****

**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** |  |
|  |  |  |  |  |  |

****

**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.** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **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  |   |   |   |  |   |   |   |   |   |   |   |

****

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

****

**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 98YEAR \_\_ \_\_ \_\_ \_\_DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_  |  |
| 3 | Have you ever attended school or preschool? | YES 1NO 2  | 🡺11 |
| 4 | What is the highest level of school you completed? | Preschool…………………..…...............................1Primary ………………………………........................2Secondary ………….…………..............................3Higher ………………..........................................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 1Able to read parts of sentence 2Able to read entire sentence 3Visually impaired 4 |  |
| 6 | What is your **current** marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON-REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/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 1NO 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 1CATHOLIC 2PROTESTANT 3PENTACOSTAL…………………………………………….4ORTHODOX…………………………………………………5SEVENTH DAY ADVENTIST…………………………..6N/A…………………………………………………………..98Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5BARRI 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 13 | To what ethnic group do you belong? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5BARRI 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1drc 2UGANDA…………………………………………………….3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify | 🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1EASTERN EQUATORIAL STATE 2WESTERN EQUATORIAL STATE 3LAKES STATE 4WARRAP STATE 5WESTERN BAHR EL-GHAZAL STATE 6NORTHERN BAHR EL-GHAZAL STATE 7JONGLEI STATE 8UPPER NILE STATE 9BOMA 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 …………………………………...…1Family ………………………………….…..2Landlord ………..…………………………3Employer………..………………………..4Government................................5Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Mud and poles 2Timber 3Un-burnt bricks 4Burnt bricks with mud 5Burnt bricks with cement 6Cement blocks 7Stone 9Tarpaulin Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Earth and cow dung 2Mosaic or tiles 3Bricks 4Cement 5Stones 6Wood 7Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99Specify |  |
| 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 1Iron sheets 2Tiles 3Banana fiber 4Asbestos 5Polythene or plastic sheets 6Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify  |  |
| 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 1Ventilated Improved Pit(VIP) latrine 3Latrine with super-structure 4Latrine without a super- structure 5No 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 1gasoline / diesel 2Kerosene / paraffin 3Coal / Lignite 4Charcoal 5Wood 6Crop residue / grass / Straw / Shrubs 7Animal dung / waste 8Processed biomass (pellets) or Woodchips 9Garbage / Plastic 10sawdust 11Other 12SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1YES/LEASE …………………………….…..2NO………………............................... 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 1NO 2  |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community?  | YES 1NO 2  |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1NO 2SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1NO 2SOMETIMES 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 1NO 2SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1NO 2SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1NO 2SOMETIMES 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…………….……….………………..…...1FEMALE……………….….…………………….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 BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_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 1NO 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 1NURSE 2MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5OTHER (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 1YES, BUT NOT AVAILABLE/ LOST/MISPLACED 2NEVER HAD A CARD 3DON’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…………………………………..1MORE THAN 3 MONTHS……………………………2DON’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 1NO 2DON’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 1CHLOROQUINE 2DON’T KNOW 98OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 | 🡺 56🡺 56🡺 56 |
| 54 | During this pregnancy, how many times did you take Fansidar? |

|  |  |
| --- | --- |
|  |  |

NUMBER OF TIMESDON’T KNOW 98 |  |
| 55 | How many tablets of Fansidar were you given during your pregnancy with (NAME)? |

|  |  |
| --- | --- |
|  |  |

 NUMBER OF TABLETSDON’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 1NURSE 2MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (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 2PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. CLINIC / HEALTH CENTRE 4 OTHER PUBLIC (SPECIFY) 6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 7 PRIVATE CLINIC 8 PRIVATE MATERNITY HOME 9 OTHER PRIVATE MEDICAL (SPECIFY) 10OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  | 🡺 60🡺 60 |
| 58 | I would like to talk to you aboutchecks on your health after delivery,for example, someone asking youquestions about your health orexamining you. Did anyone checkon your health while you were still inthe facility? | YES 1NO 2 | 🡺 61 |
| 59 | Did anyone check on your healthafter you left the facility? | YES 1NO 2 | 🡺 61🡺 63 |
| 60 | I would like to talk to you aboutchecks on your health after delivery,for example, someone asking youquestions about your health orexamining you. Did anyone checkon your health after you gave birth to(NAME)? | YES 1NO 2 | 🡺63 |
| 61 | Who checked on your health at thattime?  | HEALTH PROFESSIONAL:DOCTOR 1NURSE 2MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| 62 | How long after delivery did the firstcheck take place?**IF LESS THAN ONE DAY, RECORD HOURS****IF LESS THAN ONE WEEK, RECORD DAYS** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

