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**Evaluation of Social Programmes for Refugees in Northern Uganda**

**LQAS Survey Instrument**

**UNIQUE IDENTIFYING NUMBER**

**SUBCOUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

**DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

**PARISH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

**SA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

**LQAS Set Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | TICK THE LEFT BOX WHEN A QUESTIONNAIRE IS COMPLETED |  |  |
|  |  |  |  | **Page** |  |
|  |  |  | **Mothers of Children 0-5 Months.........................................** | **4** |  |
|  |  |  |  |  |  |
|  |  |  | **Mothers of Children 12-23 Months....................................** | **20** |  |
|  |  |  |  |  |  |
|  |  |  | **Mothers of Children 0-59 Months .....................................** | **36** |  |
|  |  |  |  |  |  |
|  |  |  | **Household Heads.................................................................** | **53** |  |
|  |  |  |  |  |  |

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**Table for Selecting Eligible Respondents (LQAS Household Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **First Name** | **Age** | **0-5**  **Months** | **12-23 Months** | **0-59 Months** | **Household Head** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **First Name** | **Age** | **0-5**  **Months** | **12-23 Months** | **0-59 Months** | **Household Head** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **#** | **First Name** | **Age** | **0-5**  **Months** | **12-23 Months** | **0-59 Months** | **Household Head** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **First Name** | **Age** | **0-5**  **Months** | **12-23 Months** | **0-59 Months** | **Household Head** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

**TABLE FOR SEQUENCE OF HOUSEHOLDS VISITED**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Households Visited** | | | | | | | | | | | |
| **Mark “X” in the Boxes Noting What Occurred at Each Household Visited** | | | | | | | | | | | |
| **Scenario** | **Sequence of HH Visited** | | | | | | | | | | Row Total |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Row 1. Questionnaire Children 0-5 months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 2. Questionnaire Children 12-23months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 3. Questionnaire Children 0-59 months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 4. Questionnaire Household Heads filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 5. Respondent absent, not returning for 30+ minutes |  |  |  |  |  |  |  |  |  |  |  |
| Row 6. House abandoned, vacant |  |  |  |  |  |  |  |  |  |  |  |
| Row 7. No appropriate respondent lives in house |  |  |  |  |  |  |  |  |  |  |  |
| Row 8. Refusal |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Households Visited** | | | | | | | | | | | |
| **Mark “X” in the Boxes Noting What Occurred at Each Household Visited** | | | | | | | | | | | |
| **Scenario** | **Sequence of HH Visited** | | | | | | | | | | Row Total |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Row 1. Questionnaire Children 0-5 months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 2. Questionnaire Children 12-23months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 3. Questionnaire Children 0-59 months filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 4. Questionnaire Household Heads filled |  |  |  |  |  |  |  |  |  |  |  |
| Row 5. Respondent absent, not returning for 30+ minutes |  |  |  |  |  |  |  |  |  |  |  |
| Row 6. House abandoned, vacant |  |  |  |  |  |  |  |  |  |  |  |
| Row 7. No appropriate respondent lives in house |  |  |  |  |  |  |  |  |  |  |  |
| Row 8. Refusal |  |  |  |  |  |  |  |  |  |  |  |

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**LQAS HOUSEHOLD SURVEY**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-11 MONTHS**

|  |  |
| --- | --- |
| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-county\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Settlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Village or Block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Day /Month / Year  **Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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**Section 1: Mother’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip to** |
| 1 | In what month and year were you born? | DATE OF BIRTH:  MONTH \_\_ \_\_    DK MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_  DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| 3 | Have you ever attended school or preschool? | YES 1  NO 2 | 🡺11 |
| 4 | What is the highest level of school you completed? | Preschool…………………..…...............................1  Primary ………………………………........................2  Secondary ………….…………..............................3  Higher ………………..........................................4 |  |
| 5 | Please, I would like you to read this sentence to me:  **SHOW SENTENCE TO RESPONDENT. IF SHE CANNOT READ WHOLE SENTENCE,**  **PROBE: *CAN YOU READ PART OF THE SENTENCE TO ME* PLEASE?** | Cannot read at all 1  Able to read parts of sentence 2  Able to read entire sentence 3  Visually impaired 4 |  |
| 6 | What is your **current** marital status?  **READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1  SINGLE, NON-REGULAR PARTNER…… ...…..2  SINGLE WITH REGULAR PARTNER…… ……..3  MARRIED....................................... ...........4  COHABITING 5  WIDOWED............................. 6  DIVORCED/SEPARATED 7 |  |
| 7 | How many times have you been pregnant? | |  | | --- | |  |   **Number of times pregnant** |  |
| 8 | How many times have you given birth to a live baby? | |  | | --- | |  |   **Number of live births** |  |
| 9 | Have any of your children passed away before they reached their 5th birthday? | YES 1  NO 2 | 🡺11 |
| 10 | How many have died before their 5th birthday? | |  | | --- | |  |   **Number of child deaths < 5 years**  Don’t know 88 |  |
| 11 | To what religious community do you belong? | MUSLIM 1  CATHOLIC 2  PROTESTANT 3  PENTACOSTAL…………………………………………….4  ORTHODOX…………………………………………………5  SEVENTH DAY ADVENTIST…………………………..6  N/A…………………………………………………………..98  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  BARRI 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 13 | To what ethnic group do you belong? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  BARRI 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1  drc 2  UGANDA…………………………………………………….3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify | 🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1  EASTERN EQUATORIAL STATE 2  WESTERN EQUATORIAL STATE 3  LAKES STATE 4  WARRAP STATE 5  WESTERN BAHR EL-GHAZAL STATE 6  NORTHERN BAHR EL-GHAZAL STATE 7  JONGLEI STATE 8  UPPER NILE STATE 9  BOMA STATE 10 |  |
| 17 | When did you leave your home country? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 18 | When did you enter Uganda? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 19 | When did you settle in your current settlement? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |

**Section 2: Mother’s Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 20 | Who owns this house?  **DO NOT READ POSSIBLE RESPONSES** | Myself …………………………………...…1  Family ………………………………….…..2  Landlord ………..…………………………3  Employer………..………………………..4  Government................................5  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 21 | Does your household have:  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Electricity? | Yes = 1 No = 2 |  |
| d) Television? | Yes = 1 No = 2 |  |
| e) Sofa? | Yes = 1 No = 2 |  |
| f) Cupboard? | Yes = 1 No = 2 |  |
| k) Cassette/CD/DVD player | Yes = 1 No = 2 |  |
| 22 | Does any member of your household own a mobile phone? | Yes = 1 No = 2 |  |
| 23 | Does any member of your household have a bank account, mobile money account, or  account with an agent? | Yes = 1 No = 2 |  |
| 22 | What is the **major construction** **material** of the walls?  **OBSERVE THE MAJOR CONSTRUCTION MATERIALS OF THE EXTERNAL WALLS**  **CIRCLE ONE RESPONSE ONLY** | Thatch, Straw 1  Mud and poles 2  Timber 3  Un-burnt bricks 4  Burnt bricks with mud 5  Burnt bricks with cement 6  Cement blocks 7  Stone 9  Tarpaulin  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 23 | What is the **major construction material** of the floor?  **OBSERVE THE MAIN MATERIAL OF FLOORING IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Earth sand 1  Earth and cow dung 2  Mosaic or tiles 3  Bricks 4  Cement 5  Stones 6  Wood 7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 24 | What is the **major construction** material of the roof?  **OBSERVE THE MAIN MATERIAL OF DWELLING ROOF IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Grass/Thatch/Straw 1  Iron sheets 2  Tiles 3  Banana fiber 4  Asbestos 5  Polythene or plastic sheets 6  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 25 | What is the **main type** of latrine/toilet used in your household?  **MAY I SEE THE LATRINE/TOILET/ FACILITY?**  **OBSERVE AND RECORD MAIN TYPE OF LATRINE/TOILET FACILITY USED BY MEMBERS OF THE HOUSEHOLD**  **CIRCLE ONLY ONE RESPONSE** | Flush toilet 1  Ventilated Improved Pit  (VIP) latrine 3  Latrine with super-structure 4  Latrine without a super- structure 5  No facility/bush 6  composting toilet  latrine with no slab  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 26 | What type of fuel do you use **most often** for cooking? | alcohol / Ethanol 1  gasoline / diesel 2  Kerosene / paraffin 3  Coal / Lignite 4  Charcoal 5  Wood 6  Crop residue / grass /  Straw / Shrubs 7  Animal dung / waste 8  Processed biomass (pellets) or Woodchips 9  Garbage / Plastic 10  sawdust 11  Other 12  SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1  YES/LEASE …………………………….…..2  NO………………............................... 3 |  |

**Section 3: Mother’s Social Capital**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 28 | In the last 6 months, have you been a member of any of the following types of groups in your community?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 29 | If Yes to any of the above, please name the type of group you are most frequently involved in: |  |  |
| 30 | In the last 6 months, how would you describe your involvement in the groups in which you were a member?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Received a loan | Yes = 1 No = 2 |  |
| b) Attended meetings | Yes = 1 No = 2 |  |
| c) Attended trainings | Yes = 1 No = 2 |  |
| d) Participated in decision making | Yes = 1 No = 2 |  |
| e) Served as a leader of the group | Yes = 1 No = 2 |  |
| f) Other: specify | Yes = 1 No = 2 |  |
| 31 | Suppose you had something unfortunate happen to you, such as a relative’s sudden illness or death. Who do you think would help you in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 32 | Suppose you suffered an economic loss, such as crop failure. In that situation, who do you think would assist you financially?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 33 | Suppose you are preparing to give birth to your first child in this community. Who do you think would provide you advice or assistance in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 34 | In the past 6 months have you joined together with others in your community to address important local issues? | YES 1  NO 2 |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community? | YES 1  NO 2 |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1  NO 2  SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1  NO 2  SOMETIMES 3 |  |
| 38 | Do you think that the majority of people in this community would try to take advantage of you if they had the chance? For example, would most people in this community try to cheat or bribe you or take your plot of land?” | YES 1  NO 2  SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1  NO 2  SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1  NO 2  SOMETIMES 3 |  |

