '0'. If 10 days or more but less than a month, select "10". If "every day" or "almost every day", select "30".

TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?

Record number of drinks in the space provided.

5.1.18 LIFE SATISFACTION

This module is concerned with knowing how happy people are on different issues. We will know from different perspective whether they are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy. We will also examine to know how satisfied people are in different situations. Again, we will examine to know whether they are very

satisfied, somewhat satisfied, neither satisfied nor unsatisfied, somewhat unsatisfied or very unsatisfied.

LS1. CHECK WB2: AGE OF RESPONDENT IS BETWEEN 15 AND 24?

If yes after checking, that is age 25-49 tick the box and skip to WM11. If No, i.e age is between 15 to 24, tick the box and continue with LS2.

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

You can also show her side 1 of response card and explain what each symbol represents. Select the response code selected by the respondent.

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

Again, you can also show her side 1 of response card and explain what each symbol represents before asking her how satisfied she is with her family life. Select the response code selected by the respondent.

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Select the response code selected by the respondent.

LS5. DURING THE 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

If yes select '1' and continue with LS6. If no select '2' and skip to LS7.

LS6. HOW SATISFIED (ARE/WERE) YOU WITH YOUR SCHOOL?

Select the response code selected by the respondent.

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?

IF THE RESPONDENT SAYS THAT SHE DOES NOT HAVE A JOB, SELECT "0" AND CONTINUE WITH THE NEXT QUESTION. DO NOT PROBE TO FIND OUT HOW SHE FEELS ABOUT NOT HAVING A JOB, UNLESS SHE TELLS YOU HERSELF. Select the response code selected by the respondent.

LS8. How satisfied are you with your health?

Select the response code selected by the respondent.

LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?

Select the response code selected by the respondent. If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.

LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?

Select the response code selected by the respondent.

LS11. How satisfied are you with the way you look?

Select the response code selected by the respondent.

LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?

Select the response code selected by the respondent.

LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?

Select the response code selected by the respondent. If the respondent says that she does not have any income, select "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.

LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?

Select the response code selected by the respondent.

LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?

Select the response code selected by the respondent.

WM11. Record the time.

Record the end time in hours and minutes in the space provided.

WM12. Check List of Household Members, columns HL7B and HL15:

Check to know whether the respondent is the mother or caretaker of any child age 0-4 living in the household. *If yes, proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. If NO End the interview with the respondent by thanking her for her cooperation and proceed to the result of woman's interview (WM7) on the cover page.*

6.0 HOW TO FILL IN THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE

The purpose of the Questionnaire for Children Under Five is to provide information on a wide range of MICS5 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 Form in the Household Questionnaire.

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. This person can be a man or a woman.

This questionnaire is to be administered to all mothers or primary caregivers (see the Household Listing, column HL15) who care for a child that lives with them and is under the age of 5 years (see the Household Listing, column HL7B).

A separate form should be filled in for each eligible child listed in the Household Questionnaire – check column HL7B on the Household Listing.

6.1.1 Under-Five Child Information Panel

UF1-UF8 should be filled in before you start the interview.

UF1. Cluster number

Enter the cluster number from the Household Questionnaire. (Question HH1 from household information panel)

UF2. Household number

Enter the household number from the Household Questionnaire, (Question HH2. From household information panel)

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 .e.g. if the child's name is John then John must be replaced with "NAME" and must be written boldly in UF3.

UF4. Child's line number

Enter the child's line number from the Household Questionnaire, from column HL1 of the Household Listing. E.g. if John is in Line 07 the interviewer should copy and record in UF4

UF5. Mother's / Caregiver's name

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

UF6. Mother's / Caregiver's line number

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

UF7. Interviewer's 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 the interviewer must revisit the household to complete the interview with the mother/caregiver. The interviewer must correct the former date and record the final date of the interview. In other words, the date here should be the date when you have 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 caregiver of the under-five child.

REPEAT GREETING IF NOT ALREADY READ TO THIS MOTHER/PRIMARY CAREGIVER: **“WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (NAME)’S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. MAY I START NOW?”**

If you are starting the interview with the same person that you have completed the household or individual women questionnaire with, you need to read a revised version of the greeting (see below) as the time to complete the questionnaire for under-5 will be different from the household or individual women questionnaire and normally a separate consent is required to do this interview.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child’s name from UF3*)’S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. 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, go to UF12 to record the time and then begin the interview. If the respondent does not agree to continue, complete UF9, 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.

UF9. Result of interview for children under 5

Complete this question once you have concluded the interview. Remember that the code refers to the mother or primary caregiver of the under-five child. Select the code corresponding to the results of the interview. If the questionnaire is completed, select ‘01’ for ‘Completed’. If you have not been able to contact the mother/primary caregiver after repeated visits, select ‘02’ for ‘Not at home’. If the mother/primary caregiver refuses to be interviewed, select ‘03’ for ‘Refused’. If you were able to only partly complete the questionnaire, select ‘04’ for ‘Partly

completed'. If the mother/primary caregiver is incapacitated, select '05'. If you have not been able to complete this questionnaire for another reason, you should select '96' for 'Other' and specify the reason in the space provided.

Ask the mother/primary caregiver 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.

UF10. Field supervisor's name and number

Leave this space blank. The field Supervisor will later enter his/her name and number in the space provided when checking the completed household questionnaires.

UF12. Record the start time

Record the time of the day you start the under-five interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in front of the hour or minute.

6.1.2 Age Module

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 (SEE APPENDIX ONE). EMPHASIZE THIS IN THE TRAINING AND DISCUSS WAYS OF OBTAINING ACCURATE DATES OF BIRTH WITH THE INTERVIEWERS.

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (NAME). ON WHAT DAY, MONTH AND YEAR WAS (NAME) BORN?

Ask the mother or primary caregiver 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 caregiver knows the exact birth date, including the day, enter the day of birth. Otherwise, select ‘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 June is coded as ‘06’. 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.

If the survey is conducted in 2015, the year of birth of the child cannot be earlier than 2010 and if the survey is conducted in 2016, the year of birth of the child cannot be earlier than 2011.

Note: The day and the month of the child must be put into consideration if a child is exactly 5 years i.e 60 months, the child is not eligible.

If the mother/primary caregiver is unable to provide the date of birth information, ask whether she/he has any documentation such as an identification card, health card, 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.

AG2. HOW OLD IS (*name*)?

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. Probe if necessary by asking "**HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY?**"

If the mother/primary caregiver 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 WET SEASONS AGO WAS (*name*) BORN?**"

Record age in completed years. Record '0' if the child is less than 1 year old.

SURVEY COORDINATORS: 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.

SIMILARLY, OTHER PERSONAL IMPORTANT EVENTS FROM RESPONDENT'S PAST CAN BE USED AS REFERENCE POINTS IN THE INTERVIEW AS WELL AS INFORMATION ALREADY GATHERED IN THAT HOUSEHOLD (I.E., HOUSEHOLD ROSTER, IMMUNIZATION CARD, ETC.)

Ask AG1 and AG2 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 (AG1) and completed age (AG2). 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 had his/her last 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 June 2013, in a survey conducted in November 2015, should be age 2(2013 + 2 = 2015).
- If the month of birth is after the month of interview (the child has not yet 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 2013, in a survey conducted in November 2014, should be age 1 (2013 + 1 = 2014).
- 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 2012, in a survey conducted in November 2015, 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 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. Probe, using documents that may be available, dates of well-known events and ages of other children, of the respondent herself/himself, etc.

If after having asked AG1 and AG2, you determine that the child is already 5 years old or more, you must stop the interview because he/she is not eligible anymore. Thank the mother/caregiver for her/his cooperation if she/he does not have other under 5 children. Go back to the Household Listing Form to correct the child age and change as well the number of under 5 children recorded in HH14.

6.1.3 Birth Registration

BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE?

Ask the mother /primary caregiver if the child has a birth certificate. This does not refer to the piece of paper given in a hospital to confirm child birth. It is this paper issued in the hospital that is taken to the National Population Commission/registration centre and the birth will be recorded.

BIRTH REGISTRATION. The certificate itself usually includes some or all of the following information: -

- Birth name
- Date and time of birth
- Sex of the child
- Place and/or location of birth
- Names of the parents of the child
- Occupations of parents of the child
- Birth weight and length
- Name of informant registering the birth
- Date of registration of birth
- A birth registration number or file number
- A *birth certificate* is a vital record that documents the birth of a child. The birth certificate itself is not proof of a person's identity, but only a record stating that a birth occurred at a particular time

Form B.2/2.5
CAUTION: Any person who (1) falsifies any of the particulars on this certificate or (2) uses a falsified certificate as true, knowing it to be false is liable to prosecution.

ORIGINAL

FEDERAL REPUBLIC OF NIGERIA
NATIONAL POPULATION COMMISSION
CERTIFICATE OF BIRTH No. 4422401

Issued under the Births and deaths, etc. (Compulsory Registration) Decree #3 of 1992

Registration Centre... B
Town/Village
L.G.A.
State... Volume... Year... Entry No.
This is to certify that the birth, details of which are recorded herein has been registered on
Day... Month... Year... at this Registration Centre

1. Full Name... (Surname First) (in Block letters)
2. Sex... Date of Birth... Day... Month... Year
3. Place of Birth... Town/Village
4. Full name of Father... (Surname First) (in Block letters)
5. Full name of Mother... (Surname First) (in Block letters)
Place of Issue... ATOLACRPS... Name of Registrar
Date... Signature of Registrar

The 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.

If the answer is yes, ask “**MAY I SEE IT?**” and select the appropriate corresponding code, noting whether or not the certificate was seen. If the child has a birth certificate and it was seen, select ‘1’ and go to BR3A. If the child has a birth certificate but the mother/primary caregiver is unable to show you the certificate, select ‘2’ and go to next module. If the child does not have a birth certificate ‘3’ or the respondent does not know ‘8’ continue to the next question.

BR2. HAS (name)’S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?

Select the code corresponding to the response. If the answer is ‘Yes’, go to BR3A. If the child’s birth has not been registered with civil authorities or the respondent does not know, continue to the next question.

BR3. 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.

Select the code corresponding to the response.

BR3A. Did you register (*NAME*)’s birth with the National Population Commission?

The essence of this question is to know if (*name*)’s birth is registered with NATIONAL POPULATION COMMISSION. If response is yes go to Next Module or else continue.

BR3B. WITH WHICH OTHER AUTHORITY WAS (*NAME*)’S BIRTH FIRST REGISTERED?

This question applies to the children whose birth were registered, whether the certificates were seen or not in BR1 and BR2. The interviewer should select the appropriate response corresponding to the authority with which the children were registered.

BR4. WHAT IS THE MAIN REASON WHY WAS (*NAME*)’S BIRTH NOT REGISTERED?

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

Select 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, select ‘6’ for ‘Other’ and specify the response in the space provided. If don’t know select 8.

6.1.4 Early Childhood 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 module includes a mix of questions to obtain information on various aspects of development (physical, social, emotional, language, and cognitive development).