HOURSDAYSWEEKSDON’T KNOW 98 |  |
| 63 | In the two months after (NAME) wasborn, did any health care provider ora traditional birth attendant check onhis/her health? | YES 1NO 2DON’T KNOW 98 | 🡺 67🡺 67 |
| 64 | How many hours, days or weeksafter the birth of (NAME) did the firstcheck take place?**IF LESS THAN ONE DAY, RECORD HOURS****IF LESS THAN ONE WEEK, RECORD DAYS** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

HOURSDAYSWEEKSDON’T KNOW 98 |  |
| 65 | Who checked on (NAME)'s health atthat time? (2) | HEALTH PROFESSIONAL:DOCTOR 1NURSE 2MIDWIFE 3OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 RELATIVE / FRIEND 6NO ONE 7OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| 66 | Where did this first check of (NAME)take place? (2) | HOME YOUR HOME 1 OTHER HOME 2PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. CLINIC / HEALTH CENTRE 4 OTHER PUBLIC (SPECIFY) 6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 7 PRIVATE CLINIC 8 PRIVATE MATERNITY HOME 9 OTHER PRIVATE MEDICAL (SPECIFY) 10OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_96  |  |
| 67 | When (NAME) was born, what instrument was used to cut the umbilical cord? | NEW/BOILED BLADE 1USED BLADE 2KNIFE 3SCISSORS 4DON’T KNOW 98OTHER (SPECIFY)--------------------------------------------------------96 |  |
| 68 | Was anything applied to the cord after the cord of (NAME) was cut and tied until the cord fell off? | YES 1NO 2DON’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………………………………………………..1NOTHING…………………………………………………..2TRADITIONAL MEDICINE……………………………3EARTH………………………………………………………..4OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98 |  |

**Section 9: Breastfeeding**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 70 | Did you ever breastfeed (NAME)? | YES 1NO 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 00HOURS……………… …………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 1NO 2DON’T KNOW 98 |  |
| 73 | Is he/she still being breastfed? | YES 1NO 2DON’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? 1PLAIN WATER? 2INFANT FORMULA? 3ANY OTHER MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK? 4FRUIT JUICE? 5TEA OR COFFEE OR INFUSIONS? 6THIN SOUP OR BROTH 7ORS 8LIQUID OR SEMI-LIQUID TRADITIONAL MEDICINE? 9NOTHING 10OTHER LIQUID (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  |  |
| 76 | Did (NAME) eat any solid or semi-solid food yesterday during the day or night? | YES 1NO 2DON’T KNOW 98 |  |
| 77 | Did (NAME) drink anything from a bottle yesterday or last night? | YES 1NO 2DON’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 1NO 2 | **🡺 END** |
| 79 | Was that bednet a Long lasting Insecticide treated net (LLIN)?  | YES 1NO 2DON’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 1NO 2DON’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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

****

**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 98YEAR \_\_ \_\_ \_\_ \_\_DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_  |  |
| 3 | Have you ever attended school or preschool? | YES 1NO 2  | 🡺11 |
| 4 | What is the highest level of school you completed? | Preschool…………………..…...............................1Primary ………………………………........................2Secondary ………….…………..............................3Higher ………………..........................................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 1Able to read parts of sentence 2Able to read entire sentence 3Visually impaired 4 |  |
| 6 | What is your **current** marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON-REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/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 1NO 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 1CATHOLIC 2PROTESTANT 3PENTACOSTAL…………………………………………….4ORTHODOX…………………………………………………5SEVENTH DAY ADVENTIST…………………………..6N/A…………………………………………………………..98Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5BARRI 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 13 | To what ethnic group does you belong? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5BARRI 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1drc 2UGANDA…………………………………………………….3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify | 🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1EASTERN EQUATORIAL STATE 2WESTERN EQUATORIAL STATE 3LAKES STATE 4WARRAP STATE 5WESTERN BAHR EL-GHAZAL STATE 6NORTHERN BAHR EL-GHAZAL STATE 7JONGLEI STATE 8UPPER NILE STATE 9BOMA 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 …………………………………...…1Family ………………………………….…..2Landlord ………..…………………………3Employer………..………………………..4Government................................5Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Mud and poles 2Timber 3Un-burnt bricks 4Burnt bricks with mud 5Burnt bricks with cement 6Cement blocks 7Stone 9Tarpaulin Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Earth and cow dung 2Mosaic or tiles 3Bricks 4Cement 5Stones 6Wood 7Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99Specify |  |
| 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 1Iron sheets 2Tiles 3Banana fiber 4Asbestos 5Polythene or plastic sheets 6Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify  |  |
| 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 1Ventilated Improved Pit(VIP) latrine 3Latrine with super-structure 4Latrine without a super- structure 5No 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 1gasoline / diesel 2Kerosene / paraffin 3Coal / Lignite 4Charcoal 5Wood 6Crop residue / grass / Straw / Shrubs 7Animal dung / waste 8Processed biomass (pellets) or Woodchips 9Garbage / Plastic 10sawdust 11Other 12SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1YES/LEASE …………………………….…..2NO………………............................... 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 1NO 2  |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community?  | YES 1NO 2  |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1NO 2SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1NO 2SOMETIMES 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 1NO 2SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1NO 2SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1NO 2SOMETIMES 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…………….……….………………..…...1FEMALE……………….….…………………….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 BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_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………………………..1Not available/lost/misplaced…………………2Never had a card……………..……………………3Don’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…………………………….............................1No………..……………...………………………………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……………………………..............................1No………..……………...……………………………….2Don’t know…...………………………………………8 |  |
| 49 | Did (NAME) receive a Polio vaccine, that is, drops in the mouth | Yes……………………………..............................1No………..……………...……………………………….2Don’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...………………….1Later………………….....………………………………2Don’t know……………….....……………………….8 |  |
| 51 | How many times did (NAME) receive the polio vaccine? |