**Section 4: Infant’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 41 | **RECORD THE NAME OF SELECTED CHILD:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF SELECTED CHILD |  |
| 42 | What is the sex of [NAME]? | MALE…………….……….………………..…...1  FEMALE……………….….…………………….2 |  |
| 43 | Now I would like to ask you some questions about the health of (NAME).  In what month and year was (NAME) born?  **PROBE: WHAT IS HIS / HER BIRTHDAY?**  **IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY**  **MONTH AND YEAR MUST BE RECORDED.** | DATE OF BIRTH  DAY \_\_ \_\_  DK DAY 98  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| 44 | How old is (NAME)?  **PROBE:**  **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?**  **RECORD AGE IN COMPLETED MONTHS.**  **RECORD ‘0’ IF LESS THAN 1 MONTH.** | AGE (IN COMPLETED MONTHS) \_\_ \_\_ |  |

**Section 5: Antenatal Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 45 | Did you see anyone for antenatal care during your pregnancy with (NAME)? | YES 1  NO 2 | 🡺 48 |
| 46 | Whom did you see?  **PROBE: ANYONE ELSE?**  **PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.** | HEALTH PROFESSIONAL: DOCTOR 1 NURSE 2 MIDWIFE 3  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT 4  COMMUNITY HEALTH WORKER 5  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| 47 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES \_\_ \_\_  DON’T KNOW 98 |  |
| 48 | Do you have a maternal card when you were pregnant with (NAME)?  **IF MOTHER ANSWERS YES THEN ASK: MAY I SEE THE CARD?** | YES, SEEN BY INTERVIEWER 1  YES, BUT NOT AVAILABLE/ LOST/MISPLACED 2  NEVER HAD A CARD 3  DON’T KNOW……………………………………………98 | 🡺 51  🡺 51  🡺 51 |
| 49 | **RECORD THE NUMBER OF ANTENATAL CARE VISITS LISTED ON THE MATERNAL CARD** | |  | | --- | |  |   NUMBER OF ANTENATAL  CARE VISITS |  |
| 50 | How many months pregnant were you when you first received antenatal care for this pregnancy?  **CHECK IN MATERNAL CARD IF AVAILABLE** | 3 MONTHS OR LESS…………………………………..1  MORE THAN 3 MONTHS……………………………2  DON’T KNOW…………………………………………..98 |  |

**Section 6: Tetanus**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 51 | Look at the antenatal card or vaccination card and record the dates (day / Month / year) for the last five TT injections.  **IF A TT INJECTION WAS NOT GIVEN, WRITE 00 IN EACH SPACE** | |  |  |  |  | | --- | --- | --- | --- | | **TT** | **DAY** | **MONTH** | **YEAR** | | FIRST |  |  |  | | SECOND |  |  |  | | THIRD |  |  |  | | FOURTH |  |  |  | | FIFTH |  |  |  | |  |

**Section 7: Intermittent Preventive Treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 52 | When you were pregnant with (NAME), did you take any medicine to prevent you from getting malaria? | YES 1  NO 2  DON’T KNOW 98 | 🡺 56  🡺 56 |
| 53 | Which medicines did you take to prevent malaria?  Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent. | FANSIDAR 1  CHLOROQUINE 2  DON’T KNOW 98  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 | 🡺 56  🡺 56  🡺 56 |
| 54 | During this pregnancy, how many times did you take Fansidar? | |  |  | | --- | --- | |  |  |   NUMBER OF TIMES  DON’T KNOW 98 |  |
| 55 | How many tablets of Fansidar were you given during your pregnancy with (NAME)? | |  |  | | --- | --- | |  |  |   NUMBER OF TABLETS  DON’T KNOW 98 |  |

**Section 8: Skilled Birth Attendant and Post Natal Check Up**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 56 | Who assisted with the delivery of (NAME)?  **PROBE: ANYONE ELSE?**  **PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.**  **IF RESPONDENT SAYS NO ONE ASSISTED,**  **PROBE TO DETERMINE WHETHER ANY**  **ADULTS WERE PRESENT AT THE DELIVERY.** | HEALTH PROFESSIONAL: DOCTOR 1 NURSE 2 MIDWIFE 3  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT 4  COMMUNITY HEALTH WORKER 5  RELATIVE / FRIEND 6  NO ONE 7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96 |  |
| 57 | Where did you give birth to (NAME)?  **PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF UNABLE TO DETERMINE WHETHER PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.**    **(NAME OF PLACE)** | HOME  YOUR HOME 1  OTHER HOME 2  PUBLIC SECTOR  GOVT. HOSPITAL 3  GOVT. CLINIC / HEALTH CENTRE 4  OTHER PUBLIC (SPECIFY) 6  PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL 7  PRIVATE CLINIC 8  PRIVATE MATERNITY HOME 9  OTHER PRIVATE  MEDICAL (SPECIFY) 10  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96 | 🡺 60  🡺 60 |
| 58 | I would like to talk to you about  checks on your health after delivery,  for example, someone asking you  questions about your health or  examining you. Did anyone check  on your health while you were still in  the facility? | YES 1  NO 2 | 🡺 61 |
| 59 | Did anyone check on your health  after you left the facility? | YES 1  NO 2 | 🡺 61  🡺 63 |
| 60 | I would like to talk to you about  checks on your health after delivery,  for example, someone asking you  questions about your health or  examining you. Did anyone check  on your health after you gave birth to  (NAME)? | YES 1  NO 2 | 🡺63 |
| 61 | Who checked on your health at that  time? | HEALTH PROFESSIONAL: DOCTOR 1 NURSE 2 MIDWIFE 3  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT 4  COMMUNITY HEALTH WORKER 5  RELATIVE / FRIEND 6  NO ONE 7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96 |  |
| 62 | How long after delivery did the first  check take place?  **IF LESS THAN ONE DAY, RECORD HOURS**  **IF LESS THAN ONE WEEK, RECORD DAYS** | |  |  | | --- | --- | |  |  | |  |  | |  |  |   HOURS  DAYS  WEEKS  DON’T KNOW 98 |  |
| 63 | In the two months after (NAME) was  born, did any health care provider or  a traditional birth attendant check on  his/her health? | YES 1  NO 2  DON’T KNOW 98 | 🡺 67  🡺 67 |
| 64 | How many hours, days or weeks  after the birth of (NAME) did the first  check take place?  **IF LESS THAN ONE DAY, RECORD HOURS**  **IF LESS THAN ONE WEEK, RECORD DAYS** | |  |  | | --- | --- | |  |  | |  |  | |  |  |   HOURS  DAYS  WEEKS  DON’T KNOW 98 |  |
| 65 | Who checked on (NAME)'s health at  that time? (2) | HEALTH PROFESSIONAL: DOCTOR 1 NURSE 2 MIDWIFE 3  OTHER PERSON  TRADITIONAL BIRTH ATTENDANT 4  COMMUNITY HEALTH WORKER 5  RELATIVE / FRIEND 6  NO ONE 7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96 |  |
| 66 | Where did this first check of (NAME)  take place? (2) | HOME  YOUR HOME 1  OTHER HOME 2  PUBLIC SECTOR  GOVT. HOSPITAL 3  GOVT. CLINIC / HEALTH CENTRE 4  OTHER PUBLIC (SPECIFY) 6  PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL 7  PRIVATE CLINIC 8  PRIVATE MATERNITY HOME 9  OTHER PRIVATE  MEDICAL (SPECIFY) 10  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96 |  |
| 67 | When (NAME) was born, what instrument was used to cut the umbilical cord? | NEW/BOILED BLADE 1  USED BLADE 2  KNIFE 3  SCISSORS 4  DON’T KNOW 98  OTHER (SPECIFY)  --------------------------------------------------------96 |  |
| 68 | Was anything applied to the cord after the cord of (NAME) was cut and tied until the cord fell off? | YES 1  NO 2  DON’T KNOW 98 | 🡺70  🡺70 |
| 69 | What was applied to the cord?  **PROBE: ANYTHING ELSE?**  **MULTIPLE RESPONSES ARE POSSIBLE**  **THE LIST SHOULD BE MADE COUNTRY SPECIFIC** | ANTISEPTIC………………………………………………..1  NOTHING…………………………………………………..2  TRADITIONAL MEDICINE……………………………3  EARTH………………………………………………………..4  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DON’T KNOW 98 |  |

**Section 9: Breastfeeding**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 70 | Did you ever breastfeed (NAME)? | YES 1  NO 2 | 🡺 75 |
| 71 | How long after birth did you first put (NAME) to the breast?  **IF LESS THAN 1 HOUR, RECORD ‘00’ HOURS.**  **IF LESS THAN 24 HOURS, RECORD HOURS.**  **OTHERWISE, RECORD DAYS.** | IMMEDIATELY 00  HOURS……………… …………1 \_\_ \_\_  DAYS………………. …………..2 \_\_ \_\_  DON’T KNOW / REMEMBER 98 |  |
| 72 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1  NO 2  DON’T KNOW 98 |  |
| 73 | Is he/she still being breastfed? | YES 1  NO 2  DON’T KNOW 98 | 🡺 75 |
| 74 | For how many months did you breastfeed (NAME)?  **IF LESS THAN ONE MONTH, RECORD “00” MONTHS** | |  |  | | --- | --- | |  |  |   MONTHS |  |
| 75 | Did (NAME) drink any of the following liquids in the last 24 hours?  **READ THE LIST OF LIQUIDS. AND CIRCLE ALL MENTIONED** | BREASTMILK? 1  PLAIN WATER? 2  INFANT FORMULA? 3  ANY OTHER MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK? 4  FRUIT JUICE? 5  TEA OR COFFEE OR INFUSIONS? 6  THIN SOUP OR BROTH 7  ORS 8  LIQUID OR SEMI-LIQUID TRADITIONAL MEDICINE? 9  NOTHING 10  OTHER LIQUID (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| 76 | Did (NAME) eat any solid or semi-solid food yesterday during the day or night? | YES 1  NO 2  DON’T KNOW 98 |  |
| 77 | Did (NAME) drink anything from a bottle yesterday or last night? | YES 1  NO 2  DON’T KNOW 98 |  |

