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Community Survey Tools

Clinical and Community Action to Address Postpartum Hemorrhage TOOL KIT

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Community Survey Tools -- Introduction

A project planning to implement the *Clinical and Community Action to Address Postpartum Hemorrhage* model will want to track progress (monitor performance) and assess effectiveness by estimating indicators at both facility and household levels.

- We include a brief set of recommended minimum indicators to track, and an explanation of the key data sources and what kinds of changes a project might expect to see. (See *Illustrative M&E Framework for CCA-PPH Projects: Key indicators*).
- We include a matrix with each facility indicator and a description of how to calculate it, along with a suggested data source for each one. (See *Facility Indicators for Continuum of Care Postpartum Hemorrhage Projects*).
- A separate document (*Survey Indicators for Clinical and Community Action to Address Postpartum Hemorrhage Projects*) lists the remaining key indicators, those that will be collected in a household survey, the operational definition, and exactly which questions will be used to calculate each survey-based indicator.
- Accompanying these materials is an explanation of the target respondents for the survey questionnaire (see *Survey Respondents*).
- Also included are a sample household interview instrument and a questionnaire to be addressed to all women of reproductive age in the sample households. (See *Clinical and Community Action to Address Postpartum Hemorrhage Household Survey Questionnaire* and *Woman's Questionnaire*.)
- Finally, a document containing item-by-item instructions for how to fill in the questionnaires is included. (See *Instructions for Interviewers: Clinical and Community Action to Address Postpartum Hemorrhage Questionnaire for Program Evaluation*).

Clinical and Community Action to Address Postpartum Hemorrhage

Illustrative M&E Framework for CCA-PPH Projects: Key indicators

Objective	Objective 1	Objective 2	Objective 3	Objective 4	Goal
Interventions	<p>People reached with information on danger signs of PPH, means of prevention, management, and treatment</p>	<p>Communities organize transportation system for transporting women with obstetric emergencies including hemorrhage</p>	<p>People reached with information about where to seek for services in case of obstetric emergencies including hemorrhage</p>	<p>Providers trained on the prevention, management, and treatment of obstetric hemorrhage Blood loss assessment devices are made available NASG are made available Monitoring/supervision is routinely made</p>	<p>Mortality from obstetric hemorrhage, including PPH, and thus maternal mortality is reduced</p>
Indicators	<ul style="list-style-type: none"> • # of people attending meetings or events, by type • % of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding 	<ul style="list-style-type: none"> • % of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred • % of recently delivered women who identified a mode of transport in case of problems 	<ul style="list-style-type: none"> • # of people attending meetings where to seek for services in case of obstetric emergencies including hemorrhage • % of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery • % of recently delivered women who were told to go to a health facility if they experienced danger signs 	<ul style="list-style-type: none"> • % of providers trained on the prevention, identification, management, and treatment of hemorrhage in intervention facilities • % facilities with blood loss assessment tool available • % of facilities with NASG use protocols available • # of hemorrhage cases reviewed in unit review meetings • % of intervention facilities that received three (or more) monitoring/supervisory visits in the reporting quarter • % of women delivering in facilities who developed hemorrhage • % of women delivering in facilities who developed hypovolemic shock secondary to PPH • % of women who had the anti-shock garment applied • # of women with hemorrhage referred in to intervention facilities 	<ul style="list-style-type: none"> • % of women who were diagnosed with hemorrhage and died in facilities • % of deaths from hemorrhage out of all maternal deaths in facilities • % of women who sought services for delivery or related care and died at facilities
Data sources	Project records, community survey	Project records, community survey	Project records, community survey	Project records, facility records	Facility records

Project performance monitoring:

The project can build a chain of evidence of intervention implementation through performance monitoring over the project period. For example, for Objective 1, one monitors whether or not the project is reaching people with awareness-raising information on obstetric hemorrhage by comparing the indicator with target or by looking at the trend of people reached. Similarly, for Objective 3, one monitors whether or not the number of people reached with information on where to seek for services for obstetric hemorrhage is increasing over time. For Objective 2, one observes over time what proportion of communities have organized a transport system including emergency fund for women experiencing obstetric emergencies. One also observes the trend of provider training, availability of technologies (blood loss assessment devices, NASG), and the intensity of supervision and monitoring by project supervisors and managers. These should be monitored quarterly.

Monitoring of outcomes:

- There should be a gradual change in the following indicators:
 - % of women delivering in facilities who developed hemorrhage (The value of this indicator may increase initially because of better diagnosis of hemorrhage by the newly trained providers. And then it will decline gradually because of prevention of hemorrhage by the practice of AMTSL)
 - # of women with hemorrhage referred in to intervention facilities (It will increase gradually and then may plateau)
 - % of women delivering in facilities who developed hypovolemic shock secondary to PPH (This should decline with the implementation of the interventions)
 - % of women who had the anti-shock garment applied (It should reach 100%)

End-of-project evaluation of impact:

- There should be an improvement in the following maternal health awareness and practice indicators when compared between the baseline and endline data
 - % of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding
 - % of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred
 - % of recently delivered women who identified a mode of transport in case of problems
 - % of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery
 - % of recently delivered women who were told to go to a health facility if they had danger signs
- Incidence of obstetric hemorrhage and maternal mortality should gradually decline over project period
 - % of women who were diagnosed with hemorrhage and died in facilities
 - % of death from hemorrhage out of all maternal deaths in facilities
 - % of women who sought services for delivery or related care and died at facilities

Experimental design for evaluation of a PPH project:

- A more convincing and rigorous evaluation design is to collect data from selected otherwise-comparable communities/facilities from non-intervention areas (*control*) and compare the above-mentioned indicators with those from the *intervention* communities/facilities
 - There will be differences in the above impact indicators between *intervention* and *control* facilities/communities, at the endline

Data sources

- Project records:
 - Forms that collect information on the number of people reached with information through various channels of meetings and events
 - Records that keep information of community organizations on emergency transportation, emergency funds, and emergency transport logbooks
 - Monitoring/supervision checklist, meeting minutes, and records review reports
- Facility records:
 - Patient logbook, register, or case sheet
 - Patient referral slip
 - Death certificate
- Community survey
 - Community survey
 - Survey of women of reproductive age and of who have given birth in the past 2 years, conducted at baseline and end of the project
 - Project-supported forms/records. In many cases facilities do not have systematic and complete patient records like logbook, register, or case sheet and thus related statistics. The project then may design simple and user-friendly logbooks and forms with minimum key items of information that will help monitor and evaluate the project interventions

Facility Indicators for Clinical and Community Action to Address Postpartum Hemorrhage Projects