|  |
| --- |
|  |

 Number of timesDon’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………………...……………………………………...1No………..……….………..……………………………..2Don’t know………..…….……………………………8 | 🡺 49🡺 49 |
| 53 | How many times has (NAME) been given DPT vaccination injection? |

|  |
| --- |
|  |

 Number of timesDon’t know………...…..........…………………..88 |  |
| 54 | Did (NAME) receive a measles vaccine, that is, an injection in the left arm? | Yes……………………...…………………………………1No………..…….…………..……………………………..2Don’t know…………...………………………………8 |  |
| 55a | Where did (NAME) receive most of the vaccines?IF RESPONSE IS HEALTH FACILITY, WRITE THE NAME OF THE FACILITYOR THE NAME OF THE PLACE WHERE IT IS LOCATED)NAME OF HEALTH FACILITY/PLACE  | Government Health Centre......................1Government Hospital...............................2Private Hospital/Clinic..…….......................3PNFP..........................................................4National Campaign...................................5Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6 (specify) |  |
| 55b | Where did (NAME) receive other vaccines?IF RESPONSE IS HEALTH FACILITY, WRITE THE NAME OF THE FACILITYOR THE NAME OF THE PLACE WHERE IT IS LOCATED)NAME OF HEALTH FACILITY/PLACE  | Government Health Centre......................1Government Hospital................................2Private Hospital/Clinic..…….......................3PNFP..........................................................4National Campaign...................................5Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6 (specify) |  |
| 56 | Did you pay for (NAME)’s vaccines? | Yes..……………………..…................................1No……………………..……................................2 | 🡺 58 |
| 57a | Where did you pay for (NAME)’s vaccine?IF RESPONSE IS HEALTH FACILITY, WRITE THE NAME OF THE FACILITYOR THE NAME OF THE PLACE WHERE IT IS LOCATED)NAME OF HEALTH FACILITY/PLACE  | Government Health Centre......................1Government Hospital................................2Private Hospital/Clinic..…….......................3PNFP.........................................................4National Campaign...................................5Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 1NO 2DON’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 1NO 2DON’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 1BETWEEN 6 AND 12 MONTHS AGO 2CARD NOT AVAILABLE 3DATE 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 1NO 2UNSURE OR DON’T KNOW 98 | 🡺66 |
| 62 | Would you like to have another child in the next two years? | YES 1NO 2DON’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 1NO 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 1MALE STERILIZATION 2IUD 3INJECTABLES 4IMPLANTS 5PILL 6MALE CONDOM 7FEMALE CONDOM 8DIAPHRAGM 9FOAM / JELLY 10LACTATIONAL AMENORRHOEAMETHOD (LAM) 11PERIODIC ABSTINENCE / RHYTHM 12WITHDRAWAL 13OTHER (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 1NOT HAVING SEX 2INFREQUENT SEX 3WIFE/PARTNER IS BREASTFEEDING 4WANTS MORE CHILDREN 5WIFE/PARTNER IS PREGNANT 6OPPOSED TO USING METHOD 7PARTNER IS OPPOSED 8OTHER IS OPPOSED 9RELIGIOUS REASON 10DOESN’T KNOW WHERE TO GET METHOD 11HEALTH CONCERNS 12FEAR OF SIDE EFFECTS 13TOO EXPENSIVE 14INCONVENIENT 15DON’T KNOW 98OTHER (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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

****

**Section 1: Mother’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| 1 | In what month and year were you born? | DATE OF BIRTHMONTH \_\_ \_\_ DK MONTH 98YEAR \_\_ \_\_ \_\_ \_\_ DK YEAR………………………….……………………..98 |  |
| 2 | How old are you? | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| 3 | Have you ever attended school or preschool? | YES 1NO 2 | 🡺5 |
| 4 | What is the highest level of school you attended? | PRESCHOOL 1PRIMARY 2SECONDARY 3HIGHER …………………………………………..…………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 1Able to read parts of sentence 2Able to read entire sentence 3Visually impaired 4 |  |
| 6 | What is your current marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/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 1NO…………………………………………………………….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 1CATHOLIC 2PROTESTANT 3PENTACOSTAL…………………………………………….4ORTHODOX…………………………………………………5SEVENTH DAY ADVENTIST…………………………..6N/A…………………………………………………………..98Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 12 | What is your mother tongue/native language? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5Kakwa/Kuku/Barri 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify |  |
| 13 | To what ethnic or tribal group do you belong? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5Kakwa/Kuku/Barri 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify |  |
| 14 | How many people live in this house? | \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people |  |
| 15 | What is your country of origin? | South sudan 1drc 2UGANDA…………………………………………………….3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify | 🡺17🡺20 |
| 16 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1EASTERN EQUATORIAL STATE 2WESTERN EQUATORIAL STATE 3LAKES STATE 4WARRAP STATE 5WESTERN BAHR EL-GHAZAL STATE 6NORTHERN BAHR EL-GHAZAL STATE 7JONGLEI STATE 8UPPER NILE STATE 9BOMA 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 …………………………………...…1Family ………………………………….…..2Landlord ………..…………………………3Employer………..………………………..4Government................................5Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Mud and poles 2Timber 3Un-burnt bricks 4Burnt bricks with mud 5Burnt bricks with cement 6Cement blocks 7Stone 9Tarpaulin Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Earth and cow dung 2Mosaic or tiles 3Bricks 4Cement 5Stones 6Wood 7Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99Specify |  |
| 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 1Iron sheets 2Tiles 3Banana fiber 4Asbestos 5Polythene or plastic sheets 6Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify  |  |
| 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 1Ventilated Improved Pit(VIP) latrine 3Latrine with super-structure 4Latrine without a super- structure 5No 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 1gasoline / diesel 2Kerosene / paraffin 3Coal / Lignite 4Charcoal 5Wood 6Crop residue / grass / Straw / Shrubs 7Animal dung / waste 8Processed biomass (pellets) or Woodchips 9Garbage / Plastic 10sawdust 11Other 12SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1YES/LEASE …………………………….…..2NO………………............................... 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 1NO 2  |  |
| 35 | In the past 6 months have you talked with a local leader or governmental official about the development of your community?  | YES 1NO 2  |  |
| 36 | In your opinion, can your neighbours be trusted? For example, do you relate well with your neighbours? | YES 1NO 2SOMETIMES 3 |  |
| 37 | In your opinion, can leaders in this community be trusted? For example, do community leaders usually act in your best interest? | YES 1NO 2SOMETIMES 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 1NO 2SOMETIMES 3 |  |
| 39 | Do the majority of people in this community have a good relationship with each other? | YES 1NO 2SOMETIMES 3 |  |
| 40 | Do you feel that this community is yours? | YES 1NO 2SOMETIMES 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…………….……….………………..…...1FEMALE……………….….…………………….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 BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_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 1NO 2 | 🡺55 |
| 46 | How many bednets does your household have? |