**Section 10: Use of Bednets During Pregnancy**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 78 | Did you sleep under a bednet during your pregnancy with NAME)? | YES 1  NO 2 | **🡺 END** |
| 79 | Was that bednet a Long lasting Insecticide treated net (LLIN)? | YES 1  NO 2  DON’T KNOW………………………………………………98 | **🡺 END** |
| 80 | Was the bed net that you were sleeping under while you were pregnant with (NAME) soaked or dipped in a liquid in the last six months? | YES 1  NO 2  DON’T KNOW………………………………………………98 |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU - THE END**

** LQAS HOUSEHOLD SURVEY**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 12-23 MONTHS**

|  |  |
| --- | --- |
| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-county\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Settlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Village or Block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Day /Month / Year  **Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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**Section 1: Mother’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip to** |
| 1 | In what month and year were you born? | DATE OF BIRTH:  MONTH \_\_ \_\_    DK MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_  DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| 3 | Have you ever attended school or preschool? | YES 1  NO 2 | 🡺11 |
| 4 | What is the highest level of school you completed? | Preschool…………………..…...............................1  Primary ………………………………........................2  Secondary ………….…………..............................3  Higher ………………..........................................4 |  |
| 5 | Please, I would like you to read this sentence to me:  **SHOW SENTENCE TO RESPONDENT. IF SHE CANNOT READ WHOLE SENTENCE,**  **PROBE: *CAN YOU READ PART OF THE SENTENCE TO ME* PLEASE?** | Cannot read at all 1  Able to read parts of sentence 2  Able to read entire sentence 3  Visually impaired 4 |  |
| 6 | What is your **current** marital status?  **READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1  SINGLE, NON-REGULAR PARTNER…… ...…..2  SINGLE WITH REGULAR PARTNER…… ……..3  MARRIED....................................... ...........4  COHABITING 5  WIDOWED............................. 6  DIVORCED/SEPARATED 7 |  |
| 7 | How many times have you been pregnant? | |  | | --- | |  |   **Number of times pregnant** |  |
| 8 | How many times have you given birth to a live baby? | |  | | --- | |  |   **Number of live births** |  |
| 9 | Have any of your children passed away before they reached their 5th birthday? | YES 1  NO 2 | 🡺17 |
| 10 | How many have died before their 5th birthday? | |  | | --- | |  |   **Number of child deaths < 5 years**  Don’t know 88 |  |
| 11 | To what religious community do you belong? | MUSLIM 1  CATHOLIC 2  PROTESTANT 3  PENTACOSTAL…………………………………………….4  ORTHODOX…………………………………………………5  SEVENTH DAY ADVENTIST…………………………..6  N/A…………………………………………………………..98  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  BARRI 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 13 | To what ethnic group does you belong? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  BARRI 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1  drc 2  UGANDA…………………………………………………….3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify | 🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1  EASTERN EQUATORIAL STATE 2  WESTERN EQUATORIAL STATE 3  LAKES STATE 4  WARRAP STATE 5  WESTERN BAHR EL-GHAZAL STATE 6  NORTHERN BAHR EL-GHAZAL STATE 7  JONGLEI STATE 8  UPPER NILE STATE 9  BOMA STATE 10 |  |
| 17 | When did you leave your home country? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 18 | When did you enter Uganda? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 19 | When did you settle in your current settlement? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |

**Section 2: Mother’s Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 20 | Who owns this house?  **DO NOT READ POSSIBLE RESPONSES** | Myself …………………………………...…1  Family ………………………………….…..2  Landlord ………..…………………………3  Employer………..………………………..4  Government................................5  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 21 | Does your household have:  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Electricity? | Yes = 1 No = 2 |  |
| d) Television? | Yes = 1 No = 2 |  |
| e) Sofa? | Yes = 1 No = 2 |  |
| f) Cupboard? | Yes = 1 No = 2 |  |
| k) Cassette/CD/DVD player | Yes = 1 No = 2 |  |
| 22 | Does any member of your household own a mobile phone? | Yes = 1 No = 2 |  |
| 23 | Does any member of your household have a bank account, mobile money account, or  account with an agent? | Yes = 1 No = 2 |  |
| 22 | What is the **major construction** **material** of the walls?  **OBSERVE THE MAJOR CONSTRUCTION MATERIALS OF THE EXTERNAL WALLS**  **CIRCLE ONE RESPONSE ONLY** | Thatch, Straw 1  Mud and poles 2  Timber 3  Un-burnt bricks 4  Burnt bricks with mud 5  Burnt bricks with cement 6  Cement blocks 7  Stone 9  Tarpaulin  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 23 | What is the **major construction material** of the floor?  **OBSERVE THE MAIN MATERIAL OF FLOORING IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Earth sand 1  Earth and cow dung 2  Mosaic or tiles 3  Bricks 4  Cement 5  Stones 6  Wood 7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 24 | What is the **major construction** material of the roof?  **OBSERVE THE MAIN MATERIAL OF DWELLING ROOF IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Grass/Thatch/Straw 1  Iron sheets 2  Tiles 3  Banana fiber 4  Asbestos 5  Polythene or plastic sheets 6  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 25 | What is the **main type** of latrine/toilet used in your household?  **MAY I SEE THE LATRINE/TOILET/ FACILITY?**  **OBSERVE AND RECORD MAIN TYPE OF LATRINE/TOILET FACILITY USED BY MEMBERS OF THE HOUSEHOLD**  **CIRCLE ONLY ONE RESPONSE** | Flush toilet 1  Ventilated Improved Pit  (VIP) latrine 3  Latrine with super-structure 4  Latrine without a super- structure 5  No facility/bush 6  composting toilet  latrine with no slab  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 26 | What type of fuel do you use **most often** for cooking? | alcohol / Ethanol 1  gasoline / diesel 2  Kerosene / paraffin 3  Coal / Lignite 4  Charcoal 5  Wood 6  Crop residue / grass /  Straw / Shrubs 7  Animal dung / waste 8  Processed biomass (pellets) or Woodchips 9  Garbage / Plastic 10  sawdust 11  Other 12  SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1  YES/LEASE …………………………….…..2  NO………………............................... 3 |  |

**Section 3: Mother’s Social Capital**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 28 | In the last 6 months, have you been a member of any of the following types of groups in your community?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 29 | If Yes to any of the above, please name the type of group you are most frequently involved in: |  |  |
| 30 | In the last 6 months, how would you describe your involvement in the groups in which you were a member?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Received a loan | Yes = 1 No = 2 |  |
| b) Attended meetings | Yes = 1 No = 2 |  |
| c) Attended trainings | Yes = 1 No = 2 |  |
| d) Participated in decision making | Yes = 1 No = 2 |  |
| e) Served as a leader of the group | Yes = 1 No = 2 |  |
| f) Other: specify | Yes = 1 No = 2 |  |
| 31 | Suppose you had something unfortunate happen to you, such as a relative’s sudden illness or death. Who do you think would help you in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 32 | Suppose you suffered an economic loss, such as crop failure. In that situation, who do you think would assist you financially?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 33 | Suppose you are preparing to give birth to your first child in this community. Who do you think would provide you advice or assistance in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 34 | In the past 6 months have you joined together with others in your community to address important local issues? | YES 1  NO 2 |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community? | YES 1  NO 2 |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1  NO 2  SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1  NO 2  SOMETIMES 3 |  |
| 38 | Do you think that the majority of people in this community would try to take advantage of you if they had the chance? For example, would most people in this community try to cheat or bribe you or take your plot of land?” | YES 1  NO 2  SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1  NO 2  SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1  NO 2  SOMETIMES 3 |  |

**Section 4: Child’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 41 | **RECORD THE NAME OF SELECTED CHILD:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF SELECTED CHILD |  |
| 42 | What is the sex of [NAME]? | MALE…………….……….………………..…...1  FEMALE……………….….…………………….2 |  |
| 43 | Now I would like to ask you some questions about the health of (NAME).  In what month and year was (NAME) born?  **PROBE: WHAT IS HIS / HER BIRTHDAY?**  **IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY**  **MONTH AND YEAR MUST BE RECORDED.** | DATE OF BIRTH  DAY \_\_ \_\_  DK DAY 98  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| 44 | How old is (NAME)?  **PROBE:**  **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?**  **RECORD AGE IN COMPLETED MONTHS.**  **RECORD ‘0’ IF LESS THAN 1 MONTH.** | AGE (IN COMPLETED MONTHS) \_\_ \_\_ |  |