Indicators	Operational Definition	Data Source	Frequency of reporting
A	Project Goal: Decrease maternal mortality¹ and morbidity related to PPH²		
A.1.	% of women who were diagnosed with PPH and died in facilities (PPH case fatality rate)	Patient logbook, case sheet, or register; death register ³	Annual
A.2.	% of death from PPH out of all maternal deaths in facilities (Proportional mortality from PPH)	Patient logbook, case sheet, or register; death register	Annual
A.0	Proportion of women who sought services for delivery or related care and died at facilities (Hospital mortality rate)	Patient logbook, case sheet, or register; death register	End of project
4	Objective 4: Improve the capacity of health care providers to provide high-quality, appropriate care, including use of available uterotonics and NASG		
4.1	% of providers trained on the prevention, identification, management, and treatment of PPH in intervention facilities	Training reports	Annually
4.2	% facilities with blood loss assessment tool available	Monitoring/Supervision checklists	Quarterly
4.3	% of facilities with NASG use protocols available	Monitoring/Supervision checklist	Quarterly
4.4	# of PPH cases reviewed in unit review meetings	Meeting reports	Quarterly
4.5	% of intervention facilities that received three (or more) monitoring/supervisory visits in the reporting quarter	Monitoring/Supervision checklist	Quarterly
4.6	% of women delivering in facilities who developed PPH	Patient logbook, case sheet, or register	Quarterly
4.7	% of women delivering in facilities who developed hypovolemic shock secondary to PPH	Patient logbook, case sheet, or register	Quarterly
4.8	% of women who had the anti-shock garment applied	Patient logbook, case sheet, or register	Quarterly
4.9	# of women with PPH referred in to intervention facilities from lower level facilities	Patient logbook, case sheet, or register; referral slips/register	Quarterly

¹ Maternal mortality: although maternal death is defined as the death of a woman during pregnancy or 42 days of pregnancy outcome, for the purpose of this project it is defined as the death of a woman who came to a project facility for delivery or related services during post partum period and died there.

² PPH: bleeding > 500ml. or signs of hemodynamic instability. The diagnosis of the provider may be accepted where blood loss is not measured systematically. It is expected that, over time, with training, the ability of providers to make this diagnosis will improve.

³ In many cases, facilities do not have systematic and complete patient records like logbook, register, or case sheet and thus related statistics. The project then may design simple and user-friendly logbooks and forms with minimum key items of information that will help monitor and evaluate the project interventions

⁴ “Death from all causes” will show the breakup of death from eclampsia, sepsis, obstetric hemorrhage other than PPH, and “other” causes

Clinical and Community Action to Address Postpartum Hemorrhage

Survey Indicators

The following table outlines the indicators that can be measured using the CCC-PPH woman's questionnaire. It includes an operational definition for each indicator and directs users to the questions and responses that would be used to calculate the indicator.

Indicator	Definition	Questions
Knowledge		
% of women of reproductive age who know key danger signs during pregnancy	Numerator: # of women who spontaneously mention the three key danger signs during pregnancy (severe vaginal bleeding, swollen hands/face, and blurred vision) Denominator: # of women interviewed*	402 = A,B, and E
% of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding	Numerator: # of women who spontaneously mention at least three of the four key danger signs during labor/childbirth (severe vaginal bleeding, prolonged labor (>12 hours), convulsions, and retained placenta) and include severe bleeding Denominator: # of women interviewed*	404 = A and at least 2 of C,F, and G
% of women of reproductive age who know key danger signs during postpartum	Numerator: # of women who spontaneously mention the three key danger signs during the postpartum period (severe vaginal bleeding, foul smelling vaginal discharge, and high fever) Denominator: # of women interviewed*	406 = A,F, and G
% of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery	Numerator: # of women who spontaneously mention a health facility as a place where a woman can deliver Denominator: # of women interviewed*	409=1
Service use and planning actions: Behaviors		
% of recently delivered women who attended at least 4 antenatal care visits	Numerator: # of women who attended 4 ANC visits Denominator: # of women who had a live birth or stillbirth in the last 2 years**	509=1 and 512≥4
% of recently delivered women who attended first antenatal care visit, by trimester	Numerator: # of women who attended first ANC visit during first, second and third trimester Denominator: # of women who had a live birth or stillbirth in the last 2 years** Note: Report for each trimester separately.	509=1 and 511 (If 511=1-3, trimester=1; if 511=4-6, trimester=2; if 511=7-9, trimester=3)
% of recently delivered women with a plan for birth	Numerator: # of women who report that they had a plan for their last birth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	(601=1) OR (602=8 AND at least 3 of 603-606=1)
% of recently delivered women who identified a place to go if danger signs occurred	Numerator: # of women who report that they had identified a place to go if danger signs occurred Denominator: # of women who had a live birth or stillbirth in the last 2 years**	603=1
% of recently delivered women who identified a mode of transport in case of problems	Numerator: # of women who identified a mode of transport to a health facility Denominator: # of women who had a live birth or stillbirth in the last 2 years**	604=1

Clinical and Community Action to Address Postpartum Hemorrhage

Indicator	Definition	Questions
% of recently delivered women who saved money for childbirth	Numerator: # of women who saved money for childbirth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	605=1
% of recently delivered women who arranged for blood donors	Numerator: # of women who arranged for blood donors in case one was needed Denominator: # of women who had a live birth or stillbirth in the last 2 years**	606=1
% of recently delivered women who gave birth with a skilled provider	Numerator: # of women who delivered with a skilled provider (professional health care provider) Denominator: # of women who had a live birth or stillbirth in the last 2 years**	610=A,B or C or as defined by national guidelines
<i>Exposure to messages</i>		
% of women of reproductive age who have seen or heard a message about pregnancy or childbirth in the past 6 months	Numerator: # of women who report that they have heard a message about pregnancy or childbirth in the past 6 months, from any source Denominator: # of women interviewed*	201=1
% of recently delivered women who were told about birth planning:		
% of recently delivered women who were told to go to a health facility if they experienced danger signs	Numerator: # of women who were told to go to a health facility if they had danger signs Denominator: # of women who had a live birth or stillbirth in the last 2 years**	504=1
% of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred	Numerator: # of women who report that someone spoke with them about arranging transport to a health facility if any danger signs occurred Denominator: # of women who had a live birth or stillbirth in the last 2 years**	505=1
% of women who were counseled to save money for child birth	Numerator: # of women who report that someone spoke with them about saving money for child birth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	506=1
% of women who were counseled to arrange for a blood donor in case one was needed	Numerator: # of women who report that someone spoke with them about arranging for a blood donor in case one was needed Denominator: # of women who had a live birth or stillbirth in the last 2 years**	507=1

*All women aged 15-49 (Q103) for whom result code=1

**# of women who had a live birth or stillbirth in the last 2 years = D: 302=1; 304=1 or 2; 303<24 months prior to interview

Clinical and Community Action to Address Postpartum Hemorrhage

Survey Respondents

The *Clinical and Community Action to Address Postpartum Hemorrhage* Woman's Questionnaire included in this manual is designed to measure key indicators relevant to a project that implements a continuum of care model.