SURVEY COORDINATORS: SOCIAL DESIRABILITY RESPONSE BIAS IS A COMMON PROBLEM IN RESEARCH AND REFERS TO THE TENDENCY FOR PEOPLE TO PRESENT A FAVOURABLE IMAGE OF THEMSELVES. THESE BIASED ANSWERS CONFOUND RESEARCH RESULTS BY CREATING FALSE RELATIONSHIPS OR OBSCURING RELATIONSHIPS BETWEEN VARIABLES. SENSITIVE QUESTIONS MAY LEAD RESPONDENTS TO ADJUST THEIR ANSWERS SO AS TO APPEAR POLITICALLY CORRECT OR SOCIALLY ACCEPTABLE. QUESTIONNAIRE ITEMS WITH STRONG SOCIAL NORMS (SUCH AS ADHERENCE TO RELIGIOUS OR CULTURAL EXPECTATIONS), OR ADOPTING ATTITUDES/ACTIVITIES/OBJECTS THAT ARE WIDELY CONSIDERED DESIRABLE OR UNDESIRABLE TEND TO ELICIT “SOCIALLY ACCEPTABLE ANSWERS” RATHER THAN CORRECT AND HONEST ANSWERS.

TO MINIMISE SOCIAL RESPONSE BIAS IT IS VERY IMPORTANT FOR THE INTERVIEWERS TO ADOPT A NON-JUDGEMENTAL ATTITUDE AND TO NOT DISPLAY ANY OF THEIR OWN ATTITUDES, SUCH AS CULTURAL OR RELIGIOUS VALUES.

EC1. 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.

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, select ‘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’.

EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*NAME*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH:

[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?

[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?

[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?

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.

Do not pause after reading the first sentence and continue by saying **“DOES HE/SHE PLAY WITH”** and start asking whether the child plays with playthings from each of the categories listed. For example, ask: **“DOES HE/SHE PLAY WITH HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?”** 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, select ‘1’. If the child doesn’t play with items mentioned in a specific category, or the respondent doesn’t know select ‘2’ or ‘8’, for that specific category. Read each category aloud and select the code corresponding to the response before proceeding to the next category.

EC3. 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. ON HOW MANY DAYS IN THE PAST WEEK WAS (NAME):

[A] LEFT ALONE FOR MORE THAN AN HOUR?

[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?

This question is used to assess whether children are at increased risk, either because they are left alone or are left with a child as. These situations have been shown to be associated with higher risk for children.

The question sets up a hypothetical situation, one in which the mother/primary caregiver 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.

Enter the response in the spaces provided. If the child was not left in the care of another child during this period, enter '0' for 'None'. Note that 'another child' is defined as a child less than 10 years old.

EC4. Check AG2: Age of child:

If the child is 3 or 4 years old, check the appropriate box and continue with EC5. If not (if the child is 0, 1 or 2 years old), check the appropriate box and go to next module.

EC5. 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 caregiver understands the meaning of 'Early Childhood Education Programme', explaining it as instructed.

Select the appropriate code. Skip to EC7 if the answer to this question is 'No' or 'DK'.

EC5A. IS THE LEARNING CENTRE PUBLIC OR PRIVATE?

This question aims to find out whether the learning centre is organised by public or private organisation. Select the code corresponding to the response.

SURVEY COORDINATORS: SUPPLY APPROPRIATE LOCAL TERMS FOR THESE TYPES OF EDUCATION PROGRAMMES. IF YOU ARE UNSURE OF WHETHER A PROGRAMME QUALIFIES AS AN 'EARLY CHILDHOOD EDUCATION PROGRAMME', CONTACT THE MICS4 REGIONAL COORDINATOR.

EC6. 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 (excluding the day of interview). Use a leading zero if necessary.

EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*):

Read each items shown below. If ‘No’, select ‘Y’ and move to the next item on the list. If ‘Yes’, ask: “**WHO ENGAGED IN THIS ACTIVITY WITH (*name*)”**

For each activity, select 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, select ‘X’. If the respondent is the primary caregiver of the child and has engaged in any of these activities, code ‘X’ should be selectd.

Note that in a household where there are no adults other than the child’s mother and father, ‘X’ should not be selectd. 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.

[A] READ BOOKS OR LOOKED AT PICTURE BOOKS WITH (*name*)?

[B] TOLD STORIES TO (*name*)?

[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?

[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?

[E] PLAYED WITH (*name*)?

[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?

EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD (*NAME*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD’S DEVELOPMENT.

CAN (*NAME*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A ‘YES’ ANSWER MEANS THAT THE CHILD CAN NAME TEN OR MORE LETTERS OF THE ALPHABET WHILE A ‘NO’ ANSWER MEANS THAT THE CHILD CAN NAME LESS THAN TEN OR NONE AT ALL.

EC9. CAN (*NAME*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A ‘YES’ RESPONSE MEANS THAT THE CHILD CAN READ AT LEAST FOUR SIMPLE, POPULAR WORDS WHILE A ‘NO’ RESPONSE MEANS THAT THE CHILD CAN ONLY READ ONE OR TWO, OR NONE AT ALL.

SURVEY COORDINATORS: DURING FIELDWORK TRAINING, TOGETHER WITH THE INTERVIEWERS AND OTHER FIELDWORK STAFF, TRY TO CREATE A LIST OF LOCALLY USED SIMPLE AND POPULAR WORDS (FROM POEMS, LULLABIES, OR SONGS). THIS MAY HELP THEM TO GIVE EXAMPLES IF NECESSARY, WHILE ASKING THIS QUESTION.

EC10. DOES (*NAME*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. IF PARENT SEEMS HESITANT, PROMPT WITH “DOES THE CHILD KNOW ‘1’? DOES THE CHILD KNOW 2?” ETC. A ‘YES’ ANSWER MEANS THAT THE CHILD CAN RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10 WHILE A ‘NO’ ANSWER MEANS THAT THE CHILD CAN RECOGNIZE LESS THAN TEN OR NONE AT ALL.

EC11. CAN (*NAME*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR ROCK FROM THE GROUND?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. IF NECESSARY, USE THE PEN YOU ARE HOLDING TO DEMONSTRATE THE GRIP. CONSIDER THE SMALL OBJECTS MENTIONED BEFORE WHEN ASKING ABOUT THE ITEMS CHILDREN PLAY WITH (STICKS, ROCKS, ANIMAL SHELLS OR LEAVES). A ‘YES’ ANSWER MEANS THAT THE CHILD IS ABLE TO PICK UP SMALL OBJECTS WITHOUT DIFFICULTY WHILE A ‘NO’ ANSWER MEANS THAT THE CHILD SEEMS TO HAVE DIFFICULTY WITH SMALL ITEMS.

EC12. IS (*NAME*) SOMETIMES TOO SICK TO PLAY?

Select the code corresponding to the response. A ‘Yes’ answer means that the child often gets sick and cannot play or do many physical activities, while a ‘No’ answer is in cases when the child is consistently ready to be active and play and only appears tired when it is appropriate for him/her to be so (e.g., in the evening; at the usual nap time)

EC13. DOES (*NAME*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A ‘YES’ ANSWER MEANS THAT THE CHILD CAN DO THINGS EASILY AND CORRECTLY WHEN ASKED TO DO SO WHILE A ‘NO’ ANSWER MEANS THAT THE CHILD USUALLY DOES NOT ACCOMPLISH THE SIMPLE TASKS SHE/HE IS GIVEN SUCCESSFULLY. DO NOT CONCERN YOURSELF WITH THE REASONS WHY NOT.

EC14. WHEN GIVEN SOMETHING TO DO, IS (*NAME*) ABLE TO DO IT INDEPENDENTLY?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A ‘YES’ ANSWER MEANS THAT THE CHILD IS ABLE TO OCCUPY HERSELF/HIMSELF INDEPENDENTLY FOR AN APPROPRIATE LENGTH OF TIME, WITHOUT CONSTANT ASKING FOR ASSISTANCE OR GIVING UP QUICKLY (E.G., COLOURING, BUILDING STRUCTURES, ETC.) WHILE A ‘NO’ ANSWER MEANS THAT THE CHILD CANNOT OCCUPY HERSELF/HIMSELF INDEPENDENTLY, ASKS FOR HELP OR ASSISTANCE, OR GIVES UP THE WORK/PLAY EASILY IF NOT PROVIDED WITH HELP.

EC15. DOES (NAME) GET ALONG WITH OTHER CHILDREN?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A 'YES' ANSWER MEANS THAT THE CHILD DOES WELL PLAYING AND INTERACTING WITH OTHER CHILDREN WHILE A 'NO' ANSWER MEANS THAT THE CHILD IS UNCOMFORTABLE AROUND OTHER CHILDREN, PREFERS TO BE ALONE, OR GETS INTO CONFLICTS.

EC16. DOES (NAME) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?

SELECT THE CODE CORRESPONDING TO THE RESPONSE. A 'YES' ANSWER MEANS THAT THE PARENT HAS NOTICED THAT THE CHILD CAN PHYSICALLY HURT (KICK, BITE, HIT) OTHER CHILDREN WHILE A 'NO' ANSWER MEANS THAT THE CHILD DOES NOT DO IT. Do NOT CONCERN YOURSELF WITH WHAT MAY BE THE REASON OF SUCH BEHAVIOUR (E.G., IF PARENT TRIES TO EXPLAIN THE REASONS, OR EXCUSE THE CHILD).

EC17. DOES (NAME) GET DISTRACTED EASILY?

Select the code corresponding to the response. a 'yes' answer means that the child has difficulty sticking with/continuing any activity for the necessary length of time, gets easily distracted by anything happening around her/him, or finds other activities before completing the one started while a 'no' answer means that the child doesn't get easily distracted.

6.1.3 BREASTFEEDING AND DIETARY INTAKE

BD1: This module is to be completed by mother or caregiver of children of age 0-2. If a child is age 0,1 or 2. Tick the appropriate box provided and continue with BD2, or else go to Care of illness module.

BD2. 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 caregiver.

Select the code corresponding to the response. Continue to the next question if the child was ever breastfed ('1'). If the child was never breastfed, select 'No' and skip to BD3. Skip to BD3 in the case of a 'DK' response as well.

BD3. IS (NAME) STILL BEING BREASTFED?

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

Select the code corresponding to the response.

BD4 – BD6. SEEKS TO KNOW IF (NAME) MAY HAVE HAD ANY LIQUID SINCE PREVIOUS DAY, DURING THE DAY OR THE NIGHT.

BD4 ASK IF THE CHILD HAS TAKEN ANYTHING FROM A BOTTLE WITH A NIPPLE, WHILE BD5 ASK IF THE CHILD HAS ORS (ORAL REHYDRATION SOLUTION) AND FINALLY QUESTION IN BD6 WANT TO FIND OUT IF THE CHILD HAS DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES



Select the code corresponding to the responses.

BD7 AND BD8: The questions BD7-BD8 asks about what the child was fed in the preceding 24 hours. The purpose of these questions is to determine what liquids or foods the child was given. Make sure that the respondent understands the question, particularly what is meant by 'yesterday, during the day or night'.

Select the code corresponding to the response. Each question must have a response. If the mother/primary caregiver does not know the answer, repeat the question using other local words for the fluid or food. If the answer is still not known, select '8' for 'DK'.

Note:

BD9 is a check for BD8. If there is at least one 'YES' response or 'DONT KNOW' responses to all (A – O) the interviewer should tick the correspondent box and go to BD11 or else continue with BD10.

6.1.4 Immunization Module

PROCEDURES FOR COMPLETING THIS MODULE ARE SOMEWHAT MORE COMPLICATED THAN MOST OTHER MODULES IN THE MICS5 QUESTIONNAIRES. MAKE SURE TO HAVE INTERVIEWERS PRACTICE THE ADMINISTRATION OF THE MODULE DURING TRAINING BY USING REAL VACCINATION CARDS. READING AND UNDERSTANDING VACCINATION CARDS USUALLY REQUIRES CONSIDERABLE PRACTICE.