**Section 5: Childhood Immunizations**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 45 | Do you have a child card or “passport” where (NAME) vaccinations are written down?  **IF YES, ASK: MAY I SEE THE CHILD CARD/PASSPORT PLEASE?** | Yes, seen by interviewer………………………..1  Not available/lost/misplaced…………………2  Never had a card……………..……………………3  Don’t know……………………………………………8 | 🡺 47  🡺 47  🡺 47 |
| 46 | **COPY VACCINATION DATE (DAY, MONTH AND YEAR) FOR EACH VACCINE FROM [NAME’S] CHILD HEALTH CARD OR “PASSPORT”.**  **WRITE ‘44' IN ‘DAY’ MONTH AND YEAR COLUMNS IF CARD/PASSPORT SHOWS THAT VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.**  **IF A VACCINATION WAS NOT GIVEN, LEAVE THAT LINE BLANK** | |  |  |  |  | | --- | --- | --- | --- | | **Vaccines** | **Day** | **Month** | **Year** | | BCG |  |  |  | | DPT/PENTA 1 |  |  |  | | DPT/PENTA 2 |  |  |  | | DPT/PENTA 3 |  |  |  | | POLIO 0 |  |  |  | | POLIO 1 |  |  |  | | POLIO 2 |  |  |  | | POLIO 3 |  |  |  | | Measles |  |  |  | | |
| 47 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign? | Yes…………………………….............................1  No………..……………...………………………………2 | 🡺 58 |
| 48 | Did (NAME) receive a BCG vaccine against tuberculosis, that is, an injection in the right arm that usually causes a scar?  **LOOK AT RIGHT ARM TO VERIFY PRESENCE OF SCAR** | Yes……………………………..............................1  No………..……………...……………………………….2  Don’t know…...………………………………………8 |  |
| 49 | Did (NAME) receive a Polio vaccine, that is, drops in the mouth | Yes……………………………..............................1  No………..……………...……………………………….2  Don’t know…...………………………………………8 | 🡺 52  🡺 52 |
| 50 | When did (NAME) receive the first polio vaccination, within 2 weeks after birth or later? | Within 2 weeks after birth...………………….1  Later………………….....………………………………2  Don’t know……………….....……………………….8 |  |
| 51 | How many times did (NAME) receive the polio vaccine? | |  | | --- | |  |   Number of times  Don’t know…….......……………………………..88 |  |
| 52 | Did (NAME) receive DPT vaccine, that is, an injection given in the thigh? (sometimes given at the same time as polio drops) | Yes………………...……………………………………...1  No………..……….………..……………………………..2  Don’t know………..…….……………………………8 | 🡺 49  🡺 49 |
| 53 | How many times has (NAME) been given DPT vaccination injection? | |  | | --- | |  |   Number of times  Don’t know………...…..........…………………..88 |  |
| 54 | Did (NAME) receive a measles vaccine, that is, an injection in the left arm? | Yes……………………...…………………………………1  No………..…….…………..……………………………..2  Don’t know…………...………………………………8 |  |
| 55a | Where did (NAME) receive most of the vaccines?  IF RESPONSE IS HEALTH FACILITY,  WRITE THE NAME OF THE FACILITY  OR THE NAME OF THE PLACE  WHERE IT IS LOCATED)  NAME OF HEALTH FACILITY/PLACE | Government Health Centre......................1  Government Hospital...............................2  Private Hospital/Clinic..…….......................3  PNFP..........................................................4  National Campaign...................................5  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6  (specify) |  |
| 55b | Where did (NAME) receive other vaccines?  IF RESPONSE IS HEALTH FACILITY,  WRITE THE NAME OF THE FACILITY  OR THE NAME OF THE PLACE  WHERE IT IS LOCATED)  NAME OF HEALTH FACILITY/PLACE | Government Health Centre......................1  Government Hospital................................2  Private Hospital/Clinic..…….......................3  PNFP..........................................................4  National Campaign...................................5  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6  (specify) |  |
| 56 | Did you pay for (NAME)’s vaccines? | Yes..……………………..…................................1  No……………………..……................................2 | 🡺 58 |
| 57a | Where did you pay for (NAME)’s vaccine?  IF RESPONSE IS HEALTH FACILITY,  WRITE THE NAME OF THE FACILITY  OR THE NAME OF THE PLACE  WHERE IT IS LOCATED)  NAME OF HEALTH FACILITY/PLACE | Government Health Centre......................1  Government Hospital................................2  Private Hospital/Clinic..…….......................3  PNFP.........................................................4  National Campaign...................................5  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6  (specify) |  |
| 57b | How much did you pay for the last vaccine received by (NAME)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_UGSH  Specify  Don’t know..............................................8 |  |

**Section 6: Child Vitamin A**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 58 | Has (NAME) received any Vitamin A capsule like this?  **SHOW COMMON TYPES OF**  **AMPULES / CAPSULES / SYRUPS** | YES 1  NO 2  DON’T KNOW 98 | 🡺60  🡺60 |
| 59 | Has (NAME) received a Vitamin A dose like this within the last 6 months?  **SHOW COMMON TYPES OF**  **AMPULES / CAPSULES / SYRUPS** | YES 1  NO 2  DON’T KNOW 98 |  |
| 60 | May I see (NAME’s) immunization card or child health record card?  **RECORD FROM (NAME’S) CARD NUMBER OF VITAMIN A CAPSULES AND DATE OF LAST DOSE RECEIVED** | NUMBER OF DOSES   |  | | --- | |  |   **LAST DOSE WAS RECEIVED:**  IN THE LAST 6 MONTHS 1  BETWEEN 6 AND 12 MONTHS AGO 2  CARD NOT AVAILABLE 3  DATE NOT RECORDED 4 |  |

**Section 7: Family Planning**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 61 | I would like to talk with you about another subject – family planning.    Are you pregnant now? | YES, CURRENTLY PREGNANT 1  NO 2  UNSURE OR DON’T KNOW 98 | 🡺66 |
| 62 | Would you like to have another child in the next two years? | YES 1  NO 2  DON’T KNOW 98 |  |
| 63 | 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? | YES 1  NO 2 | 🡺66 |
| 64 | What are you doing to delay or avoid a pregnancy?  **DO NOT PROMPT.**  **IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.** | FEMALE STERILIZATION 1  MALE STERILIZATION 2  IUD 3  INJECTABLES 4  IMPLANTS 5  PILL 6  MALE CONDOM 7  FEMALE CONDOM 8  DIAPHRAGM 9  FOAM / JELLY 10  LACTATIONAL AMENORRHOEA METHOD (LAM) 11  PERIODIC ABSTINENCE / RHYTHM 12  WITHDRAWAL 13  OTHER (SPECIFY)  \_\_ ­96 |  |
| 65 | How long have you been using your main method?  \_\_\_ years X 12 mo. = \_\_\_\_MONTHS | |  | | --- | |  |       MONTHS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 66 | What is the main reason you are not using any method to delay or avoid getting pregnant?  **DO NOT READ**  **ONE ANSWER ONLY** | NOT MARRIED 1  NOT HAVING SEX 2  INFREQUENT SEX 3  WIFE/PARTNER IS BREASTFEEDING 4  WANTS MORE CHILDREN 5  WIFE/PARTNER IS PREGNANT 6  OPPOSED TO USING METHOD 7  PARTNER IS OPPOSED 8  OTHER IS OPPOSED 9  RELIGIOUS REASON 10  DOESN’T KNOW WHERE TO  GET METHOD 11  HEALTH CONCERNS 12  FEAR OF SIDE EFFECTS 13  TOO EXPENSIVE 14  INCONVENIENT 15  DON’T KNOW 98  OTHER (SPECIFY)  \_\_ 96 |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU – THE END**

****

**LQAS HOUSEHOLD SURVEY**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS**

|  |  |
| --- | --- |
| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-county\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Settlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Village or Block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Day /Month / Year  **Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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**Section 1: Mother’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 1 | In what month and year were you born? | DATE OF BIRTH  MONTH \_\_ \_\_    DK MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_    DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| 3 | Have you ever attended school or preschool? | YES 1  NO 2 | 🡺5 |
| 4 | What is the highest level of school you attended? | PRESCHOOL 1  PRIMARY 2  SECONDARY 3  HIGHER …………………………………………..…………4 |  |
| 5 | Please, I would like you to read this sentence to me:  **SHOW SENTENCE TO RESPONDENT. IF SHE CANNOT READ WHOLE SENTENCE,**  **PROBE: *CAN YOU READ PART OF THE SENTENCE TO ME* PLEASE?** | Cannot read at all 1  Able to read parts of sentence 2  Able to read entire sentence 3  Visually impaired 4 |  |
| 6 | What is your current marital status?  **READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1  SINGLE, NON REGULAR PARTNER…… ...…..2  SINGLE WITH REGULAR PARTNER…… ……..3  MARRIED....................................... ...........4  COHABITING 5  WIDOWED............................. 6  DIVORCED/SEPARATED 7 |  |
| 7 | How many times have you been pregnant? | |  | | --- | |  |   **Number of times pregnant** |  |
| 8 | How many times have you given birth to a live baby? | |  | | --- | |  |   **Number of live births** |  |
| 9 | Have any of your children passed away before they reached their 5th birthday? | YES 1  NO…………………………………………………………….2 | 🡺11 |
| 10 | How many have died before their 5th birthday? | |  | | --- | |  |   **Number of child deaths < 5 years**  Don’t know 88 |  |
| 11 | To what religious community do you belong? | MUSLIM 1  CATHOLIC 2  PROTESTANT 3  PENTACOSTAL…………………………………………….4  ORTHODOX…………………………………………………5  SEVENTH DAY ADVENTIST…………………………..6  N/A…………………………………………………………..98  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  Kakwa/Kuku/Barri 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 13 | To what ethnic or tribal group do you belong? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  Kakwa/Kuku/Barri 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1  drc 2  UGANDA…………………………………………………….3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify | 🡺17  🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1  EASTERN EQUATORIAL STATE 2  WESTERN EQUATORIAL STATE 3  LAKES STATE 4  WARRAP STATE 5  WESTERN BAHR EL-GHAZAL STATE 6  NORTHERN BAHR EL-GHAZAL STATE 7  JONGLEI STATE 8  UPPER NILE STATE 9  BOMA STATE 10 |  |
| 17 | When did you leave your home country? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 18 | When did you enter Uganda? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |
| 19 | When did you settle in your current settlement? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ |  |