All adults, including men, can be asked questions about knowledge of danger signs, availability and location of obstetric care, and interpersonal communication regarding birth preparedness. However, to simplify the conduct of the survey and interpretation of the results, we have limited the sample to women of reproductive age (15-49). This broad group serves as a proxy for the extent to which information reached the entire community, beyond women who are currently pregnant.

To assess program activities aimed at pregnant women, most of the questions in this survey are addressed only to women who have delivered recently (had a live or stillbirth within the 2 years preceding the survey).

Currently-pregnant women are purposefully excluded from questions regarding practices during pregnancy because they will have different periods of time over which they could have implemented steps in birth preparedness. For example, a woman who is in the first weeks of her second trimester may not yet have a birth plan in place but may go on to have one later in the pregnancy. An additional reason for not attempting to measure indicators among only currently-pregnant women is that the overall sample size would need to be markedly larger to achieve a sufficient sample of currently pregnant women.

CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE HOUSEHOLD SURVEY

QUESTIONNAIRE
NUMBER (FOR USE BY
DATA ENTRY PERSONNEL)

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IDENTIFICATION										
HH1. LOCALITY _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
NAME OF HOUSEHOLD HEAD _____										
HH2. DISTRICT	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
HH3. EA NUMBER.....										
HH4. HOUSEHOLD NUMBER.....										
HH5. URBAN/RURAL (URBAN=1, RURAL=2)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
INTERVIEWER'S NAME	_____	_____	_____	MONTH
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR
NEXT VISIT: DATE	_____	_____		NAME CODE
TIME	_____	_____		RESULT
*RESULT CODES:	1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)			TOTAL ELIGIBLE WOMEN
				TOTAL NUMBER COMPLETE INTERVIEWS

LANGUAGE OF QUESTIONNAIRE **	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			LANGUAGE OF INTERVIEW **	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
NATIVE LANGUAGE OF RESPONDENT TO HH QUEST.**	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			TRANSLATOR USED	YES..... 1 NO 2		
** LANGUAGE CODES: 01 ENGLISH 02 _____ 03 _____ 04 _____ 96 OTHER _____ (SPECIFY)							

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

Household Listing

Now we would like some information about the people women and girls who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE	AGE	WOMAN SELECTED FOR INDIVIDUAL INTERVIEW
	Please give me the names of the all women and girls who usually live in your household and female guests of the household who stayed here last night.	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE N ^o . OF ALL WOMEN AGE 15-49
(1)	(2)	(5)	(6)	(16)
01		YES 1	NO 2	IN YEARS <input type="text"/>
02		1	2	<input type="text"/>
03		1	2	<input type="text"/>
04		1	2	<input type="text"/>
05		1	2	<input type="text"/>
06		1	2	<input type="text"/>
07		1	2	<input type="text"/>
08		1	2	<input type="text"/>
09		1	2	<input type="text"/>
10		1	2	<input type="text"/>
11		1	2	<input type="text"/>
12		1	2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) In addition, are there any other women or girls who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
2) Are there any female guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>

NOTE: ADDITIONAL QUESTIONS ON HOUSEHOLD CHARACTERISTICS THAT CAN BE USED TO DISTINGUISH BETWEEN SOCIOECONOMIC GROUPS ARE INCLUDED ON THE OVERLEAF.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
13	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO DWELLING11 → 15 PIPED INTO YARD/PLOT.....12 → 15 PUBLIC TAP/NEIGHBOR'S HSE.....13 WATER FROM OPEN WELL OPEN WELL IN DWELLING21 → 15 OPEN WELL IN YARD/PLOT22 → 15 OPEN PUBLIC WELL23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING.....31 → 15 PROTECTED WELL IN YARD/PLOT .32 → 15 PROTECTED PUBLIC WELL33 SURFACE WATER SPRING.....41 RIVER/STREAM42 POND/LAKE43 DAM44 RAINWATER51 → 15 TANKER TRUCK.....61 BOTTLED WATER.....71 → 15 OTHER _____ 96 (SPECIFY)																												
14	How long does it take you to go there, get water, and come back?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> ON PREMISES.....996																												
15	What kind of toilet facilities does your household have? ¹	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM11 FLUSH TO SEPTIC TANK12 FLUSH TO PIT LATRINE13 FLUSH TO SOMEWHERE ELSE14 FLUSH, DON'T KNOW WHERE15 PIT LATRINE VENTILATED IMPROVED21 PIT LATRINE22 PIT LATRINE WITH SLAB23 PIT LATRINE WITHOUT SLAB/ OPEN PIT24 COMPOSTING TOILET31 BUCKET TOILET41 HANGING TOILET/HANGING LATRINE51 NO FACILITY/BUSH/FIELD61 → 17 OTHER _____ 96 (SPECIFY)																												
16	Do you share these facilities with other households?	YES 1 NO2																												
17	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">ELECTRICITY1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">RADIO1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">TELEVISION1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A video deck ?</td> <td style="text-align: center;">VIDEO DECK1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone?</td> <td style="text-align: center;">TELEPHONE.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A clock ?</td> <td style="text-align: center;">CLOCK.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A sewing machine</td> <td style="text-align: center;">SEWING MACHINE1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">REFRIGERATOR.....1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY1	2	A radio?	RADIO1	2	A television?	TELEVISION1	2	A video deck ?	VIDEO DECK1	2	A telephone?	TELEPHONE.....1	2	A clock ?	CLOCK.....1	2	A sewing machine	SEWING MACHINE1	2	A refrigerator?	REFRIGERATOR.....1	2	
	YES	NO																												
Electricity?	ELECTRICITY1	2																												
A radio?	RADIO1	2																												
A television?	TELEVISION1	2																												
A video deck ?	VIDEO DECK1	2																												
A telephone?	TELEPHONE.....1	2																												
A clock ?	CLOCK.....1	2																												
A sewing machine	SEWING MACHINE1	2																												
A refrigerator?	REFRIGERATOR.....1	2																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS03 KEROSENE04 CHARCOAL05 FIREWOOD, STRAW06 DUNG07 OTHER _____ 96 (SPECIFY)	
19	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD11 DUNG12 RUDIMENTARY FLOOR WOOD PLANKS21 PALM/BAMBOO22 FINISHED FLOOR PARQUET OR POLISHED WOOD31 LINOLEUM32 CERAMIC TILES33 CEMENT34 CARPET35 TERRAZO36 OTHER _____ 96 (SPECIFY)	
20	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF11 THATCH/PALM LEAF12 SOD13 RUDIMENTARY ROOFING RUSTIC MAT21 PALM/BAMBOO22 WOOD PLANKS23 CARDBOARD24 FINISHED ROOFING METAL31 WOOD32 CALAMINE/CEMENT FIBER33 CERAMIC TILES34 CEMENT35 ROOFING SHINGLES36 OTHER _____ 96 (SPECIFY)	
21	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS11 CANE/PALM/TRUNKS12 DIRT13 RUDIMENTARY WALLS BAMBOO WITH MUD21 STONE WITH MUD22 UNCOVERED ADOBE23 PLYWOOD24 CARDBOARD25 REUSED WOOD26 FINISHED WALLS CEMENT31 STONE WITH LIME/CEMENT32 BRICKS33 CEMENT BLOCKS34 COVERED ADOBE35 WOOD PLANKS/SHINGLES36 OTHER _____ 96 (SPECIFY)	