This module is used to obtain information for children under five who have received BCG, PENTA, OPV, measles, yellow fever and other immunizations.

Immunization is a way of protecting children against serious diseases. A child who is not vaccinated is more likely to suffer illness, become permanently disabled or become undernourished and die

Vaccination book or immunization card" refers to any official document (usually a small booklet or folded card) which indicates among others the child's name, age and the type of vaccinations he or

she has ever received. Inside this booklet or card you will see the number of times the child has been vaccinated against the illness or disease listed with the dates he received the vaccinations. Sometimes a child needs more than one vaccination to acquire full immunity. For every disease

A list of vaccines is listed. This can be from mother/caregiver memory. Be careful to probe, as respondent may not be familiar with the different types of vaccines.

Copy vaccine information from immunization card if provided and code accordingly.

Approximate times when to immunize	Vaccine	How is it given
At birth	BCG	Upper left arm
	Hepatitis B	Thigh
	OPV (<i>Oral polio</i>)	In the mouth
6 weeks	Hepatitis B1	Thigh
	OPV1 (<i>Oral polio</i>)	In the mouth
	PCV1 (<i>Pneumococcal conjugate vaccine</i>)	Right thigh
	Penta 1 (<i>Pentavalent vaccine includes DPT-HepB – Hib</i>)	Thigh
10 weeks	Hepatitis B2	Thigh
	OPV2 (<i>Oral polio</i>)	In the mouth
	PCV2 (<i>Pneumococcal conjugate vaccine</i>)	Right thigh
	Penta 2 (<i>Pentavalent vaccine includes DPT-HepB – Hib</i>)	Thigh
14 weeks	OPV3 (<i>Oral polio</i>)	In the mouth
	Hepatitis B3	Thigh
	PCV3 (<i>Pneumococcal conjugate vaccine</i>)	Right thigh
	Penta 3 (<i>Pentavalent vaccine includes DPT-HepB – Hib</i>)	Thigh
9 Months	Measles	Upper left arm
	Yellow fever	Upper right arm
9 – 15 Months	Vitamin A	In the mouth

PENTA and POLIO: Penta contains DPT, Hepatitis B and Haemophilus Influenza type B in one injection. The first dose of Penta and POLIO vaccination is given at 6 weeks, the second dose at 10 weeks and the third dose at 14 weeks. This means that those aged between 6 and 9 weeks should have received one Penta/Polio vaccination while those between the ages of 10 to 13 weeks should have received two such vaccinations. A child who is 14 weeks and above should have had 3 doses of Penta/Polio to complete this vaccine set. (Note that in some cases the first dose of this vaccination is given at birth).

MEASLES: The vaccination against measles is given only once at the age of 9 months although some children receive it at the age of 7 months.



IPV (Inactivated Polio Vaccine): is currently being administered once at 9 months of age.

BCG: Offers partial protection against some forms of tuberculosis and leprosy. BCG vaccine is also given to the child only once in the first week after birth. Interviewers must keep in mind the age of the child when choosing a response. Easy way to detect if BCG has been administered is a scar on the arm or shoulder.

IM0A. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?

IF YES SELECT '1'. IF NO PROBE BY ASKING 'DO YOU HAVE, OR DID YOU EVER HAVE, AN IMMUNIZATION CARD FOR (*NAME*)?' THEN SKIP TO IM22

IM0B. WHERE WAS (*name*) GIVEN IMMUNIZATION?

This question aims to determine where the child was given immunization. Immunization can be administered in more than one centre. After the first reply, probe for more places until the mother/caretaker cannot recall any additional place.

IM0C. Please tell me if (*NAME*) has participated in any of the following immunization campaigns

Indicate whether the child has participated in any of the campaigns (A – D). If yes select '1', no '2' and 'Don't know' '8'.

IM1. DO YOU HAVE A CARD WHERE (*name*)’S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?

If the respondent reports that there is a vaccination/immunization card for the child, ask to see it. You should have obtained vaccination 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 vaccination card, thinking that you are in a hurry. Encourage the respondent to look for the vaccination card 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 vaccination card 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, select ‘1’ and complete IM3. If the child has a vaccination card or other document but the respondent is unable to show you, select ‘2’ and skip to IM7 you will be asking the

Respondent to recall the child’s vaccinations. If the respondent does not have a vaccination card or any other document where the vaccine doses are registered for the child, select ‘3’ and skip to IM7.

IM3: This question is for respondent with immunization card.

You will complete question IM3 when respondents show you the vaccination card for the child:

Copy the dates in the spaces provided for each type of immunization 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 2013, you would record ‘98’ for ‘Day’, ‘07’ for ‘Month’, and ‘2013’ for ‘Year’.

If the card shows that a vaccination 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 Penta vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the Penta 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. 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.

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

This is a check. if yes in IM5 go to IM3 and probe for these vaccinations and write '66' otherwise skip to IM20.

IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?

Select the code corresponding to the response.

IM8. HAS (*name*) EVER RECEIVED ANY 'VACCINATION DROPS IN THE MOUTH' TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?

Select 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 IM10A.

IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?

Ask if the first polio vaccine was received in the first two weeks after birth or later. Select the code corresponding to the response.

IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?

Fill in the number in the space provided.

IM10A. HAS (*name*) EVER RECEIVED AN IPV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PROTECT HIM/HER FROM POLIO?

Select the code corresponding to the response. Probe by indicating that IPV vaccination is sometimes given at the same time as the 3rd dose of oral Polio.

IM12A. HAS (*name*) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE LEFT THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?

Select the code corresponding to the response. If the answer is ‘Yes’ select 1, if no select 2 and Don’t know select 8. Probe by indicating that pentavalent vaccination is sometimes given at the same time as oral Polio.

IM12B. HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?

Fill in the number in the space provided.

IM14. Did (*NAME*) receive a Hepatitis B vaccination – that is an injection in the right thigh to prevent Hepatitis B disease – within the first 24 hours after birth?

Ask if the first hepatitis B vaccine was received within 24 hours after birth or later. Select the code corresponding to the response.

IM15A. HAS (*NAME*) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA?

Select the code corresponding to the response.

IM15B. HOW MANY TIMES WAS THE PCV VACCINE RECEIVED?

Fill in the number in the space provided.

IM16. HAS (*NAME*) EVER RECEIVED A MEASLES INJECTION – THAT IS, AN INJECTION IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?

Select the code corresponding to the response. If the caregiver specifically mentions measles vaccine but refers to an injection in the thigh, accept the answer as valid and select ‘1’ for ‘Yes’.

IM17. HAS (*name*) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE RIGHT ARM AT THE AGE OF 9 MONTHS OR OLDER – TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?

Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine. Select the code corresponding to the response.

IM20. Check AG2: Age of child

If child is age 0 go to next module. If age 1 or 2 continue with IM21

IM21. IF THE CHILD HAS AN IMMUNIZATION CARD CHECK IM3, OTHERWISE CHECK IM7 TO IM17. ARE ANY VACCINE DOSES, FROM BCG TO YELLOW FEVER, MISSING?

If the response is yes continue with IM22. If no go to the next modules

IM22. WHAT ARE THE REASONS FOR (*name*) NOT RECEIVING (ALL OR SOME) VACCINES?

This question aims to determine the reasons why the child was not given all or some vaccines. It's a multiple question and you are required to keep asking for more reasons order than the one mentioned in the questionnaire. Do that until the mother cannot recall any additional reason but you are not to prompt with any suggestions.

6.1.4 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. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHEA?

Diarrhea is passing of watery stools or blood in the stool for three or more times in a day this makes the child very weak sometimes loose his/her appetite for food. This is determined by the mother or caregiver.

Record the mother's/primary caregiver'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 caregiver doesn't know, skip to CA6A.

CA2. I WOULD LIKE TO KNOW HOW MUCH (NAME) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?

If dehydrated, a child may take more fluids than usual. We want to know if the pattern of fluid consumption changed during diarrhoea. 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 select the appropriate code for the caregiver'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, breast milk and formula are included as well as special fluids such as ORS.

If the child was given less drink than usual during the diarrhoea, probe: **“WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?”**

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 breast milk taken by the child. The respondent may make an estimate based on whether the child nursed longer or more frequently.

CA3. DURING THE TIME (*name*) HAD DIARRHOEA, DID HE/SHE EAT LESS THAN USUAL, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?

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 select the code corresponding to the caregiver's response. Get the caregiver'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 caregiver 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 caregiver replies that the child took only fluids (that is, the child did not ‘eat’), select ‘5’ for ‘Stopped food’. If the child was given less than usual to eat during the diarrhoea, probe:

“**WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT, OR SOMEWHAT LESS?**”. Then select the appropriate code. If the mother/primary caregiver offered more food than usual, but the child ate much less, the answer is ‘much less’; select ‘1’.

Make sure that the respondent understands that this includes breast milk, if the child is still being breastfed. If the child is very young and the caregiver replies that he/she takes only fluids or breast milk (that is, has not started ‘eating’ yet), there is no need to probe, since ‘drinking’ and ‘eating’ count as the same for this child. Select the answer for this question (eating) that comes closest to the answer you select for CA4 (drinking).

CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?

For a child who had diarrhoea in the last two weeks did the mother/caregiver seek any advice or treatment for the diarrhoea from any source? If (YES) continue with the next question but if No or ‘Don’t know’ skip to **CA4**.

CA3B.FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?

This question seeks to know where the advice or treatment was taken from if more than one source. All sources must be select (multiple responses). Interviewer is advised to probe in other to get all the sources. If the respondent is unable to determine if public or private sector write out clearly the name of the place.

Meaning of Places where someone can seek Medical treatment and advice.

PUBLIC SECTOR: Industries or services provided, controlled and funded by the Government.

PRIVATE SECTOR: Industries or services provided and controlled by individual.

Government Hospital: This is a building owned by Government designed to diagnose and treat the sick, injured, dying; usually has a staff of Doctors and Nurses to aid in the treatment of patients.

Government Health Centre: This a building owned by Government where people can go and see a Doctor and Nurse for the treatment of minor ailments and delivery.

Government Health Post: This is a building owned by Government that has fewer facilities which is also designed for delivery and treatment of minor ailments. In other words, it is a subset of Health centre.

Community health workers: These are frontline public health workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Mobile/ Outreach clinic: This is a clinic mainly provided by Charitable organizations where people who have no access to health services go to receive a particular type of medical treatment or advice .e.g. immunization services.

Private Hospital/Clinic: This is a building owned and controlled by individual designed to diagnose and treat sick, injured and dying.

Private Physician: Medical Doctor.

Private Pharmacy: A shop owned by individual where medicines are prepared and sold.

Mobile Clinic: A clinic which is designed to be moved and used in different places for the treatment and cure of ailments.

Relative: A member of your family.

Friend: A person who you like and enjoy being with. A person who help or supports someone or something.

Traditional Practitioner: Someone's who does treat; cure ailments and delivery on an old customs and beliefs.

CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO 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 (*name*) GIVEN A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?**” and so forth. Read each item aloud and select the code corresponding to the response before proceeding to the next item.

[A] A FLUID MADE FROM A SPECIAL PACKET CALLED (*local name for ORS packet solution*)?

[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?

CA4A. Check CA4: ORS

IF A OR B IN CA4 CONTINUE WITH CA4B OTHERWISE GO TO CA4C

CA4B. WHERE DID YOU GET THE ORS?

IF NAME WAS GIVEN ORS ASK THE MOTHER /CAREGIVER THE SOURCE IF UNABLE TO TELL YOU WHETHER PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE E.G. MASAKA

CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN ZINC TABLETS OR ZINC SYRUP?

