

**Family Care International - SKILLED CARE INITIATIVE  
HOUSEHOLD SURVEY - KENYA**

**HUSBAND'S QUESTIONNAIRE**

<b>IDENTIFICATION</b>	
LOCALITY: DIVISION _____ LOCATION _____ SUBLOCATION _____	
NAME OF HOUSEHOLD HEAD _____	
DISTRICT .....	[ ][ ]
SCI EA NUMBER.....	[ ][ ][ ][ ]
HOUSEHOLD NUMBER.....	[ ][ ][ ][ ]
URBAN/RURAL (URBAN=1, RURAL=2) .....	[ ]
NAME AND LINE NUMBER OF HUSBAND _____	[ ][ ]
NAME AND LINE NUMBER OF WIFE _____	[ ][ ]

<b>INTERVIEWER VISITS</b>				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ..... [ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	MONTH..... [ ][ ]
RESULT*	_____	_____	_____	YEAR..... [2][0][ ][ ]
	_____	_____	_____	NAME .....
	_____	_____	_____	RESULT..... [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS..... [ ]
TIME	_____	_____		
<p>*RESULT CODES:                      3 POSTPONED                      6 INCAPACITATED</p> <p>1 COMPLETED                      4 REFUSED                      7 OTHER _____</p> <p>2 NOT AT HOME                      5 PARTLY COMPLETE                      (SPECIFY)</p>				

LANGUAGE OF QUESTIONNAIRE ** ..... [0][3]	LANGUAGE OF INTERVIEW ** ..... [ ][ ]
NATIVE LANGUAGE OF RESPONDENT ** ..... [ ][ ]	TRANSLATOR USED    YES.....1 NO.....2
<p>** LANGUAGE CODES: 01 ENGLISH    02 SWAHILI    03 DHOLUO    96 OTHER _____</p> <p align="right">(SPECIFY)</p>	

<b>SUPERVISOR</b>	<b>FIELD EDITOR</b>	<b>OFFICE EDITOR</b>	<b>KEYED BY</b>
NAME _____ [ ][ ]	NAME _____ [ ][ ]	[ ][ ]	[ ][ ]
DATE _____	DATE _____		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1011	How often do you usually listen to the radio?	MORE THAN 10 TIMES PER MONTH .....1 4-10 TIMES PER MONTH.....2 1-3 TIMES PER MONTH.....3 LESS THAN ONCE PER MONTH.....4 NEVER.....5 DON'T KNOW .....8																																					
1012	How often do you usually watch television?	MORE THAN 10 TIMES PER MONTH .....1 4-10 TIMES PER MONTH.....2 1-3 TIMES PER MONTH.....3 LESS THAN ONCE PER MONTH.....4 NEVER.....5 DON'T KNOW .....8																																					
1013	What is your religion/denomination?	ROMAN CATHOLIC.....01 SEVENTH DAY ADVENTIST (SDA) .....02 APOSTOLIC.....03 ANGLICAN CHURCH OF KENYA (ACK).....04 LEGIO MARIA.....05 AFRICAN INLAND CHURCH (AIC) .....06 MUSLIM .....07 NO RELIGION.....08  OTHER _____ 96 (SPECIFY)																																					
1014	What is your ethnic group?	LUO.....01 LUHYA .....02 KURIA.....03 KISII.....04 SOMALI .....07 KIKUYU.....08  OTHER _____ 96 (SPECIFY)																																					
1015	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ _____  <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div>																																					
1016	Do you belong to any of the following groups in your community?  Men's group?  Religious group?  Savings and credit group?  Water user's group?  Forest user's group?  Merry Go Round?  Other?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">NA</th> </tr> </thead> <tbody> <tr> <td>MEN'S GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RELIGIOUS GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SAVINGS AND CREDIT GRP ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WATER USER'S GROUP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FOREST USER'S GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MERRY GO ROUND.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	NA	MEN'S GROUP.....	1	2	8	RELIGIOUS GROUP.....	1	2	8	SAVINGS AND CREDIT GRP ..	1	2	8	WATER USER'S GROUP .....	1	2	8	FOREST USER'S GROUP.....	1	2	8	MERRY GO ROUND.....	1	2	8	OTHER _____	1	2	8	(SPECIFY)				
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(SPECIFY)																																							
1017	Do you currently have one wife or more than one wife?	ONE .....1 MORE THAN ONE .....2																																					

**SECTION 2: AWARENESS OF SAFE MOTHERHOOD**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now I would like to ask you some questions about pregnancy and childbirth.			
2001	Have you ever heard the term "birth preparedness"?	YES.....1 NO .....2 DON'T KNOW .....8	<input type="checkbox"/> 2003
2002	From which sources have you heard the term "birth preparedness"?  PROBE AND RECORD ALL SOURCES MENTIONED.  DO NOT READ ALOUD LIST.	MASS MEDIA RADIO.....A TELEVISION ..... B  OTHER _____ C (SPECIFY) WRITTEN MATERIALS NEWSPAPER/MAGAZINE ..... D POSTER ..... E PAMPHLETS/BROCHURES ..... F BOOKLETS.....G FLIPCHARTS ..... H PICTORAL CARDS W/ DRAWINGS....I  OTHER _____ J (SPECIFY)  COMMUNITY EVENTS STREET DRAMA ..... K HEALTH TALKS.....L CHIEF'S BARAZA .....M VILLAGE MEETING .....N CHURCH EVENT .....O  OTHER _____ P (SPECIFY)  COMMUNITY MEMBERS WIFE .....Q RESP' MOTHER/MOTHER-IN-LAW... R SISTER/SISTER-IN-LAW ..... S OTHER MEMBER OF RESP' FAM.... T OTHER MEMBER OF HUSB'S FAM.. U FRIENDS/NEIGHBORS ..... V TBA/CHW/CBD ..... W RELIGIOUS LEADER.....AA CHIEF/ASSISTANT CHIEF .....BB SINGER .....CC VILLAGE/CLAN ELDER .....DD  OTHER _____ EE (SPECIFY)  HEALTH PROFESSIONALS HLTH PROFESSIONALS AT CLINICFF HLTH PROFESSIONALS AT HOSP GG  OTHER _____ HH (SPECIFY)  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Y	
2003	Have you ever heard of the term "skilled care"?	YES.....1 NO .....2 DON'T KNOW .....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
Please tell me if you agree or disagree with the following statements. Answer in the way that most closely represents your opinion																																			
2004	Any woman can develop a serious health problem related to pregnancy or childbirth.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2005	Do you think that some women are more likely to have serious health problems related to pregnancy or childbirth than others?	YES ..... 1 NO..... 2 DON'T KNOW ..... 8	▶ 2007																																
2006	Which women are most likely to have serious health problems related to pregnancy or childbirth:  Older women?  Younger women?  Women having their first birth?  Women who have had more than 5 children?  Women who have delivered babies closely together?  Short women?  Poor women?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> <th style="text-align:center">DK</th> </tr> </thead> <tbody> <tr> <td>OLDER WOMEN.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>YOUNGER WOMEN.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>WOMEN HAVING 1ST BIRTH..</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>WOMEN W/ MORE THAN 5 CHILDREN.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>WOMEN W/ BABIES CLOSE TOGETHER.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>SHORT WOMEN.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>POOR WOMEN.....</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> </tbody> </table>		YES	NO	DK	OLDER WOMEN.....	1	2	8	YOUNGER WOMEN.....	1	2	8	WOMEN HAVING 1ST BIRTH..	1	2	8	WOMEN W/ MORE THAN 5 CHILDREN.....	1	2	8	WOMEN W/ BABIES CLOSE TOGETHER.....	1	2	8	SHORT WOMEN.....	1	2	8	POOR WOMEN.....	1	2	8	
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Please tell me if you agree or disagree with the following statements. Answer in the way that most closely represents your opinion.																																			
2007	It is safer for women to deliver with the assistance of a doctor, nurse, or midwife than with a TBA or a relative.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2008	If a woman has a serious health problem while giving birth, what happens to her is mostly up to God or fate; there is not much that one can do to save her life.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2009	Although God or fate may determine whether or not a woman has a serious health problem while giving birth, she and her family can take steps to protect her health.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2010	Preparing in advance for a problem, such as an obstetric complication, can cause or invite the problem or misfortune to occur.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2011	Certain obstetric complications are caused by wrongdoings committed or taboos broken by the woman. (If she broke a certain taboos or committed certain wrong doings)	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8																																	
2012	After a normal delivery at her own or someone else's home, a woman needs a check-up.	AGREE .....1 DISAGREE.....2 DON'T KNOW .....8	▶ 2014																																
2013	When should a woman go for a check-up after delivering at home?	FIRST 1-2 DAYS .....1 AFTER 1 WEEK .....2 AFTER 2 WEEKS .....3 AFTER 4 WEEKS.....4 AFTER 6 WEEKS.....5 OTHER .....6 (SPECIFY)  DON'T KNOW .....8																																	
2014	After a normal delivery at a health facility, a woman needs a check-up.	AGREE .....1 DISAGREE.....2 DON'T KNOW.....8	▶ 2016																																
2015	When should a woman go for a check-up after delivering at a facility?	FIRST 1-2 DAYS .....1 AFTER 1 WEEK .....2 AFTER 2 WEEKS .....3 AFTER 4 WEEKS.....4 AFTER 6 WEEKS.....5 OTHER .....6 (SPECIFY)  DON'T KNOW .....8																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2016	Matters related to childbirth are mostly women's domain. Men are not supposed to be very involved.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2017	Making preparations for childbirth is mostly a woman's responsibility. Men do not usually make these preparations.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2018	Decision-making about childbirth is mostly women's responsibility. Men do not usually make these decisions.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2019	If a woman has a serious health problem related to pregnancy and childbirth she should seek assistance from a skilled health care provider (that is, a doctor, nurse, or midwife).	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2020	It is okay for a woman to be delivered by a male health professional (i.e. a male nurse, midwife, or doctor)	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2021	It is okay for a woman to leave the house in the <u>first seven days</u> after she gives birth.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2022	It is okay for a woman to leave the house/compound in the <u>first six weeks</u> after she gives birth.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	
2023	A woman should plan ahead of time where she will deliver her baby and how she will get there.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	2025
2024	When during pregnancy should plans and preparations for delivery be made (i.e. plans for where she will deliver and how she will get there)?	AS SOON AS SHE KNOWS SHE IS PREGNANT.....1 DURING FIRST FEW MONTHS.....2 DURING LAST FEW MONTHS.....3 A FEW DAYS BEFORE DELIVERY.....4  OTHER.....6 (SPECIFY) DON'T KNOW.....8	
2025	A woman should plan ahead of time what she will do if she has a serious health problem related to pregnancy or childbirth.	AGREE.....1 DISAGREE.....2 DON'T KNOW.....8	2029
2026	During a woman's pregnancy, what plans should she and her family make in case she has a serious health problem related to pregnancy or childbirth?  PROBE: Anything else?  RECORD ALL MENTIONED.	DECIDE ON FACILITY.....A SAVE MONEY.....B MAKE OTHER FINANCIAL PLANS.....C MAKE TRANSPORT PLANS.....D ARRANGE FOR BLOOD DONOR.....E DISCUSS PLANS WITH FAMILY.....F GET APPROVAL FOR PLANS FROM FAMILY DECISION MAKERS.....G  OTHER.....X (SPECIFY) DON'T KNOW.....Y	
2027	When during her pregnancy should a woman plan what to do if she has a serious health problem related to pregnancy or childbirth?	AS SOON AS SHE KNOWS SHE IS PREGNANT.....1 DURING FIRST FEW MONTHS.....2 DURING LAST FEW MONTHS.....3 A FEW DAYS BEFORE DELIVERY.....4  OTHER.....6 (SPECIFY) DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2028	<p>Who should be involved in making plans for what a woman will do if she has a serious health problem related to pregnancy or childbirth?</p> <p>PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WOMAN.....A  HUSBAND.....B  WOMAN'S MOTHER.....C  WOMAN'S FATHER.....D  HUSBAND'S MOTHER.....E  HUSBAND'S FATHER.....F  SISTER/SISTER-IN-LAW.....G  OTHER MEMBER OF WOMAN'S FAM...H  OTHER MEMBER OF HUSB'S FAMILY...I  FRIEND/NEIGHBOR.....J  HEALTH PROFESSIONAL.....K  TBA.....L</p> <p>OTHER _____ X  (SPECIFY)</p> <p>DON'T KNOW.....Y</p>	
2029	<p>Can you name any danger signs during pregnancy, childbirth, or soon after delivery that indicate a woman has a <u>serious</u> health problem?</p> <p>IF YES: Which ones?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>EXCESSIVE BLEEDING.....A  BABY IN BAD POSITION.....B  SWELLING OF THE HANDS OR FACE..C  CONVULSIONS/FITS/ECLAMPSIA.....D  FEVER.....E  PROLONGED LABOR.....F  PLACENTA RETAINED.....G  FOUL VAGINAL DISCHARGE.....H  ANEMIA.....I  LEAKING URINE.....J  LEAKING STOOLS.....K</p> <p>OTHER _____ X  (SPECIFY)</p> <p>DON'T KNOW.....Y</p>	<p>→ 2031</p>
2030	<p>Do you think that any of these problems can kill a woman?</p> <p>PROBE: Could a woman die from any of these problems?</p>	<p>YES.....1  NO.....2  DON'T KNOW.....8</p>	
2031	<p>Do you know of a place where a woman can go to deliver a baby with assistance from a doctor, nurse, or midwife?</p> <p>IF YES: Where is that?</p> <p>IF MORE THAN ONE FACILITY MENTIONED: Which of these health facilities is the closest to here?</p> <p>_____</p> <p>(NAME OF HEALTH FACILITY)</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR  GVT. HOSPITAL.....A  GVT. HEALTH CENTER.....B  GVT.DISPENSARY.....C</p> <p>OTHER PUBLIC _____ D  (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR  PVT./MISSION HOSPITAL.....E  MATERNITY/NURSING HOME.....F  MISSION HEALTH CENTRE.....G  PVT./MISSION CLINIC/  DISPENSARY.....H</p> <p>OTHER PRIVATE _____ I  (SPECIFY)</p> <p>HOME  RESPONDENT'S HOME.....J</p> <p>OTHER COMMUNITY  MEMBER'S HOME _____ K  (SPECIFY)</p> <p>OTHER _____ X  (SPECIFY)</p> <p>DOES NOT KNOW PLACE.....Y</p>	
2032	<p>CHECK 2031: AT LEAST ONE FACILITY MENTIONED <input type="checkbox"/></p>	<p>NO FACILITIES MENTIONED <input type="checkbox"/></p>	<p>→ 3001</p>
2033	<p>During the past few years, have you noticed or heard of any changes in the maternity services at (NAME OF PLACE FROM Q.2031)?</p>	<p>YES.....1  NO.....2  DON'T KNOW.....8</p>	<p>→ 2035</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2034	<p>What changes have you noticed or heard of at (NAME OF PLACE FROM Q.2031)?</p> <p>PROBE: Are the changes for better or worse? Anything else?</p> <p>DO NOT READ ALOUD LIST. RECORD ALL MENTIONED.</p>	<p>BUILDING STRUCTURE  BETTER ..... A  WORSE ..... B</p> <p>SOLAR/ELECTRIC POWER  BETTER ..... C  WORSE ..... D</p> <p>WATER SUPPLY  BETTER ..... E  WORSE ..... F</p> <p>EQUIPMENT  BETTER ..... G  WORSE ..... H</p> <p>MEDICATIONS/MEDICINES  BETTER ..... I  WORSE ..... J</p> <p>RADIO/TELEPHONE  BETTER ..... K  WORSE ..... L</p> <p>AMBULANCE  BETTER ..... M  WORSE ..... N</p> <p>PROVIDER SKILLS  BETTER ..... O  WORSE ..... P</p> <p>PROVIDER ATTITUDES  BETTER ..... Q  WORSE ..... R</p> <p>OTHER (SPECIFY) _____  BETTER ..... S  WORSE ..... T</p> <p>DON'T KNOW ..... Y</p>	
2035	<p>Are the staff at (NAME OF PLACE FROM Q.2031) able to treat a woman if she has a serious health problem related to pregnancy or childbirth?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
2036	<p>Does (NAME OF PLACE FROM Q.2031) have sufficient equipment and supplies to treat a woman if she has a serious health problem related to pregnancy or childbirth?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
2037	<p>Do all the staff at (NAME OF PLACE FROM Q.2031) treat women who deliver babies there respectfully?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
2038	<p>When women go to (NAME OF PLACE FROM Q.2031) for delivery, do staff treat them with kindness and compassion?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	