Cluster			HH		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
22	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																			
23	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A tractor? A horse/donkey cart?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/DONKEY CART</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	TRACTOR	1	2	HORSE/DONKEY CART	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER	1	2																			
CAR/TRUCK.....	1	2																			
TRACTOR	1	2																			
HORSE/DONKEY CART	1	2																			
24	RETURN TO COVER PAGE																				

**CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE
HOUSEHOLD SURVEY¹**

WOMAN'S QUESTIONNAIRE

QUESTIONNAIRE
NUMBER (FOR USE BY
DATA ENTRY PERSONNEL)

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IDENTIFICATION																			
LOCALITY _____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
DISTRICT																			
EA NUMBER.....																			
HOUSEHOLD NUMBER.....																			
URBAN/RURAL (URBAN=1, RURAL=2)																			
NAME AND LINE NUMBER OF WOMAN _____																			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR _____
				NAME CODE _____
NEXT VISIT: DATE	_____	_____		RESULT _____
TIME	_____	_____		TOTAL NO. OF VISITS <input type="checkbox"/>
*RESULT CODES:				
1 COMPLETED	4 REFUSED	7 OTHER _____ (SPECIFY)		
2 NOT AT HOME	5 PARTLY COMPLETED			
3 POSTPONED	6 INCAPACITATED			

LANGUAGE OF QUESTIONNAIRE **	<input type="checkbox"/>	LANGUAGE OF INTERVIEW **	<input type="checkbox"/>
NATIVE LANGUAGE OF RESPONDENT **	<input type="checkbox"/>	TRANSLATOR USED	YES..... 1 NO 2
** LANGUAGE CODES: 01 ENGLISH 02 _____ 03 _____ 04 _____ 96 OTHER _____ (SPECIFY)			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/>	NAME _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE _____	DATE _____		

¹ Note: This questionnaire is an adaptation of the MEASURE DHS+ questionnaire, and also draws upon the following: Monitoring Birth Preparedness and Complication Readiness (JHPIEGO, 2004), Monitoring the Situation of Women and Children: Multiple Indicator Cluster Survey (UNICEF, 2005), Asking Questions about Women's Reproductive Health in Community-Based Surveys (Graham, WJ, et al, 1995), and information contained in Maternal and Newborn Standards and Indicators Compendium (USAID and Core, 2004), among others.

Cluster		HH		Line #		

SECTION 2. MEDIA AND MESSAGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
201	In the last six months have you seen or heard a message about pregnancy or childbirth?	YES..... 1 NO 2	→301																																													
202	Where did you see or hear a message(s) about pregnancy or childbirth? On the radio? On the television? In a newspaper or magazine? On a poster? In leaflets or brochures? In a film show? In a drama/song performance? At a community meeting? From a church group? From a trained health provider? From a community health worker? From neighbors/friends/relatives? Other? <i>RECORD ALL SOURCES MENTIONED.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS/BROCHURES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FILM SHOW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRAMA/SONG PERFORMANCE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHURCH GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRAINED HEALTH PROVIDER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMM. HEALTH WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEIGHBORS/FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE	1	2	POSTER	1	2	LEAFLETS/BROCHURES.....	1	2	FILM SHOW	1	2	DRAMA/SONG PERFORMANCE ..	1	2	COMMUNITY MEETING	1	2	CHURCH GROUP.....	1	2	TRAINED HEALTH PROVIDER.....	1	2	COMM. HEALTH WORKER	1	2	NEIGHBORS/FRIENDS	1	2	OTHER _____	1	2	(SPECIFY)			
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OTHER _____	1	2																																														
(SPECIFY)																																																
203	In the last six months, have you discussed any of the messages about pregnancy and childbirth with your friends, neighbors, or relatives?	YES..... 1 NO 2	→301																																													
204	With whom? Anyone else? <i>RECORD ALL PERSONS MENTIONED.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND/PARTNER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FATHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SISTER(S).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BROTHER(S)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DAUGHTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SON</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER-IN-LAW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEIGHBORS/FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	HUSBAND/PARTNER.....	1	2	MOTHER	1	2	FATHER	1	2	SISTER(S).....	1	2	BROTHER(S)	1	2	DAUGHTER.....	1	2	SON	1	2	MOTHER-IN-LAW	1	2	NEIGHBORS/FRIENDS	1	2	OTHER _____	1	2	(SPECIFY)												
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(SPECIFY)																																																

Cluster		HH		Line #		

SECTION 3: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
301	Now I would like to ask you some questions about pregnancy and childbirth. Are you pregnant now?	YES, CURRENTLY PREGNANT 1 NO 2 UNSURE OR DON'T KNOW 8							
302	Have you ever been pregnant?	YES..... 1 NO 2	→401						
303	Did the pregnancy end in a live birth, a stillbirth, an induced abortion, or a miscarriage?	LIVE BIRTH 1 STILLBIRTH 2 ABORTION 3 MISCARRIAGE..... 4	└→401						
304	When did your last pregnancy end? In what month and year?	MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW YEAR9998							
305	<p><i>Check above. Did the woman's last pregnancy (live birth or stillbirth) end within the last 2 years? Since (day and month of interview in 2005)?</i></p> <p><input type="checkbox"/> <i>No live birth or stillbirth in last 2 years</i></p> <p><input type="checkbox"/> <i>Yes live birth or stillbirth in last 2 years</i></p>								

SECTION 4. KNOWLEDGE

Nº.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that could endanger the life of a woman?	YES 1 NO 2 DON'T KNOW 8	→408
402	In your opinion, what are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman? PROBE: Any others?	BLEEDING A SEVERE HEADACHE B BLURRED VISION C FIT/CONVULSIONS D SWOLLEN HANDS/FACE E HIGH FEVER F FAINTING G DIFFICULTY BREATHING I SEVERE WEAKNESS J SEVERE ABDOMINAL PAIN K ACCELERATED/ REDUCED FETAL MOVEMENT I WATER BREAKS WITHOUT LABOR L OTHER X (SPECIFY) NONE Y DON'T KNOW Z	→404
403	In your opinion, could a woman die from [this problem] any of these problems?	YES 1 NO 2 DON'T KNOW 8	
404	In your opinion, what are some serious health problems that can occur during labor and childbirth that could endanger the life of a pregnant woman? PROBE: Any others?	SEVERE BLEEDING A SEVERE HEADACHE B FIT/CONVULSIONS C HIGH FEVER D FAINTING E LABOR LASTING >12 HOURS F PLACENTA NOT DELIVERED 30 MINUTES AFTER BABY G BABY COMES FEET, HAND OR BOTTOM FIRST (BEFORE HEAD) H OTHER X (SPECIFY) NONE Y DON'T KNOW Z	→406
405	In your opinion, could a woman die from [this problem] any of these problems?	YES 1 NO 2 DON'T KNOW 8	
406	In your opinion, what are some serious health problems that can occur during the first 2 days after birth that could endanger the life of the woman? PROBE: Any others?	SEVERE BLEEDING A SEVERE HEADACHE B BLURRED VISION C FIT/CONVULSIONS D SWOLLEN HANDS/FACE E HIGH FEVER F BAD SMELLING VAGINAL DISCHARGE G FAINTING H DIFFICULTY BREATHING I SEVERE WEAKNESS J OTHER X (SPECIFY) NONE Y DON'T KNOW Z	→408
407	In your opinion, could a woman die from [this problem] any of these problems?	YES 1 NO 2 DON'T KNOW 8	
408	In your opinion, is there anything a woman and her family should do to plan for a birth?	YES 1 NO 2 DON'T KNOW 8	