**Section 2: Mother’s Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 20 | Who owns this house?  **DO NOT READ POSSIBLE RESPONSES** | Myself …………………………………...…1  Family ………………………………….…..2  Landlord ………..…………………………3  Employer………..………………………..4  Government................................5  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 21 | Does your household have:  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Electricity? | Yes = 1 No = 2 |  |
| d) Television? | Yes = 1 No = 2 |  |
| e) Sofa? | Yes = 1 No = 2 |  |
| f) Cupboard? | Yes = 1 No = 2 |  |
| k) Cassette/CD/DVD player | Yes = 1 No = 2 |  |
| 22 | Does any member of your household own a mobile phone? | Yes = 1 No = 2 |  |
| 23 | Does any member of your household have a bank account, mobile money account, or  account with an agent? | Yes = 1 No = 2 |  |
| 22 | What is the **major construction** **material** of the walls?  **OBSERVE THE MAJOR CONSTRUCTION MATERIALS OF THE EXTERNAL WALLS**  **CIRCLE ONE RESPONSE ONLY** | Thatch, Straw 1  Mud and poles 2  Timber 3  Un-burnt bricks 4  Burnt bricks with mud 5  Burnt bricks with cement 6  Cement blocks 7  Stone 9  Tarpaulin  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 23 | What is the **major construction material** of the floor?  **OBSERVE THE MAIN MATERIAL OF FLOORING IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Earth sand 1  Earth and cow dung 2  Mosaic or tiles 3  Bricks 4  Cement 5  Stones 6  Wood 7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 24 | What is the **major construction** material of the roof?  **OBSERVE THE MAIN MATERIAL OF DWELLING ROOF IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Grass/Thatch/Straw 1  Iron sheets 2  Tiles 3  Banana fiber 4  Asbestos 5  Polythene or plastic sheets 6  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 25 | What is the **main type** of latrine/toilet used in your household?  **MAY I SEE THE LATRINE/TOILET/ FACILITY?**  **OBSERVE AND RECORD MAIN TYPE OF LATRINE/TOILET FACILITY USED BY MEMBERS OF THE HOUSEHOLD**  **CIRCLE ONLY ONE RESPONSE** | Flush toilet 1  Ventilated Improved Pit  (VIP) latrine 3  Latrine with super-structure 4  Latrine without a super- structure 5  No facility/bush 6  composting toilet  latrine with no slab  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 26 | What type of fuel do you use **most often** for cooking? | alcohol / Ethanol 1  gasoline / diesel 2  Kerosene / paraffin 3  Coal / Lignite 4  Charcoal 5  Wood 6  Crop residue / grass /  Straw / Shrubs 7  Animal dung / waste 8  Processed biomass (pellets) or Woodchips 9  Garbage / Plastic 10  sawdust 11  Other 12  SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1  YES/LEASE …………………………….…..2  NO………………............................... 3 |  |

**Section 3: Mother’s Social Capital**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 28 | In the last 6 months, have you been a member of any of the following types of groups in your community?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 29 | If Yes to any of the above, please name the type of group you are most frequently involved in: |  |  |
| 30 | In the last 6 months, how would you describe your involvement in the groups in which you were a member?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Received a loan | Yes = 1 No = 2 |  |
| b) Attended meetings | Yes = 1 No = 2 |  |
| c) Attended trainings | Yes = 1 No = 2 |  |
| d) Participated in decision making | Yes = 1 No = 2 |  |
| e) Served as a leader of the group | Yes = 1 No = 2 |  |
| f) Other: specify | Yes = 1 No = 2 |  |
| 31 | Suppose you had something unfortunate happen to you, such as a relative’s sudden illness or death. Who do you think would help you in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 32 | Suppose you suffered an economic loss, such as crop failure. In that situation, who do you think would assist you financially?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Immediate family | Yes = 1 No = 2 |  |
| b) Relatives | Yes = 1 No = 2 |  |
| c) Neighbours | Yes = 1 No = 2 |  |
| d) Friends who are not neighbours | Yes = 1 No = 2 |  |
| e) Community leaders | Yes = 1 No = 2 |  |
| f) Religious leaders | Yes = 1 No = 2 |  |
| g) Politicians | Yes = 1 No = 2 |  |
| h) Government officials | Yes = 1 No = 2 |  |
| i) Person from NGO | Yes = 1 No = 2 |  |
| j) A group in which you are a member | Yes = 1 No = 2 |  |
| k) A group in which you are NOT a member | Yes = 1 No = 2 |  |
| l) Other: specify | Yes = 1 No = 2 |  |
| 33 | Suppose you are preparing to give birth to your first child in this community. Who do you think would provide you advice or assistance in this situation?  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Mothers’ group | Yes = 1 No = 2 |  |
| b) Savings group/community cooperative | Yes = 1 No = 2 |  |
| c) Microcredit group | Yes = 1 No = 2 |  |
| d) Religious group | Yes = 1 No = 2 |  |
| e) Sports club | Yes = 1 No = 2 |  |
| f) Political group | Yes = 1 No = 2 |  |
| g) Community health group | Yes = 1 No = 2 |  |
| h) Farming collective | Yes = 1 No = 2 |  |
| i) Cultural/tribal group | Yes = 1 No = 2 |  |
| i) Other: specify | Yes = 1 No = 2 |  |
| 34 | In the past 6 months have you joined together with others in your community to address important local issues? | YES 1  NO 2 |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community? | YES 1  NO 2 |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1  NO 2  SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1  NO 2  SOMETIMES 3 |  |
| 38 | Do you think that the majority of people in this community would try to take advantage of you if they had the chance? For example, would most people in this community try to cheat or bribe you or take your plot of land?” | YES 1  NO 2  SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1  NO 2  SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1  NO 2  SOMETIMES 3 |  |

**Section 4: Child’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 41 | **RECORD THE NAME OF SELECTED CHILD:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF SELECTED CHILD |  |
| 42 | What is the sex of [NAME]? | MALE…………….……….………………..…...1  FEMALE……………….….…………………….2 |  |
| 43 | Now I would like to ask you some questions about the health of (NAME).  In what month and year was (NAME) born?  **PROBE: WHAT IS HIS / HER BIRTHDAY?**  **IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY**  **MONTH AND YEAR MUST BE RECORDED.** | DATE OF BIRTH  DAY \_\_ \_\_  DK DAY 98  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| 44 | How old is (NAME)?  **PROBE:**  **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?**  **RECORD AGE IN COMPLETED YEARS.**  **RECORD ‘0’ IF LESS THAN 1 YEARS.** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |

**Section 5: Use of Bednets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 45 | Does your household currently have any bednets that can be used while sleeping? | YES 1  NO 2 | 🡺55 |
| 46 | How many bednets does your household have? | |  |  | | --- | --- | |  |  |   NUMBER OF BEDNETS |  |
| 47 | Did you sleep under a bednet last night? | YES 1  NO 2 |  |
| 48 | Did (NAME) sleep under a bednet last night? | YES 1  NO 2 |  |
| 49 | **CHECK QUESTIONS 47 AND 48:**   * **IF MOTHER AND CHILD SLEPT UNDER THE SAME BEDNET, CIRCLE 1 AND FILL IN COLUMN 1: MOTHER’S BEDNET** * **IF (NAME) SLEPT UNDER A BEDNET BUT NOT WITH MOTHER CIRCLE 2 AND FILL IN COLUMN 2: CHILD’S BEDNET (AND COLUMN 1 IF APPROPRIATE)** * **IF BOTH (NAME) AND MOTHER DID NOT SLEEP UNDER A BEDNET FILL IN COLUMN 3: HOUSEHOLD BEDNET** | (NAME) SLEPT UNDER THE SAME BEDNET WITH MOTHER 1  (NAME) SLEPT UNDER BEDNET BUT NOT WITH THE MOTHER 2  NEITHER (NAME) NOR MOTHER SLEPT UNDER BEDNET 3 |  |

**FOR THE NEXT SECTION YOU WILL NEED TO ENTER THE ROOM TO OBSERVE THE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK HOUSEHOLD HEAD TO APPOINT A LOCAL PERSON TO ACCOMPANY YOU (IF NEEDED) SO THAT HE/SHE MAY ENTER THE HOUSE WITH YOU OR FOR YOU TO OBSERVE THE BEDNET.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **COLUMN 1:**  **Mother’s bednet** | **COLUMN 2:**  **Child’s bednet** | **COLUMN 3:**  **Household bednet** |
| 50 | **ASK PERMISSION TO OBSERVE IF (NAME’S) AND OR MOTHER’S BEDNET IS HANGING OVER SLEEPING AREA** | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 |
| 51 | Did anyone else sleep under this bednet last night? | YES…………………………………1  NO………………………..……….2 | YES…………………………………1  NO………………………..……….2 | YES…………………………………1  NO………………………..……….2 |
| 52 | How many months ago did your household get the mosquito net?  **IF LESS THAN ONE MONTH, RECORD “00“** | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 |
| 53 | **OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.** | LONG-LASTING TREATED NETS  PERMA NET 11  OLYSET NET 12  DAWA PLUS 13  LIFE NET 14  NET PROTECT 15  KO NET 16  SMART NET 17  SAFI NET 18  B52 19  LUCKY NET 20  OTHER (SPECIFY) 14  DK BRAND 15  PRE-TREATED NETS  TREATABLE 16  ORDINARY NET 17  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS  PERMA NET 11  OLYSET NET 12  DAWA PLUS 13  LIFE NET 14  NET PROTECT 15  KO NET 16  SMART NET 17  SAFI NET 18  B52 19  LUCKY NET 20  OTHER (SPECIFY) 14  DK BRAND 15  PRE-TREATED NETS  TREATABLE 16  ORDINARY NET 17  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS  PERMA NET 11  OLYSET NET 12  DAWA PLUS 13  LIFE NET 14  NET PROTECT 15  KO NET 16  SMART NET 17  SAFI NET 18  B52 19  LUCKY NET 20  OTHER (SPECIFY) 14  DK BRAND 15  PRE-TREATED NETS  TREATABLE 16  ORDINARY NET 17  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 |
| 54 | **OBSERVE THE CONDITION OF THE BEDNET AND RECORD ONE OF THE THREE RESPONSES** | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 |