**SECTION 3: PREGNANCIES, BIRTHS AND STILLBIRTHS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<p>Now I would like to ask about your (WIFE/PARTNER'S NAME)'s most recent pregnancies (if any).</p>			
<p>NOTE: THE WIFE IN QUESTION IS THE WIFE WITH WHOM THE RESPONDENT IS RESIDING IN THE SAME HOUSEHOLD. IT IS THROUGH THIS WIFE THAT THE HUSBAND HAS BEEN SELECTED FOR INTERVIEW.</p>			
3001	Has (WIFE/PARTNER'S NAME) ever been pregnant?	YES ..... 1 NO ..... 2	→ 5019
3002	Is she pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
3003	How many times in total has your wife been pregnant (including this time)?	PREGNANCIES ..... <input type="text"/>	
3004	CHECK 3002 AND 3004: IS NOT PREGNANT WITH FIRST PREGNANCY <input type="checkbox"/>	IS PREGNANT WITH FIRST PREGNANCY <input type="checkbox"/>	→ 5001
3005	Did any of (WIFE/PARTNER'S NAME)'s pregnancies end in a baby that was born alive or a baby that was born dead?  IF WIFE HAS ONLY HAD MISCARRIAGE/ABORTIONS, SKIP TO Q.5001.	YES ..... 1 NO ..... 2	→ 5001
3006	Did her most recent delivery result in a baby that was born alive or a baby that was born dead (that is, a baby who never cried or showed any signs of life)?  IF LIVE BIRTH: In what month and year did your wife/partner's most recent such birth occur?  IF STILLBIRTH: In what month and year did your wife/partner's most recent such birth occur?  ONLY LIVE AND STILL BIRTHS ARE INCLUDED HERE. DO NOT INCLUDE MISCARRIAGES AND ABORTIONS.  IF RESPONDENT DOES NOT KNOW DATE, PROBE AND ESTIMATE. TWINS COUNT AS ONE PREGNANCY.	LIVE BIRTH ..... 1 MONTH ..... <input type="text"/> YEAR..... <input type="text"/>  STILLBIRTH ..... 2 MONTH ..... <input type="text"/> YEAR..... <input type="text"/>	



		MOST RECENT BIRTH/ STILLBIRTH	
		NAME _____	
		LIVE BIRTH                  STILLBIRTH	
		<input type="checkbox"/> <input type="checkbox"/>	
		↓    ↓	
4009	Did you <b>plan</b> what type of transport your wife/partner would use to get to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4010	Did you <b>discuss</b> with her what type of transport she would use to get to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4011	During this pregnancy, did you arrange for transport to get your wife to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4012	Did you <b>plan</b> for a potential blood donor to accompany her to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4013	Did you discuss with her <b>any plans for</b> a potential blood donor to accompany her to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4014	During this pregnancy, did you arrange for a potential blood donor to accompany her to the place where she would deliver the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4015	Did you <b>plan how</b> to pay for this delivery?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4016	Did you <b>discuss</b> with your wife/ partner how to pay for this delivery?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
4017	During this pregnancy, did you put money aside for this delivery?	YES ..... 1 NO ..... 2 (SKIP TO 4019) ← ..... 1 DON'T KNOW ..... 8	
4018	What was the purpose of this money?  PROBE FOR MULTIPLE RESPONSES.	COVER COSTS OF DELIVERY AT HEALTH FACILITY ..... A PAYMENT FOR TBA DELIVERY ..... B COVER COSTS OF OBSTETRIC EMERGENCY ..... C PAY FOR HEALTHCARE FOR BABY ... D BUY ITEMS FOR WOMAN OR BABY ... E PAY FOR BAPTISM ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	

		<p>MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p>LIVE BIRTH      STILLBIRTH</p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p>▼      ▼</p>	
4019	<p>During your wife/partner's pregnancy with (BABY'S NAME) did she experience any of the following?</p> <p>Bleeding?</p> <p>Fits or convulsions not caused by fever?</p> <p>Swelling of the hands or face (oedema)?</p>	<p>YES NO DK</p> <p>BLEEDING..... 1 2 8</p> <p>CONVULSIONS..... 1 2 8</p> <p>SWELLING .....1 2 8</p>	
4020	CHECK 4019 : HAD A PREGNANCY COMPLICATION?	<p>HAD A COMPLICATION      NO COMPLICATION</p> <p><input type="checkbox"/>      (SKIP TO 4038) <input type="checkbox"/></p> <p>▼</p>	
4021	Did she seek any assistance for this problem?	<p>YES ..... 1</p> <p>(SKIP TO 4023) ◀</p> <p>NO ..... 2</p>	
4022	<p>Why did she not seek assistance for this problem?</p> <p>PROBE: Anything else?</p> <p>PROBE FOR THE REASONS AND RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER DIDN'T THINK NECESSARY ..... A</p> <p>RESP DIDN'T THINK NECESSARY ..... B</p> <p>FACILITY TOO FAR ..... C</p> <p>NO TRANSPORT ..... D</p> <p>NO CHILDCARE..... E</p> <p>TOO EXPENSIVE..... F</p> <p>SERVICES ARE POOR ..... G</p> <p>USED HOME REMEDY ..... H</p> <p>DID NOT KNOW WHERE TO GO..... I</p> <p>NO TIME TO GO ..... J</p> <p>DID NOT HAVE MONEY ..... K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Y</p>	
4023	<p>Who made the decision about whether or not to seek assistance for this problem?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>NO DECISION MADE ..... 01</p> <p>RESPONDENT ..... 02</p> <p>WIFE ..... 03</p> <p>MOTHER-IN-LAW ..... 04</p> <p>FATHER-IN-LAW ..... 05</p> <p>RESP'S MOTHER ..... 06</p> <p>RESP'S FATHER..... 07</p> <p>SISTER/SISTER-IN-LAW ..... 08</p> <p>OTHER MEMBER OF WIFE'S FAM .... 09</p> <p>OTHER MEMBER OF RESP'S FAM.... 10</p> <p>FAMILY CONSENSUS ..... 11</p> <p>FRIEND/NEIGHBOR..... 12</p> <p>HEALTH PROFESSIONAL ..... 13</p> <p>TBA ..... 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
4024	CHECK 4021: SOUGHT ASSISTANCE?	<p>SOUGHT ASSISTANCE      DID NOT SEEK ASSISTANCE</p> <p><input type="checkbox"/>      (SKIP TO 4038) <input type="checkbox"/></p> <p>▼</p>	

		MOST RECENT BIRTH/ STILLBIRTH NAME _____ LIVE BIRTH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/> ↓ ↓	
4025	Did she go to a health facility for this assistance?  IF YES: Which facility did she go to <u>first</u> ?  _____ (NAME OF PLACE)	NO, DID NOT GO ..... 11 (SKIP TO 4027) ←  PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT. DISPENSARY..... 23  OTHER PUBLIC ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. /MISSION HOSPITAL ..... 31 MATERNITY/NURSING HOME ..... 32 MISSION HEALTH CENTRE ..... 33 PVT./MISSION CLINIC/ DISPENSARY..... 34  OTHER PRIVATE ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)	
4026	Did she deliver (BABY'S NAME) at a health facility at the time she experienced this problem?	YES ..... 1 (SKIP TO 4038) ← NO ..... 2 (SKIP TO 4028) ←	
4027	Did she deliver (BABY'S NAME) at the time she experienced this problem?	YES ..... 1 (SKIP TO 4038) ← NO ..... 2	
4028	Who accompanied her to the facility?  PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.	NO ONE ..... A RESPONDENT..... B FATHER-IN-LAW..... C MOTHER-IN-LAW..... D RESP'S MOTHER ..... E RESP'S FATHER..... F SISTER/SISTER-IN-LAW ..... G OTHER MEMBER OF WIFE'S FAM ..... H OTHER MEMBER OF RESP'S FAM..... I FRIEND/NEIGHBOR..... J HEALTH PROFESSIONAL ..... K TBA ..... L  OTHER..... X (SPECIFY)	
4029	CHECK 4028: ACCOMPANIED WIFE/PARTNER TO HEALTH FACILITY?	ACCOMPANIED TO FACILITY <input type="checkbox"/> DID NOT ACCOMPANY TO FACILITY <input type="checkbox"/> ↓ (SKIP TO 4038) ←	
4030	Did you have to pay for any part or all of the transportation to the facility?	YES ..... 1 NO ..... 2 (SKIP TO 4032) ← DON'T KNOW..... 8	
4031	How much did you pay in total for transport to the health facility?	AMOUNT .... <input type="text"/> DON'T KNOW..... 999998	
4032	Did you have to purchase any supplies (such as syringes, gauze) or medicines for the treatment of this health problem?	YES ..... 1 NO ..... 2 (SKIP TO 4035) ← DON'T KNOW..... 8	

		MOST RECENT BIRTH/ STILLBIRTH	
		NAME _____	
		LIVE BIRTH	STILLBIRTH
		<input type="checkbox"/>	<input type="checkbox"/>
		▼	▼
4033	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES.....A IV SOLUTIONS.....B SUTURE MATERIALS.....C SOAP.....D MEDICATIONS/MEDICINES.....E SANITARY PADS.....F ANTISEPTIC SOLUTIONS.....G BLOOD.....H POWDER.....I GAUZE/COTTON.....J SYRINGES.....K OTHER.....X (SPECIFY) DON'T KNOW.....Y	
4034	How much did you pay for all of these items together?	AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
4035	Excluding supplies and transport costs, did you have to pay any fees to the health facility?	YES ..... 1 NO ..... 2 (SKIP TO 4038) ← DON'T KNOW..... 8	
4036	What were these fees for? CIRCLE ALL MENTIONED.	BED STAY.....A LAB FEES.....B PROFESSIONAL FEES.....C BRIBES.....D DELIVERY FEE.....E OTHER.....X (SPECIFY) DON'T KNOW.....Y	
4037	How much did you pay in total for these fees at the health facility?	AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
4038	During the <u>labour and delivery</u> of (BABY'S NAME) did your wife/partner experience any of the following?  Excessive bleeding that was so much that it soaked her clothes?  Fits or convulsions not caused by fever?  Long labour, that is, did her regular contractions last more than 12 hours?	YES NO DK BLEEDING..... 1 2 8 CONVULSIONS..... 1 2 8 PROLONGED LABOR..... 1 2 8	
4039	CHECK 4038: HAD A LABOR/ DELIVERY COMPLICATION?	HAD A COMPLICATION <input type="checkbox"/> ▼	NO COMPLICATION (SKIP TO 4046) ← <input type="checkbox"/>

		<p style="text-align: center;">MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p style="text-align: center;">LIVE BIRTH                  STILLBIRTH</p> <p style="text-align: center;"><input type="checkbox"/>                                  <input type="checkbox"/></p> <p style="text-align: center;">↓    ↓</p>	
4040	<p>Where was she when she developed this problem?</p> <p>NOTE: IF RESPONDENT LISTED MORE THAN ONE COMPLICATION IN Q.4038, ASK ABOUT THE COMPLICATION THAT OCCURRED FIRST</p>	<p>HOME</p> <p>RESP. HOME ..... 11</p> <p>TBA'S HOME ..... 12</p> <p>OTHER HOME..... 13</p> <p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL..... 21</p> <p>GVT. HEALTH CENTER..... 22</p> <p>GVT. DISPENSARY..... 23</p> <p>OTHER PUBLIC _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. /MISSION HOSPITAL ..... 31</p> <p>MATERNITY/NURSING HOME ..... 32</p> <p>MISSION HEALTH CENTRE ..... 33</p> <p>PVT./MISSION CLINIC/ DISPENSARY..... 34</p> <p>OTHER PRIVATE _____ 36</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
4041	<p>Did she go somewhere else for assistance with this problem?</p> <p>IF YES, PROBE: Where?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(SPECIFY PLACE)</p>	<p>YES ..... 1</p> <p style="text-align: center;">(SKIP TO 4043) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW..... 8</p>	
4042	<p>Why did she not seek assistance somewhere else for this problem?</p> <p>PROBE: Anything else?</p> <p>PROBE FOR THE REASONS AND RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER DIDN'T THINK NECESSARY ..... A</p> <p>RESP DIDN'T THINK NECESSARY ..... B</p> <p>FACILITY TOO FAR ..... C</p> <p>NO TRANSPORT ..... D</p> <p>NO CHILDCARE..... E</p> <p>TOO EXPENSIVE..... F</p> <p>SERVICES ARE POOR ..... G</p> <p>USED HOME REMEDY..... H</p> <p>DID NOT KNOW WHERE TO GO..... I</p> <p>NO TIME TO GO ..... J</p> <p>DID NOT HAVE ANY MONEY ..... K</p> <p>WAS ALREADY AT FACILITY ..... L</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW..... Y</p>	
4043	<p>Who made the decision about whether or not she would go somewhere for assistance for this problem?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through <b>family consensus</b> or was <b>no decision actively made</b>?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>NO DECISION MADE ..... 01</p> <p>RESPONDENT ..... 02</p> <p>WIFE ..... 03</p> <p>MOTHER-IN-LAW ..... 04</p> <p>FATHER-IN-LAW ..... 05</p> <p>RESP'S MOTHER ..... 06</p> <p>RESP'S FATHER..... 07</p> <p>SISTER/SISTER-IN-LAW ..... 08</p> <p>OTHER MEMBER OF WIFE'S FAM .... 09</p> <p>OTHER MEMBER OF RESP'S FAM.... 10</p> <p>FAMILY CONSENSUS ..... 11</p> <p>FRIEND/NEIGHBOR..... 12</p> <p>HEALTH PROFESSIONAL ..... 13</p> <p>TBA ..... 14</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	

		<p>MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p>LIVE BIRTH      STILLBIRTH</p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p>↓                      ↓</p>	
4044	<p>CHECK 4040 AND 4041: SOUGHT ASSISTANCE?</p> <p><b>NOTE: IF WIFE WAS AT FACILITY WHEN COMPLICATION AROSE (Q.4040) CONSIDER THEM AS HAVING "SOUGHT ASSISTANCE."</b></p>	<p>SOUGHT ASSISTANCE      DID NOT SEEK ASSISTANCE</p> <p><input type="checkbox"/>      (SKIP TO 4046) <input type="checkbox"/></p> <p>↓                      ↖</p>	
4045	<p>Where did she go <u>first</u> for assistance?</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p><b>NOTE: IF IN Q.4040 WIFE DEVELOPED COMPLICATION WHILE AT A FACILITY AND STAYED THERE FOR TREATMENT, THAT SAME FACILITY SHOULD BE RECORDED HERE.</b></p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL..... 21</p> <p>GVT. HEALTH CENTER..... 22</p> <p>GVT. DISPENSARY..... 23</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT./MISSION HOSPITAL ..... 31</p> <p>MATERNITY/NURSING HOME ..... 32</p> <p>MISSION HEALTH CENTRE ..... 33</p> <p>PVT./MISSION CLINIC/ DISPENSARY ..... 34</p> <p>OTHER PRIVATE _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
4046	<p>Where did (WIFE/PARTNER'S NAME) give birth to (BABY'S NAME)?</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESP. HOME ..... 11</p> <p>TBA'S HOME ..... 12</p> <p>OTHER HOME..... 13</p> <p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL..... 21</p> <p>GVT. HEALTH CENTER..... 22</p> <p>GVT. DISPENSARY..... 23</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. /MISSION HOSPITAL ..... 31</p> <p>MATERNITY/NURSING HOME ..... 32</p> <p>MISSION HEALTH CENTRE ..... 33</p> <p>PVT./MISSION CLINIC/ DISPENSARY ..... 34</p> <p>OTHER PRIVATE _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
4047	<p>Who made the decision about where (WIFE/PARTNER'S NAME) would deliver (BABY'S NAME)?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>NO DECISION MADE ..... 01</p> <p>RESPONDENT ..... 02</p> <p>WIFE ..... 03</p> <p>MOTHER-IN-LAW ..... 04</p> <p>FATHER-IN-LAW ..... 05</p> <p>RESP'S MOTHER ..... 06</p> <p>RESP'S FATHER..... 07</p> <p>SISTER/SISTER-IN-LAW ..... 08</p> <p>OTHER MEMBER OF WIFE'S FAM .... 09</p> <p>OTHER MEMBER OF RESP'S FAM... 10</p> <p>FAMILY CONSENSUS ..... 11</p> <p>FRIEND/NEIGHBOR..... 12</p> <p>HEALTH PROFESSIONAL ..... 13</p> <p>TBA ..... 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	