Cluster		HH		Line #		

N°.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Do you know of a health facility where a woman can go if she has problems during delivery? IF YES: Where is that? RECORD THE FIRST PLACE MENTIONED. _____ (NAME OF HEALTH FACILITY)	YES 1 NO 2 DON'T KNOW 8	

SECTION 5. EXPERIENCES DURING LAST PREGNANCY

N ^o .	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<i>CHECK 304</i> HAS HAD A LIVE BIRTH OR STILLBIRTH IN THE LAST 24 MONTHS? YES ↓	NO -----	→ END
502	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about where you should give birth to your baby?	YES 1 NO 2 DON'T KNOW 8	
503	During your pregnancy, did anyone [replace with the person doing such counseling in the program] tell you about the danger signs of serious health problems during pregnancy, childbirth, or soon after?	YES 1 NO 2 DON'T KNOW 8	└─→ 505
504	During your pregnancy, did anyone [replace with the person doing such counseling in the program] tell you where to go if you had danger signs of serious health problems?	YES 1 NO 2 DON'T KNOW 8	
505	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about arranging for transportation to a health facility if any problems occurred?	YES 1 NO 2 DON'T KNOW 8	
506	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about saving money for the birth?	YES 1 NO 2 DON'T KNOW 8	
507	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about arranging for a blood donor in case one was needed?	YES 1 NO 2 DON'T KNOW 8	
508	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about who should assist with your birth?	YES 1 NO 2 DON'T KNOW 8	
509	Did you see anyone for antenatal care during this pregnancy?	YES 1 NO 2	→601
510	If so, whom did you see? PROBE: Anyone else? <i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i>	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKERS E RELATIVE/FRIEND F OTHER _____ X (SPECIFY)	
511	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW/ CAN'T REMEMBER 98	
512	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/ CAN'T REMEMBER 98	

Cluster		HH		Line #		

SECTION 6. EXPERIENCES DURING LAST DELIVERY

N ^o .	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Prior to your last delivery, did you or your family make a plan for the birth of this child?	YES 1 NO 2 DON'T KNOW 8	—▶ 608
602	Did you decide where you would give birth?	YES 1 NO 2 DON'T KNOW 8	
603	Did you identify a health facility where you would go if you had danger signs of a serious health problem?	YES 1 NO 2 DON'T KNOW 8	—▶ 605 —▶ 605
604	Did you make plans for how to get to a health facility if any problems occurred?	YES 1 NO 2 DON'T KNOW 8	
605	Did you save any money for the birth?	YES 1 NO 2 DON'T KNOW 8	
606	Did you arrange for a blood donor in case one was needed?	YES 1 NO 2 DON'T KNOW 8	
607	Where did you deliver your last child? <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF FACILITY AND CIRCLE THE APPROPRIATE CODE.</i> _____ (NAME OF PLACE)	HOME RESP. HOME 11 TBA'S. HOME 12 OTHER HOME 13 HOSPITAL/CLINIC 21 HEALTH CENTER 22 HEALTH POST 23 MATERNITY HOME 24 OTHER _____ 96 (SPECIFY)	—▶ END —▶ END —▶ END
608	How did you go to the health facility? <i>PROBE: WHAT TYPE OF TRANSPORTATION DID YOU MAINLY USE TO GET TO THE HEALTH FACILITY?</i>	AMBULANCE 01 PRIVATE CAR 02 TAXI/BUS 03 CART 04 MOTORBIKE 05 BOAT 06 ON FOOT 07 BICYCLE 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
609	Who accompanied you to the facility where you delivered? <i>PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.</i>	NO ONE 01 RESPONDENT 02 RESPONDENT & HUSBAND 03 HUSBAND 04 RESP.'S MOTHER 05 RESP.'S FATHER 06 MOTHER-IN-LAW 07 FATHER-IN-LAW 08 SISTER/SISTER-IN-LAW 09 OTHER MEMBER OF RESP.'S FAM 10 OTHER MEMBER OF HUSB.'S FAM 11 FRIEND/NEIGHBOR 12 HEALTH PROFESSIONAL 13 TBA 14 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

Cluster		HH		Line #		

N°.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>Who assisted with your last delivery?</p> <p>Anyone else?</p> <p><i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE..... B</p> <p>MIDWIFE..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. D</p> <p>COMMUNITY HEALTH WORKER..... E</p> <p>RELATIVE/FRIEND..... F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p> <p>DON'T KNOW Z</p>	

CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

QUESTIONNAIRE FOR PROGRAM EVALUATION

INSTRUCTIONS FOR INTERVIEWERS

SURVEY MANAGER:

Give a copy of this appendix to every interviewer. Translate this appendix into the interviewers' local language if necessary. Ensure that the information in this appendix is appropriate to your survey. Some countries may need to give slightly different instructions.

Note: interviewer questions appear in **BOLD, SMALL CAPITALS**; interviewer instructions are in *italics*. Adaptation notes (survey coordinator) are in **SMALL CAPITALS**.

In each household you should interview all the women between the ages of 15 and 49 who reside in the household (individual Women's Questionnaires). If you visit a household with no members eligible for these individual questionnaires, you must still ask questions about the household. You may ask these questions of any adult who is present.

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 neighbors whether the house is inhabited. If it is occupied, ask the neighbors 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 as decided with your supervisor and note the time you are to return on the first page of the questionnaire (Household Information Panel). Do not substitute another household.

If no adult is at home, arrange to come back at another time. Do not interview a temporary caretaker of the children, such as a babysitter.

If nobody is at home again when you make the return visit, then mark this household on your form as 'missing'. Your supervisor may instruct you to revisit these households, or to visit another household that has been chosen at random.

If an eligible woman is not at home or not available for the interview, ask a family member or neighbor when she will return. Note this on the Household Information Panel and return to interview her at that time, if possible. If this is not possible, follow your supervisor's instructions to return to the household at another time. Do not take responses to the Woman's Questionnaire from anyone other than eligible women.

In areas where separate households are difficult to identify, such as multi-household dwellings, treat the entire dwelling as one household, and interview all the women within that dwelling.

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 a Cluster 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 Household Information Panel of the questionnaire.

Throughout the questionnaire, the codes 9, 99, 999 and 9999 are used for missing information. In many questions, there are instructions to skip additional questions depending on the answer given. When skipping questions, draw a line through them so that your supervisor sees that these were skipped intentionally and not just overlooked.

CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

HOW TO FILL IN THE HOUSEHOLD QUESTIONNAIRE

Household Identification Panel

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

HH1. Enter the Locality number as instructed by your supervisor.

HH2. Enter the District number as instructed by your supervisor.

HH3. Enter the Enumeration Area (EA) number as instructed by your supervisor.

HH4. Enter the Household number as instructed by your supervisor.

HH5. Circle the code for area of residence – that is, 1 for urban or 2 for rural – as instructed by your supervisor.

Interviewer Visits Panel

Enter the date of the interview: day/month/year. If the interview is not completed on the first day attempted, revise and enter date of final interview.

Enter your own name or identifying number.

If the household modules have been completed, circle 1 for completed. If unable to complete the household part of the questionnaire, circle the reason.

If the house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

If the house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

If the household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

If the selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

If no one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Summary of Household Information

Fill this section in once you have completed the Household Listing Form on the next page. Count the number of women noted in Column 5 and put this number in Box 11. After all eligible women have been interviewed note the number of completed forms in the appropriate box. For those interviews not completed, note details in the space provided at the bottom of the panel.

Interview Language Information

**SURVEY COORDINATORS SHOULD ADAPT THIS SECTION USING LOCALLY RELEVANT INFORMATION.

Household Listing Form

Each successive page of the questionnaire has a space for Cluster number and Household number. These must be filled in to avoid misplacing parts of the questionnaire.

Any adult member of the household can serve as respondent for this section.

Interviewer: **First, please tell me the names of all the women and girls who usually live here.**

Col. 1 Line number: This is the number used to identify each person listed. You must obtain a complete list of all women and girls who usually live in the household. A household is a person or group of persons who usually live and eat together. ADAPT THIS DEFINITION TO FIT THE DEFINITION OF A HOUSEHOLD IN USE IN YOUR COUNTRY.

Col. 2 Name: Fill in the name of each household member.

If the number of women and girls in the household total more than twelve people, mark the box at the bottom of this page and use another Household Listing page. On the second Listing page, change the line numbers 01-12 to 13-24. Then check that you have included everyone by asking: **Are there any others women or girls who live here, even if they are not at home now? (These may include children in school or at work.)** If the answer is "yes", add those names to the list.

Once you have a complete list of names, move across the page asking each question for one person. When you have completed the information for the person on line 01, continue to the person listed on line 02, etc.

Col. 3 Residence: Determine whether each woman or girl stayed in the house last night.

CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

Col. 4 Age: Obtain each person's age in completed years, that is, his/her age at his/her last birthday. If you have difficulty obtaining the ages of very elderly members of the household, you may enter the code 99, meaning "doesn't know" or "over age 50". If a child has not yet reached his/her first birthday, write 00: for example, a child who is 9 months old is coded as 00. If necessary, a more accurate estimate of the child's age will be obtained later in the questionnaire. You must record an age for each child. Do not leave this item blank for any child.

Eligibility for woman's questionnaire

Col. 5 Circle the line number in this column if the household member is a woman between 15 and 49 years of age (this includes those aged 15 and 49).

Household Characteristics

****SURVEY COORDINATORS SHOULD ADAPT THIS SECTION USING LOCALLY RELEVANT SOCIOECONOMIC VARIABLES (HOUSEHOLD BELONGINGS, MATERIAL OF DWELLING ROOF OR FLOOR, ETC.).**

Q. 13 What is the main source of drinking water for members of your household?

The purpose of this question is to assess the safety of the household water used for drinking. If several sources are mentioned, probe to determine the most usual source. Circle the code for the most usual source. If the source varies by season, circle the code for the source at the season of interview.

THE PRE-TEST WILL DETERMINE IF ANY ADDITIONAL WATER SOURCES TYPICALLY USED IN YOUR LOCALITY NEED TO BE ADDED TO THIS LIST. BE SURE TO RETAIN THE CATEGORIES SHOWN IN THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

Q. 14 How long does it take to go there, get water, and come back?

This question is used to find out how convenient the source of drinking water is to the 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 preceding the number if less than 100 minutes, e.g. 060 or 090. If the water source is on the dwelling premises, or if water is delivered to the dwelling by a vendor, record "on premises" by circling 888. Circle 999 for the response "doesn't know".

Q. 15 What kind of toilet facilities does your household use?

The purpose of this question is to obtain a measure of the cleanliness of the sanitary facility used by the household members. If the respondent answers that the household members use the bush or field, circle 6 for "no facilities" and skip to Q. 17, drawing a line through the skipped question.

A flush toilet to sewage is one in which water carries the waste down pipes to a septic tank connected to the local sewers, whether the water is piped into the toilet or poured in by buckets. A pour flush latrine is one with a water seal such as an aqua privy, or any similar device that creates a seal to prevent fumes and bacteria escaping. A Ventilated Improved Pit latrine (VIP) is a pit latrine that has a route for fumes to escape (usually a pipe), other than the hole itself. A traditional pit latrine is not ventilated.

ANY OTHER USUAL TYPES OF FACILITIES THAT DO NOT FIT INTO THESE CATEGORIES SHOULD ALSO BE LISTED HERE. ADAPT THESE INSTRUCTIONS, ADDING EXPLANATIONS OF ANY ADDITIONAL CATEGORIES. BE SURE TO RETAIN THE CATEGORIES SHOWN ON THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

Q. 16. Do you share these facilities with other households?

Question 16 asks about whether the toilet facilities are shared with one or more other households.

Q. 17. Household Items

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank. If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 18. 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 socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit. If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

Q. 19. Floor Material

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure. If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 20. Roof Material

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As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 21. Wall Material

This is not a question but an observation. You will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 22. How many rooms in this household are used for sleeping?

Q. 23. Ownership of Means of Transportation

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

HOW TO FILL IN THE WOMAN'S QUESTIONNAIRE

The sections for women of reproductive age are the Respondent's Background, Media and Messaging, Reproduction, Knowledge, Experiences During Last Pregnancy, and Experiences During Last Delivery. Only a skilled female interviewer should administer these modules. The interviewer should 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.

After you complete the household interview, you should have a form for each individual Woman's Questionnaire to be filled in. Make sure you fill in the identifying information (Cluster, Household and Individual line number) at the top of every page so that no pages will be lost.

SURVEY COORDINATORS:

CUSTOMIZE THESE INSTRUCTIONS BASED ON YOUR QUESTIONNAIRE, ENSURING THAT THE INFORMATION IN THIS APPENDIX IS APPROPRIATE TO YOUR SURVEY. SOME COUNTRIES MAY NEED TO PROVIDE SLIGHTLY DIFFERENT INSTRUCTIONS, DEPENDING ON THEIR QUESTIONNAIRES. DELETE INSTRUCTIONS ON MODULES/QUESTIONS NOT USED BY YOUR PROGRAM. ORDER THE INSTRUCTIONS IN ACCORDANCE WITH YOUR QUESTIONNAIRE.

THEN TRANSLATE THIS APPENDIX INTO THE INTERVIEWERS' LOCAL LANGUAGE(S), IF NECESSARY. USE THESE INSTRUCTIONS DURING THE TRAINING OF THE INTERVIEWERS AND PROVIDE A COPY TO EACH INTERVIEWER.

COVER PAGE

After completing the household questionnaire, you should prepare a questionnaire for each eligible woman by filling in the identification section on the cover page.

IDENTIFICATION

This information should be filled in before you start the interview.

Locality

Enter the locality code number from the Household Questionnaire, question HH1.

District

Enter the district code number from the Household Questionnaire, question HH2.

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EA number

Enter the number of the enumeration area from the Household Questionnaire, question HH3.

Household number

Enter the household number from the Household Questionnaire, question HH4.

Woman's name

Enter the woman's name from the Household Questionnaire, column (2) of the Household Listing.

Woman's line number

Enter the woman's line number from the Household Questionnaire, column (5) of the Household Listing.

Interviewer name and number

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

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.

Result of women's interview

Complete this question (under Final Visit) once you have concluded the interview with the woman. Circle the code corresponding to the result of the interview. If the questionnaire is completed, circle '1' for 'Completed'. If you have not been able to contact the woman after repeated visits, circle '2' for 'Not at home'. If the woman refuses to be interviewed, circle '4' for 'Refused'. If you were able to only partly complete the questionnaire, circle '5' for 'Partly completed'. If the woman is incapacitated, circle '6'. If you have not been able to complete this questionnaire for another reason, you should circle '7' for 'Other' and specify the reason in the space provided.

SECTION 1: RESPONDENT’S BACKGROUND

In the first section of the questionnaire, you will begin by obtaining the respondent’s consent to the interview and then collect some general background information on the respondent.

Informed Consent

The respondent’s consent for participation in the survey must be obtained before you can begin the interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent. If the woman does not agree to be interviewed, circle ‘2’, thank the respondent, and end the interview. Then write ‘4’ (REFUSED) as the result on the cover sheet.

101. Time

Record the time of the day you start the women’s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is: HOUR

0	9
3	0

MINUTES

Half past four in the afternoon is: HOUR

1	6
3	0

MINUTES

102. In what month and year were you born?

If the respondent knows her date of birth, write it in the appropriate spaces for ‘Month’ and ‘Year’. You will need to convert the month into numbers. For this, January is ‘01’, February is ‘02’, March is ‘03’, etc. If the month or day contains only one digit, use a leading zero to fill in the first space. For example, the month of March is coded as ‘03’. If she does not know her month of birth, circle ‘98’ for ‘DK month’ and ask her for the year of her birth. If she knows the year, write it in the spaces for ‘Year’.

Try under all circumstances to obtain at least the year of birth. If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card, horoscope, or a birth or baptismal certificate that might give her date of birth. If such documentation is available, ask the woman if the information on the document(s) is correct. Only when it is absolutely impossible to even estimate the year of birth should you circle ‘9998’ for ‘DK year’.

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103. How old were you at your last birthday?

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

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

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

104. Have you ever attended school?

Circle the code corresponding to the response given. If 'No', skip to 107. 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 are also included here. Ensure that the woman understands what is meant by '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 many Catholic schools – it would be coded as a standard school.

105. What is the highest level of school you attended: primary, secondary or higher?

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

106. What is the highest grade/form/year you completed at that level?

SURVEY COORDINATORS: CHANGE THE TERM ‘GRADE’ TO THE TERM USED LOCALLY, SUCH AS ‘FORM’ OR ‘YEAR’.

For this question, record the number of years that the respondent successfully completed. For example, if a woman was attending grade 3 of secondary school and left school before completing that year, record ‘02’. 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.

107. What is your marital status now: are you single, married, widowed, divorced or separated?

SURVEY COORDINATORS: CUSTOMIZE THIS QUESTION TO THE SITUATION IN YOUR COUNTRY AND/OR DESCRIBE TO THE INTERVIEWERS WHAT EACH OF THE CATEGORIES REFERS TO. 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. CASUAL SEXUAL ENCOUNTERS ARE NOT INCLUDED HERE. IN SOME CULTURES, THE WORD ‘MARITAL’ IS NOT USED FOR INFORMAL UNIONS; DELETE THE WORD ‘MARITAL’ FROM THE QUESTION IF NECESSARY AND ASK “**WHAT IS YOUR STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?**”

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

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

108-110. Husband’s Education

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 109, you record the highest level attended, and in Q. 110, you record the highest grade [form/year] completed at that level.

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111. Some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other paid work?

This question is concerned with any work other than housework that the respondent herself does. The time reference for this question is the seven days before the survey interview. It often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentence so the respondent understands what we mean by “work.”

SECTION 2: MEDIA AND MESSAGING

201. In the last six months have you seen or heard a message about pregnancy or childbirth?

We are interested in any information about pregnancy or childbirth, whether it is a program concerned with giving information about pregnancy or childbirth, an advertisement about pregnancy or childbirth, or a speech in which pregnancy or childbirth is mentioned.

202. Where did you see or hear a message(s) about pregnancy or childbirth?

Read the introductory question and allow her to answer. Since we are interested in all of the sources from which the woman saw or heard such messages, you must use the prompt (e.g., “Any other source?”) to make sure the woman informs you about all the sources from whom she saw or heard about pregnancy and childbirth. There must be an answer coded for each line; do not leave any blank.

203. In the last six months, have you discussed any of the messages about pregnancy and childbirth with your friends, neighbors, or relatives?

Question 203 asks whether the woman has discussed any of the messages with any friends, relatives or neighbors. It does not matter who initiated the discussion, and it does not matter whether the discussants approved or disapproved of the topics.

204. With whom? Anyone else?

Question 204 asks about all people with whom the woman has discussed any messages she has seen or heard. Since we are interested in all of the sources from which the woman saw or heard such messages, you must use the prompt (e.g., “Anyone else?”) to make sure the woman informs you about all the sources from whom she saw or heard about pregnancy and childbirth. There must be an answer coded for each line; do not leave any blank.

SECTION 3: REPRODUCTION

301. Are you pregnant now?

Circle the code corresponding to the response given. If she is pregnant, circle '1'. If the woman is unsure or does not know for certain if she is pregnant, circle '8' for 'Unsure or DK'.

302. Have you ever been pregnant?

This question serves to learn whether the woman has ever been pregnant. Ask her whether she has ever experienced a pregnancy, no matter the outcome of that pregnancy. Probe to ensure that she has considered any possible pregnancy, except the current pregnancy. If the answer is YES, circle '1'. If the answer is NO, circle '2'.