Select the code corresponding to the response.

CA4D. Check CA4C: Any zinc?

If child was given any zinc i.e Yes in A or B continue with CA4E otherwise go to CA4F

CA4E. Where did you get the zinc?

We want to know where the child got the zinc. was it from public or private sector? Probe to identify the type of source. If unable to tell you the source write the name of the place e.g. Masaka.

CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK SALT SUGAR SOLUTION, COCONUT WATER OR RICE WATER?

Select the code corresponding to the response.

CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHEA?

This question asks the mother or caregiver whether the child received any (other) treatment for diarrhoea other than those mentioned in CA4 for this episode of diarrhoea. If in CA4 you learned that the child was given fluid from an ORS packet, sugar and salt solution, or pre-packaged ORS fluid, then phrase CA5 by saying, “Was anything else given to treat the diarrhoea?” If none of the liquids was given, ask CA5 by saying, “Was anything given to treat the diarrhea?”

Select the code corresponding to the answer given. If the response is ‘Yes’, continue to CA6 to learn the type of treatment given. If the child was not given anything (else) for the diarrhoea or the respondent doesn’t know, skip to CA6A.

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHEA?

If you learn in CA5 that the child was given something to treat the episode of diarrhea, ask CA6 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the respondent whether “**ANYTHING ELSE**” was given, but do so without implying that something else should have been given. Record all treatments given. Write brand name(s) of all medicines mentioned.

Antimotility means anti-diarrhoea. Make the difference between antibiotic and non antibiotic treatment. If the mother/care taker doesn’t know ask to see the package of the medicine.

CA6A. In the last two weeks, has (NAME) been ill with a fever at any time?

Ask the mother/caregiver if name has been ill with a fever at any time in the last two weeks. Please, probe to know the exact illness the child had.

CA6B. AT ANY TIME DURING THE ILLNESS, DID (NAME) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?

Select the code corresponding to the response.

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?

Illness with a cough means a cold or other acute respiratory illness with a cough.

Select 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’, select the appropriate code and go to CA9A. If the symptoms started before but continued into the 2-week period, this counts as ‘Yes’.

CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID 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.

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. Select the code corresponding to the response. If the answer is ‘Yes’, continue to the next question. Otherwise, skip to CA10.

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?

This question aims to find out if the problem needs assessment by a health professional, which does not include a simple cold.

Select the code corresponding to the caregiver's response. If the symptoms were from a ‘Blocked or runny nose only’, skip to CA10. If the symptoms were due to ‘Other’ reasons, write the respondent’s description in the line provided, select ‘6’ and skip to CA10. Otherwise, continue to the next question.

CA9A. Check CA6A: Had fever?

If the child had fever continue with CA10 otherwise skip to CA14

CA10. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?

‘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.

Select the code corresponding to the response given. If the answer is ‘Yes’, continue to the next question. Otherwise, skip to CA12.

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?

After the first reply, probe by asking: “**ANYWHERE ELSE?**” until all providers are mentioned. However, do not suggest or prompt any answers. Select 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 select ‘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 select 'O'.

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 select '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 select the code corresponding to the response.

CA12. AT ANY TIME DURING THE ILLNESS WAS (*name*) GIVEN ANY MEDICINE FOR THIS ILLNESS?

Select the appropriate code. If the answer is 'Yes', continue to the next question. Otherwise, go to CA14.

CA13. WHAT MEDICINE WAS (*name*) GIVEN?

This question aims to determine whether the child was given an antibiotic for the illness. More than one medicine may have been administered to the child. After the first reply, probe by asking: "ANY OTHER MEDICINE?" until all medicines are mentioned. Select the codes corresponding to all medicines given.

THE RESPONDENT MAY NOT KNOW THE NAME OF THE MEDICINE OR WHETHER IT WAS AN ANTIBIOTIC OR ANOTHER MEDICINE. TALK TO EXPERTS AND COLLECT INFORMATION ON THE TYPE OF ANTIBIOTICS COMMONLY USED IN THE COUNTRY BEFORE YOU CUSTOMIZE YOUR QUESTIONNAIRE. DEVELOP THE RESPONSE CATEGORIES TO THIS QUESTION TO INCLUDE LOCALLY USED ANTIBIOTICS. DURING THE PRE-TEST, FIND OUT WHETHER THERE ARE OTHER CATEGORIES THAT NEED TO BE INCLUDED.

DEPENDING ON THE NUMBER OF DIFFERENT BRANDS USED IN THE COUNTRY, PROVIDE LISTS OF ANTIBIOTICS OR OTHER MEDICINES TO INTERVIEWERS. IF NECESSARY, PROVIDE THEM WITH SAMPLE PACKAGES OR PHOTOS OF PACKAGES OF ANTIBIOTICS AND OTHER MEDICINES. THESE MAY BE USED BY INTERVIEWERS DURING INTERVIEWS TO ASK RESPONDENTS TO IDENTIFY THE ONE(S) GIVEN TO THE CHILD.

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, select '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, select 'Z' for 'DK'.

CA13A. Check CA13: Antibiotic mentioned (codes I or J)?

If yes continue with CA13B. If No skip to CA13C

CA13B. WHERE DID YOU GET THE (NAME OF MEDICINE FROM CA13)?

We want to know where the child got the Antibiotic medicine. Was it from public or private sector? Probe to identify the type of source. If unable to tell you the source write the name of the place e.g Kubwa.

CA13C. CHECK CA13: ANTI-MALARIAL MENTIONED (CODES A - H)?

If yes continue with CA13D otherwise skip to CA14

CA13D. WHERE DID YOU GET THE (*name of medicine from CA13*)?

We want to know where the child got the Anti-malarial medicine. Was it from public or private sector? Probe to identify the type of source. If unable to tell you the source write the name of the place e.g Kubwa.

CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13*)?

Select the code corresponding to the response.

CA14. Check AG2: Child aged under 3?

CA14 is used to filter out children aged 3 and 4 years, since the next question is to be asked only of children under age three. Check AG2; 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), mark the box corresponding to 'No' and go to next module.

CA15. 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. Select the most appropriate code.

If the respondent states that diapers are used, then probe to establish how the diapers are disposed of.

UF13. *Record the time*

Record the time of the day you finish the under-five interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in front of the hour or minute.

UF14. *Is the respondent the mother or caregiver of another child age 0-4 living in this household?*

If the respondent is the mother or caregiver of another child age 0-4 living in this household, mark the box marked 'Yes' and indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.

If the respondent is not the mother or caregiver of another child age 0-4 living in this household, mark the appropriate box and end the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

6.1.5 Anthropometry

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 be the responsibility of measurers. 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 measurers to join you in the household, together with the equipment.

Although the measurer will be the main team member responsible for anthropometric measurements, other fieldwork staff will also receive training on how to weigh and measure children. In some cases, the entrance of measurers to the household may not be possible; in such cases, if it is not possible for the measurer to measure the child outside, measurer may perform the measurements inside the household, 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 Chapter II.5. This section is confined to explaining how the results will be coded.

AN1. Measurer's name and number

You should enter the name and two-digit identification number of the person who performed the measurements in the space provided. This would normally be the measurer.

AN2. Result of height/length and weight measurement

Select the appropriate code corresponding to the result of the measurement. If the reason is 'Other', write a description in the line provided and select '6'.

AN3. Child's weight

The child should be weighed according to the instructions given during training. Record exactly as is shown on the scale, in kilograms with one decimal point. 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. If the weight is not measured select '99.9'.

AN3A. CHILD'S WEIGHT:

Please the interviewer must handle the child with care and make sure he/she is undressed to minimum, the child must not wear tick clothes or pampers. if a child is measured with at least light singlet or without cloth it means the child has been undressed to the minimum then YES box must be ticked otherwise NO box should be ticked . The essence of this is to know the actual weight of the child

AN3B. CHECK AGE OF CHILD IN AG2:

Check the age of the child in AG2 to determine how the child will be position during measurement (if under 2 years tick appropriate box and measure the child lying down) 2 years and above should be measure standing up

AN4. Child's length or height

Check the age of the child in AG2. If the child is under 2 years old, check the appropriate box, select '1' and then 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, select '2', and then measure and record standing height. Write a zero first if the number of centimetres is two digits.

AN4A. HOW WAS THE CHILD ACTUALLY MEASURED? LYING DOWN OR STANDING UP?

Select the code corresponding to the response.

AN5. CHECK IF (NAME) HAS A SCAR ON THE RIGHT ARM OR SHOULDER DUE TO BCG VACCINE

Select '1' if the child has a scar, '2' if he does not and '8' if not sure or could not verify.

AN6. 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 UF9 of the Under-Five Child Information Panel on each child's questionnaire.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

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.

OBSERVATIONS

The last page of the under-5 questionnaire has been reserved for the interviewers, supervisors, and measurers to write any notes or observations regarding this particular household interview.

Weight Measurement Method

- ALWAYS EXPLAIN THE WEIGHING PROCEDURE TO THE MOTHER. THE CHILD SHOULD BE WEIGHED COMPLETELY NUDE. ASK FOR THE MOTHER'S AUTHORIZATION AND HELP TO UNDRESS THE CHILD.
- ALWAYS SET THE SCALE ON A FLAT SOLID SURFACE. IF THE GROUND IS SAND OR THE SCALE IS INSTABLE FOR OTHER REASONS, PLACE THE SCALE ON A FLAT PIECE OF WOOD TO ENSURE PROPER FUNCTION.

The digital scale can be used to weigh children in two different ways:

1. Children who can stand on their own can be weighed by stepping on the scale and standing unsupported.
2. Babies and young children can be weighed in the arms of an assistant or of the mother. This second way is called "weighing with adjusted calibration".

Preparation for the use of the scale

1. Remove all packaging material from the underside of the scale.
2. Put the batteries in to the scale.
2. Place the scale on a hard and flat surface (board, concrete or solid ground). Soft or irregular surfaces would cause errors in the weight measure.
3. The scale will not function if it is too hot. It is best to place it in the shade out of direct sunlight. If the scale becomes overheated, place it in a cooler space and wait for 15 minutes before reusing it.
4. Handle the scale carefully:
 - Do not drop or let the scale fall.
 - Do not weigh people over 150 kg.
 - Do not store the scale in a hot place or expose it to sun for long periods.
 - Protect the scale from excessive humidity.



The battery scale has an on/off button in the battery compartment under the machine. Turn it off when not in use. Remove the batteries from the scale if the scale will not be in use for a long time.

Cleaning

To clean the scale, wipe the surface with a wet cloth. Never immerse the scale in water.

Figure 2- Weighing with Adjusted Calibration

Double weighing also known as “weighing with adjusted calibration”

To weigh a young child, you must first weigh the mother or assistant, tare the scale to zero, then weigh the adult and child. The scale will automatically calculate the weight of the child.



To weigh a child with this method you must use the Mother-and-Baby function.

- Ensure that the scale is on.
- Wait until the zeros in the screen stop flashing .
- Have the mother step on to the scale without the child to take her weight.
- Press the Mother-and-Baby key to activate the special tare function.

The display returns to zero and the scale is ready to take the weight of the child.

NOTE: THE PERSON MUST REMAIN STILL WHILE ON THE SCALE.

Have the mother take the child into her arms. The accurate weight is shown when the numbers in the display stop blinking (after about three seconds).

The Mother-and-Baby function remains switched on until the Mother-and-Baby key is pressed again or the scale switches off.

The measurer reads the measure out loud, the assistant repeats the measure while it is recorded it in the questionnaire. The assistant double checks the correct recording of the weight measure.

Weighing with calibration: important notes

- The weight of the person who will hold the baby has to be shown (and immediately calibrated) before they are given the child to be weighed.
- Only the person whose weight has been tared can hold the baby to be weighed.

Problems with digital scales

What to do if ...

1. No weight is displayed when there is someone on the scale

- Check if the scale is switched on?
 - Check if the batteries are still charged?
2. The scale keeps switching on during transport for example.
- Ensure that the switch inside the battery compartment is set to OFF when the scale is not in use.
3. The scale displays a weight, not zero after transportation or installation of new batteries
- Wait until the scale switches off automatically after 2 minutes. The scale then should work normally after.
4. The zeros do not appear on the screen before weighing.
- Start the scale again after it switches off automatically. Ensure there is no weight on the scale.
5. ----- appears on the screen.
- Start the scale again after it switches off automatically. Ensure there is no weight on the scale.
6. The screen shows a battery image.
- Battery power is running low .Change the batteries in the coming days.
7. BATT appears in the screen.
- The batteries are empty. Change the batteries.
8. STOP appears in the screen.
- Maximum weight of 150kg has been exceeded.
9. TEMP appears in the screen.
- The temperature for use of the scale is too high or too low to ensure proper function. Allow 15 minutes for the scale to cool and try again.
10. The screen displays **E** and a **number**.
- Start the scale again after it switches off automatically. Ensure there is no weight on the scale. If the scale continues to not work, change the scale out with the spare.



Height measurement methods

Always explain to the mother the height measurement procedure. **Note that you will need to remove shoes and any hair pieces or braids in order to accurately measure the child.**

HEIGHT OR LENGTH

- If a child is less than 24 months of age, measure the length on the measuring board set horizontally on the ground. If a child is 24 months of age, measure the standing height on a vertical measuring board.
- If the AGE IS NOT KNOWN, measure the length of children under 87cm (STANDING HEIGHT) on a horizontal height board and measure the standing height of those 87cm or taller.

Standing height For children 24 months of age or older (see Figure 3 below).

1. Measurer or assistant: Place the board vertically and against a wall, table or other support. Ensure that the board does not wobble or feel unstable.

2. Measurer or assistant: Ask the mother to take the child's shoes off and to undo any braids or hair decorations that could interfere with the height measurement. Ask her to bring the child to the board and to kneel directly in front of the child in order to maintain eye contact.

3. The assistant: Kneel on the right hand side of the child and ensure that the child is standing straight on the board.

4. Measurer: Kneels on the child's left (Arrow 3). This allows the measurer to be at the correct position to adjust and measure the child correctly. If either the assistant or measurer is standing they are NOT FOLLOWING the proper methods and will not make correct measures.

5. Assistant: Put the child's feet flat and joined at the centre and against the back and base of the board. Put your right hand just over the child's ankles to ensure that the child does not stand on his/her toes (Arrow 4), and your left hand on the child's knees to ensure that the legs are held straight and the knees are not bent (Arrow 5) and to hold gently against the board. Verify that the

child's legs are straight and that the heels and the calves are against the board. Inform the measurer when you have finished positioning the feet and legs and are ready for the measure.

6. Measurer: Tell the child to look straight ahead towards his/her mother, who should be in front of him/her. Ensure that the child's line of vision is parallel to the ground (Arrow 8). Put your open hand on the child's chin. Close your hand gradually (Arrow 9). Do not cover the child's mouth or ears. Ensure that his/her shoulders are at the same level (Arrow 10), hands on the side and not gripping to the height board (Arrow 11). Ensure the head, the shoulder blades and the buttocks are against the board (Arrows 12, 13 and 14). With your right hand, lower head piece to the child's head. Make sure you're pressing on the child's hair (Arrow 15).

7. Measurer and assistant: Verify the child's position (Arrow 1 to 15). Repeat certain steps if necessary.

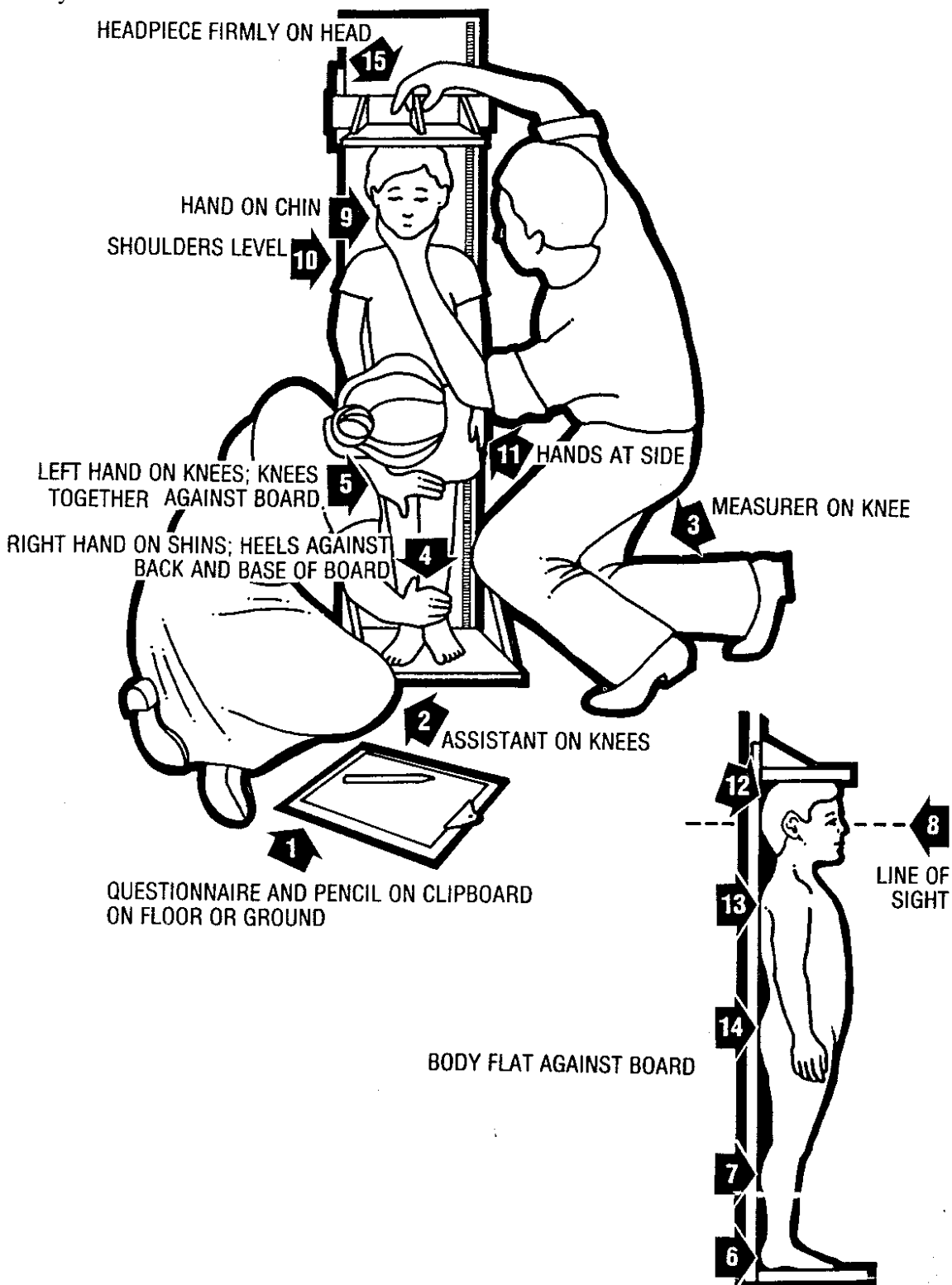


Figure 3: Height measurement for all children 24 months of age or older

8. Measurer: Once the child's position is correct, read the measure out loud to the nearest 0.1 cm (1 mm) (example: 121.5 cm).

9. Assistant: Repeat the measurement out loud and note it down in the questionnaire in the appropriate cell.

Recumbent Length

Recumbent length means the length measured with the child laying horizontally on the board. The length should be measured all children under 24 months of age. If the age of the child is unknown, take the recumbent length for all children less than 87 cm (STANDING HEIGHT). See figure 4 below.

1. Measurer or assistant: Place the board horizontally on a flat and solid surface, for example on the ground. Never place the height board on a table, the child could fall off and be injured. If it is hot and children are sweaty, it can help to spread a small towel on the board. This allows the child to slide easily along the board. If the sweaty skin of the child sticks to the board, then moving the child will cause a pinching feeling causing the child to cry complicating the measurement.

2. Assistant: Kneel with both legs behind the base of the board (Arrow 2). Put one knee against the base of the board to keep it from sliding along the ground.

3. Measurer: Kneel on the child's right side to be able to hold the sliding piece that holds the feet with your right hand (Arrow 3). The mother can approach the board directly in front of the measurer.

4. MEASURER AND ASSISTANT: WITH THE MOTHER'S HELP, LAY THE CHILD ON THE BOARD BY SUPPORTING THE BACK OF THE CHILD'S HEAD WITH ONE HAND AND THE TRUNK OF THE BODY WITH THE OTHER HAND. THE HEAD SHOULD BE SETTLED INTO THE BASE OF THE BOARD, INTO THE ASSISTANT'S HANDS. GRADUALLY LOWER THE CHILD ONTO THE BOARD.

5. MEASURER OR ASSISTANT: ASK THE MOTHER TO KNEEL CLOSE TO THE OTHER SIDE OF THE BOARD, FACING THE MEASURER, SO THAT THE CHILD REMAINS CALM.

6. Assistant: Put your hands over the child's ears (Arrow 4). Place the child's head against the base of the board with your firm, but relaxed arms (Arrow 5), so that the child looks upwards. The child's line of vision should be perpendicular to the ground (Arrow 6). Your head should be straight, above the child's head. Look straight in the child's eyes.

7. Measurer: Make sure the child is lying flat and in the center of the board (Arrows 7). Place your left hand on the child's shins (above the ankles) or on the knees (Arrow 8). Press them firmly against the height board.