|  |  |
| --- | --- |
|  |  |

NUMBER OF BEDNETS |  |
| 47 | Did you sleep under a bednet last night? | YES 1NO 2 |  |
| 48 | Did (NAME) sleep under a bednet last night? | YES 1NO 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 2NEITHER (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…………1NO BEDNET HANGING…..2STORED FOR DAILY USE…3COULD NOT OBSERVE……4 | BEDNET HANGING…………1NO BEDNET HANGING…..2STORED FOR DAILY USE…3COULD NOT OBSERVE……4 | BEDNET HANGING…………1NO BEDNET HANGING…..2STORED FOR DAILY USE…3COULD NOT OBSERVE……4 |
| 51 | Did anyone else sleep under this bednet last night? | YES…………………………………1NO………………………..……….2 | YES…………………………………1NO………………………..……….2 | YES…………………………………1NO………………………..……….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 13LIFE NET 14NET PROTECT 15KO NET 16SMART NET 17SAFI NET 18B52 19LUCKY NET 20 OTHER (SPECIFY) 14 DK BRAND 15PRE-TREATED NETS TREATABLE 16 ORDINARY NET 17OTHER NET (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DK BRAND / TYPE 98NOT ALLOWED TO SEE NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS PERMA NET 11 OLYSET NET 12 DAWA PLUS 13LIFE NET 14NET PROTECT 15KO NET 16SMART NET 17SAFI NET 18B52 19LUCKY NET 20 OTHER (SPECIFY) 14 DK BRAND 15PRE-TREATED NETS TREATABLE 16 ORDINARY NET 17OTHER NET (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DK BRAND / TYPE 98NOT ALLOWED TO SEE NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS PERMA NET 11 OLYSET NET 12 DAWA PLUS 13LIFE NET 14NET PROTECT 15KO NET 16SMART NET 17SAFI NET 18B52 19LUCKY NET 20 OTHER (SPECIFY) 14 DK BRAND 15PRE-TREATED NETS TREATABLE 16 ORDINARY NET 17OTHER NET (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DK BRAND / TYPE 98NOT ALLOWED TO SEE NET **(SKIP** 🡺**CH1)** 99 |
| 54 | **OBSERVE THE CONDITION OF THE BEDNET AND RECORD ONE OF THE THREE RESPONSES**  | WITH HOLES 1WITHOUT HOLES 2NOT SEEN 3 | WITH HOLES 1WITHOUT HOLES 2NOT SEEN 3 | WITH HOLES 1WITHOUT HOLES 2NOT 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……………………………..1NO……………….…………….2DON’T KNOW…….........98 |  |
| 56 | Has (NAME) had fever in the last 2 weeks? | YES……………………………..1NO……………….…………….2DON’T KNOW…….........98 |  |
| 57 | Has (NAME) experienced cough and fast/difficult breathing in the last 2 weeks? | YES……………………………..1NO……………….…………….2DON’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……………………………….1PROBLEM IN CHEST ONLY……2BOTH………..…………………………3OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’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 1NO 2 | 🡺64 |
| 60 | Have you ever used ORS?  | YES 1NO 2DON’T KNOW 98 | 🡺 62🡺 62 |
| 61 | Where do you get the ORS?**CIRCLE AS MANY AS ARE MENTIONED** | HOSPITAL 1CLINIC 2HEALTH CENTER 3VHT 4PRIVATE DOCTOR 5DRUG STORE 6LOCAL SHOPS 7OTHER (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 1EXPLAINED 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 1DEMONSTRATED 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 0Number 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 DKHomemade toys 1 2 98Toys from a shop 1 2 98Household objectsor 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 1Yes, not seen 2No 3DK 98 | 🡺71🡺71 |
| 69 | Has (NAME)’s birth been registered with the civil authorities? | Yes 1No 2DK 98 | 🡺71 |
| 70 | Do you know how to register (NAME)’s birth? | Yes 1No 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…………………………….1Food assistance from NGO’s………………………….2Gift from relatives………………………………………….3Government support……………………………………..4Casual labour………………………………………………...5Borrowing from friends and neighbours…….....6Market purchases………………………………………….7Cash for work………………………………………………..8Others, specify………………………………………………96 |  |
| 72 | During the past month, what was your household’s main expense? *(Choose only one)* | Food……………………………………………………………..1Water……..........................................................2Clothes………………………………………………………….3Household assets………………………………………….4Transportation……………………………………………..5Medical care…………………………………………………6Education……………………………………………………..7Fuel……………………………………………………………...8Others (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……………………………………………………………….1NO……………………………………………………………….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……………………………1LACK OF SAFE PLACES TO PLAY……………………..2GANG RELATED PROBLEMS…………………………..3DRUGS AND ALCOHOL RELATED PROBLEMS…4OTHER CRIME SUCH AS ROBBERY OR VANDALISM…………………………………………….........5SEXUAL HARASSMENT AND RAPE……………………6POLLUTION AND ENVIRONMENTAL HAZARDS...7OTHER (SPECIFY)……………………………………………96 |  |
| 78 |  How safe do you feel your children are from danger and violence in your neighbourhood? | SAME MOST OF THE TIME……………………………….1SAFE SOME OF THE TIME………………………………..2I 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……………………………1LACK OF SAFE PLACES TO PLAY……………………..2GANG RELATED PROBLEMS…………………………..3DRUGS AND ALCOHOL RELATED PROBLEMS…4OTHER CRIME SUCH AS ROBBERY OR VANDALISM…………………………………………….........5SEXUAL HARASSMENT AND RAPE……………………6POLLUTION AND ENVIRONMENTAL HAZARDS...7OTHER (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………………………………………………………………..…..1NO……………………………………………………………………..2 | 🡺END |
| 81 |  If yes, what is the relationship | NEPHEW/NIECE…………………………………………….…..1BROTHER/SISTER……………………………………………….2GRANDSON/GRAND DAUGHTER………………………..3FOSTER CARE…………………………………………………….4 |  |
| 82 | How long have you stayed with this UASC? | LESS THAN 3 MONTHS………………………………….…..13-6 MONTHS…………………………………………………….2MORE THAN 6 MONTHS BUT LESS THAN ONE YER…………………………………………………………………..3ONE YEAR………………………………………………………..4MORE THAN ONE YEAR……………………………………5 |  |
| 83 | Does child go to school? | YES…………………………………………………………………..1NO…………………………………………………………………..2 | 🡺END |
| 84 | If no, what are the reasons? | LACK SCHOOL FEES………………………………………….1CHIL STILL YOUNG…………………………………….……..2OTHER SPECIFY………………………………………….…….3 |  |