303. Did the pregnancy end in a live birth, a stillbirth, an induced abortion, or a miscarriage?

We want to know how the respondents last pregnancy ended, even if it did not result in a live birth, so we ask about each type of lost pregnancy. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth. If the baby cried, even for a few minutes, it was a live birth.

304. When did your last pregnancy end? In what month and year?

Write the month and year of the last pregnancy ended, regardless of outcome. If the respondent gives you a year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 1999 but she doesn't know which month, ask her whether she was pregnant in the dry or wet season, at Christmas or Easter time, during the month of Ramadan, or during some other significant event/season of the year. Convert months to numbers, as explained for Question 102 above.

If the respondent cannot recall the year when the pregnancy ended, you need to probe carefully.

If it was a live birth, ask her if she has any documents, such as a birth certificate or immunization record, to see whether a date of birth was recorded. Before entering a date from these documents, check with the respondent to determine whether she believes the date is accurate.

If there is no birth certificate or other document for the child (often the case with stillbirths), see whether the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 1985 and the first child was just a year old at that time, enter "1984." You must enter a month and year for the delivery, even if it is just your best estimate.

SECTION 4: KNOWLEDGE

401. In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that could endanger the life of a woman?

Question 401 is asked to determine whether the respondent thinks that serious health problems can arise from pregnancy and childbirth. If the respondent does not know, circle '8' for DON'T KNOW.

402. In your opinion, what are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman?

Question 402 asks women to list the specific danger signs during pregnancy. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

403. In your opinion, could a woman die from [this problem] any of these problems?

Question 403 is asked to determine whether the respondent thinks that serious health problems during pregnancy can result in death. For women who know of danger signs in Question 402, ask whether she thinks that any of these problems can kill a woman experiencing them.

404. In your opinion, what are some serious health problems that can occur during labor and childbirth that could endanger the life of a pregnant woman?

Question 404 asks women to list the specific danger signs during labor and childbirth. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

405. In your opinion, could a woman die from [this problem] any of these problems?

Question 405 is asked to determine whether the respondent thinks that serious health problems during labor and childbirth can result in death. For women who know of danger signs in Question 404, ask whether they think that any of these problems can kill a woman experiencing them.

406. In your opinion, what are some serious health problems that can occur during the first 2 days after birth that could endanger the life of a woman?

Question 406 asks women to list the specific danger signs postpartum, that is, the first 48 hours after birth. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

407. In your opinion, could a woman die from [this problem] any of these problems?

Question 407 is asked to determine whether the respondent thinks that serious health problems postpartum can result in death. For women who know of danger signs in Question 406, ask whether they think that any of these problems can kill a woman experiencing them.

408. In your opinion, is there anything a woman and her family should do to plan for a birth?

This question and the next ask about women's awareness of birth preparedness. Question 408 is asked to assess whether in the woman's opinion, any plans should be made before a birth.

409. Do you know of a health facility where a woman can go if she has problems during delivery?

Question 409 determines whether the woman is aware of a facility where a woman could seek help if problems arose. Ask whether the woman knows of a facility where a woman can go if she has problems during delivery. If she answers yes, ask her to name the facility. This helps to ensure that she does know of a facility. If she is not able to name a health facility, circle '2' for NO. If you are not sure if it is a health facility, let your supervisor know and s/he will learn about it from other people in the community and then circle the appropriate code.

SECTION 5: PERSONAL EXPERIENCE RELATED TO LAST PREGNANCY

502-508. Discussed Pregnancy with Others

In Questions 502 to 508, you are asking whether anyone involved with the program has discussed pregnancy planning with the woman.

SURVEY COORDINATORS: CHANGE THE TERM 'ANYONE' TO THE PERSON IN THE PROGRAM THAT IS RESPONSIBLE FOR COUNSELING WOMEN ABOUT BIRTH PREPAREDNESS. THIS COULD BE A MEMBER OF A COMMUNITY GROUP, A COMMUNITY HEALTH WORKER OR A HEALTH CARE PROVIDER.

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509. Did you see anyone for antenatal care during this pregnancy?

This question refers to any antenatal care given during her most recent pregnancy. This is to specifically check her pregnancy and not for other reasons. Antenatal care is usually given at a health facility but is sometimes provided in the pregnant woman's home.

510. If so, whom did you see?

For Question 510, ask the woman whom she saw for antenatal checkup(s) of her last pregnancy and whether she saw more than one person. For example, the woman may have seen a nurse first and then a doctor. In this case, circle NURSE and DOCTOR since she saw two different providers. Since we are interested in all of the people the woman saw, you must use the prompt (e.g., "Anyone else?") to make sure the woman informs you about all the people from whom she received care for the pregnancy.

511. How many months pregnant were you when you first received antenatal care for this pregnancy?

In Question 511, ask the respondent how many months into her pregnancy she was when she first sought antenatal care. If she does not remember, ask her how many menstrual periods she had missed at the time.

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

For Question 512, ask the respondent how many times in total she saw someone for antenatal care during her pregnancy.

SECTION 6: PERSONAL EXPERIENCE RELATED TO LAST BIRTH

601. Prior to your last delivery, did you or your family make a plan for the birth of this child?

Question 601 asks if plans were made. If she is not sure if she made a plan, circle "8" for DON'T KNOW and continue to ask her the specific questions about a birth plan.

602-606. Birth Preparedness and Complications Readiness

The theory underlying birth preparedness and complication readiness states that making preparations during the antenatal period will reduce delays that can lead to death. These preparations include planning and making arrangements ahead of time for a place of birth (602), where to seek care if danger signs occur (603), transportation (604), funds (605), and a blood donor (606).

607. Where did you deliver your last child?

The purpose of this question is to identify births that occurred in a health facility. If the woman gave birth in a health facility, ask her to name the facility. Then write the name in the space provided and circle the appropriate code. If you cannot decide what type of facility this is, tell your supervisor who will learn what type of facility it is from other people in the community.

608. How did you go to the health facility?

In Question 608, ask the woman what kind of transportation she mainly used to get to the health facility. Circle only one response. If the woman mentions more than one mode of transportation, probe and ask her which one was predominantly used.

609. Who accompanied you to the place where you delivered?

Ask the woman who accompanied her to the health facility. Probe by asking her, “Anyone else?” Circle all persons she mentions.

610. Who assisted with your last delivery? Anyone else?

Question 610 asks the woman who attended the last birth. If she is not sure of the status of the person who attended the birth (for example, if she doesn’t know whether the person was a midwife or a traditional birth attendant), probe by asking her, “Anyone else?” We want to know who assisted with the birth itself, not who helped in other ways such as boiling water or wrapping the baby in a blanket. Ask the woman whether she saw more than one person and record all persons seen. Do not forget to ask whether any adults were present during the birth if she says that no one assisted her.