**Section 6: Prevalence of Fever, Cough and Diarrhoea**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 55 | In the last two weeks, has (NAME) had diarrhoea? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 |  |
| 56 | Has (NAME) had fever in the last 2 weeks? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 |  |
| 57 | Has (NAME) experienced cough and fast/difficult breathing in the last 2 weeks? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 | 🡺59  🡺59 |
| 58 | Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | BLOCKED OR RUNNY NOSE ONLY……………………………….1  PROBLEM IN CHEST ONLY……2  BOTH………..…………………………3  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DON’T KNOW……………………98 | 🡺59 |

**Section 7: Preparation of Oral Rehydration Solution**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 59 | Have you ever heard of ORS? | YES 1  NO 2 | 🡺64 |
| 60 | Have you ever used ORS? | YES 1  NO 2  DON’T KNOW 98 | 🡺 62  🡺 62 |
| 61 | Where do you get the ORS?  **CIRCLE AS MANY AS ARE MENTIONED** | HOSPITAL 1  CLINIC 2  HEALTH CENTER 3  VHT 4  PRIVATE DOCTOR 5  DRUG STORE 6  LOCAL SHOPS 7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| 62 | Can you explain the steps to prepare ORS?  **CIRCLE 1 [CORRECTLY] IF THE MOTHER EXPLAINS THE FIVE STEPS BELOW**  1.Handwashing with soap \_\_\_\_  2.Uses clean drinking water \_\_\_\_    3.Use one litre of clean drinking water  By measuring the liquid using a marked container you have with you \_\_\_\_  4. Use the entire ORS packet \_\_\_\_  5. Dissolve the powder fully \_\_\_\_ | EXPLAINED CORRECTLY 1  EXPLAINED INCORRECTLY 2 |  |
| 63 | Could you please demonstrate how to prepare ORS?  **(PROVIDE THE MOTHER WITH A SELECTION OF ORS SACHETS FOUND IN THE AREA)**  **RECORD WHETHER THE MOTHER PREPARED ORS CORRECTLY OR NOT. CIRCLE 1 [CORRECTLY] IF THE MOTHER FOLLOWS THE FIVE STEPS BELOW:**  **ORS ENVELOPS (SACHETS)**  1.Handwashing with soap \_\_\_\_  2.Uses clean drinking water \_\_\_\_    3.Use one litre of clean drinking water  By measuring the liquid using a marked container you have with you \_\_\_\_  4. Use the entire ORS packet \_\_\_\_  5. Dissolve the powder fully \_\_\_\_ | DEMONSTRATED CORRECTLY 1  DEMONSTRATED INCORRECTLY 2 |  |

**Section 8: Early Childhood development**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | | **Questions and Filters** | | **Coding Categories** | | | | | | | **Skips** |
| 64 | How many children’s books or picture books do you have for (NAME)? | | None 0  Number of children’s books 0 \_\_  Ten or more books 10 | | | | | | | |  |
| 65 | 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? | | Y N DK  Homemade toys 1 2 98  Toys from a shop 1 2 98  Household objects  or outside objects 1 2 98 | | | | | | | |  |
| 66 | 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?  If ‘None’ record ’0’. If ‘Don’t know’ record ’8’. | | Number of days left alone for  more than an hour \_\_  Number of days left with another child for more than an hour \_\_ | | | | | | | |  |
| 67 | In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (**name**):  If ‘Yes’, ask:  Who engaged in this activity with (**name**)?  *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.*  Record all that apply.  ‘No one’ cannot be recorded if any household member age 15 and above engaged in activity with child. | |  | |  | |  |  | |  |  |
|  | |  | | | **Mother** | **Father** | | **Other** | **No one** |
| [A] Read books or looked at picture  books with (**name**)? | | Read books | | | A | B | | X | Y |
| [B] Told stories to (**name**)? | | Told stories | | | A | B | | X | Y |
| [C] Sang songs to or with (**name**),  including lullabies? | | Sang songs | | | A | B | | X | Y |
| [D] Took (**name**) outside the home? | | Took outside | | | A | B | | X | Y |
| [E] Played with (**name**)? | | Played with | | | A | B | | X | Y |
| [F] Named, counted, or drew things  for or with (**name**)? | | Named | | | A | B | | X | Y |

**Section 9: Birth registration**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 68 | Does (NAME)have a birth certificate?  *If yes, ask:*  May I see it? | Yes, seen 1  Yes, not seen 2  No 3  DK 98 | 🡺71  🡺71 |
| 69 | Has (NAME)’s birth been registered with the civil authorities? | Yes 1  No 2  DK 98 | 🡺71 |
| 70 | Do you know how to register (NAME)’s birth? | Yes 1  No 2 |  |

**Section 10: Dietary diversity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | | **Skips** |
| 71 | In the last month, what was your main source of food? *(Choose only one)* | From own store or garden…………………………….1  Food assistance from NGO’s………………………….2  Gift from relatives………………………………………….3  Government support……………………………………..4  Casual labour………………………………………………...5  Borrowing from friends and neighbours…….....6  Market purchases………………………………………….7  Cash for work………………………………………………..8  Others, specify………………………………………………96 | |  |
| 72 | During the past month, what was your household’s main expense? *(Choose only one)* | Food……………………………………………………………..1  Water……..........................................................2  Clothes………………………………………………………….3  Household assets………………………………………….4  Transportation……………………………………………..5  Medical care…………………………………………………6  Education……………………………………………………..7  Fuel……………………………………………………………...8  Others (specify)…………………………………………….96 | |  |
| 73 | In the past 12 months, were there months in which you did not have enough food to meet your family’s needs? | YES……………………………………………………………….1  NO……………………………………………………………….2 | |  |
| 74 | How many meals (including porridge or bread) did the children eat **yesterday** in your household? |  | |  |
| 76 | Now I would like to ask you about the type of foods that children and adults in your household ate yesterday during the day and the night | *Children*  *1=Yes 2=No* |  |  |
| a) Any *(insert local starch food e.g. posho,),* bread, rice, biscuits or any other foods made from millet, sorghum, maize, rice, wheat or *(other locally available grain)*? |  |  |  |
| b) Any potatoes, yams, cassava or any other foods made from roots or tubers? |  |  |  |
| c) Any vegetables? |  |  |  |
| d) Any fruits? |  |  |  |
| e) Any beef, pork, lamb goat, rabbit, , chicken, duck or other birds, liver, kidney, hear or other organ meats? |  |  |  |
| f) Any eggs? |  |  |  |
| g) Any fresh or dried fish ? |  |  |  |
| h) Any food made from beans, peas, nuts? |  |  |  |
| i) Any cheese, yogurt, milk or other milk product? |  |  |  |
| j) Any foods made with oil, fat or butter? |  |  |  |
| k) Any sugar or honey? |  |  |  |
| l) Any other foods such as, coffee or tea? |  |  |  |

**Section 11: Child protection**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 77 | What are some of the risks to child wellbeing and violation of children’s right that children may face in the community? (don’t suggest), (multiple answers) | TRAFFIC RELATED DANGER……………………………1  LACK OF SAFE PLACES TO PLAY……………………..2  GANG RELATED PROBLEMS…………………………..3  DRUGS AND ALCOHOL RELATED PROBLEMS…4  OTHER CRIME SUCH AS ROBBERY OR VANDALISM…………………………………………….........5  SEXUAL HARASSMENT AND RAPE……………………6  POLLUTION AND ENVIRONMENTAL HAZARDS...7  OTHER (SPECIFY)……………………………………………96 |  |
| 78 | How safe do you feel your children are from danger and violence in your neighbourhood? | SAME MOST OF THE TIME……………………………….1  SAFE SOME OF THE TIME………………………………..2  I DON’T FEEL THEY ARE SAFE…………………………..3 | 🡺80 |
| 79 | If you do not feel your children are safe most of the time, What is the main reason? | TRAFFIC RELATED DANGER……………………………1  LACK OF SAFE PLACES TO PLAY……………………..2  GANG RELATED PROBLEMS…………………………..3  DRUGS AND ALCOHOL RELATED PROBLEMS…4  OTHER CRIME SUCH AS ROBBERY OR VANDALISM…………………………………………….........5  SEXUAL HARASSMENT AND RAPE……………………6  POLLUTION AND ENVIRONMENTAL HAZARDS...7  OTHER (SPECIFY)……………………………………………96 |  |