8. Measurer and assistant: Verify the child's position (Arrow 1 to 9). Repeat any necessary step.

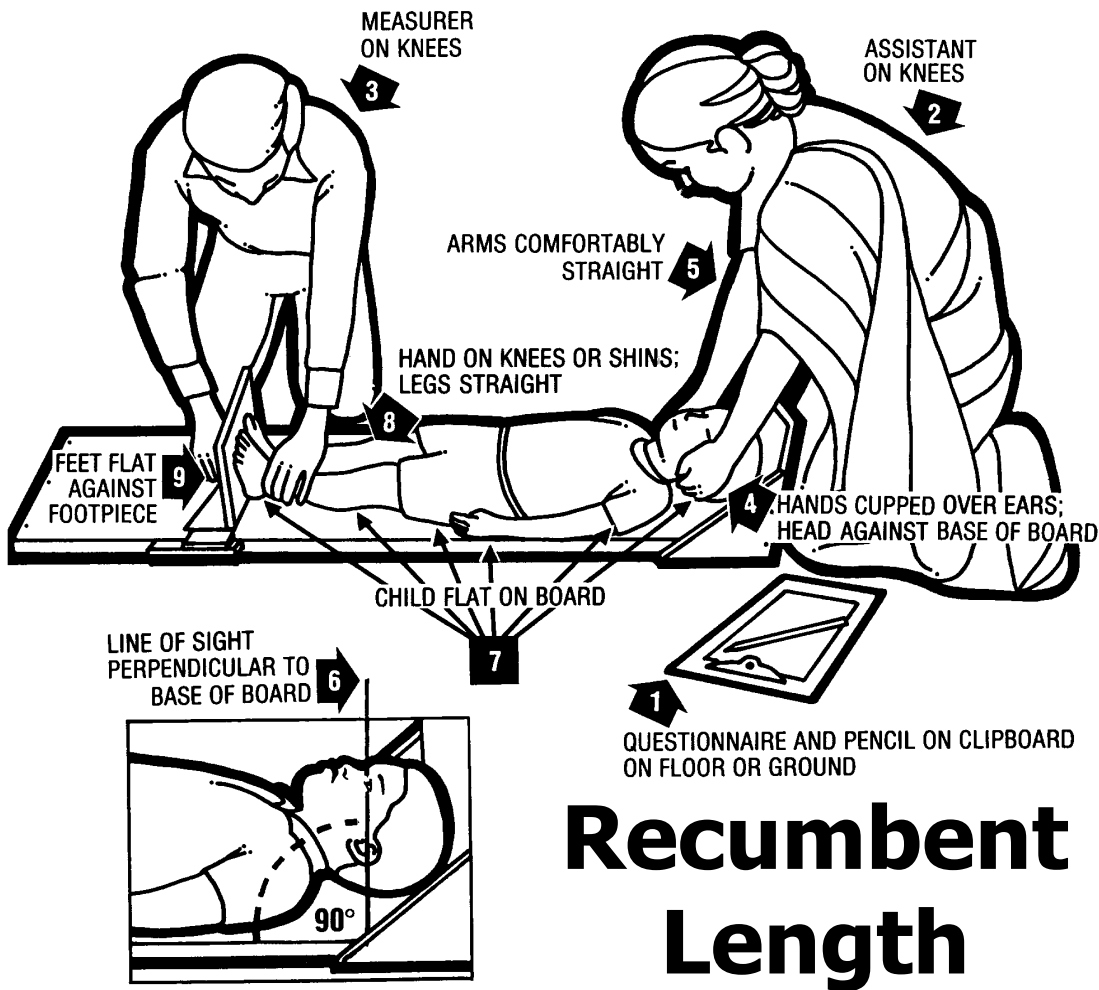


Figure 4: Recumbent length measure for children under 24 months of age.

9. Measurer: Once the child's position is correct, with your right hand, slide the foot piece firmly against the child's heels (Arrow 9). Read the measure out loud to the nearest 0.1 cm (1 mm) (example: 75.6 cm).

10. Assistant: Repeat the measurement out loud and note it down in the questionnaire in the appropriate box.

7.1 How to Fill In the Questionnaire for Individual men

The purpose of the Questionnaire is for eligible Individual men is to provide information on a wide range of MICS5 indicators. You will have identified men who are eligible for this questionnaire after you have completed the Household Listing in the Household Questionnaire. Eligible men for this questionnaire are men listed in the Household Listing Form who are age 15 through 49 (see column HL7 of the Household Listing Form).

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

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

7.1.1 Man's Information Panel

MWM1-MWM6 should be filled in before you start the interview.

MWM1. CLUSTER NUMBER

Enter the cluster number from the Household

Questionnaire, question HH1.

MWM2. HOUSEHOLD NUMBER

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

MWM3. MAN'S NAME

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

MWM4. MAN'S LINE NUMBER

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

MWM5. INTERVIEWER NAME AND NUMBER

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

MWM6. 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 man 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 man'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 man.

MWM7. RESULT OF MAN'S INTERVIEW

Complete this question once you have concluded the interview with the man. Select the code corresponding to the result of the interview. If the questionnaire is completed, select '01' for 'Completed'. If you have not been able to contact the man after repeated visits, select '02' for 'Not at home'. If the man refuses to be interviewed, select '03' for 'Refused'. If you were able to only partly complete the questionnaire, select '04' for 'Partly completed'. If the man is incapacitated, select '05'. If you have not been able to complete this questionnaire for another reason, you should select '96' for 'Other' and specify the reason in the space provided.

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

If the respondent is a father/caregiver, ask him to collect all the birth certificates and health/immunization cards for his children or the children he cares for from his wife before you begin the interview. You will need these when you go on to interview him about his children under age five.

Repeat greeting if not already read to this man: **"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 THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY**

CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. MAY I START NOW?"

If you are starting to interview the same person that you have completed the household interview with, you need to read a revised version of the greeting (see below) as the time to complete the questionnaire for individual men will be different than the household questionnaire and normally a separate consent is required to do this interview.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. 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, complete MWM7, thank him 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 man for a second time. This will depend on your description of the refusal. However, remember that a man's participation in the survey must be on a voluntary basis, and potential respondents must never be forced to participate.

MWM8.: FIELD SUPERVISOR'S NAME AND NUMBER Leave this space blank. The field supervisor will later enter his/her name and number in the space provided when checking the completed household questionnaires.

MWM9. DATA ENTRY CLERK (NAME AND NUMBER)

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

MWM10. RECORD THE TIME

Record the time of the day you start the interview using the 24-hour system. If the hour or minutes are less than 10, put a leading zero in front of the hour or minute.

7.1.2 Man's Background Module

Age and date of birth: Age (MWB1 and MWB2) is one of the most important information in the interview, since almost all analysis of the data depends on the respondent's age. These questions must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent his age when you were completing the Household Questionnaire, you must ask again for his date of birth and age on the Questionnaire for Individual Men.

MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?

If the respondent knows his 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 he does not know his month of birth, select '98' for 'DK month' and ask him for the year of his birth. If he 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 he has any documentation such as an identification card, horoscope, or a birth or baptismal certificate that might give his date of birth. If such documentation is available, ask the man if the information on the document(s) is correct. Only when it is absolutely impossible to even estimate the year of birth should you select '9998' for 'DK year'.

MWB2. HOW OLD ARE YOU?

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

Probe: “HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?”

If he does not know the answer to either of these two questions, probe for clues that might indicate his age. Ask how old he was when he was first married. Try to find out how long ago he got married or the time he and his wife had their first child. (You may be able to find out the age of his oldest child if the child is still living. You may be able to relate his age to someone else in the household whose age is known. You may be able to determine his age based on how old he 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. Compare and correct MWB1 and MWB2 if inconsistent.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the man 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 his cooperation; write ‘INELIGIBLE’ on the cover page of the questionnaire, and correct the age and eligibility information for this man on the cover page and in Columns HL6 and HL7 of the Household Questionnaire.

Questions MWB3-MWB7 is about the educational attainment and literacy of the man. Note that you have collected some of this information on the Education module in the Household Questionnaire, either from another household member or from the man himself. You should ask these questions again and compare if there is any difference the interviewers is to probe further in order to get the correct information.

MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?

Select the code corresponding to the response given. If ‘No’, skip to MWB7. 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-standard curriculum (non-formal education) are not included here. A non-standard curriculum includes religious schools, such as Koranic 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 (formal) school.

MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?

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

MWB5. 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 MWB4. For example, if a man was in junior secondary school 3 (JSS3) and left school before completing that year, record ‘23’. Although JSS3 was the highest year he attended, he completed junior secondary school 2 (JSS2). If he attended only 2 weeks of JSS1 of the junior secondary school, record ‘21’ for completed years.

MWB6. *Check MWB4.*

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, check the appropriate box and continue to MWB7.

MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.

SURVEY COORDINATORS: ARRANGE FOR CARDS WITH SIMPLE SENTENCES WRITTEN ON THEM PERTAINING TO DAILY LIFE. GIVE ONE COPY OF THE CARD TO EACH INTERVIEWER BEFORE FIELDWORK BEGINS. IF INTERVIEWS WILL BE CONDUCTED IN MORE THAN ONE LANGUAGE, PREPARE CARDS FOR EACH LANGUAGE USED IN THE INTERVIEWS. THE INTENTION IS TO LEARN IF THE RESPONDENT IS LITERATE IN ANY LANGUAGE. ADAPT THE LIST OF SENTENCES IN THE MODEL QUESTIONNAIRE TO INCLUDE CULTURALLY RELEVANT SENTENCES.

To ascertain whether men are literate or not, you will show the men being interviewed cards with pre-printed sentences, and you will ask them to read the sentences. Note that only men

who have not attended school will answer this question, or those who did not attend school beyond primary level. We assume that men who have attended secondary school or higher are literate. However, it is also known that some men who have attended or even completed primary school may be functionally illiterate.

Based on your knowledge of/interaction with the respondent, choose the card with the language in which the respondent is likely to be able to read if he is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush him. 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, select ‘4’, and specify the language. If the respondent is blind/mute or visually/speech impaired, select ‘5’.

It is important to avoid the problem of having other respondents in the household overhearing the sentence being read. Carelessness might make subsequent respondents in the household to be able to repeat the sentence when they are interviewed, even if they are unable to read, ordinarily. If there is a second eligible man in the household, show him 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.

7.1.3 Access to mass media and use of information/communication technology

MMT1. CHECK MWB7:

If the respondent had secondary or higher education, check the corresponding box and continue with MMT2. If the respondent is able to read or no sentence in required language i.e. if MWB7=2, 3 or 4 continue with MMT2. On the other hand, if he cannot read at all, blind/visually impaired, go to MMT3.

The question seek to know if the respondent can read and write, whether he has secondary or higher education or he is visually impaired.

MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONE WEEK OR NOT AT ALL?

Code the option applicable to the respondent from the list of options provided.

MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE IN A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Code the option applicable to the respondent from the list of options provided

MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Code the option applicable to the respondent from the list of options provided.

MMT5. CHECK MWB2

This module is to be administered to all eligible men age 15-24. If yes after checking, (Age 15-24,) tick the box and continue with MMT6. If No, tick the box and go to Next module.

MMT6. HAVE YOU EVER USED A COMPUTER?

This is to ascertain whether the respondent is computer literate or not. If No skip to MMT9.

MMT7. HAVE YOU EVER USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?

This seeks to know whether the respondent at one time or the other used computer from any location of his within 12 months. If No go to MMT9.

MMT8. DURING THE LAST 12 MONTHS, HOW OFTEN DID YOU USED A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE IN A WEEK, LESS THAN ONCE A WEEK, OR NOT AT ALL?

Code the option applicable to the respondent from the list of options provided.

MMT9. HAVE YOU EVER USED THE INTERNET?

The question is directed to the respondent whether he has used internet facilities before. If No, skip to next module.

MMT10. IN THE LAST 12 MONTHS HAVE YOU USED THE INTERNET?

Code the option applicable to the respondent from the list of options provided. If No skip to next module.

MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE IN A WEEK, LESS THAN ONCE A WEEK, OR NOT AT ALL?

Code the option applicable to the respondent from the list of options provided.

7.1.4 FERTILITY/BIRTH HISTORY

SURVEY COORDINATORS: 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 respondent's wife 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 man, or children of his present wife born to another man (to whom the respondent himself did not impregnate).

Live birth: It is one in which the new born baby or infant showed signs of life, by crying or breathing even if he/she died shortly afterwards.

Still birth: It is an infant which showed no sign of life when born.

Miscarriage: It is a spontaneous involuntary abortion during the first six months of pregnancy

MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?

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 man. If the answer is ‘Yes’, select ‘1’, and continue with the next question. If the man says he has never fathered any child, select ‘2’ and skip to MCM8.

MCM3. HOW OLD WERE YOU WHEN YOU FIRST FATHERED A CHILD?

This question is asked only to men who are not able to give the year of their first child or the record of the date of birth in MCM2.

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.

MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?

Read the question slowly. The sons and daughters being considered are those who live with him in his household (these children should have been listed in the Household Listing). Select the code corresponding to the response. If he answers ‘No’, skip to MCM6.

MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?

If the answer to MCM4 is ‘Yes’, record the number of sons and daughters living with the man in the space provided. If the answer is ‘None’ for sons (or if he does not have any sons), record ‘00’ in the space provided for sons. Similarly, if he has no daughters now living with him (or if he 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 men who have children living with them in the same household, at least one of the spaces should have a value higher than 00. We are taking about biological father only.

Remember, we are interested only in the respondent's OWN children – not foster children, children by another woman, children of another relative, or children for whom he is the caregiver.

MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?

This refers to sons and daughters who are alive but not living with the man. For example, one or more of his 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. Select the code corresponding to the response. If he answers 'No', skip to MCM8.

MCM7. 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 MCM6 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 he 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 he does not have any daughters who are alive), record '00' in the space provided for daughters.

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

MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?

This question is extremely important.

Select the code corresponding to the response. Some respondents may fail to mention children who died very young, so if he answers 'No', it is important to probe by asking "I MEAN, A

CHILD WHO EVER BREATHED, AND CRIED OR SHOWED SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?” If the answer is still ‘No’, skip to MCM10.

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.

MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?

If the answer to MCM8 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 men who have been asked this question, at least one of the spaces should have a value higher than 00.

MCM10. *Sum answers to MCM5, MCM7 and MCM9*

Add the numbers of births reported in MCM5, MCM7 and MCM9 and write the sum here, then continue with MCM11.

NOTE: For men who responded NO in **MCM1** and **MCM8** the interviewer should records (00) in the space provided in **MCM10** and proceed to **MIS1**.

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

If he says it is correct, check the box marked ‘Yes’ and then further check if he has ever fathered a child. If he has never fathered any child before, continue go to ILLNESS SYMPTOMS module. If he has fathered a child before, continue with MCM12.

If he says ‘No’, first check responses to MCM1-MCM10 and then go back through the questions to check with the respondent whether you have obtained the information correctly. For example, starting with MCM5, you would ask: **“YOU HAVE TWO SONS AND ONE DAUGHTER LIVING WITH YOU, IS THAT CORRECT?”** Do the same for MCM7 and MCM9. Correct the answers and the sum mentioned in MCM10 and then continue to the next question. Make sure to cancel the ‘No’ in MCM11 and check ‘Yes’ after you have made the corrections.

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?

If he says it is correct, check the box marked 'Yes' and then continue in MCM12. If No check responses to MCM1-MCM10 and make the necessary corrections. If his response is that there is no live birth then you are required to move to the next module.

MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?

Record the total number of women the respondent fathered children with.

MCM12. OF THESE (*total number*) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?

This question is used to ascertain the man's eligibility for the subsequent two modules.

Enter the date of the man's most recent child, 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 man 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.

7.1.5 Attitudes Toward Domestic Violence module

In this module, we have only one question, which asks for the man's opinion on domestic violence. Note that we are not asking whether the woman has been subjected to domestic violence. Research has shown, however, that there is overall agreement in the proportion of women who think that a husband may be justified in hitting or beating his wife in certain situations, and the actual prevalence of domestic violence. The correlation may be on a societal level, and not on an individual level.

MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

Read each item aloud. For each situation, select THE CODE CORRESPONDING TO THE ANSWER GIVEN – ‘1’ IF ‘YES’ (HE THINKS THE HUSBAND IS JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THAT SITUATION), ‘2’ IF ‘NO’, AND ‘8’ IF THE RESPONDENT DOES NOT KNOW OR DOES NOT HAVE AN OPINION.

7.1.6 Marriage/Union MODULE

This module is to be administered to all men aged 15-49. 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 man decided to bring his girlfriend to live with him and his family and stayed together for several years, they would be considered ‘living together’, whether or not they have any children. On the other hand, if a man has a girlfriend but has never lived with her, he would not be considered in a union. Casual sexual encounters are not included here.

MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?

The options here are currently married, living with a woman, or not in union (the man is neither married nor living with a woman). Select the code corresponding to the respondent’s status at the time of the interview. If the man is currently neither married or in a union, skip to MMA5.

MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?

In this question, we are interested in the women and/or live-in partners that the respondent’s / partner has. Select the code corresponding to the answer given. If ‘No’, skip to MMA7.

MMA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?

Similar to the previous question, we are interested here in the number of wives and/or live-in partners the respondent's has. Enter the number of other wives in the space provided. Use leading zeros if necessary. For all answers, skip to MMA8B.

MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?

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

Select 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 woman'. 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 WOMAN?**" If he was formerly married and also reports living with a woman, select the code for 'Yes, formerly married'.

If he was never married and never lived with a woman Select '3' for 'No' and go to the next module. Otherwise, continue on to MMA6.

MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU A WIDOWER, DIVORCED OR SEPARATED?

Select the code corresponding to the response given. For a man who is not currently married and not currently living with someone but who was formerly in a union, record his current marital status at the time of the interview. Since he was in a union at one time, but is not on the day you are interviewing him, he will be either a widower, divorced or separated.

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

MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?

As with MMA1, we are interested in formal marriages as well as informal arrangements. If a man was married or lived with a woman and then was widowed, divorced, or separated from his wife or partner and is now either married to or living with someone else, record 'More than once'. If a man 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 he has married or lived with someone else only once, select '1.'

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

MA8A/MA8B. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? AND IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?

If the respondent knows the date that he first married or started living with a woman 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 he does not recall the date that he first married or started living with a woman as if married, ask whether he has any documentation that might give the date. If he does not know or have documentation of the month, select '98' for 'DK month' and ask him the year that he first married or started living with a woman as if married. Enter the year in the space provided and go to next module. If he does not know and does not have documentation of the year that he first married or started living with a woman as if married, select '9998' for 'DK year'.

MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?

As with other age questions, if he does not know, probe. For instance, ask how old he was when he first fathered a child and then ask how long before or after the child was born he began living with his first wife or partner. Do not leave this question blank.

7.1.7 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. **Before continuing, ensure that no one else, besides you and the respondent, is present for the interview and the respondent's answers will remain strictly confidential. If the respondent's privacy cannot be ensured, STOP HERE and do not ask the questions in this module until you have privacy again.**

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.

MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?

It is very important that you read the first sentence, and to emphasize to the respondent that his responses will remain strictly confidential. If necessary, explain to him once again that the information he shares with you will only be used for statistical purposes; that his name will never be revealed; and his 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 he had sexual intercourse. It does not matter whether the man continued to have a relationship with this person. We are not asking about the first time with his current partner, but rather, the first experience of sexual intercourse in his entire life.

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

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

If the respondent says he does not know how old he was when he first had intercourse, probe by relating it to how old he was when he first married or he fathered a child. However, when doing this probing, be certain not to assume that the first time he had sex was at the time of his first marriage. If he has never married and/or never had children, you can probe by relating the timing of the first intercourse to whether he was going to school at the time, or to places that he might have lived. The respondent should feel comfortable in taking his time to think about his response to remember correctly.

MSB2. THE FIRST 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 his answer here. In this question we are referring to the first occasion the respondent had sexual intercourse.

Select the code for the response given.

MSB3. 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 he used in his response. For example, if he says ‘3 weeks ago’, select ‘2’ and write ‘03’ in the boxes next to ‘Weeks ago’. If he says “4 days ago,” select ‘1’ and write ‘04’ next to ‘Days ago’. If the respondent says “last night,” select ‘1’ and write ‘00’ for ‘Days ago’. If the respondent answers with a month, for example, if he says “it was in December,” count the number of months and record months.

If the response is 12 months or more, select ‘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 MSB13.

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 man with no regular sexual relationships may engage in sexual intercourse on an irregular basis. Perhaps the last time he had sexual intercourse was during a trip he took 10 months ago; he 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 man has not had intercourse with his wife since they had their last child, check MCM12 for the month and year of birth of his last child, and ask how long before the birth of that child he had sex.

MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?

In this question, this time, we are referring only to the last occasion the respondent had sexual intercourse.

Select the code for the response given.

MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?

In this question, we want to know the relationship of the respondent to the person with whom he last had sex. If the person is ‘girlfriend’, ask: “**WERE YOU LIVING TOGETHER AS IF MARRIED?**” If ‘Yes’, select ‘2’ for ‘Cohabiting partner’. If ‘No’, select ‘3’ for ‘Girlfriend’ and skip to MSB7.

Note that we are interested in the relationship of the man with the person mentioned at the time they last engaged in sexual intercourse. For example, if a man’s last partner was a girlfriend he was living with at the time, you would record ‘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.

MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?

We are interested in finding out whether the respondent had sexual intercourse with anyone else in the past 12 months. Continue to the next question if ‘Yes’. If ‘No’, skip to MSB15.

MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?

This question asks about condom use with ‘this other person’. This is the person he had intercourse with during the last 12 months, but not the person he had his last intercourse with.

Select the code for the response given.

MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?

This question asks about the relationship he had with this other person. It should refer to the relationship he had with the person at the time of intercourse.

The questions should be asked, probed and record the same way as MSB5. If the person is ‘girlfriend’, ask: “**WERE YOU LIVING TOGETHER AS IF MARRIED?**” If ‘Yes’, select ‘2’ for ‘Cohabiting partner’. If ‘No’, Select ‘3’ for ‘Girlfriend’ and skip to MSB12.

MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?

Select the code corresponding to response given. Continue to the next question if the response is ‘Yes’. If ‘No’, skip to MSB15.

MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE 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 his response is less than 10, use a leading zero. Since this question is asked only if the respondent has had sexual intercourse with at least three partners in the last 12 months, the answer should never be ‘00’, ‘01’ or ‘02’.

MSB14A. FOR ALL THE SEXUAL INTERCOURSE WITH NON-MARITAL PARTNERS IN THE LAST 12 MONTHS WAS CONDOM USED, EVERY TIME, SOMETIMES OR NEVER?

Enter as requested from the options provided for as appropriate. If number of partners is not sure or don't know or don't remember, write '8'.

MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?

This is the total number of different partners the respondent has had sexual intercourse in his lifetime.

Enter the total in the space provided. If his response is less than 10, use a leading zero. If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.

7.1.8 HIV/AIDS MODULE

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.

SURVEY COORDINATORS: THROUGHOUT THIS MODULE THE TERM "AIDS VIRUS" IS USED ALTHOUGH, TECHNICALLY SPEAKING, AIDS IS THE DISEASE CAUSED BY THE HUMAN IMMUNODEFICIENCY VIRUS (HIV). HOWEVER, AMONG PUBLIC, THE TERM AIDS IS KNOWN MORE WIDELY COMPARED TO HIV AND THE DISTINCTION BETWEEN AIDS AND HIV MAY NOT BE VERY CLEAR. IN ORDER TO AVOID "DON'T KNOW" RESPONSES TO THE QUESTION, THIS MODULE USES THE TERM AIDS VIRUS. DURING THE TRAINING, THIS SHOULD BE EMPHASIZED AND INTERVIEWERS SHOULD KNOW THAT THE OBJECTIVE IS TO REFER TO THE VIRUS, NOT THE ILLNESS.

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

MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF 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 the respondent has never heard of the AIDS select ‘2’ and move to the next module.

The following questions MHA2-MHA8 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 MHA2-MHA7 select the code for the response given. If the respondent cannot provide a ‘Yes’ or ‘No’ answer, select ‘8’ for ‘DK’. Do not prompt the respondent or indicate the ‘correct’ answer in any way.

MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY?

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

Ask each item one at a time and select 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. Select ‘1’ for ‘Yes’ and ‘2’ for ‘No’ for each of the items. If the man does not know the answer or is unsure, select ‘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 him to imagine a particular scenario. Then we ask him to tell us how he would react to the situation.

Select 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 he doesn’t know, is unsure, or that it depends, select ‘8’ for ‘DK/not sure/depends’.

MHA8A. Check MHA8[A], [B], and [C]

If all ‘No’ or ‘Don’t know’ tick the box and skip to MHA9, or
If at least one ‘Yes’ continue with MHA8D.

MHA8D. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?

Select the code for the response given.

MHA9. IN YOUR OPINION, 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?

MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?

Select the code for the response given.

MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?

Select the code for the response given.

MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR HOUSEHOLD?

The following questions aim to obtain information about the level of 'unmet need' for HIV-testing and will be asked to women with a live birth in last 2 years and received antenatal care. They first ask about AIDS counselling and 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

MHA12A. DO YOU THINK CHILDREN WITH THE AIDS VIRUS SHOULD BE ALLOWED TO ATTEND ANY SCHOOL?

Select the code corresponding to the response.

MHA24. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?

Ask the respondent if he was tested for the HIV. Be clear to the respondent that you are not asking to know the results of the test. Select the code for the response given. If his answer is 'No', skip to MHA27.

MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?

For questions MHA10 –MHA25, Select the code corresponding to the response.

MHA26. I DO NOT 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.

It is important that you do not attempt to find out the HIV status of any respondent who has been tested, or simply that you have any interest in knowing his HIV status. Ask the question, ensuring that the respondent knows that you are not interested in learning the results of any test he may have undergone. Select the code corresponding to his response.

All answers should skip to MWM11.

MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?

Select the code corresponding to the response.

7.1.9 CIRCUMCISION

MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?

Select the code corresponding to the answer given. Skip to next module if 'No' is given.

MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?

Write the age of respondent at circumcision. If the respondent does not know the exact age, probe to get an estimate. If he still says he does not remember or unsure, select '98'.

MMC3. WHO DID THE CIRCUMCISION?

First ask if he knows who circumcised him. Probe to find out the type of person who performed the operation. Select the code corresponding to the answer given. If he 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 select '16'. If he 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 select '26'. If he does not know who circumcised him, select '98'.

MMC4. WHERE WAS IT DONE?

Select the code corresponding to the answer given.

7.1.10 TOBACCO AND ALCOHOL USE

From MTA1- MTA17, the response options for all the questions are the same, the best option that best describe the prevailing situation should be selected.

MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?

Select the code corresponding to the answer given. If YES, go to next question. If NO skip to MTA6.

MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?

If never smoked record/select 00. The skip to MTA6. If otherwise record your age as a first timer.

We want to know the age of the individual when he first smoked a whole stick of cigarette. If never smoked a whole cigarette select '00' and skip to MTA6

MTA2A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER SMOKED CIGARETTE ON A DAILY BASIS?

Select the code corresponding to the answer given.

MTA3. DO YOU CURRENTLY SMOKE CIGARETTE?

Select the code corresponding to the answer given. If YES, go to next question. If NO skip to MTA6.

MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKED?

Record the number of Cigarette sticks the respondent smoke in the last 24 hours.

MTA4A. HOW MANY CIGARETTES DO YOU CURRENTLY SMOKE PER WEEK ON AVERAGE?

You are expected to ask the person how many hand-rolled and manufactured cigarettes he currently smokes per week on average. Record the number in the space provided. If none write "000". If "not every week" write "666".

MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?

You are to record the number of days the respondent smoke cigarettes during the last one month. If less than 10 days, record the number of days. If 10 days or more but less than a month, select "10". If "every day" or "almost every day", select "30".

MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE/SHISHA, CIGARILLOS OR PIPE?

Select the code corresponding to the answer given. If YES, go to next question. If NO skip to MTA10.

MTA6A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKED TOBACCO PRODUCTS ON A DAILY BASIS?

Select the code corresponding to the answer given. If YES, go to the next question. If NO skip to MTA10

MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?

Select the code corresponding to the answer given. If YES, go to next question. If NO skip to MTA10.

MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCTS DID YOU USE OR SMOKED DURING THE LAST ONE MONTH?

From different brands of smoked Tobacco itemised, select the one respondent used or smoked during the last one month. Select all mentioned.

TA8A. HOW MANY (*products selectd in MTA8*) DO YOU CURRENTLY SMOKE PER WEEK ON AVERAGE?

Write the number as provided by the respondent in the space provided. If none write “000”.

If “not every week” write “666”.

MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?

You are to record the number of days the respondent smoke Tobacco products during the last one month. If less than 10 days, record the number of days. If 10 days or more but less than a month, select “10”. If “every day” or “almost every day”, select “30”.

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCT, SUCH AS CHEWING TOBACCO, SNUFF?

If 'yes' Select 1 and continue with the next question. If 'No' select 2 and skip to MTA13A.

MTA10A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKELESS TOBACCO PRODUCTS ON A DAILY BASIS?

If YES, daily Select '1', if No, less than daily select '2'

MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?

If 'yes' Select 1 and continue with the next question. If 'No' select 2 and skip to MTA13A.

MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCTS DID YOU USE DURING THE LAST ONE MONTH?

From different smokeless Tobacco itemised, select the one respondent used during the last one month. Select all mentioned.

MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?

You are to record the number of days the respondent used smokeless Tobacco products during the last one month. If less than 10 days, record the number of days. If 10 days or more but less than a month, select "10". If "every day" or "almost every day", select "30".

MTA13A. HOW OFTEN DOES ANYONE SMOKE INSIDE YOUR HOME? WOULD YOU SAY DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY, OR NEVER?

Select the code corresponding to the response.

MTA13B. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME?

If yes Select '1' and continue. If No or don't know select '2' and skip to MTA13E.

MTA13C. DO YOU USUALLY WORK INDOORS OR OUTDOORS

Select the code corresponding to the response. If the response is '2' skip to MTA13E.

MTA13D. DURING THE LAST ONE MONTH, DID ANYONE SMOKE INDOOR AREAS WHERE YOU WORK?

Select the code corresponding to the response.

MTA13E. CHECK MTA3 AND MTA7: CURRENT TOBACCO SMOKER?

If yes, tick the box and continue with MTA13F. If No skip to MTA13O

MTA13F. DURING THE LAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING?

Select the code corresponding to the response.

MTA13G. DURING THE LAST 12 MONTHS, HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER?

If yes Select '1'. If No select '2' and skip to MTA13K.

MTA13H. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE LAST 12 MONTHS, WERE YOU ADVISED TO QUIT SMOKING TOBACCO?

Select the code corresponding to the response.

MTA13I. DURING THE LAST ONE MONTH, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES?

The health warning can be "smokers are liable to die young", "smokers can become impotent". If yes select '1' and continue with the next question. If no select '2' and skip to MTA13K. If the respondent says he did not see any cigarette packages select '6' and skip to MTA13K.

MTA13J. DURING THE LAST ONE MONTH, HAVE WARNING LABELS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING?

Select the code corresponding to the response.

MTA13K. CHECK MTA4A: CURRENT SMOKER OF MANUFACTURED CIGARETTES?

If yes after checking, tick the box and continue with MTA13L. If No, tick the box and go to MTA13O.

MTA13L. THE LAST TIME YOU BOUGHT CIGARETTES FOR YOURSELF, HOW MANY CIGARETTES DID YOU BUY?

Select the code corresponding to the response and observe the skip instruction.

TA13M. HOW MANY CIGARETTES WERE IN EACH (*unit selectd in MTA13L*)?

Write the number of cigarettes per unit selectd in MTA13L

MTA13N. IN TOTAL, HOW MUCH MONEY DID YOU PAY FOR THIS PURCHASE?

Record the total amount in Naira, in the space provided.

MTA13O. CHECK MT2: *READS NEWSPAPERS OR MAGAZINES*?

If yes after checking, tick the box and continue with MTA13P. If No, tick the box and go to MTA13Q .

MTA13P. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION IN NEWSPAPERS OR IN MAGAZINES ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?

Select the code corresponding to the response.

MTA13Q. CHECK MT4: *WATCHES TELEVISION*?

If yes after checking, tick the box and continue with MTA13R. If No, tick the box and go to MTA13S.

MTA13R. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION ON TELEVISION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?

If yes V '1' and no select '2'. If the respondent says he did not go to any stores where cigarettes are sold select '6' and continue.

MTA13S. During the last one month, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?

Select the code corresponding to the response.

MTA13T. During the last one month, have you noticed any of the following types of cigarette promotions?

Types of cigarettes promotions are listed below. Select the code corresponding to the response.

MTA14. NOW I WILL LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL, HAVE YOU EVER DRUNK ALCOHOL?

Select the code corresponding to the answer given. If yes, go to next question. If No, skip to next module.

MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OR CALABASH OF BEER, PALMWINE, PITO OR BURUKUTU; ONE GLASS OF WINE; OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR GIN. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?

If the respondent has never had one drink of alcohol, select 00 and go to next module, if otherwise; record the age he first took a sip.

MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?

You are to record the number of days the respondent smoke Tobacco products during the last one month. If less than 10 days, record the number of days. If 10 days or more but less than a month, select “10”. If “every day” or “almost every day”, select “30”. If he did not have one drink in the last one month select ‘00’ and move to the next module.

MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?

Record the number of drinks the respondent usually have per day – in the last one month.

7.1.11 LIFE SATISFACTION

MLS1. Check MWB2. Check if the age of respondent correspond with age selectd in the options given and follow the skip pattern for each option selected. For example, if age 25-49 is selected, go to MWM11; if age 15-24 continue with MLS2.

MLS2. I WILL LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

You can show him side 1 of response card and explain what each symbol represents. Select the response code selected by the respondent.

MLS3.

NOW, I WILL ASK YOU QUESTION ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES. CHOOSE THE ONE THAT BEST DESCRIBE THE LEVEL OF SATISFACTION FROM THE RESPONSES WITH THE AID OF THE SYMBOL SHOWN AT ON THE LAST PAGE OF THE QUESTIONNAIRE.

Again, you can also show him side 1 of response card and explain what each symbol represents before asking him how satisfied he is with his family life. Select the response code selected by the respondent.

MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIP?

FRIENDSHIPS ARE CONTRACTED TO DERIVE BENEFITS IN FORM OF SATISFACTION. How satisfied are you with your friendships?

Select the one that best describe your experience from the options provided.

MLS5. DURING THE CURRENT 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Click the code corresponding to the answer given. If YES continue with the next question. If No skip to MLS7

MLS6. HOW SATISFIED (ARE/WERE) YOU WITH YOUR SCHOOL?

Click the code corresponding to the answer given.

From MLS7- MLS13, The options here are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy and very unhappy. Select the code corresponding to the respondent's status at the time of the interview.

MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?

If respondent does not have a job, click 0, then select other appropriate options as provided in the response.

MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?

Click the code corresponding to the answer given.

MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?

Click the code corresponding to the answer given.

MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?

Click the code corresponding to the answer given.

MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?

Click the code corresponding to the answer given.

MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?

Click the code corresponding to the answer given.

MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?

Click the code corresponding to the answer given.

MLS14. COMPARE TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME OR WORSENER, OVERALL?

Click the code corresponding to the answer given.

MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?

Click the code corresponding to the answer given.