****

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

****

**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…………………..………… 1No…………………….………. 2 | 🡺5 |
| 3 | What is the highest level of education you attained?**PROBE FOR SPECIFIC LEVEL** | Incomplete primary......................1Complete primary.........................2Incomplete O-level.......................3Complete O-level.........................4A-level..........................................5Post-secondary.............................6Vocational 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........................1Able to read only parts of Sentence......................................2Able to read whole sentence.......3 |  |
| 5 | What is your **current** marital status?**READ THE RESPONSE OPTIONS** | Single, no partner..........................1Single, no regular partner.............2Single with regular partner...........3Married.........................................4Cohabiting....................................5Widowed......................................6Divorced/separated..................... .7   |  |
| 6 | What is the religion of (NAME OF THE HEAD OF THE HOUSEHOLD)? | MUSLIM 1CATHOLIC 2PROTESTANT 3PENTACOSTAL…………………………….4ORTHODOX…………………………………5SEVENTH DAY ADVENTIST…………..6N/A…………………………………………..98Other religion (specify) 6No religion 7 |  |
| 7 | What is the mother tongue/native language of (NAME OF THE HEAD OF THE HOUSEHOLD)? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5Kakwa/Kuku/Barri 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12OTHER LANGUAGE (specify)­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| 8 | To what ethnic group does (NAME OF THE HEAD OF THE HOUSEHOLD) belong? | LUGBARA 1MADI 2ARABIC 3DINKA 4NUER 5Kakwa/Kuku/Barri 6ZANDE 7MURLE 8SHILUK 9ACHOLI 10BAKA 11MURU 12Other (*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 1drc 2UGANDA…………………………………….3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99 Specify | 🡺20 |
| 12 | What is your state of origin in South Sudan? | CENTRAL EQUATORIAL STATE 1EASTERN EQUATORIAL STATE 2WESTERN EQUATORIAL STATE 3LAKES STATE 4WARRAP STATE 5WESTERN BAHR EL-GHAZAL STAT 6NORTHERN BAHR EL-GHAZAL STATE 7JONGLEI STATE 8UPPER NILE STATE 9BOMA 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 …………………………………...…1Family ………………………………….…..2Landlord ………..…………………………3Employer………..………………………..4Government................................5Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Mud and poles 2Timber 3Un-burnt bricks 4Burnt bricks with mud 5Burnt bricks with cement 6Cement blocks 7Stone 9Tarpaulin Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify |  |
| 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 1Earth and cow dung 2Mosaic or tiles 3Bricks 4Cement 5Stones 6Wood 7Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99Specify |  |
| 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 1Iron sheets 2Tiles 3Banana fiber 4Asbestos 5Polythene or plastic sheets 6Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99Specify  |  |
| 26 | What type of fuel do you use **most often** for cooking? | alcohol / Ethanol 1gasoline / diesel 2Kerosene / paraffin 3Coal / Lignite 4Charcoal 5Wood 6Crop residue / grass / Straw / Shrubs 7Animal dung / waste 8Processed biomass (pellets) or Woodchips 9Garbage / Plastic 10sawdust 11Other 12SPECIFY |  |
| 27 | Do you own or lease land? | YES/OWN……................................1YES/LEASE …………………………….…..2NO………………............................... 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 4TUBE WELL, BOREHOLE 5DUG WELL PROTECTED WELL 6 UNPROTECTED WELL 7WATER FROM SPRING PROTECTED SPRING 8 UNPROTECTED SPRING 9RAINWATER COLLECTION 10TANKER-TRUCK 11CART WITH SMALL TANK / DRUM 12SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) 13BOTTLED WATER 14OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96SPECIFY |  |
| 24 | How far (in kilometers) is the main source of water your household uses? | WITHIN THE HOUSEHOLD VICINITY……..…….1LESS THAN OR EQUAL TO 500 METERS…………….……………………………………….2MORE THAN 500 METERS AND LESS THAN 1KM………………………………………………….……….31-1.5 KMS………………………………………………….4>1.5-4 KMS………………………………………………..5MORE 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……………..130-60 MINUTES FROM THE HOUSE………..…2MORE THAN 60 MINUTES FROM THE HOUSE......................................................….3DON’T KNOW……………………………………………4OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96SPECIFY |  |
| 26 | Who fetches water for your household most often? | ADULT MALE………………………………………..…..1ADULT FEMALE……………………………..………….2MALE CHILD………………….………………..………..3FEMALE 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 1AFTER EATING 2BEFORE BREASTFEEDING OR FEEDING A CHILD 3BEFORE COOKING OR PREPARING FOOD 4AFTER DEFECATION/URINATION 5AFTER CLEANING A CHILD THAT HASDEFECATED OR CHANGING A CHILD’S NAPPY 6WHEN MY HANDS ARE DIRTY 7AFTER CLEANING THE TOILET OR POTTY ..8 DON’T KNOW 9OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96SPECIFY |  |
| 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 1WITHIN 10 PACES OF THE KITCHEN/COOKING PLACE 2ELSEWHERE IN HOME OR YARD 3OUTSIDE YARD 4NO SPECIFIC PLACE 5NOT GIVEN PERMISSION TO SEE 6 | 🡺31🡺31 |
| 29 | **OBSERVE:** Is there soap or detergent available? | YES 1NO 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 1NO 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… .............................................1VENTILATED IMPROVED PIT (VIP) LATRINE.........................................................2PIT LATRINE WITH SLAB………………………..……3COMPOSTING TOILET………………………….……..4PIT LATRINE WITHOUT SLAB/OPEN PIT……….…………………………………………………….5NO FACILITIES/BUSH…………………….……………6OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 SPECIFY |  |
| 32 | May I see the latrine/toilet facility? | YES 1NO 2 | 🡺34 |
| 33 | **OBSERVE AND RECORD THE TYPE OF TOILET FACILITY** | FLUSH TOILET… .............................................1VENTILATED IMPROVED PIT (VIP) LATRINE.........................................................2PIT LATRINE WITH SLAB………………………..……3COMPOSTING TOILET………………………….……..4PIT LATRINE WITHOUT SLAB/OPEN PIT……….…………………………………………………….5NO FACILITIES/BUSH…………………….……………6OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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…………………………………………………………1NO………………………………………………………….2DON’T KNOW…………………………………………98 | 🡺38🡺38 |
| 35 | What is the main source of that income? | CROP FARMING……………………………………..1PETTY TRADE…………………………………………2SALARIED EMPLOYMENT……………………….3ANIMAL REARING…………………………………..4CASUAL LABOURER………………………………..5OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96SPECIFY |  |
| 36 | Does the household have an alternative source of income to rely on, should the main source of income be lost? | YES…………………………………………………………1NO…………………………………………………………2`DON’T KNOW………………………………………..98 |  |
| 37 | **Monthly Household income and expenditure**What is your total monthly income (last one month)……………………. UGXWhat 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……………………………….…1MICRO CREDIT AGENCY OR ORGANISATION………………………………….……..2BANK OR CREDIT UNION……………….………..…3MONEY LENDER (INDIVIDUAL)…………………..4OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96SPECIFYI DON’T NEED TO BORROW MONEY…………..6I 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…………………………………………….1MOST OF THE TIME…………………………….……..2SOME OF THE TIME………………………….………..3NONE OF THE TIME……………………………………4DON’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…………………………………………………………….1NO…………………………………………………………….2 |  |
| 41 | Are you a member of any saving group or association?  | YES…………………………………………………………….1NO…………………………………………………………….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…………………………………………………………….1NO…………………………………………………………….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………………………………………………………………….1NO………………………………………………………………….2 |  |
| 46 | If you suspected that a child in the community was being abused, physically or sexually, would you feel safe reporting it?  | YES……………………………………………………………….…1NO………………………………………………………………….2 | 🡺48 |
| 47 |  If yes, where would you go to report it or who would you speak to?  | LOCAL COUNCIL………………………………………………1POLICE…………………………………………………………...2PARENTS…………………………………………………….....3RELATIVES………………………………………………………4OTHERS (SPECIFY)………………………………………….96 |  |
| 48 | Do you feel confident that CP actors are effective by taking appropriate and corrective measures against child abuse | YES…………………………………………………………………1NO…………………………………………………………………2 |  |
| 49 | If you reported the abuse, what would happen to the suspect or perpetrator of child abuse? | ARRESTED/APPREHENDED……………………………..1ARRESTED AND IMPRISONED…………………………2LEVIED A FINE………………………………………………..3ARRESTED AND RELEASED SHORTLY WITHOUT PUNISHMENT…………………………………………………4MATTER SETTLED BY LOCAL AUTHORITIES TO AVOID ARREST………………………………………………..5CULPRIT WILL REMAIN AT LARGE…………………...6OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96SPECIFY |  |

**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………………………………………………………………….1NO…………………………………………………………………..2 | 🡺58 |
| 51 | If yes, which channels have you used? | COMMUNITY HELP DESK…………………………………1COMMUNITY FEEDBACK SESSIONS………………….2WORLD VISION STAFF……………………………………..3FEEDBACK LOGBOOKS…………………………………….4COMMUNITY LEADERS……………………………………5TELEPHONE LINE................................................6OFFICE VISIT……………………………………………………7LETTER……………………………………………………………8OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96SPECIFY |  |
| 52 | Do you feel safe using those channels?  | YES………………………………………………………………….1NO…………………………………………………………………..2 | 🡺54 |
| 53 |  If no, what are the reasons?  | LOSS OF ASSISTANCE……………………………………….1NEGEATIVE REPERCUSSIONS…………………………..2CULTURAL REASONS WHERE CRITICISM IS UNACCEPTABLE………………………………………………3FEAR OF INFORMATION NOT KEPT CONFIDENTIAL AND SAFE……………………………….4OTHERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96SPECIFIY |  |
| 54 | Is the complaint and feedback mechanism effective? | YES………………………………………………………………….1NO…………………………………………………………………..2 |  |
| 55 | Do staff welcome your feedback and suggestion whether negative or positive? | YES………………………………………………………………….1NO…………………………………………………………………..2 |  |
| 56 | Are you satisfied that the feedback and suggestion mechanism is working? | YES………………………………………………………………….1NO…………………………………………………………………..2 | 🡺58 |
| 57 | If yes, how? | The feedback and complaints handling processes has led to changes and/or innovations in programme design and implementation……………………………………………..1I participate in monitoring and evaluation of agency activities………………………………………………2Agency staff provide timely and required data on periodic basis……………………………………………..3Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96SPECIFY |  |

**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 01Solar cooker 02Liquefied Petroleum Gas (LPG)/ cooking gas stove 03Piped Natural gas stove 04Biogas stove 05liquid fuel stove 06manufactured solid fuel stove 07traditional solid fuel stove 08three stone stove / open fire 09LORENA STOVE Other (specify) 96No food cooked in household 11 | 🡺62🡺62🡺62🡺62🡺62🡺61🡺61🡺61🡺63 |
| 59 | Does it have a chimney? | YES 1NO 2DON’T KNOW 98 |  |
| 60 | Does it have a fan? | YES 1NO 2DON’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 01gasoline / diesel 02Kerosene / paraffin 03Coal / Lignite 04Charcoal 05Wood 06Crop residue / grass / Straw / Shrubs 07Animal dung / waste 08Processed biomass (pellets) or Woodchips 09Garbage / Plastic 10sawdust 11Other 96SPECIFY |  |
| 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 2In a separate building 3Outdoors open air 4 On veranda or covered porch 5Other 96SPECIFY |  |
| 66 | At night, what does your household mainly use to light the household? | Electricity 01Solar lantern 02Rechargeable flashlight, torch or lantern 03battery powered flashlight, torch or lantern 04bioGas lamp 05gasoline lamp 06Kerosene or paraffin lamp 07Charcoal 08Wood 09Crop residue / grass / Straw / Shrubs 10Animal dung / waste 11Oil lamp 12Candle 13Other 14SPECIFYNo lighting in household 15 |  |

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

**THANK YOU**