**Section 12: Child protection (Unaccompanied and Separated Children)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 80 | Is there Unaccompanied and Separate Child in the household? | YES………………………………………………………………..…..1  NO……………………………………………………………………..2 | 🡺END |
| 81 | If yes, what is the relationship | NEPHEW/NIECE…………………………………………….…..1  BROTHER/SISTER……………………………………………….2  GRANDSON/GRAND DAUGHTER………………………..3  FOSTER CARE…………………………………………………….4 |  |
| 82 | How long have you stayed with this UASC? | LESS THAN 3 MONTHS………………………………….…..1  3-6 MONTHS…………………………………………………….2  MORE THAN 6 MONTHS BUT LESS THAN ONE YER…………………………………………………………………..3  ONE YEAR………………………………………………………..4  MORE THAN ONE YEAR……………………………………5 |  |
| 83 | Does child go to school? | YES…………………………………………………………………..1  NO…………………………………………………………………..2 | 🡺END |
| 84 | If no, what are the reasons? | LACK SCHOOL FEES………………………………………….1  CHIL STILL YOUNG…………………………………….……..2  OTHER SPECIFY………………………………………….…….3 |  |

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**LQAS HOUSEHOLD SURVEY**

**QUESTIONNAIRE FOR HOUSEHOLD HEADS**

|  |  |
| --- | --- |
| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-county\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Settlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Village or Block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Day /Month / Year  **Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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**Section 1: Household Head’s Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | | **Skips** |
| 1 | How old are you? | Household Head’s age in completed years | |  |  | | --- | --- | |  |  |   YEARS |  |
| 2 | Have you ever attended school? | Yes…………………..………… 1  No…………………….………. 2 | | 🡺5 |
| 3 | What is the highest level of education you attained?  **PROBE FOR SPECIFIC LEVEL** | Incomplete primary......................1  Complete primary.........................2  Incomplete O-level.......................3  Complete O-level.........................4  A-level..........................................5  Post-secondary.............................6  Vocational training......................9 | |  |
| 4 | Now, I would like you to read this sentence to me:  **SHOW SENTENCE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:**  **CAN YOU READ PART OF THE SENTENCE TO ME?** | Cannot read at all........................1  Able to read only parts of  Sentence......................................2  Able to read whole sentence.......3 | |  |
| 5 | What is your **current** marital status?  **READ THE RESPONSE OPTIONS** | Single, no partner..........................1  Single, no regular partner.............2  Single with regular partner...........3  Married.........................................4  Cohabiting....................................5  Widowed......................................6  Divorced/separated..................... .7 | |  |
| 6 | What is the religion of (NAME OF THE HEAD OF THE HOUSEHOLD)? | MUSLIM 1  CATHOLIC 2  PROTESTANT 3  PENTACOSTAL…………………………….4  ORTHODOX…………………………………5  SEVENTH DAY ADVENTIST…………..6  N/A…………………………………………..98  Other religion  (specify) 6  No religion 7 | |  |
| 7 | What is the mother tongue/native language of (NAME OF THE HEAD OF THE HOUSEHOLD)? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  Kakwa/Kuku/Barri 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  OTHER LANGUAGE  (specify)­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 | |  |
| 8 | To what ethnic group does (NAME OF THE HEAD OF THE HOUSEHOLD) belong? | LUGBARA 1  MADI 2  ARABIC 3  DINKA 4  NUER 5  Kakwa/Kuku/Barri 6  ZANDE 7  MURLE 8  SHILUK 9  ACHOLI 10  BAKA 11  MURU 12  Other (*specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*6 | |  |
| 9 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people | |  |
| 10 | How many rooms do members of this household usually use for sleeping? | Number of rooms \_\_ \_\_ | |  |
| 11 | What is your country of origin? | South sudan 1 1  drc 2  UGANDA…………………………………….3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify | | 🡺20 |
| 12 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1  EASTERN EQUATORIAL STATE 2  WESTERN EQUATORIAL STATE 3  LAKES STATE 4  WARRAP STATE 5  WESTERN BAHR EL-GHAZAL STAT 6  NORTHERN BAHR EL-GHAZAL STATE 7  JONGLEI STATE 8  UPPER NILE STATE 9  BOMA STATE 10 | |  |
| 13 | When did you leave your home country? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ | |  |
| 14 | When did you enter Uganda? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ | |  |
| 15 | When did you settle in your current settlement? | month \_\_\_\_\_\_\_\_\_  year \_\_\_\_\_\_\_\_\_\_\_ | |  |

**Section 2: Household Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skip To** |
| 20 | Who owns this house?  **DO NOT READ POSSIBLE RESPONSES** | Myself …………………………………...…1  Family ………………………………….…..2  Landlord ………..…………………………3  Employer………..………………………..4  Government................................5  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 21 | Does your household have:  **READ EACH OPTION AND CIRCLE 1 (YES) OR 2 (NO) FOR EACH ITEM** | **CIRCLE ONLY ONE RESPONSE FOR EACH OF THE OPTIONS BELOW** |  |
| a) Electricity? | Yes = 1 No = 2 |  |
| d) Television? | Yes = 1 No = 2 |  |
| e) Sofa? | Yes = 1 No = 2 |  |
| f) Cupboard? | Yes = 1 No = 2 |  |
| k) Cassette/CD/DVD player | Yes = 1 No = 2 |  |
| 22 | Does any member of your household own a mobile phone? | Yes = 1 No = 2 |  |
| 23 | Does any member of your household have a bank account, mobile money account, or  account with an agent? | Yes = 1 No = 2 |  |
| 22 | What is the **major construction** **material** of the walls?  **OBSERVE THE MAJOR CONSTRUCTION MATERIALS OF THE EXTERNAL WALLS**  **CIRCLE ONE RESPONSE ONLY** | Thatch, Straw 1  Mud and poles 2  Timber 3  Un-burnt bricks 4  Burnt bricks with mud 5  Burnt bricks with cement 6  Cement blocks 7  Stone 9  Tarpaulin  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 23 | What is the **major construction material** of the floor?  **OBSERVE THE MAIN MATERIAL OF FLOORING IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Earth sand 1  Earth and cow dung 2  Mosaic or tiles 3  Bricks 4  Cement 5  Stones 6  Wood 7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99  Specify |  |
| 24 | What is the **major construction** material of the roof?  **OBSERVE THE MAIN MATERIAL OF DWELLING ROOF IN THE HOUSE**  **CIRCLE ONE RESPONSE ONLY** | Grass/Thatch/Straw 1  Iron sheets 2  Tiles 3  Banana fiber 4  Asbestos 5  Polythene or plastic sheets 6  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99  Specify |  |
| 26 | What type of fuel do you use **most often** for cooking? | alcohol / Ethanol 1  gasoline / diesel 2  Kerosene / paraffin 3  Coal / Lignite 4  Charcoal 5  Wood 6  Crop residue / grass /  Straw / Shrubs 7  Animal dung / waste 8  Processed biomass (pellets) or Woodchips 9  Garbage / Plastic 10  sawdust 11  Other 12  SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1  YES/LEASE …………………………….…..2  NO………………............................... 3 |  |

**Section 3: Water Supply**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 23 | What is the **main** source of drinking water for members of this household?  **CIRCLE ONLY ONE RESPONSE** | PIPED WATER  PIPED INTO DWELLING 1  PIPED INTO COMPOUND, YARD OR PLOT 2  PIPED TO NEIGHBOUR 3  PUBLIC TAP / STANDPIPE 4  TUBE WELL, BOREHOLE 5  DUG WELL  PROTECTED WELL 6  UNPROTECTED WELL 7  WATER FROM SPRING  PROTECTED SPRING 8  UNPROTECTED SPRING 9  RAINWATER COLLECTION 10  TANKER-TRUCK 11  CART WITH SMALL TANK / DRUM 12  SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) 13  BOTTLED WATER 14  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY |  |
| 24 | How far (in kilometers) is the main source of water your household uses? | WITHIN THE HOUSEHOLD VICINITY……..…….1  LESS THAN OR EQUAL TO 500 METERS…………….……………………………………….2  MORE THAN 500 METERS AND LESS THAN 1KM………………………………………………….……….3  1-1.5 KMS………………………………………………….4  >1.5-4 KMS………………………………………………..5  MORE THAN 4 KMS……………………………………6 |  |
| 25 | When you reach the water source, how much time (minutes) do you have to wait for you to get water? (Queuing time). | 0-30 MINUTES FROM THE HOUSE……………..1  30-60 MINUTES FROM THE HOUSE………..…2  MORE THAN 60 MINUTES FROM THE HOUSE......................................................….3  DON’T KNOW……………………………………………4  OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  SPECIFY |  |
| 26 | Who fetches water for your household most often? | ADULT MALE………………………………………..…..1  ADULT FEMALE……………………………..………….2  MALE CHILD………………….………………..………..3  FEMALE CHILD.…………………………..…………….4 |  |

**Section 4: Hand Washing**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 27 | Please state all of the occasions when you should wash your hands  **DO NOT READ THE ANSWERS**    **CIRCLE ALL MENTIONED**  **PROBE: ANYTHING MORE?** | BEFORE EATING 1  AFTER EATING 2  BEFORE BREASTFEEDING OR FEEDING A CHILD 3  BEFORE COOKING OR PREPARING FOOD 4  AFTER DEFECATION/URINATION 5  AFTER CLEANING A CHILD THAT HAS  DEFECATED OR CHANGING A CHILD’S NAPPY 6  WHEN MY HANDS ARE DIRTY 7  AFTER CLEANING THE TOILET OR POTTY ..8 DON’T KNOW 9  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY |  |
| 28 | Can you show me where you **usually** wash your hands and what you use to wash hands? | WITHIN 10 PACES OF THE TOILET  FACILITY 1  WITHIN 10 PACES OF THE KITCHEN/COOKING PLACE 2  ELSEWHERE IN HOME OR YARD 3  OUTSIDE YARD 4  NO SPECIFIC PLACE 5  NOT GIVEN PERMISSION TO SEE 6 | 🡺31  🡺31 |
| 29 | **OBSERVE:** Is there soap or detergent available? | YES 1  NO 2 |  |
| 30 | **OBSERVE:** Is there water available?  **TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT THEN CIRCLE ONE RESPONSE** | YES 1  NO 2 |  |