		<p>MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p>LIVE BIRTH <input type="checkbox"/>      STILLBIRTH <input type="checkbox"/></p> <p style="text-align: center;">↓                      ↓</p>	
4048	<p>Who assisted with the delivery of (BABY'S NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/ MIDWIFE.....B</p> <p>CLINICAL OFFICER .....C</p> <p>OTHER PERSON</p> <p>TBA.....D</p> <p>COMMUNITY HEALTH WORKER.....E</p> <p>RELATIVE/FRIEND.....F</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
4049	<p>CHECK 4046: DELIVERED AT A HEALTH FACILITY?</p> <p><b>NOTE:</b> IF RESPONDENT ANSWERED IN Q.4046 THAT DELIVERY OCCURRED ON THE WAY TO THE HEALTH FACILITY, CONSIDER AS "DELIVERED AT HOME OR IN COMMUNITY".</p>	<p>DELIVERED AT HOME OR IN COMMUNITY <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>DELIVERED AT A HEALTH FACILITY (SKIP TO 4058) <input type="checkbox"/></p>	
4050	<p>Had you planned for your wife to deliver at (MENTION PLACE OF DELIVERY MENTIONED IN Q.4046)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW..... 8</p>	
4051	<p>Why did she deliver where she did?</p> <p>PROBE FOR THE REASONS AND RECORD ALL MENTIONED.</p>	<p>PROXIMITY/CLOSE DISTANCE .....A</p> <p>LOW COST / FEES .....B</p> <p>CLOSE RELATIONSHIP WITH TBA/ PROVIDER .....C</p> <p>VALUE TRADITIONAL MEDICINES .....D</p> <p>COMMUNITY PROVIDER IS KIND.....E</p> <p>HEALTH FACILITIES TOO FAR .....F</p> <p>FACILITY STAFF UNKIND .....G</p> <p>DIDN'T KNOW WHERE ELSE TO GO...H</p> <p>NO TIME TO GO ELSEWHERE .....I</p> <p>NO MONEY TO GO ELSEWHERE.....J</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....Y</p>	
4052	<p>Did you have to purchase any supplies or medicines for the delivery?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: center;">(SKIP TO 4055) ←</p> <p>DON'T KNOW..... 8</p>	
4053	<p>What items did you purchase?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>GLOVES.....A</p> <p>SOAP.....B</p> <p>MEDICATIONS/MEDICINES .....C</p> <p>SANITARY PADS.....D</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....Y</p>	
4054	<p>How much did these supplies cost?</p>	<p>AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 999998</p>	
4055	<p>How much did you pay for the delivery itself at (NAME PLACE MENTIONED IN Q4046) excluding cost of any supplies you purchased?</p> <p>IF PAYMENT WAS IN-KIND PAYMENT, CIRCLE "2" AND ASK RESPONDENT TO ESTIMATE MARKET VALUE OF ITEM.</p>	<p>AMOUNT ... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>IN-KIND PAYMENT ..... 2</p> <p>EST.VALUE . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOTHING ..... 000000</p> <p>DON'T KNOW..... 999998</p>	



		MOST RECENT BIRTH/ STILLBIRTH	
		NAME _____	
		LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
		↓                      ↓	
4065	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES.....A IV SOLUTIONS.....B SUTURE MATERIALS.....C SOAP.....D MEDICATIONS/MEDICINES.....E SANITARY PADS.....F ANTISEPTIC SOLUTIONS.....G BLOOD.....H POWDER.....I GAUZE/COTTON.....J SYRINGES.....K  OTHER.....X (SPECIFY) DON'T KNOW.....Y	
4066	How much did you pay for all of these items together?	AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
4067	Excluding the costs of supplies and transport, did you have to pay any fees at the health facility?	YES ..... 1 NO ..... 2 (SKIP TO 4070) ← DON'T KNOW..... 8	
4068	What were these fees for? CIRCLE ALL MENTIONED.	BED STAY.....A LAB FEES.....B PROFESSIONAL FEES.....C BRIBES.....D DELIVERY FEE.....E  OTHER.....X (SPECIFY) DON'T KNOW.....Y	
4069	How much did you pay in total for these fees?	AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 999998	
4070	CALCULATE THE TOTAL AMOUNT PAID FOR ALL EXPENSES RELATED TO THE DELIVERY FROM 4063, 4066, AND 4069.	AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOTHING..... 000000 (SKIP TO 4074) ← DON'T KNOW..... 999998	
4071	According to what you've said, you paid (AMOUNT) for all the expenses related to the delivery, including all costs for supplies/medicines, transport, and service fees to the health provider or health facility. Given the services you received, does that amount seem expensive, appropriate, or inexpensive to you?	EXPENSIVE ..... 1 APPROPRIATE ..... 2 INEXPENSIVE ..... 3	
4072	Was this amount more than, less than, or about what you expected to pay for all the expenses related to the delivery?	MORE EXPENSIVE ..... 1 LESS EXPENSIVE ..... 2 ABOUT HOW MUCH EXPECTED ..... 3 DID NOT HAVE AN EXPECTATION..... 4 DON'T KNOW..... 8	
4073	Where did the money for this delivery come from? PROBE: Anywhere else? RECORD ALL SOURCES OF MONEY MENTIONED.	FAMILY FUNDS.....A BORROWED FUNDS.....B SOLD ASSETS.....C FROM RELATIVES.....D FROM NEIGHBORS/COMMUNITY.....E NATIONAL INSURANCE FUND.....F  OTHER.....X (SPECIFY) DON'T KNOW.....Y	

		MOST RECENT BIRTH/ STILLBIRTH NAME _____ LIVE BIRTH      STILLBIRTH <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓	
4074	During the <u>six weeks after</u> the delivery of (BABY'S NAME) did your wife/partner experience any of the following?  Excessive bleeding that was so much that it soaked her clothes?  Fits or convulsions not caused by fever?  A high fever with a foul smelling discharge?  Leaking urine?  Leaking stools?	YES NO DK  BLEEDING..... 1    2    8  CONVULSIONS..... 1    2    8  FEVER..... 1    2    8  LEAKING URINE ..... 1    2    8  LEAKING STOOLS..... 1    2    8	
4075	CHECK 4074: HAD A POSTPARTUM COMPLICATION?	HAD A COMPLICATION      NO COMPLICATION <input type="checkbox"/> <input type="checkbox"/> ↓                                      (SKIP TO 5001) ←	
4076	Did she go somewhere to get assistance for this problem?	YES ..... 1 (SKIP TO 4078) ← NO ..... 2 DON'T KNOW ..... 8	
4077	Why did she not go somewhere to seek assistance for this problem?  Anything else?  PROBE FOR THE REASONS AND RECORD ALL MENTIONED.	WIFE/PARTNER DIDN'T THINK NECESSARY .....A RESP DIDN'T THINK NECESSARY .....B FACILITY TOO FAR .....C NO TRANSPORT .....D NO CHILDCARE.....E TOO EXPENSIVE.....F SERVICES ARE POOR .....G USED HOME REMEDY .....H DID NOT KNOW WHERE TO GO.....I NO TIME TO GO .....J DID NOT HAVE ANY MONEY.....K  OTHER _____ X (SPECIFY) DON'T KNOW.....Y	
4078	Who made the decision about whether or not she should go somewhere for assistance with this problem?  IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through <b>family consensus</b> or <b>was no decision actively made</b> ?  RECORD ONE RESPONSE ONLY.	NO DECISION MADE ..... 01 RESPONDENT ..... 02 WIFE ..... 03 MOTHER-IN-LAW ..... 04 FATHER-IN-LAW ..... 05 RESP'S MOTHER ..... 06 RESP'S FATHER..... 07 SISTER/SISTER-IN-LAW ..... 08 OTHER MEMBER OF WIFE'S FAM .... 09 OTHER MEMBER OF RESP'S FAM.... 10 FAMILY CONSENSUS ..... 11 FRIEND/NEIGHBOR..... 12 HEALTH PROFESSIONAL ..... 13 TBA ..... 14  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
4079	CHECK 4076: SOUGHT ASSISTANCE?	SOUGHT ASSISTANCE      DID NOT SEEK ASSISTANCE <input type="checkbox"/> <input type="checkbox"/> ↓                                      (SKIP TO 5001) ←	

		<p style="text-align: center;">MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p style="text-align: center;">LIVE BIRTH                  STILLBIRTH</p> <p style="text-align: center;"><input type="checkbox"/>                                  <input type="checkbox"/></p> <p style="text-align: center;">↓    ↓</p>	
4080	<p>Did she go to a health facility for assistance?</p> <p>IF YES: What health facility did she go to <u>first</u>?</p> <p>_____</p> <p style="text-align: center;">(SPECIFY)</p>	<p>NO, DID NOT GO ..... 11 (SKIP TO 5001) ←</p> <p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL.....21</p> <p>GVT. HEALTH CENTER.....22</p> <p>GVT. DISPENSARY.....23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT./MISSION HOSPITAL ..... 31</p> <p>MATERNITY/NURSING HOME ..... 32</p> <p>MISSION HEALTH CENTRE ..... 33</p> <p>PVT./MISSION CLINIC/ DISPENSARY..... 34</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	
4081	<p>Who accompanied her to the facility?</p> <p>PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.</p>	<p>NO ONE .....A</p> <p>RESPONDENT.....B</p> <p>FATHER-IN-LAW.....C</p> <p>MOTHER-IN-LAW.....D</p> <p>RESP'S MOTHER.....E</p> <p>RESP'S FATHER.....F</p> <p>SISTER/SISTER-IN-LAW .....G</p> <p>OTHER MEMBER OF WIFE'S FAM .....H</p> <p>OTHER MEMBER OF RESP'S FAM.....I</p> <p>FRIEND/NEIGHBOR.....J</p> <p>HEALTH PROFESSIONAL .....K</p> <p>TBA .....L</p> <p>OTHER _____ X (SPECIFY)</p>	
4082	<p>CHECK 4081: ACCOMPANIED WIFE/PARTNER TO HEALTH FACILITY?</p>	<p>ACCOMPANIED TO FACILITY                  DID NOT ACCOMPANY TO FACILITY</p> <p style="text-align: center;"><input type="checkbox"/>                                  <input type="checkbox"/></p> <p style="text-align: center;">↓    (SKIP TO 5001) ←</p>	
4083	<p>What type of transport was <u>mainly</u> used to get to the facility?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>CAR.....01</p> <p>MOTORBIKE.....02</p> <p>PUBLIC BUS/MATATU.....03</p> <p>CART.....04</p> <p>BOAT.....05</p> <p>AMBULANCE.....06</p> <p>ON FOOT.....07</p> <p>BICYCLE.....08</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p>	
4084	<p>Did you have to pay for any part of or all of your wife's transportation to the facility?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 4086) ←</p> <p>DON'T KNOW..... 8</p>	
4085	<p>How much did you pay in total for transport to the facility?</p>	<p>AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 999998</p>	
4086	<p>Did you have to purchase any supplies (such as syringes, gauze) or medicines for this problem?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 4089) ←</p> <p>DON'T KNOW..... 8</p>	

		<p style="text-align: center;">MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p style="text-align: center;">LIVE BIRTH      STILLBIRTH</p> <p style="text-align: center;"><input type="checkbox"/>      <input type="checkbox"/></p> <p style="text-align: center;">↓                      ↓</p>	
4087	<p>What items did you purchase?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>GLOVES.....A</p> <p>IV SOLUTIONS.....B</p> <p>SUTURE MATERIALS.....C</p> <p>SOAP.....D</p> <p>MEDICATIONS/MEDICINES.....E</p> <p>SANITARY PADS.....F</p> <p>ANTISEPTIC SOLUTIONS.....G</p> <p>BLOOD.....H</p> <p>POWDER.....I</p> <p>GAUZE/COTTON.....J</p> <p>SYRINGES.....K</p> <p>OTHER.....X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....Y</p>	
4088	<p>How much did you pay for all of these items together?</p>	<p>AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 999998</p>	
4089	<p>Excluding the costs of supplies and transport, did you have to pay any fees at the health facility?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: center;">(SKIP TO 5001) ←</p> <p>DON'T KNOW..... 8</p>	
4090	<p>What were these fees for?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>BED STAY.....A</p> <p>LAB FEES.....B</p> <p>PROFESSIONAL FEES.....C</p> <p>BRIBES.....D</p> <p>DELIVERY FEE.....E</p> <p>OTHER.....X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....Y</p>	
4091	<p>How much did you pay in total for these fees?</p>	<p>AMOUNT .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 9998</p>	

SECTION 5. ANTENATAL CARE AND BIRTH PREPAREDNESS FOR CURRENTLY PREGNANT WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5001	CHECK 3002: WIFE/PARTNER <input type="checkbox"/> WIFE/PARTNER CURRENTLY PREGNANT <input type="checkbox"/> NOT CURRENTLY PREGNANT		▶ 5019
5002	Have you discussed with (WIFE/PARTNER'S NAME) where she will deliver the baby and who will assist with the delivery?	YES.....1 NO .....2 DON'T KNOW .....8	
5003	Who do you expect will assist her with the delivery of this baby?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS MENTIONED.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/ MIDWIFE ..... B CLINICAL OFFICER ..... C WHOEVER IS AT FACILITY ..... D  OTHER PERSON TBA..... E COMMUNITY HEALTH WORKER ..... F RELATIVE/FRIEND ..... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	
5004	Where do you expect she will deliver the baby?	HOME RESP. HOME .....11 TBA'S HOME .....12 OTHER HOME .....13  PUBLIC SECTOR GVT. HOSPITAL .....21 GVT. HEALTH CENTER .....22 GVT. DISPENSARY .....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. /MISSION HOSPITAL .....31 MATERNITY/ NURSING HOME .....32 MISSION HEALTH CENTRE .....33 PVT./MISSION CLINIC/ DISPENSARY .....34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	▶ 5006 ▶ 5006 ▶ 5006 ▶ 5006
5005	Do you know if you have to pay for anything related to your wife's delivery at (NAME OF PLACE)?  IF YES: How much will you have to pay?	AMOUNT.... <input type="text"/> NOTHING.....000000 DON'T KNOW.....999998	▶ 5012 ▶ 5014 ▶ 5012
5006	Do you know what type of transport she will mainly use to get to this facility?  IF YES: What?  RECORD ONE RESPONSE ONLY.	CAR .....01 MOTORBIKE .....02 PUBLIC BUS/MATATU .....03 CART .....04 BOAT .....05 AMBULANCE .....06 ON FOOT .....07 BICYCLE .....08  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	
5007	Do you know how much you will have to pay for transport to the facility?  IF YES: How much?	AMOUNT.... <input type="text"/> DON'T KNOW.....999998	
5008	Do you know how much you will have to pay for supplies and medicines at the health facility?  IF YES: How much?	AMOUNT.... <input type="text"/> DON'T KNOW.....999998	
5009	Do you know how much you will have to pay per day for a bed at the health facility? IF YES, how much?	AMOUNT.... <input type="text"/> DON'T KNOW.....999998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5010	Excluding the amounts you've mentioned, do you know how much you will have to pay for other fees? IF YES : How much?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> AMOUNT.... DON'T KNOW.....999998	
5011	Do you know who will accompany her to the facility? IF YES: Who? RECORD ALL PERSONS MENTIONED.	NO ONE ..... A RESPONDENT ..... B FATHER-IN-LAW ..... C MOTHER-IN-LAW ..... D RESP'S MOTHER ..... E RESP'S FATHER ..... F SISTER/SISTER-IN-LAW ..... G OTHER MEMBER OF WIFE'S FAM ..... H OTHER MEMBER OF RESP'S FAM ..... I FRIEND/NEIGHBOR ..... J HEALTH PROFESSIONAL ..... K TBA ..... L OTHER _____ X (SPECIFY)	
5012	Do you know where the money will come from to pay for this delivery? IF YES: Where? RECORD ALL MENTIONED.	FAMILY FUNDS ..... A BORROWED FUNDS ..... B SOLD ASSETS ..... C FROM RELATIVES ..... D FROM NEIGHBORS/COMMUNITY ..... E NATIONAL INSURANCE FUND ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	
5013	Have you already set money aside to pay for this delivery?	YES ..... 1 NO ..... 2	
5014	Do you know how much additional money you will have to pay for treatment at a health facility if your wife experiences a serious health problem related to pregnancy or childbirth? IF YES: How much?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> AMOUNT.... DON'T KNOW.....999998	
5015	Do you know where the money will come from to cover the costs of treatment if she has a serious health problem related to pregnancy or childbirth? IF YES: Where? RECORD ALL MENTIONED.	FAMILY FUNDS ..... A BORROWED FUNDS ..... B SOLD ASSETS ..... C FROM RELATIVES ..... D FROM NEIGHBORS/COMMUNITY ..... E NATIONAL INSURANCE FUND ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	
5016	In case your wife has a complication at delivery, have you discussed with her arrangements for a potential blood donor to accompany her to the facility?	YES ..... 1 NO ..... 2	
5017	Who will make the decision about where your wife will deliver? IF RESPONDENT SAYS THAT NO ONE WILL MAKE THE DECISION, PROBE: Will the decision be made through <b>family consensus</b> , or is it <b>unlikely that a decision will be actively made</b> ? RECORD ONE RESPONSE ONLY.	NO DECISION MADE .....01 RESPONDENT .....02 WIFE .....03 MOTHER-IN-LAW .....04 FATHER-IN-LAW .....05 RESP'S MOTHER .....06 RESP'S FATHER .....07 SISTER/SISTER-IN-LAW .....08 OTHER MEMBER OF WIFE'S FAM .....09 OTHER MEMBER OF RESP'S FAM .....10 FAMILY CONSENSUS .....11 FRIEND/NEIGHBOR .....12 HEALTH PROFESSIONAL .....13 TBA .....14 OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	
5018	Will your wife/partner go to the health facility after the baby is born for a check-up for herself even if she doesn't have any serious health problems related to pregnancy or childbirth?	YES .....1 NO .....2 DON'T KNOW .....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5019	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>

END OF INTERVIEW. THANK THE RESPONDENT FOR HIS TIME.

5020	LENGTH OF INTERVIEW  FIELD EDITOR: REFER TO Q.1001 AND Q.5019 AND CALCULATE THE DURATION OF THE INTERVIEW IN MINUTES	MINUTES.....	<input type="text"/> <input type="text"/> <input type="text"/>
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