**Section 5: Latrine Usage**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 31 | What is the main type of latrine/toilet facility used by members of your household**?**  **CIRCLE ONLY ONE RESPONSE** | FLUSH TOILET… .............................................1  VENTILATED IMPROVED PIT (VIP) LATRINE.........................................................2  PIT LATRINE WITH SLAB………………………..……3  COMPOSTING TOILET………………………….……..4  PIT LATRINE WITHOUT SLAB/OPEN PIT……….…………………………………………………….5  NO FACILITIES/BUSH…………………….……………6  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY |  |
| 32 | May I see the latrine/toilet facility? | YES 1  NO 2 | 🡺34 |
| 33 | **OBSERVE AND RECORD THE TYPE OF TOILET FACILITY** | FLUSH TOILET… .............................................1  VENTILATED IMPROVED PIT (VIP) LATRINE.........................................................2  PIT LATRINE WITH SLAB………………………..……3  COMPOSTING TOILET………………………….……..4  PIT LATRINE WITHOUT SLAB/OPEN PIT……….…………………………………………………….5  NO FACILITIES/BUSH…………………….……………6  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY |  |

**Section 6: Household income**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 34 | Is there one or more adults, over 18 years, in the household that is earning a regular income to meet the needs of the household?  *A regular income means an income that is expected at certain intervals that can be relied on e.g. daily, weekly, monthly or seasonally.* | YES…………………………………………………………1  NO………………………………………………………….2  DON’T KNOW…………………………………………98 | 🡺38  🡺38 |
| 35 | What is the main source of that income? | CROP FARMING……………………………………..1  PETTY TRADE…………………………………………2  SALARIED EMPLOYMENT……………………….3  ANIMAL REARING…………………………………..4  CASUAL LABOURER………………………………..5  OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  SPECIFY |  |
| 36 | Does the household have an alternative source of income to rely on, should the main source of income be lost? | YES…………………………………………………………1  NO…………………………………………………………2`  DON’T KNOW………………………………………..98 |  |
| 37 | **Monthly Household income and expenditure**  What is your total monthly income (last one month)……………………. UGX  What was your expenditures on the following Listed Items in the past one month (in Uganda Shillings) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UGX   |  |  | | --- | --- | | **Expense** | **Amount in UGX** | | 1. Medical care |  | | 1. Food [Purchased] |  | | 1. Food [from own garden if it was to be bought] |  | | 1. Scholastic materials/uniforms |  | | 1. School feeding |  | | 1. Clothing |  | | 1. Transport |  | | 1. Accommodation |  | | 1. Alcohol and other social activities |  | | 1. Savings(Money in a saving box, bank, VSLA, loaned out |  | | 1. Other expenditures [Specify] |  | | TOTAL INCOME |  | |  |

**Section 7: Access to financial services**

|  |  |  |  |
| --- | --- | --- | --- |
| 38 | If you or someone in the household needs to borrow money, where do you go to access credit? (Select all relevant items) | FAMILY OR FRIENDS……………………………….…1  MICRO CREDIT AGENCY OR ORGANISATION………………………………….……..2  BANK OR CREDIT UNION……………….………..…3  MONEY LENDER (INDIVIDUAL)…………………..4  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY  I DON’T NEED TO BORROW MONEY…………..6  I DON’T WANT TO BORROW MONEY…………7 | 🡺45  🡺45 |
| 39 | Are you able to access the credit you need – borrowing money when you need in the amount you need it? | ALL THE TIME…………………………………………….1  MOST OF THE TIME…………………………….……..2  SOME OF THE TIME………………………….………..3  NONE OF THE TIME……………………………………4  DON’T KNOW…………………………………………….5 |  |
| 40 | Do you, or any member of your household, have a formal means of saving money in cash form? For example, an account with a bank or credit union or VSLA? | YES…………………………………………………………….1  NO…………………………………………………………….2 |  |
| 41 | Are you a member of any saving group or association? | YES…………………………………………………………….1  NO…………………………………………………………….2 | 🡺45 |
| 42 | If Yes, name the type of saving group or association |  |  |
| 43 | Have you made saving with a saving group in the last 6 months? | YES…………………………………………………………….1  NO…………………………………………………………….2 |  |
| 44 | How much have you saved with the saving group in the last 6 months in UGX |  |  |

**Section 8: Child protection**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 45 | Does your community have services where you can report cases of suspected physical or sexual abuse of a child? | YES………………………………………………………………….1  NO………………………………………………………………….2 |  |
| 46 | If you suspected that a child in the community was being abused, physically or sexually, would you feel safe reporting it? | YES……………………………………………………………….…1  NO………………………………………………………………….2 | 🡺48 |
| 47 | If yes, where would you go to report it or who would you speak to? | LOCAL COUNCIL………………………………………………1  POLICE…………………………………………………………...2  PARENTS…………………………………………………….....3  RELATIVES………………………………………………………4  OTHERS (SPECIFY)………………………………………….96 |  |
| 48 | Do you feel confident that CP actors are effective by taking appropriate and corrective measures against child abuse | YES…………………………………………………………………1  NO…………………………………………………………………2 |  |
| 49 | If you reported the abuse, what would happen to the suspect or perpetrator of child abuse? | ARRESTED/APPREHENDED……………………………..1  ARRESTED AND IMPRISONED…………………………2  LEVIED A FINE………………………………………………..3  ARRESTED AND RELEASED SHORTLY WITHOUT PUNISHMENT…………………………………………………4  MATTER SETTLED BY LOCAL AUTHORITIES TO AVOID ARREST………………………………………………..5  CULPRIT WILL REMAIN AT LARGE…………………...6  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  SPECIFY |  |

**Section 9: Complaints mechanisms**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 50 | Are you aware of how to raise complaints and feedback to the organization? | YES………………………………………………………………….1  NO…………………………………………………………………..2 | 🡺58 |
| 51 | If yes, which channels have you used? | COMMUNITY HELP DESK…………………………………1  COMMUNITY FEEDBACK SESSIONS………………….2  WORLD VISION STAFF……………………………………..3  FEEDBACK LOGBOOKS…………………………………….4  COMMUNITY LEADERS……………………………………5  TELEPHONE LINE................................................6  OFFICE VISIT……………………………………………………7  LETTER……………………………………………………………8  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  SPECIFY |  |
| 52 | Do you feel safe using those channels? | YES………………………………………………………………….1  NO…………………………………………………………………..2 | 🡺54 |
| 53 | If no, what are the reasons? | LOSS OF ASSISTANCE……………………………………….1  NEGEATIVE REPERCUSSIONS…………………………..2  CULTURAL REASONS WHERE CRITICISM IS UNACCEPTABLE………………………………………………3  FEAR OF INFORMATION NOT KEPT CONFIDENTIAL AND SAFE……………………………….4  OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  SPECIFIY |  |
| 54 | Is the complaint and feedback mechanism effective? | YES………………………………………………………………….1  NO…………………………………………………………………..2 |  |
| 55 | Do staff welcome your feedback and suggestion whether negative or positive? | YES………………………………………………………………….1  NO…………………………………………………………………..2 |  |
| 56 | Are you satisfied that the feedback and suggestion mechanism is working? | YES………………………………………………………………….1  NO…………………………………………………………………..2 | 🡺58 |
| 57 | If yes, how? | The feedback and complaints handling processes has led to changes and/or innovations in programme design and implementation……………………………………………..1  I participate in monitoring and evaluation of agency activities………………………………………………2  Agency staff provide timely and required data on periodic basis……………………………………………..3  Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  SPECIFY |  |

**Section 10: Household Energy use**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 58 | In your household, what type of cookstove is mainly used for cooking? | Electric stove 01  Solar cooker 02  Liquefied Petroleum Gas (LPG)/ cooking gas stove 03  Piped Natural gas stove 04  Biogas stove 05  liquid fuel stove 06  manufactured solid fuel stove 07  traditional solid fuel stove 08  three stone stove / open fire 09  LORENA STOVE  Other (specify) 96  No food cooked in  household 11 | 🡺62  🡺62  🡺62  🡺62  🡺62  🡺61  🡺61  🡺61  🡺63 |
| 59 | Does it have a chimney? | YES 1  NO 2  DON’T KNOW 98 |  |
| 60 | Does it have a fan? | YES 1  NO 2  DON’T KNOW 98 |  |
| 61 | What type of fuel or energy source is used in this cookstove?  *If more than one, record the main energy source for this cookstove.* | alcohol / Ethanol 01  gasoline / diesel 02  Kerosene / paraffin 03  Coal / Lignite 04  Charcoal 05  Wood 06  Crop residue / grass /  Straw / Shrubs 07  Animal dung / waste 08  Processed biomass (pellets) or Woodchips 09  Garbage / Plastic 10  sawdust 11  Other 96  SPECIFY |  |
| 62 | Is the cooking usually done in the house, in a separate building, or outdoors?  *If in main house, probe to determine if cooking is done in a separate room.*  *If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.* | In main house  no Separate room 1  in a separate room 2  In a separate building 3  Outdoors  open air 4  On veranda or covered porch 5  Other 96  SPECIFY |  |
| 66 | At night, what does your household mainly use to light the household? | Electricity 01  Solar lantern 02  Rechargeable flashlight,  torch or lantern 03  battery powered flashlight,  torch or lantern 04  bioGas lamp 05  gasoline lamp 06  Kerosene or paraffin lamp 07  Charcoal 08  Wood 09  Crop residue / grass /  Straw / Shrubs 10  Animal dung / waste 11  Oil lamp 12  Candle 13  Other 14  SPECIFY  No lighting in household 15 |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU**