Demographic and Health Survey

Interviewer's Manual

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The DHS Program is a project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. The project is implemented by ICF in Rockville, Maryland USA and is supported by the Gates Foundation and a number of other donors. The main objectives of The DHS Program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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I. INTRODUCTION

The 2025 Kenya Mini Demographic and Health Survey (DHS) is a national sample survey designed to provide information on population, fertility, family planning, marriage, maternal and child health, child survival, early childhood development, reproductive health, nutrition, adult and maternal mortality, technology-facilitated gender-based violence in Kenya. The mini DHS will involve interviewing respondents from randomly selected households, and within selected households, women who are between age 15 and 49 years. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children and other information that will be helpful to policy makers and program planners in health and family planning fields.

You are being trained as an interviewer for the Mini DHS. After the training course, which will take about four weeks to complete, selected interviewers you will be working in teams and going to different parts of the country to interview households and women in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the 2025 Kenya Mini DHS for about 3 months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or other survey staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic assignments, quizzes, and tests, and you will be observed conducting interviews to check that you read the questions and record the answers accurately.

You should study this manual carefully and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

Note to users of the Interviewer's Manual

An assumption has been made throughout this manual that the 2025 Kenya Mini DHS will be a CAPI (computer-assisted personal interviewing) survey. Although paper Household and Woman's Questionnaires have been prepared for the 2025 Kenya Mini DHS, paper questionnaires will NOT be used in the field. The paper Household and Woman's Questionnaires you will receive during this training will be used to explain questionnaire content including question text, probes, and coding categories.

While it is critical that you understand certain concepts that are necessary to ensure the correct flow of the questionnaire such as filters and skip patterns, each instance that they occur in the paper questionnaire will be listed in the manual, but their purpose will generally not be described because they will be performed automatically by the CAPI data entry program rather than manually by you. Similarly, you will only receive limited instruction on the proper procedures for completing a paper questionnaire (for example, how to correct a coding error). Instead, in a separate part of the training, you will receive instructions on the procedures used for completing a questionnaire through CAPI.

A. Survey Objectives

The Kenya Mini DHS is part of a worldwide survey program. The international DHS Program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.

- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS Program, surveys are being carried out in countries in Africa, Latin America, the Caribbean, Asia, Eastern Europe, and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. DHS Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person in the country and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to contact everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a much lower cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country and subnational areas.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health, and nutrition situation in Kenya. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the values estimated from the sample. One of the ways used to avoid bias in the results is to ensure that the selection of people included in the sample is absolutely random. This means that every person in the total population to be studied has the same opportunity (or a known probability) of being selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home at the time of the survey. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For the Kenya Mini DHS, the sample consists of 1,000 clusters (small geographically defined areas) spread throughout the country. The households in each of these clusters have recently been listed. A sample of households was then scientifically selected to be included in the Kenya Mini DHS survey from the listing in each of the clusters. Each of these households will be visited and information will be obtained about the household using the Household Questionnaire. Women age 15-49 years within these households will be interviewed using the individual Woman's Questionnaire. We expect to interview about 22,932 women in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women will provide insights into the behavior and attitudes of women in Kenya.

C. Survey Organization

The Kenya Mini DHS is being conducted at the request of the Kenya National Bureau of Statistics (KNBS), the Ministry of Health and other stakeholders.

The KNBS will serve as the implementing agency for the Kenya Mini DHS and will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The KNBS in collaboration with MOH and other stakeholders will also undertake dissemination of the survey findings at both national and county levels to enhance their utilization to inform programming for better health outcomes. The KNBS will furnish the necessary central office space for survey personnel and will secure transport for the data collection activities. Each team will have a dedicated vehicle during fieldwork. Staff from the KNBS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the Kenya Mini DHS will be provided by the Kenyan Government, The Gates Foundation, UNICEF, The World Health Organization (WHO) and Aga Khan University Institute of Human Development. Staff of The DHS Program of ICF will provide technical assistance during all phases of the survey.

During the Kenya Mini DHS fieldwork, you will work in a team consisting of three interviewers and a supervisor. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The specific duties of the supervisor are described in detail in the Supervisor's Manual.

In the central office there will be a team of national and regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality, and resupply field teams. Computer programmers also will be assigned to the project.

D. Survey Questionnaires

The households that have been scientifically selected to be included in the Kenya Mini DHS sample will be visited and interviewed using a Household Questionnaire. The Household Questionnaire includes a cover page to identify the household and a form on which all usual members of the household and visitors are listed. This form is used to record some information about each household member and visitor, such as name, sex, age, education, and health insurance status. The Household Questionnaire also collects information on housing characteristics, such as type of water source, type of sanitation facility, type of cookstove, the quality of flooring, ownership of durable goods, ownership and use of mosquito nets, informal business ownership, Household member death registration and perception of harms against women.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

After all of the eligible women in a household have been identified, if you are a female interviewer, you will use the individual Woman's Questionnaire to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics, among others:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding

- Vaccination and health of children
- Early childhood development
- Children's nutrition
- Marriage and sexual activity
- Fertility preferences
- HPV vaccination
- Technology-facilitated gender-based violence
- Adult and Maternal Mortality
- Other health issues

E. Fieldworkers' Roles and Responsibilities

The **interviewer** occupies the central position in the Mini DHS because she collects information from respondents. Therefore, the success of the Mini DHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's Questionnaire
- Checking completed interviews to be sure that all the required questions were asked and the responses recorded correctly
- Returning to households to interview respondents who could not be interviewed during the initial visit

These tasks will be described in detail throughout this manual.

The **team supervisor** is the most responsible member of the field team. She/he is responsible for the well-being and safety of team members, as well as the completion of the assigned workload and the maintenance of data quality. The supervisor receives her/his assignments from and reports to the KNBS coordinator. The specific responsibilities of the supervisor are to:

- Make the necessary preparations for the fieldwork
- Organize and direct the fieldwork
- Conduct periodic spot-check re-interviews
- Ensure field staff complete their responsibilities
- Ensure all data collection tasks are completed daily and at the close of each cluster.

In addition, the team supervisor will monitor interviewer performance with the aim of improving and maintaining the quality of the data collected. Because the collection of high-quality data is crucial to the success of the survey, it is important that supervisors are mature, responsible women/men who

execute their duties with care and precision. This is especially important during the initial phases of fieldwork, when it is possible to eliminate interviewer errors before they become habits.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interviews.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Woman's Questionnaire
- Interviewer's Manual
- CAPI Manual

Ensure that you bring these materials each day during the training. The manuals should be brought to the field during fieldwork (they will also be programmed in your tablet for easy access).

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will include field practice interviewing in which you will actually interview household respondents and eligible women. You will be required to check and correct the questionnaires just as you would do in the actual fieldwork assignments.

You will be given assignments, quizzes, and tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor will play a very important role in continuing your training and in ensuring the quality of the Kenya Mini DHS data. Your supervisor will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents;

- Review each questionnaire to be sure it is complete and consistent;

- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly;

- Meet with you on a daily basis to discuss performance and give out future work assignments;

- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. DHS Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the Kenya Mini DHS a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.

2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.

3. Throughout the survey training and the fieldwork period, you are representing KNBS, an organization of the Government of Kenya. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware that we are only able to do our work with the goodwill and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.

4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and goodwill of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.

6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.

7. Kenya Mini DHS data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting the Kenya Mini DHS survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man toward a woman, by a woman toward a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey coordinator from the KNBS. The KNBS is required to investigate the claim and keep reports confidential to the extent possible. The KNBS must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams, and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for the Kenya Mini DHS. Any capable member of the household age 15 years or older is a suitable respondent for the household interview. If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if she is not able to complete the interview with the respondent.

As an interviewer, your first responsibility is to establish good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders that you will be in the area. You will also be given a letter and an identification badge that states that you are working with KNBS.

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent's consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special consent statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Do not adopt an apologetic manner, do not use words such as "Are you too busy?" Such questions invite refusal before you start.

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the individual interview. If the respondent asks, tell female respondents that the interview usually takes about 30-60 minutes. If the respondent for the Household Questionnaire asks how long the interview will take, tell the respondent that the interview usually takes about 15-20 minutes. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

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

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other;

- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible. You can also sit very near the respondent and lower your voice when asking the questions so that others who are nearby cannot hear the questions.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that

neutrality. For example, the following is a question in the Mini DHS: "Would you like to have another child or would you prefer not to have any more children?" It is a neutral question. However, if you only ask the first part—"would you like to have another child?"—you are more likely to get a "YES" answer. This is what we call a "leading question." That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

"Can you explain a little more?"
"I did not quite hear you; could you please tell me again?"
"There is no hurry. Take a moment to think about it."

2. Never suggest answers to the respondent.

If a respondent's answer is not relevant to a question, do not prompt him/her by saying something like "I suppose you mean that. . . Is that right?" In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, "I don't know," gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent's confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over Kenya and that the answers will all be merged together. If the respondent is still reluctant, in CAPI, you will write REFUSED as a comment to the question; further instructions on how to handle refusals in CAPI will be discussed during the CAPI portion of this training. In a paper questionnaire, write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about various family planning methods.

However, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from her/him, may be afraid or mistrustful. You should always behave and speak in such a way that she/he is put at ease and is comfortable talking to you.

Respondents may ask for things such as [mosquito nets]; never promise anything that you cannot provide as they may leave a negative impression of surveys with the respondent.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with "I don't know" or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, "There is no hurry. Your opinion is very important, so consider your answers carefully."

C. Language of the Interview

The questionnaires for the Kenya Mini DHS have been translated into Kiswahili. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using interpreters since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct. However, if the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman's interview. You should not use the respondent's husband as an interpreter under any circumstances. Children are also not suitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for the Kenya Mini DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities and Assignments

1. Interviewer's assignments

Each morning, your supervisor will brief you on your day's work and explain how to locate the households assigned to you. The supervisor will use the CAPI system to assign households to you, and a list of assigned households will appear on your tablet computer. The process by which you receive assignments will be described in detail during the CAPI portion of this training. The information you will receive includes the household number, structure number, address, name of the head of the household.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- You know the location of the selected households you are to interview, and have sufficient materials (maps, sample file, etc.) to find them;

- You understand any special instructions from your supervisor about contacting the households you are assigned;

After completing a household interview, the final result code of the household interview will be indicated on your list of assigned households.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member eligible for interview will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should examine your notes to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

3. Keeping information in the questionnaires confidential

You are responsible for seeing that the information in the questionnaires is kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should

notify your supervisor so he/she can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

4. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- A fully charged tablet computer
- Interviewer's Manual
- Identification badge
- Blue ink pens
- A display book with pictures of mosquito nets, vitamin A ampules/capsules/syrups, iron tablets/syrup, etc. and/or samples of these items
- A bag to carry your tablet computer and other materials

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited a sub- sample of selected clusters to:
1. Assign structure numbers and housing unit numbers and mark them on the dwelling doors;
2. Identify all residential structures and all occupied dwelling/housing units.
3. Make a list of the names of the heads of households in all the occupied structures/housing units;
4. Capture the GPS coordinates of all listed structures in the cluster;
5. The GPS coordinates have been used to develop interactive maps for all the listed structures;
6. From the list, 30 households have been selected for the survey per cluster.

A structure is a free-standing building for residential use, commercial use, or a combination of residential and commercial use. A structure may contain one or more rooms in which people live; examples include a villa house, a detached house, an apartment building, a gated house (urban area), or a compound (rural area). In the case where one household lives in a compound of several huts, all of the huts are considered to be a single structure, whether or not they are fenced.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or 5 dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same compound, who acknowledge one adult male or female as the head of household, who share the same/common cooking arrangements. In some cases, one may find a group of people living together in the same house, but each person has separate cooking arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the cluster map.

2. Problems in contacting a household

In some cases, you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Thomas Smith that is listed as living in structure number KNBS/004/001. But when you go to KNBS/004/001, the household living there is headed by Michael Jones. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Michael Jones.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Robert Stevens located in KNBS/007/003, and you find that the Stevens household actually lives in structure KNBS/028/001. Interview the household living in KNBS/007/003.

d) The listing shows only one household in the dwelling, but two or three households are living there now and none of which has been sampled. When the listing shows only one household and you find two or three households, interview all of them. To interview the second and third households, you will use a menu option in the CAPI system called "Interview a household not in the original sample."

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

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

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

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

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

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

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be "eligible" means to "qualify" for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 in selected households who are either usual members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in the Kenya DHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him/her.

A woman is a usual resident, but she spent the previous night away at her sister's house. She should be counted as a usual member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

An Individual Questionnaire must be completed for each eligible respondent that you identify in the household.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire only.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit and ask a neighbor or household member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual

Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that the interview is categorized in the CAPI system as Code '5' (PARTLY COMPLETED). You should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED).

C. Checking Completed Questionnaires

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure that every appropriate question was asked and that all answers are clear and reasonable. If you identify a keying error that affects the skip instructions, you may need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Anything out of the ordinary that occurred during the interview should be explained in the comments section at the end of the questionnaire. These comments are very helpful to the supervisor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during secondary editing.

D. Returning Work Assignments

At the end of the day, you will send the questionnaires you have completed to the team supervisor. The procedures for doing so will be presented in the CAPI portion of the training. Be prepared to tell your supervisor about any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the Mini DHS in an effort to obtain a completed interview.

E. Data Quality

It is the responsibility of the supervisor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The types of checks the supervisor will perform will be discussed in the CAPI portion of the training. The supervisor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

F. Social Media Policy

The use of social media and other digital media is now common and continues to grow in popularity. Platforms and applications, including blogs, social networking sites (such as Tiktok, X/*Twitter* or *Facebook*), video streaming sites (such as *YouTube*), and digital messaging applications (*WhatsApp*), have made it easy for anyone to reach a wide audience very quickly. Public and private companies and their staff also use these platforms and sites to share work experiences, images, or videos taken in the workplace, or to seek professional advice from colleagues or friends. However, in the Kenya Mini DHS,

the use of social media may break the promise we make to our respondents to maintain their privacy and keep all information confidential. The Kenya Mini DHS has also made a promise to the ICF Institutional Review Board and the Kenya Institutional Review Board to maintain anonymity of all survey respondents.
To fulfill our promise to all survey respondents to maintain strict confidentiality, all fieldworkers are obligated to follow these rules:

Social media rules for maintaining confidentiality of survey respondents	
1.	Survey staff have an ethical obligation to maintain respondent privacy and confidentiality at all times.
2.	Limiting access to social media postings by using privacy settings is not enough to ensure privacy or maintain the confidentiality of respondents.
3.	Do not transmit any respondent-related image or video that includes the respondent, respondent household members, or their homes, through any social media platform.
4.	Do not identify respondents, enumeration areas, or clusters by name through any social media platform. Do not post any information that may lead to the identification of a respondent or an enumeration area.
5.	Do not take any photos or videos of respondents or their homes – not even if the respondent gives permission – on personal mobile devices - including mobile phones, tablets, and cameras.
6.	Turn off or disable geolocation or geotagging permissions in social media applications on personal mobile devices while conducting fieldwork.
7.	Consult with a supervisor before making any work-related postings.
8.	Promptly report any violations of privacy or confidentiality.

What is geolocation and geotagging?

Geolocation or geotagging refers to identifying an object (for example a photo) by its location. Many social media platforms, including X (formerly known as Twitter) and Facebook, now include geolocation or geotagging, so users can add location information to their messages. The location information can be a broad location such as a city or village, or a precise location with the exact latitude and longitude of the location from which a message was sent. A fieldworker who posts a geolocated or geotagged social media message from the field violates confidentiality by disclosing the location of the cluster.

Geolocation or geotagging in social media applications may also have security implications. In security-risk countries, where fieldwork must undergo stringent protocols to protect field teams, it is imperative that survey-related staff disable geolocation from their personal devices so as to not give away secure locations.

Common Misunderstandings of Social Media

Misuse of social media is often unintentional and the result of misunderstandings of how social media platforms function. A number of factors may contribute to survey-related staff inadvertently violating survey respondent privacy and confidentiality while using social media.

Test your knowledge. TRUE or FALSE?

Q 1. A communication or post is private and can only be seen by the intended recipient. True or False?

> FALSE. Why? Once you send or post something, it can be sent by someone else to others, without you knowing.

Q 2. You can always delete posted content and make it "go away". True or False?
FALSE. Why? What happens on the Internet, stays on the Internet.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the Kenya Mini DHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the Kenya Mini DHS paper questionnaire that you are using for training. However, a number of the concepts presented also apply to tablet computer-based interviewing but are done automatically by the CAPI program.

A. Asking Questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this 'probing'). If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a Kenya Mini DHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent's specific situation. In CAPI, most choice/substitutions will be done by the program.

1. Parentheses that indicate a choice must be made:

Example:

902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ..... ☐☐	

The question above is asked to female respondents. How you phrase the question—that is, which word in parentheses you choose to insert into the sentence—will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask "How old was your husband on his last birthday?" If the woman was unmarried but lives with a man, you would ask "How old was your partner on his last birthday?"

2. Parentheses that indicate a substitution must be made:

Example:

442	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 444

Notice that the word in parentheses is in all capital letters. As you will learn later (see Section D below), words in all caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, you should substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman's son named Barack, ask "Was Barack weighed at birth?"

3. Parentheses that indicate an additional word may be needed:

Example:

804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW 8	 → 807 → 813 → 811

The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned that the respondent did not have any children, you would ask in Q. 804 "Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?" If you had learned that the respondent already had children, you would instead ask in Q. 804 "Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?"

B. Recording Responses

There are three types of questions in the Kenya Mini DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., those that are "open-ended;" and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

113	Have you ever attended school?	YES ..... (1) NO 2	→ 117

In some cases, precoded responses will include 'OTHER.' The OTHER code should be selected only when the respondent's answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you select the OTHER code for a particular question you must always write the respondent's answer in the space provided.

Example:

242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER **Full moon** (6) (SPECIFY) DON'T KNOW 8	

2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent's answer in the space provided.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the boxes provided. There are two ways this is done:

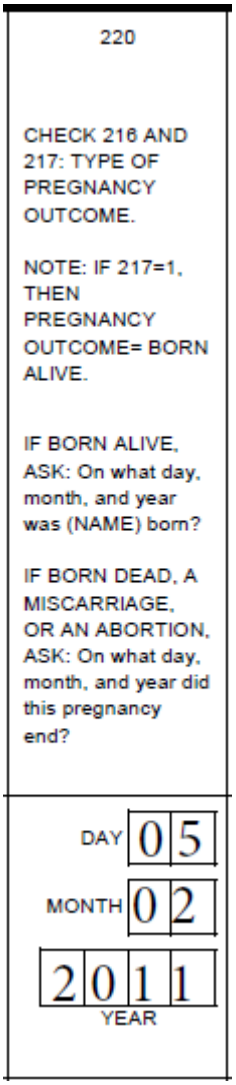
- **Boxes preceded by codes**. Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. You must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row.

Example: If the respondent says her last period started three days ago, circle Code '1' for DAYS AGO and write the response in the boxes next to the '1'.

236	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO ..... (1) → 0 3 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 → 240 BEFORE LAST BIRTH ..... 995 → 240 NEVER MENSTRUATED ..... 996 → 241	

- **Boxes without preceding codes**. Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born on 5 February 2011, you must record the day, month, and year.



When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '5' is recorded '05' in two boxes, or if three boxes had been provided, you would record '005'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate.

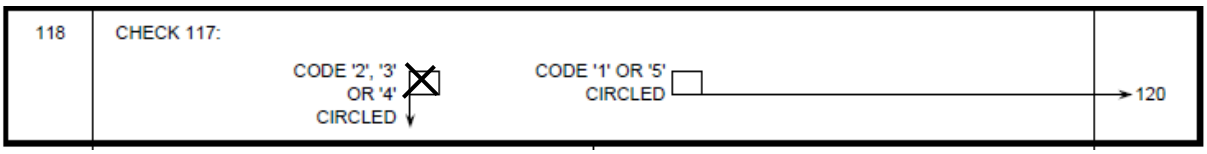
Example:

913	What is your occupation? That is, what kind of work do you mainly do?	Selling fruit in the market	

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 below for a description of filters.) In CAPI, filters will be automatically completed.

Example:

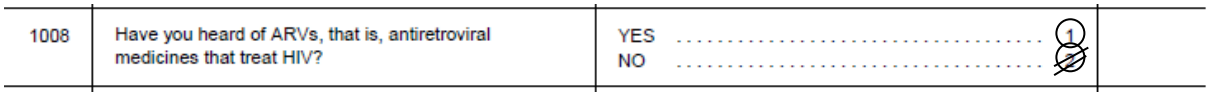


C. Correcting Mistakes

When working with a paper questionnaire, it is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two diagonal lines through the incorrect response.

Here is how to correct a mistake:

Example:



Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the Kenya Mini DHS questionnaire, instructions for the interviewer are written in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. In CAPI, skips occur automatically based on the information you have already entered.

Example: In Q. 232, notice that if you selected Code '2' or Code '8' you would skip to Q. 236. Q. 233 is about how many weeks or months the respondent is pregnant and is only asked of women who responded 'YES' to Q. 232.

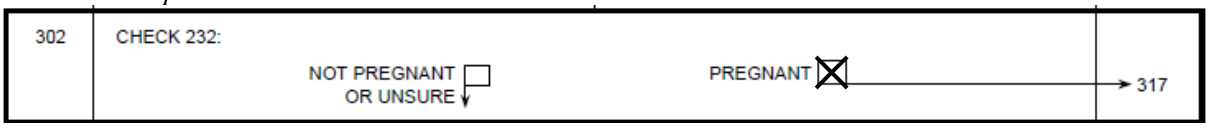
232	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	→ 236

2. Filters

To ensure the proper flow of a paper questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box with an 'X', and then follow the relevant skip instruction. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

The CAPI program will automatically complete the filter based on the information you have already entered.

Example:



E. Using Display Booklets or Show Cards

Display cards may be used to demonstrate or orient the respondent to a question (such as the literacy test) or to help respondents recall items like brands of mosquito nets, common types of medications, vitamin A tablets, micronutrients, or other items. The show card will be uploaded to your tablet and links to specific pages/ images will be provided for relevant questions.

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire and technology facilitated gender based violence

A. Identification of the Household

Before you go to a selected household, you will receive the identification information that appears in the box at the top of the cover page from your supervisor. This information includes:

- The name of the place or locality in which you are working.
- The name of the head of the household.
- The cluster number and household number.

The rest of the cover page will be completed after you have conducted the interview.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household age 15 or older who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally, you will ask a single individual in the household for the information you will need to complete the Household Questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the respondent does not agree to be interviewed, select '2,' thank the respondent, and end the interview. Then select '5' (REFUSED) as the result code for the visit.

Q. 100: TIME

The time of the day you start the household interview will be automatically recorded using the 24-hour system.

HOUSEHOLD SCHEDULE (Qs. 1-30)

Be sure to read the introductory sentence (in Column 2) to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number.' It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person. The CAPI system will automatically assign a line number to each person you list in the household schedule. While the paper questionnaire only provides space for 10 persons, the CAPI program will allow you to list up to 50.

Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to make a list of all persons who usually live in the household and any visitors who stayed in the household the previous night. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household consists of a person or group of persons, related or unrelated, who live together in the same compound, who acknowledge one adult male or female as the head of household, who share the same/common cooking arrangements. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.

- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not stay there the previous night, he should not be included in the listing.

- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.

- A person living alone is a household.

- A domestic worker is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (often, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this.

If the person responding to the household interview is not the head of household, then you may record this person on the second line.

After entering a name, you will ask the questions in Columns 3 to 7 ***before*** going on to record the name of the next person.

Column 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

> *Example*: if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.
>
> If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have stayed in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview to be included in the household schedule.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a usual member nor a visitor.

Column 7: AGE

If you have difficulty obtaining the ages of household members or visitors, use the methods described for Qs. 110 and 111 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

Ask Q. 7-1 to determine if there are any additional persons living in the household who should be listed.

When you have completed columns 2-7-1 for each household member or visitor, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire**.** If the answer to any of these questions is YES, add those persons' names to the list.

After completing Columns 2 through 7-1 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 8 through 30. When you have completed the information for the person on Line 01, the CAPI program will automatically move to the person listed on Line 02, etc.

Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. The CAPI program will not allow you to record an answer in Column 8 if the respondent is 14 years or younger.

The coding category 'married or living together' includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but have not had a formal civil or religious ceremony.

If a respondent states that a household member or visitor is "single," probe to determine the appropriate coding category ('divorced/separated,' 'widowed,' or 'never married and never lived together').

Columns 9: ELIGIBILITY

The CAPI program will check columns 4 and 7 and automatically identify women age 15-49 in Column 9. These individuals are "eligible" respondents, and they qualify for an interview using the Individual Questionnaire.Remember, the respondent may be a usual resident of the household or only a visitor.

Columns 16 through 17B: EVER ATTENDED SCHOOL

Questions on education are not to be asked for people who are younger than three years old. For anyone age 0-2 years, the CAPI program will leave these columns blank.

Definitions

Education in Kenya is currently transitioning from the **8-4-4 system** (8 years of primary, 4 years of secondary, 4 years of university) to the **Competency-Based Curriculum (CBC, 2-6-3-3-3 system)**, which includes 2 years of pre-primary, 6 years of primary, 3 years of junior secondary, 3 years of senior secondary, and 3 years of university. The DHS education codes accommodate both systems and related pathways:

- **Pre-primary (Code 0):** Early Childhood Development Education (ECDE), covering nursery and kindergarten. Under CBC, this consists of two years (PP1 and PP2) for children aged 4–5.
- **Primary (Code 1):** The first stage of formal schooling. Under the 8-4-4 system this covered eight years (Standards 1–8), while in CBC it is six years (Grades 1–6).
- **Junior (Code 2):** A new stage under CBC covering Grades 7–9, taken after completion of primary school. This level did not exist separately under 8-4-4, where learners moved directly into Form 1.
- **Post-primary vocational (Code 3):** Vocational training after primary school, such as youth polytechnics or artisan courses, typically for those not continuing into secondary.
- **Secondary / "A" Level / Senior School (Code 4):** Under 8-4-4 this is four years (Forms 1–4). Under CBC it is Senior Secondary (Grades 10–12). Historically, in the older 7-4-2-3 system, this included both Ordinary and Advanced Level studies.
- **Middle-level college / TVET (Code 5):** Certificate and diploma programs offered at technical institutes, teacher training colleges, nursing and medical colleges, and polytechnics. These are post-secondary options for those not proceeding directly to university.
- **University (Code 6):** Undergraduate and postgraduate studies. Under both systems, this remains the highest cycle of formal education, though the entry pathway differs slightly under CBC.
- **SNE, Stage-based (Code 7):** Special Needs Education, provided in specialized institutions and organized by developmental stages rather than strict grade levels. The stages include Foundational, Intermediate, Pre-Vocational and Vocational.

- **Informal education (Code 8):** Non-formal or alternative systems such as madrasa or adult basic education programs, intended to provide literacy or religious instruction outside the formal structure.
- **Don't know (Code 9):** Used when the respondent cannot specify the education level

If the person has never attended school or an early childhood education program, the CAPI program will leave Columns 17A through 19 blank.

If the person has attended school or an early childhood education program, you will record the highest level the person has attended in the box in Column 17A. Do this by using the codes at the bottom of the page. Then record the highest grade/year the person completed at that level in 17B.

Examples:

1. A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

2. A man who has completed all the grades of primary school but has not gone on to attend secondary school would be recorded as follows;

    - Highest level of school attended (Q.17A): Level 1 and highest grade completed (Q.17B) at that level: Grade 8 (Standard 8), code '08' (**under the 8-4-4 curriculum**)

    - Highest level of school attended (Q.17A): Level 1 and highest grade completed (Q.17B) at that level: Grade 7 (Standard 7), code '07' (**under the 7-4-2-3 curriculum**)

3. A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.

4. A woman who attended the second year of secondary school but did not complete the grade would not count as having completed the grade. She would be recorded as LEVEL 2, GRADE 01.

5. A respondent knows her son went to primary school but does not know what grade he completed. Record '1' for the level and '98' (DON'T KNOW) for the grade.

6. A child who is currently in Grade 9 of junior school would be recorded as follows;
    - Highest level of school attended (Q.17A): Level 2 and highest grade completed (Q.17B) at that level: Grade 8, code '02' (under the 2-6-3-3 curriculum)

7. A girl who has just joined Grade 7 under the CBE would be recorded as follows;
    - Highest level of school attended (Q.17A): Level 2 and highest grade completed (Q.17B) at that level: will be coded '00', since they have not completed any grade in this level

8. A girl who has completed all the grades of primary school but have not gone on to attend junior school would be recorded as follows;
    - Highest level of school attended (Q.17A): Level 1 and highest grade completed (Q.17B) at that level: Grade 6, code '06' (**under the 2-6-3-3 curriculum**)

Notes:

a) A person will be said to have completed a grade if he/she has successfully finished a standard/grade/form/year. This is regardless of whether he/she has passed or not.

b) For courses completed within a shorter duration than the normal duration, record the number of years for the normal duration. For example, an undergraduate degree course completed within three and half years. How do you record the highest grade completed? In this case, record the level as university, code '6' and highest grade completed at that level as year 4, code '04'.

c) For courses whose normal duration is not in completed years, record completed years. For example, a diploma course offered at a middle level college lasting for three and half years. How do you record the highest level attended and highest grade completed? In this case record the highest level attended as code 5 (Level 5) and highest grade completed at that level as year 3, code '03'.

d) The professional courses whose examinations are offered by KASNEB such as CPA, are administered at Foundation, Intermediate and Advanced Levels. Each level requires an average of one year. Therefore, in this case, if a person has completed Foundation Level and is currently studying the Intermediate Level he/she will be recorded as follows;

    - Highest level of school attended (Q.17A): Level 5 and highest grade completed (Q.17B) at that level: Year 1, code '01'.

e) If a person completed Foundation and Intermediate Levels of Certified Secretaries Examination offered by KASNEB in one year, he/she will be recorded as follows;

    - Highest level of school attended (Q.17A): Level 5 and highest grade completed (Q.17B) as that level: Year 2, code '02'. The levels were completed within a shorter duration than the normal duration.

Column 20: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate, then ask if the child's birth was ever registered with the civil authorities. In the box in Column 20, record '1' if the child has a birth certificate. Record '2' if the child does not have a birth certificate but has been registered with the civil authorities; record '3' if the child does not have a birth certificate and has not been registered; and record '8' if the respondent does not know.

HEALTH INSURANCE (Q.27-30)

Section: Social Health Authority (SHA), SHIF Premiums, and Other Health Insurance
This set of questions helps us to understand the extent of health insurance coverage in Kenya. Specifically, we want to know whether each household member is registered under the **Social Health**

Authority (SHA), whether their premiums to the **Social Health Insurance Fund (SHIF)** have been paid for the current month (if applicable), and whether they are covered by any other type of health insurance scheme.

The information is very important because it helps measure financial protection in health, gaps in health insurance enrolment, and the role of additional insurance schemes such as private, county, or employer-based coverage.

These questions are only asked of usual household members.

Q.27A: SHA Registration (For Adults Aged 18 and above)

This question tells us whether adults are officially recognized as members of SHA, which is the new framework replacing the NHIF. Registration is the first step in accessing public health insurance benefits. If someone is not registered, they may not be eligible for health services subsidized under SHA.

How to ask and probe:

- Many people may still call SHA by its old name, **NHIF**. If they respond "Yes, they have NHIF," record this as **Yes** since it is essentially the same registration under the new system.
- Be clear to the respondent that we only want to know if the person is registered, not whether they are currently active or paying premiums. Premium payment comes in the next question.
- If the respondent is unsure, ask gently: "Does {FIRST NAME} have an SHA/NHIF card or mobile record showing they are registered?" Accept self-report; do not answer for yourself.

Q.27B: SHA Registration (For Children Under 18 Years)

Children are usually not registered independently under SHA. Instead, they are commonly included as dependents under their parents' or guardians' registration. This question helps us capture both possibilities: those who are registered, and those who are covered as dependents.

How to ask and probe:

- Most children will fall under "Dependent." Only in rare cases (such as children with specific medical needs or orphans) might a child be registered independently.
- Probe by asking: "Is this child included under your SHA/NHIF card, or are they registered separately?"
- If the respondent is not sure, record "Don't know." Do not make assumptions.

Q.28: Payment of SHIF Premiums

This question helps determine whether a registered person is currently active in the system. Being registered is not enough, premiums must also be up to date for coverage to be valid. A person may be registered but inactive if payments have lapsed.

Who should be asked:

- Adults (18+) who are registered under SHA and required to pay contributions.
- Children registered in their own right.
- Do **not** ask dependents, children under a parent's cover, or those exempt from contributions. For them, skip this question.

How to ask and probe:

- Anchor to the **month of the interview**. Example: "For this month (September), has the premium been paid?"

- For salaried workers: contributions are usually deducted from their salary automatically. You can probe: “Was the deduction made from your payslip this month?”
- For informal workers: payments are often made via mobile money or banks. Probe: “Was a mobile payment made this month?”
- For annual or quarterly contributions: if the coverage is valid for the current month, record “Yes.”
- If the respondent is unsure, record “Don’t know.”

Q.29: Coverage by Other Health Insurance

SHA is the main national scheme, but many people also rely on other forms of insurance. This may include private medical insurance, employer schemes, community-based insurance, or county insurance programs.

How to ask and probe:

- Stress that we want to know about insurance **apart from SHA**.
- Probe neutrally by asking: “Apart from SHA/NHIF, does {FIRST NAME} have any other insurance cover from an employer, private company, community group, or county government?”
- If the respondent is unsure or confused, record “Don’t know.”

Q.30: Type of Other Health Insurance

If someone has other insurance, we want to know exactly what type it is. Different schemes provide different benefits, and understanding the mix of coverage in Kenya is important for policy making.
How to ask and probe:

- Probe neutrally: “Is it insurance provided by your employer? A private insurance company? A county government program? A community-based group such as a SACCO?”
- Some people may have more than one type of other insurance. The system allows multiple selections, record all that apply.

HOUSEHOLD CHARACTERISTICS (Qs. 101-156)

After asking the questions about each member of the household, you will ask Questions 101 through 156 about household amenities and possessions.

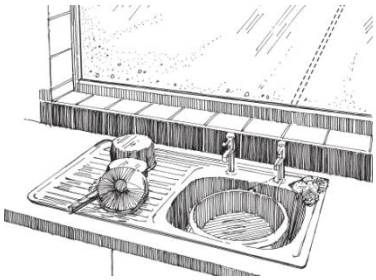
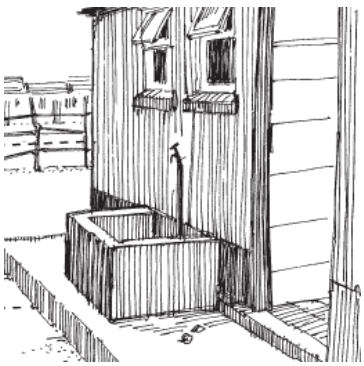
Q. 101: HOUSEHOLD DRINKING WATER

The aim of this question is to identify the household’s main source of drinking water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains most of its drinking water. If the source varies by season, record the main source used at the time of the interview.

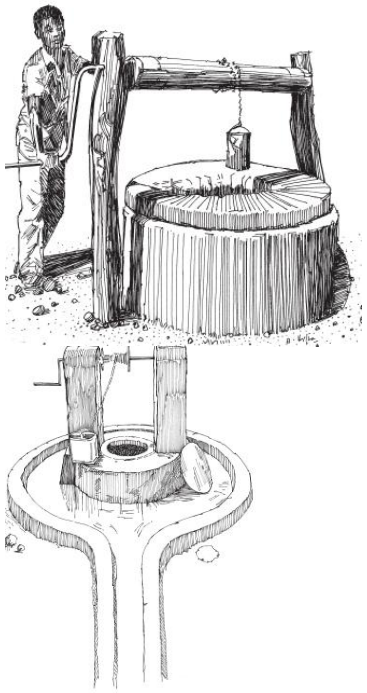
Q. 102: MAIN SOURCE OF WATER FOR OTHER PURPOSES

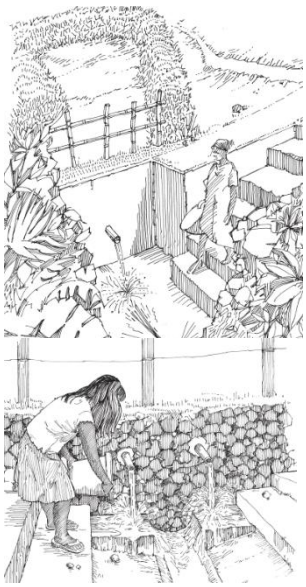
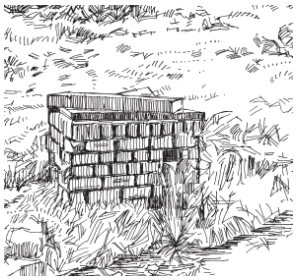
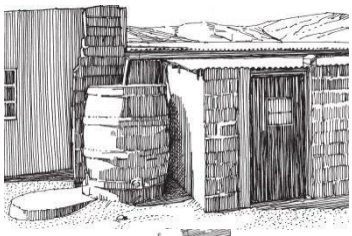
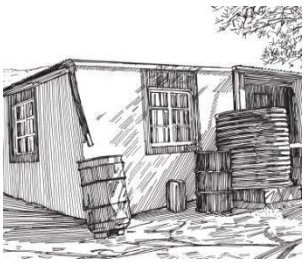
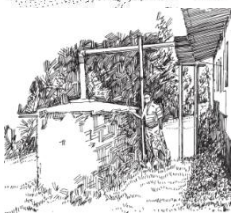
Households that use bottled [or SACHET] water as a source of drinking water are asked for the main source of water for cooking and handwashing to identify the source of water to which the household has general access.

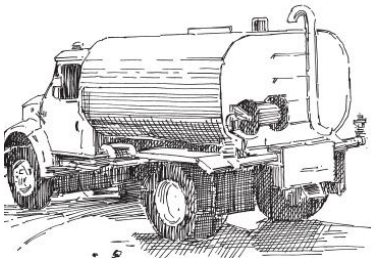
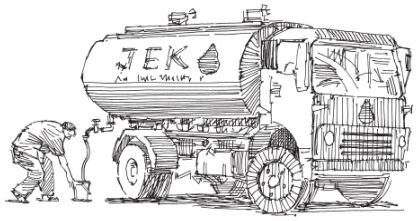
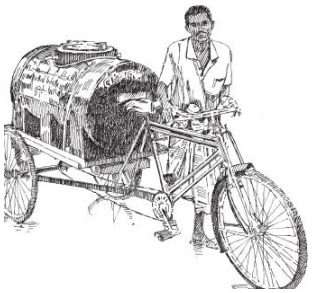
The table below provides definitions of the water source response categories in Qs. 101 and 102.

Definitions of Water Source Codes for Qs. 101 and 102	
Response Categories	***Definition***
Piped into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. 
Piped to yard/plot	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection. 
Piped to neighbor	Pipe connected to neighbor's dwelling, yard, or plot.

Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete. 
Tube well or borehole	A deep hole that has been driven, bored, or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel, or solar-powered. 

Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.  
Unprotected dug well	A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both. 

Protected spring	A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.  
Unprotected spring	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box."
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank, or cistern.   

Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.  
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).  
Surface water	Water located above ground, including rivers, dams, lakes, ponds, streams, canals, and irrigation channels.  
Bottled water	Water that is bottled and sold to the household in bottles. Note that this code is present in Q. 101 but not Q. 102.

Q. 103: LOCATION OF WATER SOURCE

IN OWN DWELLING and IN OWN YARD/PLOT means the water is located in the dwelling or in the yard (such as a well that is in the yard). If the household gets their water from a TANKER TRUCK or CART WITH A SMALL TANK (Code 61 or Code 71 in Q. 101 or Q. 102), you would record ELSEWHERE in Q. 103 (Code 3) because the truck or cart does not reside in the dwelling or yard.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck or a small cart with a tank and the truck or cart delivers right to the dwelling), record '000'.

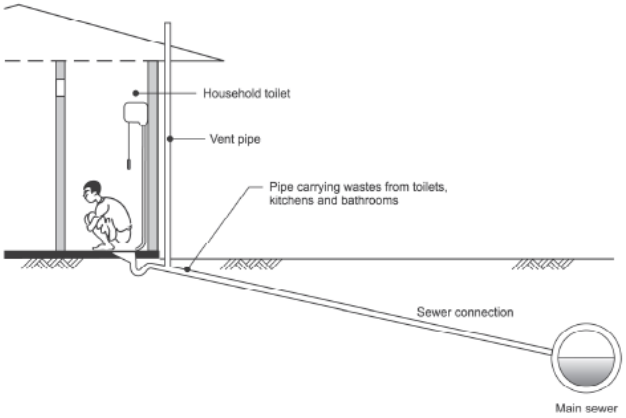
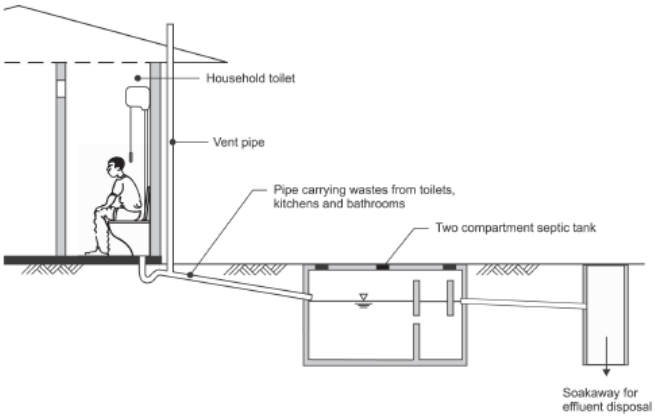
Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'.

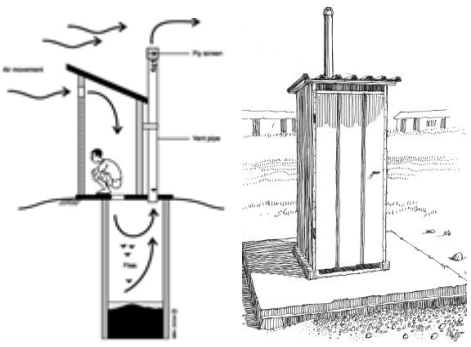
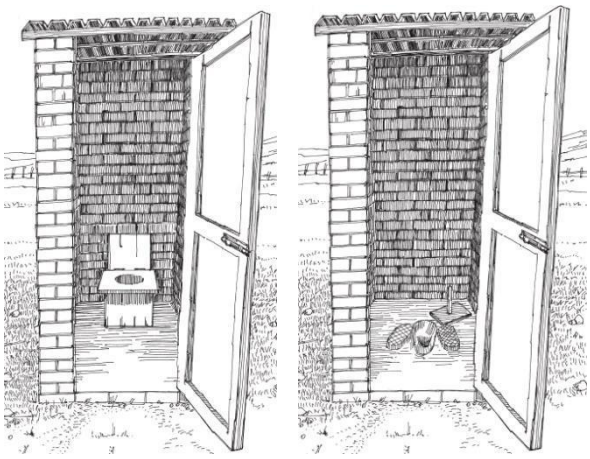
Q. 109: TOILET FACILITIES

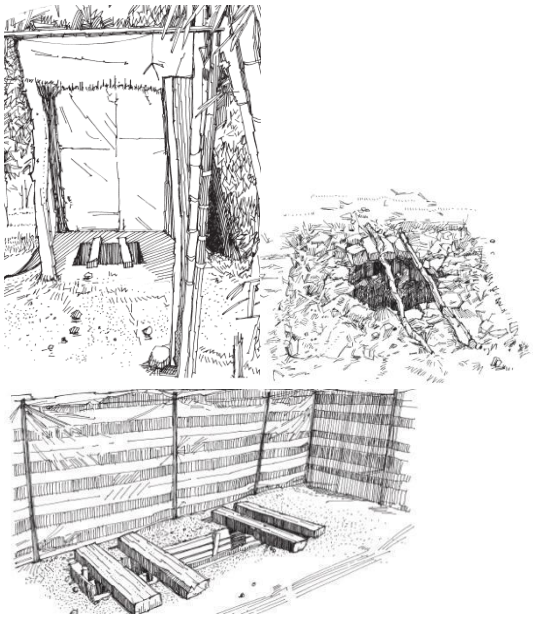
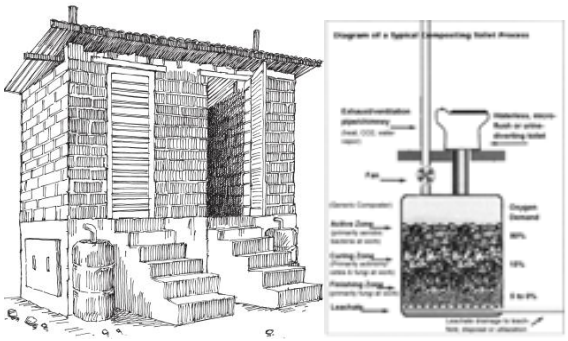
The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as "flush toilet," probe to determine where the toilet flushes to; likewise, if the respondent answers "latrine," probe to determine the type of latrine. The table below provides definitions for the terms used in the codes for Q. 109.

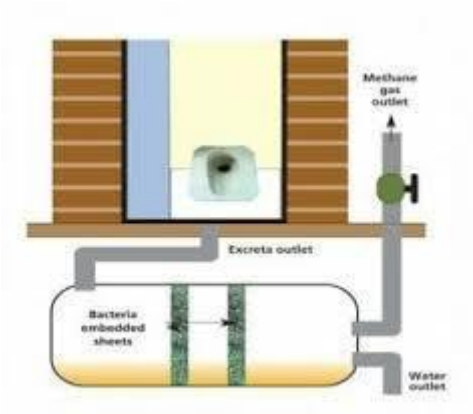
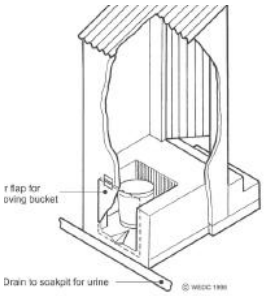
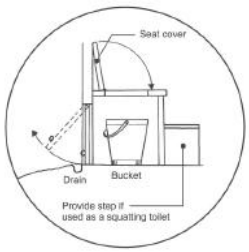
If you are not able to determine the toilet type based on your conversation with the respondent, ask to observe the facility.

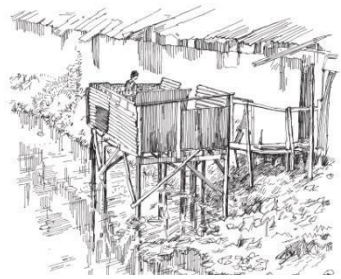
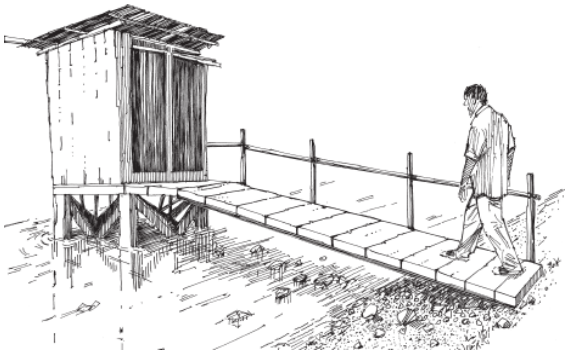
Definitions of Toilet Facility Codes in Q. 109	
Response Categories	***Definition***
Flush/pour flush toilet	A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).

- to piped sewer system	A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater. 
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet. 
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
Pit latrine	Excreta are deposited without flushing directly into a hole in the ground.

- ventilated improved pit latrine (VIP)	A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.  If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP superstructure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.
- pit latrine with slab	A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat. 

- pit latrine without slab/open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected. 
Composting toilet	A dry toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device. 

Biodigester	An on-site system that uses anaerobic digestion to break down human waste, converting it into biogas and treated, safe-to-discharge water while reducing solid waste volume. Waste can be transformed into resources like cooking gas or reusable water. 
Bucket toilet	The use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment, disposal or use as fertilizer.   

Hanging toilet/ Hanging latrine	A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.  

Qs. 110 and 111: SHARED TOILET FACILITIES

Q. 110 asks about whether the toilet facilities are shared with one or more other households. In Q. 111, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record '02' in Q. 111. If they share it with two other households, record '03' in Q. 111. The number of households that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 112: LOCATION OF TOILET FACILITY

IN OWN DWELLING and IN OWN YARD/PLOT means the toilet is located inside the dwelling or the yard/plot. Record ELSEWHERE when the toilet is outside the dwelling or yard/plot.

Q. 113: FILTER FOR SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Q. 114-116: EMPTYING OF SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Information on the disposal of excreta from sanitation systems that are not connected to a sewer system is essential for assessing the proportion of the population using safely managed sanitation services. In Q. 114, if the sanitation facility has not been emptied, regardless of the reason, record NO. We are not interested in whether the facility is new or needs emptying.

Qs.115 and 116 are a continuation for those who answered that their sanitation facilities has ever been emptied. Q. 115 explores whether the sanitation facility was emptied by a service provider. Q. 116 examines the final destination of waste emptied from the sanitation facility.

Q. 117: TYPE OF COOKSTOVE USED FOR COOKING

Q. 117 seeks to determine what type of stove the household uses for cooking at home. Information on the type of cookstove is collected as a measure of the socioeconomic status of the household. Cooking food over open fires or inefficient stoves can expose people to air pollution, which contributes to heart

and lung diseases. In contrast, the use of cleaner, more modern cookstoves is associated with positive health outcomes.

[INCLUDE NAMES FOR COMMON STOVE TYPES AND HOW TO CODE THEM.]

If the household uses more than one type of cookstove, record the type they use most often. If the respondent is unsure of the type of cookstove used, ask to observe it. The response code 'NO FOOD COOKED IN HOUSEHOLD' should only be selected if no one cooks food in the household.

See appendix 1 for more information on the different types of cookstoves.

Q. 118: VENTILATION OF COOKSTOVE

Q. 118 seeks to determine whether the cookstove used by the household is ventilated by a chimney. Chimneys are structural additions that ventilate gas and smoke from the cookstove to the outside of the home or cooking area. Chimneys can be made from clay pipes, sheet metal, cast iron, masonry, concrete pipes, bamboo, and many other materials.

Q. 120: COOKSTOVE FUEL OR ENERGY SOURCE

The use of some cooking fuels can have adverse health consequences. Remember that this question asks about fuel for a cookstove, not fuel for heating or lighting.

If the household uses more than one fuel with their cookstove, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used, select '96' and specify the type of fuel in the space provided.

See appendix 1 for more information on the different types of fuels/ energy sources.

Qs. 121 and 122: PLACE WHERE FOOD IS COOKED

The purpose of Q. 121 is to collect information on the location where the household's food is cooked: in the house, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 122, information on whether the household has a separate room used as a kitchen provides additional information on air quality.

Q. 123: HEATING THE HOME

The household may heat its dwelling at certain times of the year. The category 'CENTRAL HEATING' refers to a system of warming that heats water or air in one place and circulating it throughout the dwelling using pipes, radiators, or vents. Space heaters can be manufactured by a company or made using traditional materials by household members or a local artisan. Cookstoves are also sometimes used to heat a dwelling. Some households may use an open fire to keep their dwelling warm. If there is more than one type of heater used in the home, record only the main type.

If the respondent reports the fuel type used to heat the home (typically electricity or gas) in response to this question rather than providing the type of heater, probe by asking the type of heater in which the electricity or gas is used.

In certain climates, no heating is required. **If the household never uses any method to warm their dwelling, select the category 'NO HEATING IN HOUSEHOLD/NO NEED**.'

Q. 124: CHIMNEY FOR HEATER

Q. 124 is only asked if the household uses a space heater or cookstove to heat its dwelling. Record whether the space heater or cookstove has a chimney to carry smoke and pollutants outside the dwelling.

Q. 125: FUEL SOURCE FOR HEATING THE HOME

Remember that this question asks about fuel for heating and is different from Q. 120, which asks about fuel used by cookstoves for cooking.

If the household uses more than one fuel for heating, record the fuel used most often.

Q. 126: TYPE OF LIGHTING FOR THE HOME

The household may use a method for lighting its dwelling at night. If the household uses more than one type of light, record the light source they use most often. If the household never uses any method to light their home, select the category 'NO LIGHTING IN HOUSEHOLD.'

Q. 127: NUMBER OF ROOMS FOR SLEEPING

Record the number of rooms that the household uses for sleeping even if a room also serves a second function. For example, if a dwelling unit consists of two rooms: a bedroom and a kitchen, but household members sleep in both the bedroom and the kitchen, record '2' in Q. 127.

Qs. 128 and 129: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY, OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry, or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 128 to find out whether the household owns any livestock, herds, other farm animals, or poultry. If YES, ask Q. 129 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Note: Q. 129 asks separately for the number of milk cows or bulls and cattle the household owns. Be sure not to double-count these animals. For example, if the respondent says that the household has 10 cattle, one of which is a milk cow and one of which is a bull, record two milk cows or bulls and eight cattle since the household owns a total of 10 animals, not 12.

Qs. 130 through 131B: OWNERSHIP OF LAND

Ownership of land is another important indicator of the socioeconomic status of the household. First, ask Q. 130 to find out whether any member of the household owns any agricultural land that is used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to Q. 130 is YES, ask Q. 131 on the number of hectares, acres, or plot size owned altogether by the members of the household. Record the answer in the boxes. If the household owns more than 95 hectares or acres, record '9950'. If the household owns a plot size larger than 99995 sq ft, record '99995.0'. If the number of acres is unknown, record '999998'. If the household owns less than 0.1 acre, record 00.0.

Then proceed to ask Q. 131A to find out whether any member of the household owns any non-agricultural land which refers to the land whose use is designated as commercial, industrial, mining,

public utility such as markets, schools, roads, housing estates etc. If the answer to Q. 131A is YES, ask

Q. 131B on the number of hectares, acres, or plot size owned altogether by the members of the household. Record the answer in the boxes as described in 130B, which is similar to 131B.

Q. 132: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a proxy measure of the socioeconomic status of the household. Read out each item and select the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, select '1' for YES. Otherwise, select '2' for NO.

Q. 133: OWNERSHIP OF WATCH/MOBILE PHONE/MEANS OF TRANSPORTATION

This question collects additional information related to socioeconomic status. We ask whether any member of the household owns a watch, a mobile phone, or various means of transport, e.g., a bicycle, a motorcycle or motor scooter, a car or truck, and other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record '1' for YES. Otherwise, record '2' for NO.

Q. 134: BANK ACCOUNT

The bank account may be held at a bank, credit union, microfinance institution, cooperative, post office, or [country-specific financial institutions]. The account allows the person to deposit and withdraw funds. Do not include savings programs at the community level.

Q. 135: MOBILE FINANCIAL TRANSACTIONS

Mobile phones can be used to conduct financial transactions even if the user does not have a bank account. Make sure to read the entire question to the respondent so they understand the different types of financial transactions that the question refers to. It does not matter with whom or through whom the transaction is made, whether through a bank or through a mobile money transfer system, [such as Mpesa].

Q. 136: HOUSEHOLD SMOKING

This question is designed to measure household exposure to secondhand smoke. It complements questions asked about tobacco use in the Woman's Questionnaire.

Secondhand smoke refers to the smoke given off by the burning end of tobacco products combined with the smoke exhaled by the smoker. It does not include smoke from e-cigarettes or vaping. Exposure to secondhand smoke can cause lung cancer and heart disease in non-smokers. Secondhand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Read the entire question before accepting an answer.

Qs. 137 and 138: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries have instituted programs that promote the use of ITNs.

Q. 137 asks whether the household has any mosquito nets, and, for households with at least one mosquito net, information is collected in Q. 138 on the total number of mosquito nets in the household. It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted.

Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets are not treated with insecticide. Window screens are also not considered mosquito nets.

Qs. 139-147 are asked for each mosquito net the household has, up to 7 nets in total.

Q. 139: ASSIGNMENT OF NET NUMBER

Each net the household has is assigned a net number. For example, if the household has four nets, the first net you choose to ask questions about will be net number '01.' After you are done asking Qs. 140-147 about net number '01,' the next net will be net number '02,' and you will ask the same Qs. 140-147, but now about net number '02.' You then repeat this process for nets '03' and '04.'

Qs. 140-147: OBSERVATION OF NETS, TYPE OF NETS, SOURCE OF NETS, AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various brands of mosquito nets. Almost all are factory treated and do not require any retreatment (long-lasting insecticide-treated net; LLIN). To assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 140 through 147 as applicable for each net that the household owns.

Q. 140: NET OBSERVED OR NOT

Ask to see the net. Record whether you were able to actually observe the net.

Even if you cannot directly observe a net, you must ask the questions about it. To distinguish each net, you may use phrases like, "Now let's talk about the first net you showed me" or "Let's talk about the net hanging in that corner."

Q. 141: WHEN NET OBTAINED

Next ask how many months ago the household obtained the net. If the net was obtained within 36 months before the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record '95'. The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record '98' (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

Q. 142: TYPE AND BRAND OF NET

Q. 142 asks about the type and brand of net. In this survey, there are three ways of categorizing a net:

The net is a long-lasting insecticide-treated net (LLIN): Most nets you will come across in the field are LLINs, and you will become familiar with the most common brands of LLINs during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is an LLIN, but it is not one of the listed brands or if you cannot determine the brand, select code '16' (OTHER/DON'T KNOW BRAND (LLIN)). If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

The net is NOT an LLIN: In some cases, you may confirm that the net is not an LLIN; for those nets, select '96' (OTHER TYPE (NOT LLIN)).

You cannot determine whether the net is an LLIN or not: If you cannot obtain information on whether the net is an LLIN or not, select '98' (DON'T KNOW TYPE).

Qs. 143 and 144: SOURCE OF NET

Qs. 143 and 144 are used to determine the source of each net. In Q. 143, ask if the household got the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit. For a net that was not obtained through a campaign, an antenatal care, or during an immunization visit, ask where the household got the net (Q. 144).

Qs. 145 and 146: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously, it does little good to have LLINs in the household if they are not used for sleeping at night. In Q. 145, ask the respondent if anyone slept under the mosquito net last night, and if the respondent answers YES, record in Q. 146 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

Q. 147: REASON FOR NOT SLEEPING UNDER NET

If no one slept under the net last night, ask for the main reason it was not used. If the respondent mentions several reasons, record the main reason the net was not used.

Q. 148: FILTER FOR NEXT NET

At this point, go back to Q. 139 for the next net, and ask Qs. 140-147. If you have finished asking Qs 139-147 for all the nets belonging to the household, proceed to Q. 149.

Qs. 149 through 151: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications for the health of all household members, especially children. In Q. 149, ask the respondent to show the place where members of the household most often wash their hands. If the respondent indicates that there is no fixed place for handwashing, but the household uses a basin and jug of water or another type of mobile handwashing station, ask to see it.

If you are able to observe either the fixed place or the mobile handwashing station, note whether or not water is available (Q. 150) and whether soap/detergent or ash/mud/sand is present (Q. 151).

Q. 152: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 153: ROOF MATERIAL

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

Q. 154: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of exterior wall space).

Q. 154A – 154I: HOUSEHOLD ENTERPRISES

Respondent: The respondent for this section will be the head of the household, the most knowledgeable household member and household members managing income-generating enterprises.

This section seeks to collect data on the operation or ownership of income generating enterprises/establishments by the households that were in operation over the past one month.

Business/Enterprise/Firm: The terms are used interchangeably to refer to an economic unit producing goods or providing services. They are entities under whose umbrella an establishment operates. Examples include factories, banks, kiosks, agricultural farms or holdings, taxis, hawkers, etc.

Read the introductory sentence exactly as written to signal the transition to the topic of household enterprises operated or owned by household members. This question sets the context for the following questions (Q.154B-154I).

Q.154B asks whether any member of the household operates or owns any non-agricultural income generating enterprise over the past one month. Examples include: Selling vegetables, fruits, or other goods at a roadside or local market, operating a boda boda (motorcycle taxi) or handcart transport, tailoring, carpentry, or welding done independently, running a kiosk, small

food stall, or mobile money business or providing home-based services such as hairdressing, laundry, or childcare for pay among others.

If the response is NO or DON'T KNOW, CAPI will automatically skip to Q.160. If the response is YES, continue to Q.154C. This question asks about all income generating activities operated or owned by members of the household over the past one month and the county of operation. All establishments should be listed here before the other questions are asked about each one and their counties of operation. If the business is operated across counties give the main county of operation.

Q.154D is an introductory sentence to inform the respondent that you are going questions in regard to all listed income-generating activities.

Q.154E asks about the ownership of the business: Record the line number(s) of the enterprise owner from the household member roster and in case the owner(s). For the enterprises jointly owned by members of the household, record all the line numbers of the relevant household members.

The next question, Q. 154F ask about the main activity of the enterprise(s). This also known as industry and it refers to the economic activity of the establishment which is defined in terms of the kinds of goods produced, or services offered by the economic unit or establishment. The main activity has been categorized into two broad economic activities; Manufacturing and Services. If the enterprise is engaged in more than one activity indicate the MAIN one.

Examples of manufacturing activities include; dressmaking, manufacture of new furniture, manufacture of steel/metallic doors and windows, manufacture of cakes, manufacture of yoghurt etc. Activities of mining and quarrying, construction, water supply, sewerage, waste management and; electricity and gas supply will be categorized under manufacturing activities. **Examples of service activities include;** retail sale of foodstuffs in a shop, hair dressing, repairing motor vehicles in their own garage, selling of prepared/cooked food, retail clothing shop, repair of electrical home appliances, delivering newspapers to homes etc

Q.154G asks whether the enterprise is registered or licensed with any of the following Government bodies; Business Registration Service (BRS) formerly Registrar of Companies, County Government, Micro and Small Enterprise Authority (MSEA), Professional Bodies, Social Development Department and any other. If the respondent is unsure, clarify that a license refers to any official permit or registration allowing the business to operate. Record "YES," "NO," or "DON'T KNOW" based on the response. Do not assume the answer based on the type of business.

Q.154H asks about the number of people engaged in the particular income generating activity and this information will be used to measure its size. If none, code 00. For enterprises not currently operating, report the number of persons engaged in the last period of operation.

Q.154I asks for the total revenue from sales generated from the enterprise during the last month/last period of operation. This is the gross revenue from the enterprise before any

expenses or operating costs. Record the amount of revenue generated on an average last month or last period of operation. If the respondent provides only daily sales, probe to estimate the average number of days worked in a month, and multiply that by daily sales to calculate monthly revenue. Enter the estimated average monthly sales amount in Kenyan Shillings (KSh).

Q. 160 – Q. 169 HOUSEHOLD MEMBER DEATH DECLARATION

The purpose of these questions is to capture information on usual household members who have died in order to generate information on death registration and burial permits. These data help in understanding levels and patterns of mortality within the population, which are critical for planning health services, monitoring development goals, and informing policy decisions.

Death is a sensitive and emotional topic. As an interviewer, you must approach this section with the highest level of respect, empathy, and professionalism. Respondents may have recently lost a loved one, and the way you handle these questions can greatly influence the quality of the data collected as well as the comfort of the respondent.

Key guidelines to follow in this module include:

- **Approach with respect and neutrality** – Maintain a calm, empathetic, and non-judgmental tone throughout the interview.
- **Build rapport first** – Before asking about deaths, ensure the respondent feels at ease and understands why these questions are being asked. Take time to explain the importance of this information for improving health and social services.
- **Maintain professionalism** – Keep your demeanor composed and compassionate. Avoid showing personal reactions that could influence the respondent's answers.
- **Confidentiality is critical** – Assure the respondent that all information provided will remain private and will only be used for statistical purposes ONLY.
- **Ask questions exactly as written** – This ensures consistency across all interviews and improves the reliability of the data.
- **Accuracy is important** – Age at death and other details are essential variables. If exact information is unavailable, politely probe for the best possible estimate.
- **Respect the respondent's pace** – Allow time for the respondent to process their emotions. Do not rush them. If they pause, wait patiently and give them space.
- **Sensitivity in probing** – When additional clarification is needed, probe gently and only when necessary, ensuring the respondent does not feel pressured.

By following these guidelines, you will create an environment where respondents feel respected and supported, making them more willing to provide the necessary information. Remember, your role is not only to collect accurate data but also to do so in a manner that preserves the dignity and emotional well-being of the respondent.

Q.160 seeks information on whether the household has experienced the loss of any USUAL member since September 2020. For this question, a *usual member* should be defined as someone who lived in the household most of the time before their death. This includes stillbirths, but does not include miscarriages.

It is important to note that since death is a very emotional and sensitive issue, some households may have lost a very close relative (such as a son, daughter, mother or father). In such cases, respondents may feel tempted to include them as part of the household even if they were not usual members at the

time of death. Enumerators should therefore exercise care and gently probe to establish whether the deceased truly lived in the household most of the time before their death, while maintaining empathy, neutrality, and respect for the respondent's feelings.

If the respondent says "NO" or "DON'T KNOW", CAPI will skip to Question 171A.

If "YES", Q.161 asks how many usual members of the household died in September 2020 – 2025. You will then obtain the names of all household members who died between 2020 and 2025 starting with the most recent. Then Q. 164-169 will be asked of each of the household members listed in 162 one by one.
Q.164-166 asks a few basic questions about the person who died including whether the household member who died was male or female, relationship of the household member who died to the head of the household, the month and year the household member died and their age at death in completed years.

Q.167 asks for the place of death. This question seeks to establish the place of death of each reported household death. The information is important for understanding patterns of mortality, access to healthcare at the end of life, and the burden of deaths occurring outside health facilities. Such data are critical for public health planning, improving health service delivery, and monitoring progress towards reducing preventable deaths.

In a health facility (CODE 1)
Select this option if the deceased passed away in a hospital, health center, dispensary, maternity home, nursing home, or any other recognized health facility. Deaths occurring while in an ambulance on the way to a health facility should also be included here.
In the community (CODE 2)
Select this option if the deceased passed away at home, in transit, at work, on the road, or in any other place that is **not a health facility**.
Don't know (CODE 3)
Select this option only if the respondent cannot recall or is genuinely unaware of the place of death. Probe gently before recording this response, as most respondents are likely to know where a household member died.

Q.167A asks whether a death certificate was issued for the deceased household member. If the response is YES or DON'T KNOW, CAPI will automatically skip to Q.168. If the response is NO, ask the respondent for the main reason the death certificate was not obtained in 167B.
DO NOT READ THE OPTIONS TO THE RESPONDENT.
You will select from the following answer choices, if the respondent gives a reason that doesn't clearly fit any listed option, probe gently, then choose the closest match. Use "OTHER (SPECIFY)" only if the response clearly doesn't fit any of the listed categories.

- CULTURAL AND SOCIAL REASONS Traditional beliefs or social norms discouraged obtaining the document. Example: The family buried the deceased immediately due to cultural practices and didn't pursue a permit.

- ACCESS AND GEOGRAPHICAL ISSUES The family was unable to reach the registration office due to distance, poor roads, or lack of transport. Example: The nearest office was far away or travel was difficult due to weather or insecurity.

- COST Fees or related expenses (like travel or lost income) made it unaffordable. Example: They couldn't pay for transport or couldn't afford to miss work.

- PERCEIVED LACK OF BENEFIT The family didn't see a reason to get the document or didn't understand its use. Example: "No one asked for it" or "We didn't think it was necessary."

Q.168 asks whether a burial permit was issued for the deceased household member. If YES or DON'T KNOW CAPI will skip to Q. 177. If NO, you will ask for the MAIN reason a burial permit was not issued. Select one of the reasons as in Q167B, otherwise specify.
A burial Permit is an official document, usually issued only for a legally registered death, authorizing the removal of the dead body to the cemetery or other final disposal.

PERCEPTION ON HARM AGAINST WOMEN

This section measures awareness, perceptions, norms, and attitudes, which critically shape women's and girls' exposure to violence. Awareness of violence against women and girls (VAWG) influences whether communities recognize acts such as physical and sexual abuse as violence thus affecting reporting and response by the community. Perceptions often shaped by stereotypes, may normalize abuse or shift blame to victims. Further, harmful social norms rooted in gender inequality perpetuate cycles of violence. In addition, attitudes within individuals and communities determine tolerance or rejection of violence. Therefore, transforming these dimensions is essential to challenge inequality, prevent violence, and safeguard women's and girls' well-being.

Q.177AA seeks to establish whether the respondent is aware of groups of women or girls in the community who are at higher risk of experiencing violence. Record the response as either Yes or No.

Q.177AB seeks to measure the perception of individuals on the safety of women and girls within community.

Q.177AC seeks to measure the attitude on reporting and response that people in the community would take if they suspected a woman or a girl was at risk of being killed by her husband, male partner or other family member or anyone else. The interview should record the main response from the options provided or specify any other response not provided in the list.

Q.177AD-AF seeks to measure norms and beliefs to justify violence, victim blaming and whether domestic violence is a private matter that should be handled within the family.

Q.205: TIME INTERVIEW ENDED

The CAPI program will automatically record the time the interview has ended. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for his or her cooperation. At this point, check your questionnaire carefully. Inform the respondent that you or another interviewer will be asking eligible women [and men] in his or her household to participate in the survey.

C. Return to Cover Page

Whether or not you successfully interview a household, additional information is recorded on the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) on the cover page are for recording the results of any call backs that you may have to

make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in CAPI . Sometimes this is done automatically and other times you will have to record the code yourself. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, the result of the third visit will be the final result code.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.

- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.

- Code 3 Entire household absent for an extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'

- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover page as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, enter Code '4' for the final result code.

- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.

- Code 6 Dwelling vacant or address not a dwelling. In some cases, you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in the back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.

- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'

- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are

still unable to locate the structure, enter Code '8' as the result for the visit to that household and inform your supervisor.

- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have made your last visit to the household, the CAPI program will fill in the boxes under FINAL VISIT: the DAY, MONTH, and YEAR of the final visit, your assigned interviewer number, the final result code, and the total number of visits.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN

After you have completed the household interview, the CAPI program will record the total number of people listed in the household schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD and the total number of women who are eligible for interview with the Woman's Questionnaire in the boxes labeled TOTAL ELIGIBLE WOMEN. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE, the CAPI program will record the Line Number of the person who was your respondent based on information you provided during the interview.

ALLOCATING INDIVIDUAL QUESTIONNAIRES FOR EACH ELIGIBLE PERSON

After completing a household interview, the CAPI program will identify women in the household eligible for individual interview. The CAPI program will also preload the identification information on the cover page of the Individual Questionnaire for each eligible respondent identified in the Household Schedule.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, it also includes the eligible respondent's name and the Line Number he/she was assigned in the Household Schedule in Column 1. If an eligible respondent is immediately available, proceed to interview the respondent.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of a cover page and 11 sections as follows:

Section 1: Respondent's Background
Section 2: Reproduction
Section 3: Contraception
Section 4: Pregnancy and Postnatal Care
Section 5: Child Immunization
Section 6: Child Health, Nutrition, and Early Childhood Development Index
Section 7: Marriage and Sexual Activity
Section 8: Fertility Preferences
Section 9: Other Health Issues
Section 10: HPV Vaccination
Section 11: Adult and Maternal Mortality
Section 12: Technology-Facilitated Gender-Based Violence

In addition, an event calendar where information about a respondent's births and periods of contraceptive use and non-use are recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for interviewers to record observations and comments about the interview.

A. Cover Page

The overall layout of the cover page of the Woman's Questionnaire is similar to the cover page of the Household Questionnaire except that the identification section includes the name and household line number of the woman eligible for interview. The CAPI system will automatically record the date of each visit you make and will prompt you to enter the result code of each visit.

B. Section 1: Respondent's Background

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

INFORMED CONSENT

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

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the woman does not agree to be interviewed, select '2', thank the respondent, and end the interview. Then select '4' (REFUSED) as the result on the cover page.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, health/vaccination cards or other vaccination documentation, and other health records that she

has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

The time of the day you start the woman's interview will be automatically recorded by the CAPI system.

Q. 102: PLACE OF BIRTH

This question asks in which place the respondent was born. If the woman was born outside of Kenya, select category '96' and continue to the next question.

County Code	County Name	County Code	County Name	County Code	County Name
01	MOMBASA	17	MAKUENI	33	NAROK
02	KWALE	18	NYANDARUA	34	KAJIADO
03	KILIFI	19	NYERI	35	KERICHO
04	TANA RIVER	20	KIRINYAGA	36	BOMET
05	LAMU	21	MURANG'A	37	KAKAMEGA
06	TAITA TAVETA	22	KIAMBU	38	VIHIGA
07	GARISSA	23	TURKANA	39	BUNGOMA
08	WAJIR	24	WEST POKOT	40	BUSIA
09	MANDERA	25	SAMBURU	41	SIAYA
10	MARSABIT	26	TRANS NZOIA	42	KISUMU
11	ISIOLO	27	UASIN GISHU	43	HOMA BAY
12	MERU	28	ELGEYO-MARAKWET	44	MIGORI
13	THARAKA-NITHI	29	NANDI	45	KISII
14	EMBU	30	BARINGO	46	NYAMIRA
15	KITUI	31	LAIKIPIA	47	NAIROBI
16	MACHAKOS	32	NAKURU		

Q. 103: COUNTRY OF BIRTH

This question is asked only to women who were born outside Kenya. Enter the name of the country in which the respondent was born. Do not put any numbers in the code boxes since the numbers will be entered at a later time.

Q. 104: LENGTH OF RESIDENCE

This question asks how long the woman has been living in the locality where she is living at the time of the interview, i.e., her current place of residence. Here, "living continuously" means without having moved away from a locality. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away. If she has moved from one dwelling to another within the same village or neighborhood, it also does not count as living away.

If she has always lived in her current place of residence (that is, she has never lived in any other locality), select '95.' If she is a visitor, select '96' for VISITOR.

If she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she moved to this locality). Record her answer in completed years.

Example: If the answer is "three and one-half years," write '03.' If the answer is less than one year, write '00.'

Q. 105: FILTER FOR LENGTH OF RESIDENCE

Q. 106: MONTH AND YEAR OF MOVE TO CURRENT LOCALITY OF RESIDENCE

Ask the respondent in which month and year she moved to her current locality of residence. If the respondent knows the date of the move, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know the month of her move, select '98' for DON'T KNOW MONTH and ask her for the year in which she moved to her current locality. If she knows the year, write it in the boxes for YEAR. If she does not know the year of her move, select '9998' for DON'T KNOW YEAR.

Q. 107 and Q. 108: PRIOR RESIDENCE

Qs. 107 and 108 are about the place the respondent lived just before she moved to her current residence.

In Q. 107 we ask about the [PROVINCE/REGION/STATE] the respondent lived in before she moved to her current residence. It's possible that she moved within a [PROVINCE/REGION/STATE] in which case her response will be the same as she reported in Q. 102. If she moved to her current residence from outside the country, select '96' for OUTSIDE OF Kenya.

In Q. 108, we want to know which type of place (that is, city, town, or rural area) was the last one before her current place of residence. In Q. 107, that is why we say "just before."

Q. 109: REASON FOR MOVE

The purpose of this question is to find out the main reason for the respondent's move to where she is living now. All of the precoded reasons refer to the respondent's own motivation for making a move. If she moved to remain together with other member(s) of her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

EMPLOYMENT: Use this code if the respondent moved for a job or to search for employment. Note that military service should be coded under employment. If the respondent moved because of her husband's, parents', or other family member's employment and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

EDUCATION/TRAINING: Use this code if the respondent moved for an educational opportunity or training. If the respondent moved because of her husband's, parents', or other family member's education/training and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

MARRIAGE FORMATION: This code refers to the formation of the respondent's own marriage, regardless of whether it was a formal marriage or informal union (living together as if married). If the respondent moved because of the marriage of someone else in her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON: Use this code when the respondent's main reason for moving was to remain together with her family or household or if she moved to reunite with her family.

FORCED DISPLACEMENT: this code refers to a situation when persons leave or flee their homes due to conflict, violence, persecution, and human rights violations. If a responded was forced to move

because of a natural disaster such as a flood, drought, earthquake, or volcanic eruption, record this under OTHER (SPECIFY).

Q. 110: MONTH AND YEAR OF BIRTH

Qs. 110 and 111 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know her month of birth, select '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Select '9998' for DON'T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 111: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. **You must ask Q. 111 even if the woman provided her birth date in response to Q. 110.**

If the woman **knows** her age, enter it in the space provided.

If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

(a) If the **year of birth is reported** in Q. 110, compute the woman's age as follows:

- Already celebrated birthday in the current year. If the woman has had her birthday in the current year, subtract the year of birth from the current year 2025 2025.
- Not yet celebrated birthday in the current year. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year 2024 .
- Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year 2025 .

Tell the respondent the age you computed as she should know this information about herself. If she does not believe that the age you computed is her correct age, confirm that the year of birth she provided is correct.

(b) If the woman **does not know** her age, and the **year of birth is not reported** in Q. 110, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

Example: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as a war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman **does not know** her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 111, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman provides both her birth date and her age in Qs. 110 and 111, the CAPI program will alert you if the responses are inconsistent. The program, however, will not tell you which piece(s) of information (her birth date, her age, or both her birth date and age) are incorrect.

To understand the situations when the CAPI program will alert you that the responses are inconsistent, it is helpful to practice performing the consistency check manually. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview [2025].

Example:

A respondent that you interview in December 2025 tells you that she was born in January 1979 and is 46 years old. Her responses are consistent, i.e., her month of birth (January) is before the month of interview (December), and the year of birth (1979) and age (46) sum to the year of interview (2025).

Another respondent that you interview in December 2025 says she was born in May 2002 and is 22 years old. Her responses are inconsistent, i.e., her year of birth (2002) and age (22) sum to 2024 rather than to 2025, as would be expected given that her month of birth (May) is before the month of interview (December).

If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year [2024].

Example:

A respondent interviewed in December 2025 tells you that she was born in February 1992 and is 32 years old. Her responses are consistent, i.e., her month of birth (February) is after the month of interview (December), and the year of birth (1992) and age (32) sum to the previous year (2024).

Another respondent interviewed in December 2025 says that she was born in October 1990 and is 35 years old. Her responses are inconsistent, i.e., her year of birth (1990) and age (35) sum to 2025, rather than to 2024, as would be expected given that her month of birth (October) is after the month of interview (December).

If the month of birth is the same as the month of interview, then a sum of either 2024 or 2025 is acceptable.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Add the year of birth to the respondent's age. Accept the sum if it is equal either to the year of interview 2025 or the previous year 2024 .

Example: A respondent tells you she was born in 1995 and is 30 years old. Her answers are **consistent** since the sum of her year of birth (1995) and her age (30) is 2025 .

Another respondent tells you she was born in 1995 and her age is 29 years. Her responses are **consistent** since the sum of the year of birth (1995) and her age (29) is 2024 .

A third respondent tells you that she was born in 1995 and is 31 years old. Her responses are **inconsistent** since the sum of her year of birth (1995) and her age (31) is 2026 .

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 1) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q. 110.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. If the month of birth is before the month of interview (she has already had her birthday this year), use the right-hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left-hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as the year of birth in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. The year of birth listed in either the left- or right-hand column is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as one of the two years of birth recorded in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

FIGURE 1. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2020

Current Age	Year of birth			Current Age	Year of birth	
	Has not had birthday in 2025	Has already had birthday in 2025			Has not had birthday in 2025	Has already had birthday in 2025
	Don't know				Don't know	
0	2024			30	1994	1995
1	2023	2024		31	1993	1994
2	2022	2023		32	1992	1993
3	2021	2022		33	1991	1992
4	2020	2021		34	1990	1991
5	2019	2020		35	1989	1990
6	2018	2019		36	1988	1989
7	2017	2018		37	1987	1988
8	2016	2017		38	1986	1987
9	2015	2016		39	1985	1986
10	2014	2015		40	1984	1985
11	2013	2014		41	1983	1984
12	2012	2012		42	1982	1983
13	2011	2012		43	1981	1982
14	2010	2011		44	1980	1981
15	2009	2010		45	1979	1980
16	2008	2009		46	1978	1979
17	2007	2008		47	1977	1978
18	2006	2007		48	1976	1977
19	2005	2006		49	1975	1976
20	2004	2005		50	1974	1975
21	2003	2004		51	1973	1974
22	2002	2003		52	1972	1973
23	2001	2002		53	1971	1972
24	2000	2001		54	1970	1971
25	1999	2000		55	1969	1970
26	1998	1999		56	1968	1969
27	1997	1998		57	1967	1968
28	1996	1997		58	1966	1967
29	1995	1996		59	1965	1966

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 110) does not agree with the age (Q. 111), you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or the age or both the date and the age are incorrect.

Remember, you **MUST** fill in an answer to Q. 111.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions, thank the respondent for her cooperation, and then discontinue the interview.

When you discover a respondent is outside the age group eligible for interview, you must correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In CAPI, doing so will automatically update the total number of eligible women reported on the cover page of the Household Questionnaire and in the assignment file.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise, do not change the age response in the Household Questionnaire.

Q. 112: PERCEIVED HEALTH

The purpose of this question is to establish how the respondent perceives her own medical health. Make sure to read the entire question and record the response she provides. It is not important to know how she is defining the different categories, and you should not give her any guidance about what the differences between them are.

If the respondent answers Q. 112 by talking about the state of her finances or family troubles, remind her that the question concerns her medical health or how she feels "in the body". If she tells you about specific medical conditions that she is experiencing rather than answering the question with one of the response codes, do not record an answer for the question based on your assessment of how her medical conditions relate to her health status. Rather, repeat the question and tell her we are interested in her opinion of her medical health.

Q. 113: EVER ATTENDED SCHOOL

The term "school" means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in computer software or trades such as mechanics, plumbing, or electrical work.

If a respondent says she attended an early childhood education program, but not school, record NO for Q. 113 since for this question we are only interested in schooling received during childhood, adolescence, and adulthood but not early childhood.

Q. 114: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 115: HIGHEST [GRADE/FORM/YEAR] COMPLETED

For this question, record only the highest [grade/form/year] that the respondent successfully completed at that level.

> *Example*: If a woman was attending Grade 3 of primary school and left school before completing that year, record '02'. Although Grade 3 was the highest year she attended, she completed only two years of primary school.
>
> *Example*: If a woman attended only two weeks of Form 1 of secondary school, record '00' for completed years since she did not complete any grades at the secondary schoollevel.

Q. 116: FILTER FOR EDUCATION LEVEL

Q. 117: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, select '4' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than four respondents, start again with the first sentence on the card.

Q. 118: FILTER FOR LITERACY LEVEL

Q. 119: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

If the respondent tells you that she is reading newspapers or magazines on the Internet, this should still be considered as exposure. The objective is to collect information on whether respondents are accessing newspapers or magazines, and if so, how frequently.

Q. 120: RADIO LISTENING

The purpose of this question is to establish whether the respondent is exposed to radio programming, by whatever means. Accessing the radio through the Internet or cable services, or other means is also included here. If there is any doubt as to whether the respondent listens to the radio at least once a week, probe. For example, after probing, if she says "I listen almost every day, but during the planting season, I'm away and I don't listen at all," record "at least once a week," since she normally listens almost every day. It does not matter who owns the radio or what program she listens to. Again, make sure to read the entire question.

Q. 121: TELEVISION WATCHING

As with Qs. 119 and 120, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence, this time through television broadcasts. It does not matter who owns the television or what program she watches.

A respondent watching television broadcasts via the Internet on a computer, smart phone, or other means should still be considered as watching television, as long as she is accessing television broadcasts.

Qs. 122 and 123: MOBILE PHONE OWNERSHIP

In Q. 122, ask the respondent if she owns a mobile phone. If the respondent says she has access to a mobile phone, but the phone does not belong to her, record NO and skip to Q. 127. If she says she owns a mobile telephone jointly with someone else, record YES.

In Q. 123, ask the respondent if the mobile phone she owns is a smart phone. A smart phone is a mobile phone that performs many of the functions of a computer, typically having a touchscreen surface, Internet access, and an operating system capable of running software applications ("apps").

Qs. 127-129: INTERNET USE

The Internet is a world-wide public computer network. Internet use includes accessing web pages, e-mail, instant messaging, applications (such as WhatsApp), and social media (such as Facebook, X/Twitter, and Instagram). Internet access can be via a fixed or mobile network, and can occur via desktop, laptop, and tablet computers, smart phones, and other devices such as e-readers, smart televisions, and game machines. These questions ask about ever use, use in the last 12 months, and frequency of use in the last month. The type of device used to access the Internet does not matter. It also does not matter if the Internet use takes place in the household where the respondent is living or elsewhere.

Qs. 130 and 131: RELIGION AND ETHNICITY

Ask the respondent for her religion in Q. 130 and her ethnic group in Q. 131. If she belongs to a religion or ethnic group not listed, select '96' for OTHER and write in her response. If the respondent belongs to more than one ethnic group, probe to find out her main ethnic group and record her response accordingly.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, any pregnancies she had that did not end in a live birth, her current pregnancy status, the timing of the start of her last menstrual period, her age at first menstruation, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-209

This group of questions collects information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the household. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths) or miscarriages or abortions; rather, these three types of terminated pregnancies will be captured in Q. 210.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN biological children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, enter '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN biological children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home skip directly from Q. 202 to Q. 204.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying at a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, enter '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, "Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL LIVE BIRTHS

The CAPI program will add up the numbers in Qs. 203, 205, and 207 and enter the total in Q. 208.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Ask the respondent whether the total entered in Q. 208 is correct. If she says NO, select NO, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

> *Example*: Starting with Q. 203, you would ask, "You have two sons and one daughter living with you. Is that correct?" Do the same for Qs. 205 and 207. If you have made any changes to Qs. 203, 205, and 207, a new total will be entered in Qs. 208 and 209.

Once you have made sure the total number of births is correct, change the code in Q. 209 from NO to YES and proceed with Q. 210.

Q. 210: PREGNANCIES THAT DID NOT RESULT IN A LIVE BIRTH

Qs. 201-209 asked the respondent about live births. Now, in Q. 210, we want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy may not result in a live birth:

- **Miscarriage:** a woman's pregnancy ended early and involuntarily
- **Abortion:** the woman voluntarily ended a pregnancy
- **Stillbirth:** the woman gave birth to a child that showed no signs of life (was born dead)

Make sure to read the full question to the respondent.

Q. 211: NUMBER OF LIFETIME MISCARRIAGES, ABORTIONS, AND STILLBIRTHS

Ask the respondent how many miscarriages, abortions, and stillbirths she has had. If she says she had one pregnancy that ended in a miscarriage and another that was a stillbirth, record '02' total miscarriages, abortions, and stillbirths. If she says she was pregnant with twins, and they were both born dead, record '02'.

Q. 212: TOTAL PREGNANCY OUTCOMES

Pregnancy outcomes refer to the total number of live births, miscarriages, abortions, and stillbirths the respondent has had. A woman can have one pregnancy that leads to two or more pregnancy outcomes. For example, a woman who was pregnant with twins could give birth to a live birth and a stillbirth. She had one pregnancy but two pregnancy outcomes. Similarly, a woman who was pregnant with triplets would have one pregnancy and three pregnancy outcomes.

The CAPI program will add up the numbers in Qs. 208 and 211 and enter the total in Q. 212.

Q. 213: FILTER FOR NUMBER OF PREGNANCY OUTCOMES

Qs. 214-228: PREGNANCY HISTORY TABLE

In the pregnancy history table, we want a complete list of all the pregnancy outcomes the respondent has had in the order in which they occurred, starting with her first pregnancy. Each pregnancy outcome will occupy one row in the pregnancy history table.

Q. 214: REQUEST FOR PREGNANCY HISTORY

Begin the section by informing the respondent that we would like to record all of her pregnancies, from all marriages and unions, including live births, stillbirths, miscarriages, and abortions.

For each pregnancy outcome, you will ask Qs. 215-222 in one row (the end of which is marked by a thick black line), before moving to the next pregnancy outcome in the next row. After all the pregnancies are listed and the information in Qs. 215-222 has been entered for each outcome, you will then complete Qs. 223-228 for each pregnancy outcome.

Q. 215: SINGLE PREGNANCY, TWINS, TRIPLETS OR OTHER CATEGORY OF MULTIPLE PREGNANCY

Beginning with the respondent's first pregnancy, record whether the pregnancy was a single pregnancy or a pregnancy of twins, triplets, or other category of multiple pregnancy.

For example, a respondent's first pregnancy resulted in twin boys, Marcus (born first) and Michael (born second). The respondent's next pregnancy resulted in a stillbirth. In Q. 215, code 2 (TWINS) would be entered in line 01 (Marcus) and line 02 (Michael). Code 1 (SING) would be entered in line 03 (stillbirth).

If the respondent's pregnancy resulted in triplets, code 3 (TRIP) would be entered in Q. 215 for each of the three pregnancy outcomes. If the respondent had more than 3 pregnancy outcomes (e.g., quadruplets or quintuplets), the total number of pregnancy outcomes would be entered into the box provided, and this same number would be used for each outcome.

Q. 216: PREGNANCY OUTCOME STATUS

The wording of this question will depend on whether the pregnancy resulted in a single outcome or multiple outcomes. If the pregnancy resulted in a single outcome, ask "Was the baby born alive, born dead or did you have a miscarriage or abortion?" Select the appropriate response code. Notice that the skips differ for each category and therefore it is critical to code the respondent's answer correctly:

- BORN ALIVE skips to Q. 218.
- BORN DEAD proceeds to next question.
- MISCARRIAGE and ABORTION skip to Q. 220

If the pregnancy resulted in multiple outcomes, for the first outcome, ask "Was the first baby in this pregnancy born alive or born dead?" For subsequent outcomes, ask "Was the next baby in this pregnancy born alive or born dead?" Note that although the multiple pregnancy version of the question does not explicitly mention miscarriage or abortion, both are still available as result codes. Thus, if in Q. 215 a respondent says she was pregnant with twins and she miscarried both of them, you will be able to code this result correctly in Q. 216.

Q. 217: CONFIRMATION OF STILLBIRTHS

This question is only asked about pregnancies that the respondent said ended in a stillbirth (category '2' in Q. 216). Here we are confirming whether the child was born dead (that is, the child never cried, moved, or breathed) or whether the pregnancy ended with a child who was born alive but later died. Remember to be sympathetic and tactful when asking these questions as they can be painful for the respondent.

If the respondent says that the baby did not cry, move, or breathe, select 'NO' and skip to Q. 220. This is a true stillbirth.

If the respondent says the baby showed any sign of life, select 'YES' and proceed to the next question. This baby was born alive.

Note: if Q. 217 showed that the pregnancy resulted in a live birth and not a stillbirth, you do not need to go back and correct Q. 216.

Q. 218: BABY'S NAME

Record the name of the baby born from the pregnancy.

Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write "Harvey Johnson" and "Matilda J.," not "H. Johnson" and "M. Johnson." If the baby never had a name, either because it is still very young or because it died when it was very young, write "Baby" for the name.

Q. 219: CHILD'S SEX

Select the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Joyce is a girl?" Do not assume the sex of the child from the name.

Q. 220: DAY, MONTH, AND YEAR OF PREGNANCY OUTCOME

The information in Qs. 216 and 217 will be used by the CAPI program to determine how to properly ask this question. The wording of the question will vary depending on whether the pregnancy outcome was a live birth or a stillbirth, miscarriage, or abortion.

If category '1' BORN ALIVE is recorded in Q. 216, you will ask "On what day, month, and year was (NAME) born?"

If category '3' MISCARRIAGE or '4' ABORTION is recorded in Q. 216, ask "On what day, month, and year did this pregnancy end?"

If category '2' BORN DEAD is recorded in Q. 216, the CAPI program will check Q. 217 to confirm if the pregnancy outcome was a stillbirth ('2' NO is recorded in Q. 217). In this instance, you will ask "On what day, month, and year did this pregnancy end?" However, if '1' YES is recorded in Q. 217, then we have determined that the outcome was actually a live birth, and you will ask "On what day, month, and year was (NAME) born?"

For live births, always look at any documents you collected from the woman at the beginning of the interview (e.g., birth certificate, child's immunization record, or mother's health documents) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the

information on the document may be the date when the event was recorded and not the date when the child was born.

For all pregnancy outcomes, you **must** enter the year of birth (or year the pregnancy ended), even if it is respondent's best estimate. If the respondent cannot recall the year when the pregnancy outcome occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

> *Example*: If she knows the second child was born in 2004 and the first child was just a year old at that time, enter '2003'as the year of birth of the first child.

For pregnancy outcomes that occurred in the last 5 years, you **must** enter **both a month and year** of birth (or month and year the pregnancy ended), even if the dates are an estimate based on probing. The CAPI program will not allow you to enter 'DON'T KNOW' for either the month or year. The day of the birth (or day the pregnancy ended) should also be entered if it is known or if it can be estimated, but you are allowed to enter '98' for 'DON'T KNOW' if the respondent is unable to provide any information.

> *Example*: if a respondent says her daughter was born in 2017, but she does not know which day or month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant [during Ramadan or at Christmas or Easter time], or during some other significant event/season of the year to try to determine at least the month of birth. Convert months to numbers, as before. If you have no information on the day of birth, write '98' for DAY. You must provide a month and year of birth.

Note: pregnancies with multiple outcomes may not end on the same day. For example, one twin could be born in the late evening of 12 November and another the early morning of 13 November. The CAPI program allows a difference of 1 day. If the difference is greater than 1 day, an error message will appear, and the interviewer will be asked to verify or to correct the date of either outcome. If the difference is greater than 1 day and is verified by the interviewer, the CAPI program will force the date of birth for both outcomes to match the latest date. In such an instance, please use the note function to explain the issue.

Q. 221: LENGTH OF PREGNANCY

Record the duration of the pregnancy in completed weeks or months, based on the unit of time the respondent uses. Either unit of time is equally acceptable. If the woman says she had a full-term pregnancy, record '09' in MONTHS. For example, if a woman had a miscarriage after being pregnant for 7 weeks, record the duration in completed weeks. If a woman was pregnant for an unknown but short time, ask the respondent to make an estimate.

Q. 222: PROBING THE INTERVAL BETWEEN PREGNANCY OUTCOMES

The purpose of this question is to make sure that we have not missed any of the respondent's pregnancy outcomes. The phrasing of the question depends on information you will have entered in Qs. 215-221. For the first pregnancy outcome (row 01), you will ask whether there were pregnancies that occurred before the first pregnancy the respondent mentioned. For a single pregnancy or for the first birth of a multiple pregnancy, you must ask the respondent whether there were any pregnancies between the previous pregnancy and the pregnancy about which you had just been asking. If the woman tells you there was no other pregnancy, record NO in Q. 222.

If the woman tells you that there was another pregnancy, record YES in Q. 222. You will then need to add the additional pregnancy outcome to the table and ask Qs. 215-222 for that pregnancy outcome.

> *Example*: Initially a respondent tells you that she has had three pregnancies, the first resulting in the birth of Michael, followed by the birth of Mary, followed by a miscarriage. After

recording all of the information for Qs. 215-221 for the miscarriage as appropriate, you ask Q. 222: "Were there any other pregnancies between the previous pregnancy (birth of Mary) and this pregnancy?" The woman tells you there was a stillbirth after Mary and before the miscarriage. Record YES in Q. 222. You will then add the stillbirth to the pregnancy history.

In a paper questionnaire, you would add the stillbirth to the end of the pregnancies, draw an arrow to show the location of the stillbirth between Mary and the miscarriage, and renumber the pregnancy numbers to reflect the correct order of the pregnancies. The method you will use to add a birth to the pregnancy table in the CAPI system will be discussed during the CAPI training.

In the situation where you are collecting information on a second, third, fourth (etc.) birth of multiple pregnancy, there is no need to ask Q. 222. Instead, skip to 216 in the next row. This will be done automatically by CAPI.

Q. 222A: RECENTLY ENDED PREGNANCIES

In this question, you will confirm whether there are any recent pregnancies that the respondent may not have mentioned. If the respondent mentions a recent pregnancy not listed in the pregnancy history table, select 'YES' and record the pregnancy outcome in the last row of the table. If there are no more recent pregnancies, select 'NO' and proceed to Q. 223 (row 01).

Q. 222B: CONFIRMATION OF NUMBER AND ORDER OF PREGNANCY OUTCOMES

An accurate pregnancy history requires a complete list of pregnancy outcomes in the correct order. This question instructs you to read out loud the list of pregnancy outcomes in the order that they appear on your tablet and ask the respondent to confirm that their number and order is correct. If the respondent identifies a problem, probe for the correct information and revise the pregnancy history as required.

Q. 223: FILTER FOR PREGNANCY OUTCOME STATUS

You will arrive at Q. 223 only after you have completed Qs. 215-221 for each pregnancy outcome. This filter will check Qs. 216, 217, and 221 to determine whether the Qs. 224-228 are relevant for each pregnancy outcome. If the pregnancy ended in a stillbirth, miscarriage, or abortion, proceed to Q. 223 for the next pregnancy outcome.

In this survey, a pregnancy that did not end in a live birth is classified as a stillbirth if the pregnancy duration is 7 months/28 weeks or longer and is classified as miscarriage if the pregnancy duration is less than 7 months/28 weeks.

Q. 224: CHILD'S SURVIVAL STATUS

In Q. 224, we are asking the respondent whether a child that was born alive is still alive or not. If the child was born alive but died later on, select '2' NO and skip to Q. 228.

Q. 225: AGE OF LIVING CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was John born?" You can also use other available information such as relating John's age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 225 until the consistency between Q. 220 (date of birth) and Q. 225 (age) has been checked. The CAPI program will automatically alert you if Q. 220 and Q. 225 are inconsistent. To do this check manually, you would use either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview, or month of birth is the same as the month of interview and day of birth is on or before the day of interview), the sum should be 2025 . If the child has not had a birthday yet this year (month of birth is after month of interview, or month of birth is the same as the month of interview and day of birth is after the day of interview), the sum should be 2024 . If the child's month of birth is the same as the month of interview and the day of birth is not known, the sum can be either 2024 or 2025 . If the month of birth is not known, the sum can be either 2024 or 2025 .

Age/Birth Date Consistency Chart. Locate the age on the chart (Figure 1). Check that the birth year is consistent with that age in the chart. Use the right-hand column if the month of birth is before the month of interview and the left-hand column if the month of birth is after the month of interview. If the month of birth is the same as the month of interview, use the right-hand column if the day of birth is on or before the day of interview and the left-hand column if the day of birth is after the day of interview. If the month of birth is not known, or the month of birth is the same as the month of interview and the day of birth is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 110 and 111.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both responses—age or birth date—may be wrong.

Q. 226: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their biological mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 227: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 227, record the line number of the child from Column 1 of the Household Schedule in the Household Questionnaire. If the child is not living in the household, enter '00' in the boxes. If the child is not listed in the Household Schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, you will need to add the child to the Household Schedule.

Be careful in recording the line number from the Household Schedule since any errors will cause problems during data processing.

After completing Q. 227 for the first pregnancy outcome, proceed to Q. 223 for the next pregnancy outcome.

Q. 228: AGE AT DEATH

If the skip pattern has been followed correctly, you will be asking this question only for children who were born alive and have since died.

For all children who have died, you must record an age at death in Q. 228, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child's age at the time of death.

- If the child was less than one month old at death, select '1' and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, select '2' and write the answer in MONTHS.
- If the child was two years old or older when he or she died, select '3' and write the answer in YEARS.

If the instruction in Q. 228 is followed correctly, you should **never** record **'00' months or '00' or '01' years**.

Here are some examples of how to record age at death:

"She was 3 years old when she died."	DAYS 1 MONTHS 2 YEARS 3 ◯	**0 3**
"He was only six months old."	DAYS 1 MONTHS 2 ◯ YEARS 3	**0 6**
"She died when she was 5 days old."	DAYS 1 ◯ MONTHS 2 YEARS 3	**0 5**
"He was 4 and a half months old."	DAYS 1 MONTHS 2 ◯ YEARS 3	**0 4**
"He was 2 weeks old when he passed away." After probing you learn that the baby was actually 12 days old when he died.	DAYS 1 ◯ MONTHS 2 YEARS 3	**1 2**
"She died on the same day she was born."	DAYS 1 ◯ MONTHS 2	**0 0**

	YEARS 3	

Some points to remember in completing Q. 228:

- **Use completed units.** You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04.'

- **Convert answers given in weeks to days or months.**

  - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is "three weeks," probe for the number of days. If the mother says 19 days, record DAYS '19.'

  - If the answer is **four weeks or more**, convert the answer to completed months. An answer of "seven weeks" would be recorded as MONTHS '01.'

- **Probe when the answer is "one year"**. We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond "one year old" even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds "one year" or "12 months" to this question, probe by asking, "Did (NAME) have (his/her) first birthday?" followed by "Exactly how many months old was (NAME) when (he/she) died?"

"She died when she was one year old." After probing, you may learn that the child was actually 13 months old.	DAYS 1 MONTHS 2 ◯ YEARS 3	**1 3**

OTHER POINTS ABOUT THE PREGNANCY HISTORY TABLE

1) Recording of age at death, year of outcome, and age of living children. For day of the pregnancy outcome in Q. 220, it is permissible to record Code '98' for DON'T KNOW as an answer. For month of the pregnancy outcome in Q. 220, it is possible to record Code '98' for DON'T KNOW if the pregnancy outcome did not occur in the last 5 years, but this code should only be used when it is not possible to come up with an estimate. However, for year of pregnancy outcome (Q. 220), age of living children (Q. 225), and age at death (Q. 228), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, work with the respondent to obtain a best estimate on the basis of the woman's answers.

2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.

3) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 2008 and May 2009, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 230: CONSISTENCY OF TOTAL PREGNANCIES

The CAPI program will compare the number of pregnancy outcomes in Q. 212 to the number of pregnancy outcomes listed in the pregnancy history table. If the number in the table is equal to the number in Q. 212, you will proceed to Q. 231.

If the number in the table is greater than the number in Q. 212, you will also proceed to Q. 231. This situation could occur if, for example, a pregnancy that resulted in multiple stillbirths (e.g., stillbirth twins) was counted as a single pregnancy outcome in Q. 212 but as two pregnancy outcomes in the pregnancy history table. In such an instance, there is no need to make a correction.

In contrast, if the number in the pregnancy history is less than the number recorded in Q. 212, you must probe to find the cause of the difference and correct it before you continue to Q. 231. This may necessitate adding pregnancy outcomes to the pregnancy table or subtracting pregnancy outcomes from Qs. 203, 205, 207, or 211. When properly completed, your questionnaire must always have the same or more pregnancy outcomes in the table as the number recorded in Q. 212.

Q. 231: PREGNANCIES AND BIRTHS ON THE CALENDAR

Each birth and termination (stillbirth, abortion, or miscarriage) in 2020 or later must be entered in the calendar, which is included at the end of the Woman's Questionnaire. This will be done automatically by the CAPI program based on the information entered into Qs. 215-228. Below, is a description of the process that would be used to complete a paper questionnaire so that you will understand what information is included in the calendar and from where it comes.

First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Based on the information entered in Q. 221, record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted. If the duration of the pregnancy was recorded in weeks in Q. 221, multiply the number of weeks by 0.23 to convert to the number of months. Round down to the nearest whole number to get the number of completed months of pregnancy.

> *Example 1*: The respondent gave birth to one child, Marie, since January 2020. She reports that she had completed nine months of pregnancy when she gave birth to Marie in November 2023. Record a 'B' in the calendar in November 2023 and record 'P's in each of the preceding 8 months, i.e., in the months March through October 2023. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2023.
>
> *Example 2*: The respondent gave birth to one child, Mohamed, since January 2020. She reports that she had completed 41 weeks of pregnancy when she gave birth to Mohammed in June 2021. Multiply 41 weeks x 0.23 to get 9.43 months. This is 9 completed months. Record a 'B' in the calendar in June 2021 and record 'P's in each of the preceding 8 months, i.e., in the months October through May 2023. Write 'Mohammed' to the left of June 2021.

Any pregnancy that ended in January 2020 or later and did not result in a live birth should also be recorded in the calendar. Follow the same instructions as for live births except record a 'T' in the month the pregnancy ended.

> *Example 1*: A woman had a pregnancy end in a stillbirth in May 2019 in the eighth month of her pregnancy. Place a 'T' in the calendar next to May 2019 and a 'P' in each of the six months preceding May 2019 i.e., in each month in the calendar from November 2018 through April 2019.

Example 2: A woman tells you that the last pregnancy she lost ended in August 2019 after 14 weeks of pregnancy. Multiply 14 weeks x 0.23 to get 3.22 months. This is 3 completed months. Place a 'T' in the calendar next to August 2019, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., June and July 2019).

Example 3: A woman tells you that she had a pregnancy that ended in a miscarriage in March 2020 after 11 completed weeks of pregnancy. Multiply 11 weeks x 0.23 to get 2.53 months. This is two completed months. Place a 'T' in the calendar next to March 2020 and one 'P' in the one preceding month (February 2020).

Q. 232: CURRENT PREGNANCY STATUS

Q. 233: WEEKS OR MONTHS OF CURRENT PREGNANCY

Record the answer in completed weeks or months, putting a zero in the first box if she has completed nine or fewer weeks or months of pregnancy. You may need to check that the woman is responding in completed weeks or months.

Example: If the woman answers that she is 'five months pregnant,' ask "Are you in your fifth month of pregnancy, or have you completed your fifth month of pregnancy?" Record '04' if she responds that she is in the fifth month of pregnancy and '05' if she has completed five months of pregnancy.

The information collected in Q. 233 must also be added to the calendar. This will be done automatically by the CAPI program. If this were a paper survey, you would write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 233, i.e., the number of completed months of pregnancy. If the woman reported the pregnancy duration in weeks, you would multiply the number of weeks by 0.23 to convert to the number of months. You would then round down to the nearest whole number to get the number of completed months of pregnancy to enter into the calendar.

If the woman does not know how many weeks or months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Qs. 234 and 235: DESIRED TIMING OF PREGNANCY

In Q. 234, women who are pregnant are asked whether they wanted to get pregnant at that time.

The wording of Q. 235 depends on whether or not the respondent has ever had a live birth. Depending on the information provided in Q. 208, the CAPI program will automatically choose the correct wording of the question for you to ask.

Q. 236: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

Example: if she says "three weeks ago," select '2' and record WEEKS AGO '03.' If she says "Four days ago," select '1' and record DAYS AGO '04.'

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

Some respondents, especially women who are currently pregnant, may give you the date that her last menstrual period began. If this happens, calculate the length of time since that date and record it in the appropriate units. If the date is less than one week ago, record her answer in days. If the date is less than one month ago, record in weeks. If the date is less than one year ago, record in months.

> *Example:* the date of interview is 3 January 2022, and the respondent reports that the start date of her last menstrual period was 31 December 2020, that is just over one year ago. Record YEARS AGO '01'.
>
> *Example:* the date of interview is 3 January 2022, and the respondent says that the date of her last menstrual period was 31 January 2021. Record MONTHS AGO '11'.
>
> *Example:* the date of interview is 3 January 2022, and the respondent says the date of her last menstrual period was 1 October 2021. In this instance, record MONTHS AGO '03'.

There are also several response codes used to assist situations where a respondent cannot recall the start date of her last menstrual period. If she doesn't know when her last menstrual period started and has not menstruated since the end of her last pregnancy, record BEFORE LAST PREGNANCY. If she doesn't know when her last menstrual period started and tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has never menstruated, record NEVER MENSTRUATED.

Q. 237: FILTER FOR TIMING OF LAST MENSTRUAL PERIOD

Qs. 238 and 239: MENSTRUAL HYGIENE

If a woman lacks proper menstrual hygiene management, she may face exclusion from education and social activities. Ask Q. 238 and record all methods and products the respondent used to collect or absorb blood during her last menstrual period. In Q. 239, we are interested in knowing whether, during her last menstrual period, the respondent was able to wash and change in private in her own home. If she was away from her home during her last period, record '3' AWAY FROM HOME DURING LAST MENSTRUAL PERIOD.

Q. 240: AGE AT FIRST PERIOD

Ask the respondent how old she was when she had her first ever menstrual period. Probe to help the woman remember the age she was when it first happened.

Qs. 241 and 242: KNOWLEDGE OF MONTHLY CYCLE

Ask Q. 241 to see whether the woman thinks there are days during a woman's monthly cycle when she is more likely to become pregnant. If she says yes, ask Q. 242. Make sure to read the entire question mentioning each of the four possible times before recording her response.

Q. 243: KNOWLEDGE OF POST-PARTUM FERTILITY

Ask whether the respondent thinks that a woman can get pregnant after giving birth but before her menstrual period returns.

D. Section 3: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 301: Contraceptive Table

The contraceptive table (Figure 2) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

1) Read the introductory sentence at the top of the table.

   Then, starting at the top of the list, ask "Have you ever heard of (METHOD)?" Select Code '1' if she knows the method and '2' if she does not know the method. If the woman seems to be unfamiliar with the name of the method, read the full description of the method to her.

   The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. An operation performed to enable the woman to stop having children. This is also referred to as tying the Fallopian tubes, a tube tie, or tubal ligation.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormonal IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on the type) before needing to be replaced.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*®. Another injectable contraceptive, NET EN (also called *Noristerat*®) is given every two months.

FIGURE 2. CONTRACEPTIVE TABLE

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO 2
09 **(1)**	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO 2
10 **(2)**	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES ..... 1 NO 2
11 **(3)**	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES ..... 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO 3

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent soft plastic pouch that can be placed in the vagina before sex to avoid pregnancy.

EMERGENCY CONTRACEPTION. Women can take pills up to [three/five] days after having sex to avoid getting pregnant. These pills are also called "morning-after pills."

Note: an IUD may be used as a form of emergency contraception. However, in the DHS, emergency contraception refers only to emergency oral contraception and not the IUD. If a respondent says she has heard of an IUD as a form of emergency contraception but has not heard of emergency oral contraception, in the contraceptive table, record YES to IUD but NO to emergency contraception.

STANDARD DAYS METHOD. Women use color-coded beads to track the days of their menstrual cycle when they are most likely to get pregnant, and the couple avoids unprotected sex on those days. These are sometimes referred to as CycleBeads.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to:

- Breastfeed frequently (without feeding the child anything else except very limited amounts of plain water);
- Know that the method can be used for up to six months after a birth as long as menstruation has not returned;
- Know that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, she should begin using another method of contraception if she wants to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. Nor is it the same as the Standard Days Method, which requires the use of colored beads or a similar tool. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

Q. 302: FILTER FOR PREGNANCY STATUS

Q. 303: CURRENT USE OF CONTRACEPTION

This question, along with Qs. 304-307, are some of the most important in the questionnaire. First, ask the respondent whether she or her partner are currently using any method of contraception to delay or avoid pregnancy. Current users of contraceptive methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily. However, if the respondent forgot to take her pill one day, but is now taking the pills every day, she would still be considered to be a current user. Some methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to three months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled. If any of these methods are currently being used by the woman to delay or avoid pregnancy, select '1' YES.

It is important to note that the question also refers to anything the woman's partner may be using to delay or avoid pregnancy, for example, using male condoms or withdrawal.

If the woman or her partner are sterilized for the purpose of avoiding pregnancy, select '1' YES.

If neither the respondent nor her partner is currently using any method of contraception, record '2' NO proceed to the next question.

Q. 304: STERILIZATION STATUS

Female and male sterilization provide permanent protection against pregnancy. Sometimes, however, respondents who are sterilized or whose partners are sterilized don't respond YES to Q. 303. This can occur because, for example, the sterilization happened several years ago, and they don't think of it as a method they are actively using in the same way that a couple would actively use contraceptive pills or male condoms. Therefore, in countries in which sterilization is common, we ask women directly about their sterilization status.

If the respondent says yes to Q. 304, ask: "Who is sterilized, you or your partner?" If the respondent is sterilized and her partner is not, record '1' YES, RESPONDENT STERILIZED ONLY.

If the woman's partner has been sterilized but she has not, record '2' YES, PARTNER STERILIZED ONLY. If, however, she says her husband had a vasectomy, but she and her husband are no longer together, his sterilization status should **not** be considered in response to this question.

If neither the respondent nor her current partner is sterilized, record '4' NO, NEITHER STERILIZED and skip to Q. 306.

Q. 305: FILTER FOR STERILIZATION STATUS

Q. 306: CHECK FOR CURRENT CONTRACEPTIVE USE

The respondent may consider some types of family planning as not being contraceptive methods, and therefore did not mention their use in Q. 303. These methods include deliberately avoiding sex on certain days (Standard Days Method, using beads, or rhythm method), condoms, withdrawal, and emergency contraception.

Make sure to read the entire question to the respondent, and if she or her partner are currently using any of the methods listed, record '1' YES. If the respondent confirms that she and her partner are not using any of the methods in the question, record '2' NO and skip to Q. 317.

Q. 307: CURRENT USE OF CONTRACEPTIVE METHODS

If the woman mentions more than one method, select the code for all methods that are currently being used. If more than one method is selected, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method. Note: the CAPI program will automatically follow the skip instructions of the highest method on the list.

If the woman says she is using an IUD as a form of emergency contraception, record IUD and not EMERGENCY CONTRACEPTION.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 307, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Note: Hysterectomy (removal of the uterus) is not a contraceptive method unless it was performed to enable the woman to stop having children. If, for example, a woman answers YES to Q. 303 and then, in response to Q. 307, says she had a hysterectomy to remove a cancerous tumor or for some other medical reason, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Check to be sure that the response to Q. 307 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 307 as necessary.

Qs. 308-309 : INJECTABLE, PILL AND CONDOM BRANDS

If injectables, the pill, or condom is reported as the current method in Q. 307, we are interested in the brand of the most effective method being used. Knowing the brand of a method can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of injectables, ask Qs. 308 and 309. In Q. 308, show images of Sayana Press and regular syringes to the respondent so she can point to the type of injectable that was used the last time she received it. In Q. 309, we are interested in knowing about who administered the injection the last time the respondent received it.

Qs. 312 and 313: WHERE STERILIZATION WAS OBTAINED AND DATE OF STERILIZATION

Qs. 312 and 313 are only asked of respondents who indicate that they are using female or male sterilization as a method of contraception. Q. 312 applies to either the respondent's or her partner's sterilization. If they are both sterilized, then Qs. 312 and 313 only refer to her sterilization. Select the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government), in the private sector, or whether it is an NGO.

If you cannot determine whether the facility is public, private, or an NGO, select '96' and write the name of the place in the space provided.

In Q. 313, record the month and year that the sterilization was performed. If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

Q. 314: DATE OF START OF CURRENT METHOD

Q. 314 is asked of users of family planning methods other than sterilization. Ask the respondent the month and year she started using the current method most recently without stopping.

> *Example*: A woman started using the pill in June 2017. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2019 and started using the pill again in March 2019. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2019' for YEAR.

Q. 315: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

This filter will check to see whether the date is AFTER the date of the woman's most recent pregnancy outcome. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 316: ENTER CURRENT USE ON CALENDAR

If the year in Q. 313 or Q. 314 is [2020- 2025], select the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and the months in between (or join them with a squiggly line).

If the woman started using her current method in 2020 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2020. Then skip to Q. 329.

Q. 317: CONTRACEPTIVE HISTORY

Q. 317 asks both current and past users of contraception about their history of contraceptive use since January 2020 . Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive history.

To do this, you need to find out several pieces of information:

1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
2) When did she start using that method?
3) For how long did she use that method continuously, and when did she stop using that method?
4) Why did she stop using the method?
5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

Example: The respondent has had two births, Mercy and John. Through the pregnancy history, you have learned that she gave birth to Mercy in January 2022 and became pregnant with John in June 2023 , and both of these pieces of information have been recorded in the calendar. To fill in the respondent's contraceptive history in the period of time between the births of Mercy and the start of the pregnancy with John, the first question you could ask would be: "**Between the birth of Mercy in January 2022 and becoming pregnant with John in June 2023 , did you or your partner use any method of contraception?**" The respondent tells you that she used male condoms.

You would then ask, "**How long after the birth of Mercy did you begin using male condoms?**" She tells you she began using in the third month after the birth of Mercy. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, "**For how long did you use male condoms continuously?**" She tells you 10 months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using male condoms. You could ask, "Why did you stop using male condoms?" The respondent tells you that she wanted to become pregnant.

This accounts for 12 out of the 16 months between Mercy's birth and the time when the respondent became pregnant with John. You now need to find out what the respondent was doing between the time she stopped using male condoms and became pregnant with John. Ask a question such as, "**After you stopped using male condoms, and before you became pregnant with John, did you or your partner use any contraceptive method?**" She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Mercy and the start of the pregnancy with John:

1) Whether she used a contraceptive method between Mercy and John and which method she used
2) At what point she began using that method after the birth of Mercy

3) For how long she used that method continuously and when she stopped using that method
4) The reason she stopped using that method
5) Whether she used another method after she stopped using condoms and before becoming pregnant with John.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes for the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January 2020 to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the method in September 2024 , then a discontinuation code should be entered in column 2 for September 2024 .

More information on completing the calendar is presented in Section N. Completing the calendar will also be addressed in the CAPI training.

Q. 318: USE OF EMERGENCY CONTRACEPTION IN LAST 12 MONTHS

This question asks whether the respondent used emergency contraception in the last 12 months. Make sure to read the whole question to her so she understands what we mean by emergency contraception.

Q. 319: FILTER FOR USE OF ANY METHOD IN THE CALENDAR

Q. 320: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 321: FILTER FOR CURRENT METHOD

Q. 322: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, "Where did you obtain the condoms when you began using them this time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government), in the private sector, or whether it is an NGO. Record PRIVATE DOCTOR only if the doctor has his/her own practice that is not located within a larger facility.

If the respondent does not know whether the place is public, private, or NGO, select code '96' and record the name of the place.

Qs. 323-325: TOLD ABOUT SIDE EFFECTS

Qs. 323-325 ask what information a current user has received about the side effects or problems associated with her current method. Q. 323 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 324 asks the same question, but of women who have been sterilized. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Record '1' YES for Q. 325 if a current user who was informed about the side effects or problems she might experience in using her current method was advised about what to do if she experienced any side effects or problems in using the method.

Q. 326: TOLD ABOUT OTHER METHODS

In this question, a current user is asked whether she was told about other methods of family planning at the time she obtained her current method.

> *Example*: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use her current method, record '1' YES in Q. 326.

Q. 327: FILTER FOR CURRENT METHOD

Q. 328: TOLD ABOUT SWITCHING METHODS

Q. 328 asks the respondent whether she was told that she could switch to another method if she wanted to or needed to at the time she obtained her current method of contraception. This question is different from Q. 326, which asks simply whether she was told about other methods and does not concern the possibility of her switching methods.

Q. 329: FILTER FOR CURRENT METHOD

Q. 330: LAST SOURCE OF CURRENT METHOD

Q. 330 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 330 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

Q. 331: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 331 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method.

Q. 332 and Q. 333: VISITED BY FIELDWORKER

Q. 332 is asked to ascertain whether any fieldworker visited the respondent in the last 12 months. In Q. 333, ask if the fieldworker talked to the respondent about family planning. It does not matter whether the fieldworker was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. The fieldworker may have visited for a purpose that was not primarily family planning, for example, the fieldworker may have visited to check on the health of a child; if the fieldworker discussed family planning with the respondent, record '1' YES.

Q. 334: VISITED HEALTH FACILITY IN LAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the last 12 months. The visit did not have to be specifically for family planning.

Q. 335: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, record '1' YES.

E. Section 4: Pregnancy and Postnatal Care

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions only about pregnancies and births that occurred in the 35 months before the survey. Thus, if a woman did not have a pregnancy outcome in this period, you will go on to the next section.

The filters and skip patterns in this section are complicated and would be very difficult to execute correctly using a paper questionnaire. Fortunately, you will be using the CAPI program and thus you should not run into any problems. The CAPI program will use the information you've entered into the questionnaire up until this point to ensure you follow the correct skip patterns.

Q. 401: FILTER FOR PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

Q. 402: LIST PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

All pregnancy outcomes in 0-35 months before the survey will be entered in the table in Q. 402, starting with the last (most recent). This task will be performed by the CAPI program which will check Q. 220 and Q. 215 to identify, respectively, the last pregnancy outcome occurring in 0-35 months before the survey and the corresponding pregnancy history number for that pregnancy outcome. Based on the information in Q. 223, the CAPI program will classify the pregnancy outcome type using the following codes:

1 Most recent live birth
2 Prior live birth
3 Most recent stillbirth
4 Prior stillbirth
5 Abortion or miscarriage

> *Example*: A woman has been pregnant a total of four times in her life. Two of her four pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 4) resulted in a live birth named Judy. The second-to-last pregnancy (pregnancy history number 3) also resulted in a live birth named Jeffrey.

In Q. 402, the CAPI program will list the most recent pregnancy first. Judy's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH. Jeffrey is the second most recent pregnancy so he will be listed next. Jeffrey's pregnancy history number is '03', and the pregnancy outcome will be classified as '2' PRIOR LIVE BIRTH.

> *Example*: A woman has been pregnant a total of six times in her life. Three of her six pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 6) resulted in a stillbirth. The next-to-last pregnancy (pregnancy history number 5) resulted in a miscarriage. The third-to-last pregnancy (pregnancy history number 4) resulted in a live birth named Annie.

In Q. 402, the CAPI program will list the most recent pregnancy first. The stillbirth's pregnancy history number is '06,' and the pregnancy outcome will be classified as '3' MOST RECENT STILLBIRTH. The miscarriage is listed next. The miscarriage's pregnancy history number is '05,' and the pregnancy outcome will be classified as '5' ABORTION OR MISCARRIAGE. Finally, the live birth of Annie is listed. Annie's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH.

Q. 403: INTRODUCTORY STATEMENT

Read Q. 403 to the respondent to inform her of your intention of asking questions about pregnancies she had in the last three years. If she had more than one pregnancy outcome in the last three years, be sure to read the sentence in parentheses informing her that you will ask about each pregnancy outcome separately, beginning with the last one.

Qs. 404-407: PREGNANCY OUTCOMES IN THE LAST THREE YEARS

This series of filters is used by the CAPI program to choose the appropriate wording for subsequent questions in this section. For example, if subsequent questions are asked about a live birth, you will want to refer to the name of child. If, however, you are asking about a stillbirth or a miscarriage/abortion, then you will ask questions about pregnancies that ended on a specific date. It is not critical for you to learn how to complete these filters since they will be executed by the CAPI program.

Not all of the remaining questions in this section are relevant for all pregnancy outcomes. Figure 3 provides an overview of which topics or indicators are relevant for which pregnancy outcome.

FIGURE 3. MATERNAL AND NEWBORN HEALTH TOPICS BY PREGNANCY OUTCOME

Topic/indicator	Pregnancy outcomes included in indicator
Wantedness/timing of the pregnancy	All pregnancies (codes 1-5)
ANC visits: number, timing of first visit, source, provider	Most recent live birth (code 1), most recent stillbirth (code 3)
Content of antenatal care (ANC)	Most recent live birth (code 1), most recent stillbirth (code 3)
Tetanus vaccination in ANC	Most recent live birth (code 1)
Iron supplementation in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
Deworming in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
IPTp for malaria	Most recent live birth (code 1), most recent stillbirth (code 3)
Birth attendant, place of birth	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Cesarean section (C-section)*	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Skin-to-skin contact after birth	Most recent live birth 0-35 months before the survey (code 1)
Size at birth/weighed at birth/birthweight	All live births 0-35 months before the survey (codes 1, 2)
Birth facility staff treated woman with respect*	Most recent live birth (code 1), most recent stillbirth (code 3)
Duration of stay in health facility*	Most recent live birth (code 1), most recent stillbirth (code 3)
All postnatal care (PNC) contact questions for the mother	Most recent live birth (code 1), most recent stillbirth (code 3)
All PNC contact questions for the newborn	Most recent live birth (code 1)
PNC content, newborn	Most recent live birth (code 1)
PNC content, mother	Most recent live birth (code 1), most recent stillbirth (code 3)
Duration of amenorrhea/abstinence	Most recent pregnancy (codes 1, 3, 5)

* Facility births only

Qs. 408 and 409: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's most recent pregnancy was wanted or unwanted and, if wanted, whether she got pregnant with that particular pregnancy sooner than preferred.

Q. 410: HOW LONG TO WAIT

Note that this question asks respondents who say that they wanted to wait longer to have a/another baby in Q. 409, how long they wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and select the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

> *Example*: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would select 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Q. 411: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 412: RESPONDENT SOUGHT ANTENATAL CARE

This question refers to any antenatal care given by a healthcare provider during the most recent pregnancy that resulted in either a live birth or a stillbirth. The care should have been specifically to check her pregnancy and not for other reasons.

Q. 413: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 414: ANTENATAL CARE PROVIDER(S)

If the respondent received antenatal care for her pregnancy in Q. 412, then ask her whom she saw. Since we are interested in all of the persons the woman saw, you must use the prompt ("Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 415: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a healthcare facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 414, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt ("Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 415, you need to know whether the place is in the public sector (run by the government), in the private sector (e.g., a hospital or clinic run by a private entity or a private doctor's office), or in the NGO medical sector. If you cannot determine the type(s) of source(s), select code 'X' and write the name(s) in the space provided.

Q. 416: WEEKS OR MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many weeks or months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03' in MONTHS.

Q. 417: FREQUENCY OF ANTENATAL VISITS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 418: TESTS AND COUNSELING PERFORMED DURING ANTENATAL VISITS

We want to know whether each of the items listed was ever done during any of the antenatal care visits she had for the last pregnancy. It does not matter if they were done only once or more than once, or done in the same visit or spread over several visits. Ask about each item and record the response before asking about the next item.

Blood pressure is measured with a blood pressure gauge or monitor. A cuff is wrapped around the woman's upper arm and inflated. As the air filling the cuff is slowly released, the healthcare provider uses a stethoscope to listen to the blood pulsing through the blood vessels while simultaneously examining the gauge to determine the blood pressure. Alternatively, the healthcare provider may use an automated blood pressure monitor. An automated blood pressure monitor does not require a stethoscope; instead, the blood pressure readout appears in the monitor's display.

A urine sample is taken to test for an infection in the urinary tract (that if left untreated during pregnancy is associated with a preterm birth), the presence of protein (a sign of pre-eclampsia), or elevated glucose (a sign of diabetes).

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various conditions or diseases, such as anemia, diabetes, syphilis, HIV or malaria.

The baby's heartbeat is listened to by placing a stethoscope on a pregnant woman's abdomen.

Formal counseling about healthy eating during pregnancy supports women to stay healthy and to prevent excessive weight gain during pregnancy.

Formal counseling on breastfeeding during antenatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Vaginal bleeding during pregnancy can happen any time from conception onwards. Light bleeding or spotting is common, especially during the first few months of a pregnancy. Heavy bleeding may be a sign of something more serious; a pregnant woman experiencing heavy bleeding should visit a healthcare provider.

Q. 419: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 420-425: TETANUS INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw [or local term(s)]. A child is considered to be adequately protected against neonatal tetanus if the mother has had two tetanus/diptheria injections (vaccinations) during the pregnancy for her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent live birth.

Qs. 420 and 421 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 423 and 424 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy (Q. 424). She will also be asked how many years ago the most recent tetanus injection was received (Q. 425). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

> *Example*: Ana was interviewed in December 2025 . She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2022 . She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.
>
> For this respondent, you should record YES in Q. 420, record '1' in Q. 421, and check 'ONE TIME OR DK' in Q. 422. You should record YES in Q. 423 since she had tetanus injections prior to the pregnancy.
>
> Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record '5' in Q. 424. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2017, the year of Marie's birth. Thus, in Q. 425, record '03' since the tetanus injection was given three years ago.

Qs. 426-428: IRON TABLETS/SYRUP/ IFAS Supplements

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 426 asks whether the woman was given or bought any iron tablets, IFAS tablets, or syrup during her pregnancy. Since some women may not know that they were given iron tablets, as a visual aid show the woman the common tablets/syrup/IFAS using your display booklet or show card as you ask this question (remember that there will be a link to these pictures on your tablet). Note that in this question we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO if she already had them at home and skip to Q. 429.

If the respondent was given or bought iron tablets/syrup (YES in Q. 426), ask her where she got the tablet/syrup from in Q. 427. Then, in Q. 428, ask her for how many days during her pregnancy she took the tablets/syrup throughout the whole pregnancy. Record the response in the boxes. Remember to put a leading zero in front, if needed; 30 days would be '030'. If she was given or bought iron tablets or syrup, but never took any, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 429: MEDICINE FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anemia status of women during pregnancy.

Q. 431: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take SP/Fansidar[1] at least three times during their pregnancy to prevent malaria. To see if the respondent followed this precaution, we ask in Q. 431 if she took SP/Fansidar to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given medicines to treat the malaria or fever, it would not be considered preventive treatment. Medicines to prevent malaria are only medicines that she takes during pregnancy when she does not have malaria already. Record YES only for women who took SP/Fansidar when they did not already have malaria.

If she says she took medicine but cannot remember the name, ask her to show you the package that the medicine came in. If she doesn't have the package but mentions that she was given three tablets to take all at the same time to prevent malaria, select '1' on the assumption that she took SP/Fansidar.

Q. 432: NUMBER OF TIMES SP/FANSIDAR WAS TAKEN

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus, you should count only the doses taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus, if she says she took three tablets at one time, record '01' for the dose in Q. 432.

Q. 433: SOURCE OF SP/FANSIDAR

The purpose of this question is to find out whether the respondent received SP/Fansidar as an integrated component of her antenatal care or separate from her antenatal care. For example, she could have gotten the SP/Fansidar during a non-ANC facility visit, or she could have bought it on her own from another source such as a shop or a pharmacy. Only one response code can be selected in this question. If the respondent got SP/Fansidar from two or more of the sources, select the source that appears highest on the list.

Q. 434: ASSISTANCE AT DELIVERY

When asking the question, the wording will depend on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to record codes for all the people she says assisted with the delivery.

Q. 435: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. As with Q. 434, the wording differs depending on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the woman gave birth in a health facility, ask about the type of health facility and whether

[1] Fansidar is a brand name for the malaria medicine SP. There are also many other brand names for SP. If Fansidar is not a commonly known brand in the country, change "Fansidar" to the most commonly known brand name for SP, like this "SP/NEW BRAND NAME". Or you can simply delete "/Fansidar" and leave "SP" on its own.

the place is in the public sector (run by the government), private sector, or NGO-run, and select the appropriate code.

Q. 436: CAESAREAN SECTION

A caesarean section (C-section) is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Caesarean sections are also sometimes elective, either for the convenience of the mother or the healthcare workers performing the surgery. Also, because there can be complications associated with having a vaginal birth following a caesarean section, women who have delivered one child via a caesarean section are more likely to deliver subsequent children by caesarean section.

In Q. 436, find out whether the baby or stillbirth was delivered by an operation and not through the birth canal.

Q. 437: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 438-440: SKIN-TO-SKIN CONTACT

By skin-to-skin contact between a mother and her newborn, we mean the bare skin of the baby touches the bare skin of the mother, with no cloth or blanket between the baby and the mother. Skin-to-skin contact is important for stabilizing the baby, it can help prevent hypothermia, and it can promote neurological development and breastfeeding. The benefits of skin-to-skin contact can occur even before the umbilical cord is cut. Q. 438 asks whether the baby was put on the respondent's chest after birth. Then Q. 439 asks if the baby's bare skin was touching the respondent's bare skin (no cloth or blanket between them). In Q. 440, ask the woman how much time there was between the birth of the child and the placement of the child on the bare skin of her chest.

Q. 441: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply select '8' for DON'T KNOW.

Qs. 442 and 443: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 443 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as a vaccination card, antenatal card, or birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first select the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot

remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Sometimes, a baby's weight is recorded/reported in grams instead of kilograms. If that is the case, the weight in grams must be divided by 1,000 before being entered.

Q. 444: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 445: FILTER FOR PLACE OF DELIVERY

Qs. 447-450: POSTPARTUM CHECK FOR MOTHERS WHILE AT THE HEALTH FACILITY

Getting a postpartum check soon after delivery is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check while at the health facility, and, if so, how many hours, days, or weeks after delivery the first check took place, and who performed the check. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby while at the health facility are covered in Qs. 452-454.

Q. 447 asks how long after the delivery did the respondent stay in the health facility. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth. In completing Q. 447, remember that you must first select a code for the unit of time the respondent mentions (i.e., HOURS, DAYS, or WEEKS) and fill in a number in the boxes to the right of the code you select.

Q. 448 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. A health check could be a "hands-on" examination or just someone asking her about her health.

Qs. 449 and 450 refer to the first check after birth. If the woman is uncertain about the exact time, probe to get the best estimate as to how long after delivery the first check took place. If the woman reports that more than one person conducted the first postpartum check in Q. 450, select the code for the person that appears highest in the list.

Q. 451: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 452-454: POSTNATAL CHECK OF BABIES WHILE AT THE HEALTH FACILITY

Q. 452 asks about whether the baby received a check from anyone while still at the health facility. Checks for the newborn include actions such as checking the cord, measuring the baby's temperature, weighing the baby, observing breastfeeding, and counseling about danger signs. For those babies who had a check while at the health facility, additional questions are asked about the timing of the first check (Q. 453) and the person who did the first check (Q. 454). A postnatal check should be a separate interaction that occurs to check on the baby's health after completion of the delivery. Checks done on the baby right after birth are considered part of delivery care and should not be counted as a postnatal check.

Qs. 455-458: POST-DISCHARGE CHECK FOR MOTHERS WHO GAVE BIRTH AT A FACILITY

In Qs. 455-458, women who gave birth in a health facility are asked about checks on their health that took place after they were discharged. For those women who had a post-discharge check, additional questions are asked about when the check took place (Q. 456), the person who did the check (Q. 457), and where the check took place (Q. 458).

Regarding the place where the check took place (Q. 458), note that such care can be given at a healthcare facility or provided in the woman's home or another home.

Q. 459: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 460-463: POST-DISCHARGE CHECK FOR BABIES BORN AT A HEALTH FACILITY

Q. 460 asks about whether the baby received a check from a health provider or traditional birth attendant after the baby was born. The term health provider includes health professionals such as doctors, nurses, midwives, as well as community health workers.

For those newborns who received a post-discharge check, Qs. 461-463 ask about the timing of the check, the person who did the check, and where the check took place.

Qs. 464-467: POSTPARTUM CHECK FOR MOTHERS WHO GAVE BIRTH OUTSIDE OF A HEALTH FACILITY

Qs. 464-467 are directed to women who delivered outside a health facility. Q. 464 asks if the woman was seen by anyone for a check of her health relating to the delivery. Record NO if the woman saw a provider but the care was unrelated to the delivery. Note that the wording of Q. 464 will differ depending on whether the respondent had a live birth or a stillbirth.

For those women who received a check, Qs. 465-467 ask about the timing of the check, the person who did the check, and where the check took place.

Q. 468: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 469-472: POSTNATAL CHECK FOR BABIES WHO WERE DELIVERED OUTSIDE OF A HEALTH FACILITY

Q. 469-472 are directed to women who delivered outside a health facility. Q. 469 asks about whether the baby received a check from a healthcare provider or traditional birth attendant. The term healthcare provider includes health workers such as doctors, nurses, or midwives, as well as community health workers.

For those women who indicate that their baby received a check, Qs. 470-472 ask about the timing of the check, the person who did the check, and where the check took place.

Qs. 473 and 474: SPECIFIC CHECKS AND COUNSELING DURING THE FIRST TWO DAYS AFTER DELIVERY

Ask the respondent about each item on the list. Be certain to emphasize whether each of the actions happened within the first two days after the baby's birth.

Qs. 473d and 473e concern breastfeeding and warrant explanation:

Q. 473d asks whether the respondent received formal counseling on breastfeeding. Counseling on breastfeeding during postnatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Q. 473e asks whether a healthcare provider observed the respondent breastfeeding to see if she is breastfeeding correctly. Observation of breastfeeding by a health provider, which is essential to check positioning and latch of the infant, is proven to be an important part of lactation counseling and support.

Q. 475: FILTER FOR LAST PREGNANCY OUTCOME

Q. 476: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 476 asks about whether a woman's period has resumed following the last birth. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 477: FILTER FOR CURRENT PREGNANCY STATUS

Q. 478: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child or the end of a pregnancy before resuming sexual relations (postpartum abstinence). Q. 478 is asked to determine whether the woman is still abstaining from sex since the end of her last pregnancy. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 479: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 480: CHILD EVER BREASTFED

Breastfeeding is important for fertility and for a child's health and nutrition. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 481: FILTER FOR LIVING CHILD

Q. 482: WHEN BREASTFEEDING BEGAN

Children who are not put to the breast within the first hour after birth face a higher risk of common infections and death. If the mother reports that the baby was put to the breast immediately after birth, select '000.' Otherwise, record the time in completed hours or days.

> *Example*: The woman said she began breastfeeding within an hour of the birth. Select '1' and record '00' hours.
>
> *Example*: The woman said she began breastfeeding 30 hours after the birth. Select '2' (DAYS) and record '01.'

Q. 483: EXCLUSIVE FEEDING OF BREAST MILK IN THE FIRST 2 DAYS

This question is asked to find out whether the baby was given anything to drink or eat other than breast milk in the first two days after delivery. Examples of common fluids and foods include water, infant formula, coconut water, juices

Infants should not be given any food or fluids other than breast milk, unless medically indicated. Note that breast milk includes milk the mother has expressed as well as milk from a wet nurse or donor human milk.

Prescribed medicines, oral rehydration solution, vitamins and minerals are not counted as fluids or foods. However, herbal fluids and similar traditional medicines are considered fluids or foods and count under this question as not being exclusively fed breastmilk.

Q. 484: FILTER FOR LIVING CHILD

Q. 485: STILL BREASTFEEDING

This question is asked to capture if the child is still being fed breast milk; it does not matter whether the respondent is giving the child other liquids or foods as well. . A child is considered as being fed breast milk if they are breastfed by the mother or by a wet nurse or if they are fed expressed breast milk from the mother or are fed donor human milk.

Q. 486: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can interfere with optimal suckling behavior. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 487: FILTER FOR NEXT PREGNANCY OUTCOME

At this point, the CAPI program will check Q. 402 to see whether the woman had any more pregnancy outcomes in the last 35 months. If yes, you will ask the questions in Section 4 for the next-to-last pregnancy outcome starting from Q. 404. If you have finished these questions for all pregnancy outcomes in the last 35 months, proceed to Q. 501.

F. Section 5: Child Immunization

There is an important difference between Sections 4 and 5. Section 4 obtains information for living children, dead children, stillbirths, miscarriages, and abortions while Section 5 obtains information only for living children.

Q. 501: FILTER FOR CHILDREN ELIGIBLE FOR SECTION 5

Q. 502: INTRODUCTORY STATEMENT

This statement lets the respondent know that you are moving onto a new topic: vaccinations received by her children born in the last three years (0-35 months). If the respondent has more than one child in this age range, you will start by asking questions about the youngest child and then repeat the section on the next living child.

Q. 503: CHILD'S NAME AND PREGNANCY HISTORY NUMBER

Q. 504: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT

You should have obtained documentation (birth certificates and vaccination (health) cards or booklets) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s).

Note, in Kenya, the official name for the MOH-issued document where vaccination information is recorded is the Mother & Child Health Handbook. It is possible, however that the respondent may have a vaccination card or booklet for the child from a private facility or from a neighbouring country. In other cases, respondents may not have vaccination (health) cards for their child but may have a notebook or other document in which this information is recorded. Alternatively, they may have a notebook in addition to a vaccination (health) card. Be sure to ask the respondent to look for these other documents too. The respondent may hesitate to take time to look for the card(s) or other documentation thinking that you are in a hurry. Since it is critical to obtain written documentation of the vaccination history for all eligible children, be patient if the respondent needs to search for the card(s) or other documentation. If the respondent has a vaccination card for the child and no other document where vaccinations are recorded, record YES, HAS ONLY A CARD and skip to 507. If the respondent has a document where vaccinations are recorded but not a card, record YES, HAS ONLY ANOTHER DOCUMENT. If the respondent has both a card and another document, record YES, HAS A CARD AND OTHER DOCUMENT and skip to 507. If the respondent has neither a card nor any other documents indicating the vaccinations the child has received, record NO, NO CARD AND NO OTHER DOCUMENT.

Q. 505: EVER HAD VACCINATION (HEALTH) CARD

If, in Q. 504 the woman tells you she does not have a vaccination (health) card or any other document for her child, ask her in this question whether she ever had a vaccination card for that child. It is possible that at one time she did have a card, but no longer has it.

Q. 506: FILTER FOR VACCINATION (HEALTH) CARD

Q. 507: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT SEEN

Q. 507 is directed at respondents who have said their child has a vaccination (health) card or another document on which the child's vaccinations are written. Ask to see the vaccination (health) card and/or other document.

If the respondent shows you a card and no other documentation, record YES, ONLY CARD SEEN. If she does not show you a card, but does show you another document, record YES, ONLY OTHER DOCUMENT SEEN. If she shows you both a card and another document, record YES, CARD AND OTHER DOCUMENT SEEN.

If the respondent says she is unable to show her child's card or other document to you because someone else has it or it is not accessible to her during the interview, record NO CARD AND NO OTHER DOCUMENT SEEN and skip to 513.

Q. 508: RECORD CHILD'S DATE OF BIRTH FROM DOCUMENT SEEN

Copy the child's date of birth (day, month, and year) as it is written in the document you obtained in Q. 507. Do not copy the child's date of birth from the pregnancy history and do not ask the respondent for the child's date of birth. If the child's date of birth is not written on the document, select code '95' DATE OF BIRTH NOT ON CARD.

Q. 509: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 509, taking the information directly from the card. When there is more than one eligible child for Section 5, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also, Q. 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next vaccination. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows the year a vaccination was given but the day or the month or both the day and the month are missing, record '98' in the column for which the information is not given.

> *Example*: If the date given was July 2024 , you would record '98' for DAY, '07' for MONTH, and '2024 ' for YEAR.
>
> *Example*: If the date given was 2024 , you would record '98' for DAY, '98' for MONTH, and '2024 ' for YEAR.

If the card shows clear evidence that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT-HEPB-HIB/pentavalent vaccination and there is simply a check to show that an oral polio vaccine was also given, record the date of the DPT-HEPB-HIB/pentavalent injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some vaccination cards have only a single line for DPT-HEPB-HIB/pentavalent 1 and ORAL POLIO VACCINE (OPV) 1, DPT-HEPB-HIB/pentavalent 2 and ORAL POLIO VACCINE (OPV) 2, etc. If there is a date on just one of these lines, record the same date for both the DPT-HEPB-HIB/pentavalent and polio injections.

If there is no date and no check mark next to a specific vaccine, record '00' in the DAY column next to the vaccine and leave the month and year blank.

Example: Mary's health card (left panel) was used to complete Q. 509 (right panel):

Mary's health card	Q. 509								
		AY		ONTH		EAR			
BCG 20 May 2025	BCG	2	0	0	5	2	0	2	5
OPV (Birth dose) B0 20 May 2025	HEPATITIS B AT BIRTH	2	0	0	5	2	0	2	5
Polio (OPV) 1 August 25, 2025	ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	5
Polio (OPV) 2 October 2025	ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	5
Polio (OPV) 3 No date	ORAL POLIO VACCINE (OPV) 3	0	0						
IPV No date	INACTIVATED POLIO VACCINE (IPV)	0	0						
DPT-HepB-Hib (Pentavalent) 1 25 August 2025	DPT-HepB-Hib 1	2	5	0	8	2	0	2	5
DPT-HepB-Hib (Pentavalent) 2 October, 2025	DPT-HepB-Hib 2	9	8	1	0	2	0	2	5
DPT-HepB-Hib (Pentavalent) 3 No date	DPT-HepB-Hib 3	0	0						
Pneumococcal 1 25 August 2025	PNEUMOCOCCAL 1	2	5	0	8	2	0	2	5
Pneumococcal 2 October, 2025	PNEUMOCOCCAL 2	9	8	1	0	2	0	2	5
Pneumococcal 3 No date	PNEUMOCOCCAL 3	0	0						
Rotavirus 1 25 August 2025	ROTAVIRUS 1	2	5	0	8	2	0	2	5
Rotavirus 2 2025	ROTAVIRUS 2	9	8	9	8	2	0	2	5
Rotavirus 3 No date	ROTAVIRUS 3	0	0						
Measles Rubella 1 Given, no date	MEASLES RUBELLA (MR1)	4	4						
Measles Rubella 2 No date	MEASLES RUBELLA (MR2)	0	0						
Yellow fever No date	YELLOW FEVER	0	0						
Vitamin A 9 October, 2025	VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	5

Q. 510: PERMISSION TO PHOTOGRAPH DOCUMENT

Request permission from the respondent to take a photograph of the document on which the vaccinations are written. If the respondent wants to know why taking a photograph is necessary, explain to her that it is an important step for obtaining accurate information. If the respondent grants permission and you were able to take the photograph with the tablet computer, select code '1' PHOTOGRAPH TAKEN. If the respondent does not grant you permission, select option '2' PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED.

If permission is granted to take the photograph, but you are not able to take it for some other reason (for example, the camera function on the tablet computer is not working), record '6' PHOTOGRAPH NOT TAKEN, OTHER REASON and specify the reason.

Q. 511: FILTER FOR COMPLETE VACCINATION

Q. 512: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccination but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccinations given in national immunization campaigns or child health days.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 512. Then, go back to Q. 509, and replace the '00' for that vaccination with a '66' in the DAY column next to the vaccine received (leave the month and year blank), and skip to Q. 529.

In Q. 512, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 509 but are not recorded on the card as having been given. (The CAPI system will provide a list of those vaccinations that are recorded as not having been given.) Do not include vaccinations that are not listed on the vaccination card, such as an influenza (flu) vaccination.

The mother may tell you that the child did not receive any vaccinations other than those recorded on the card. In this case, select '2' for NO in Q. 512.

Example: Based on information provided by Mary's mother when asked Q. 512, you learn Mary received OPV 3 and IPV but no other vaccinations. After this information is added to Q. 509, the '00' that had been in the day column for OPV 3 and for IPV are replaced with '66':

Mary's health card	Q. 509								
		AY		ONTH		EAR			
BCG 20 May 2025	BCG	2	0	0	5	2	0	2	5
OPV (Birth dose) B0 20 May 2025	HEPATITIS B AT BIRTH	2	0	0	5	2	0	2	5
Polio (OPV) 1 August 25, 2025	ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	5
Polio (OPV) 2 October 2025	ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	5
Polio (OPV) 3 No date	ORAL POLIO VACCINE (OPV) 3	0	0						
IPV No date	INACTIVATED POLIO VACCINE (IPV)	0	0						
DPT-HepB-Hib (Pentavalent) 1 25 August 2025	DPT-HepB-Hib 1	2	5	0	8	2	0	2	5
DPT-HepB-Hib (Pentavalent) 2 October, 2025	DPT-HepB-Hib 2	9	8	1	0	2	0	2	5
DPT-HepB-Hib (Pentavalent) 3 No date	DPT-HepB-Hib 3	0	0						
Pneumococcal 1 25 August 2025	PNEUMOCOCCAL 1	2	5	0	8	2	0	2	5
Pneumococcal 2 October, 2025	PNEUMOCOCCAL 2	9	8	1	0	2	0	2	5
Pneumococcal 3 No date	PNEUMOCOCCAL 3	0	0						
Rotavirus 1 25 August 2025	ROTAVIRUS 1	2	5	0	8	2	0	2	5
Rotavirus 2 2025	ROTAVIRUS 2	9	8	9	8	2	0	2	5
Rotavirus 3 No date	ROTAVIRUS 3	0	0						
Measles Rubella 1 Given, no date	MEASLES RUBELLA (MR1)	4	4						
Measles Rubella 2 No date	MEASLES RUBELLA (MR2)	0	0						
Yellow fever No date	YELLOW FEVER	0	0						
Vitamin A 9 October, 2025	VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	5

Once all rows in Q. 509 have information entered, skip to Q. 529.

Summary of completing Section 5 when vaccination card is available.	
Available information	**Code**
Complete date (day, month, and year) given	Enter complete date.
Part of date given	Enter '98' for missing information. Enter other date information as provided.
Date not specified, but clear indication it was given (e.g., tick mark), and date for vaccinations given at same visit specified.	Enter date of vaccinations given at same visit.

Date not specified, but some indication it was given.	Enter '44' in day column.
No evidence it was given from card, but mother recalls it was given.	Enter '66' in day column.
No evidence it was given.	Enter '00' in day column.

Q. 512A: FILTER FOR ANY VACCINATIONS RECORDED ON CARD

Q. 513: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a vaccination (health) card or other document on which vaccination information was written for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 514-528: VACCINATIONS FOR CHILDREN WITH NO CARD AND NO OTHER DOCUMENT

If you did not see a child's vaccination (health) card or another document on which vaccination information for the child was recorded and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: , polio (OPV and IPV), pentavalent (DPT-HEPB-HIB), pneumococcal, rotavirus, measles/rubella, and yellow fever .

Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Q. 514 asks about whether the child has ever received a BCG vaccination that protects against tuberculosis.

Q. 515 asks about whether the child received a birth dose of hepatitis B vaccine. If the respondent reports that her child received a dose of hepatitis B vaccine soon after birth, ask Q. 516 to determine whether the child was given the vaccination dose within 24 hours of his or her birth. A birth dose of hepatitis B vaccine must be given within 24 hours after birth to be effective.

Notice that there are follow-up questions for the remaining vaccinations (polio, pentavalent, pneumococcal, rotavirus, and measles). For the oral polio vaccine (OPV), we ask whether the child received it, in the case of a birth dose of OPV, when the child first received it, and how many times the child received it. Inactivated polio vaccine (IPV) is another type of vaccine that protects against polio. Since it can be difficult for the mother to distinguish between OPV and IPV, but IPV should be given at the same time as the third dose of OPV, Q. 520 asks whether an IPV injection was received at the same time as the last dose of polio. For all other vaccinations, we ask whether the child received the specific vaccine and how many times.

Q. 529: SOURCE OF VACCINATIONS

Ask the respondent where her child received the majority of his or her vaccinations.

Q. 530: CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

If the respondent has no more surviving children who were born in the last 35 months, proceed to Q. 601. If the respondent has another child age 0-35 months, you will repeat Qs. 503-529 for the next surviving child.

G. Section 6. Child Health and Nutrition

Similar to Section 5, Section 6 is focused on living children. However, it is important to remember that Section 6, unlike Section 5, is focused on surviving children who are born in the 0-59 months before the survey.

Q. 601: FILTER FOR SURVIVING CHILDREN AGE 0-59 MONTHS

Q. 602: INTRODUCTORY STATEMENT

Q. 603: YOUNGEST SURVIVING CHILD'S NAME AND PREGNANCY NUMBER

Q. 604: IRON SUPPLEMENTATION

Iron supplementation is one of the most effective methods of alleviating anemia. Iron supplements for infants and young children are commonly given in the forms of tablets or liquids (syrups or drops), or micronutrient powders (a packet of vitamins and minerals that are added to a child's food) As a visual aid, show the respondent the iron tablet/liquid and micronutrient powder samples from the display book or show card (remember, a link to these photos will appear on your tablet) . Note that the time reference for this question is the last 12 months.

Q. 605: VITAMIN A SUPPLEMENTATION

Q. 605 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 606: INTESTINAL WORMS

Worm control improves the health of children. Deworming is possible with inexpensive and effective medicines that are safe in preschool children. Q. 606 asks if the child took any medicine for worms in the last 6 months.

Q. 607: CHILD GROWTH MEASUREMENTS

Routine assessment of child growth is used to monitor a child's growth and screen for acute malnutrition. "Healthcare provider or community health worker" refers to any provider such as a doctor, nurse, or community health worker/fieldworker. Length typically refers to when a child was measured lying down and height when a child was measured standing. There is no need to distinguish between height and length in how you code the response. Measurement around the upper arm refers to the measurement of the mid-upper arm circumference (MUAC). MUAC is usually a colored tape that is wrapped around the upper arm. Use your showcard to show the respondent an image of MUAC tape when you ask Q. 607c. Be certain to emphasize whether each of the actions happened within the last 3 months.

Q. 608: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means three or more loose or liquid stools per day. While reading this question, emphasize "in the last 2 weeks."

Qs. 609 and 610: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has diarrhea may be different from normal. The phrasing of the Q. 609 will depend on whether or not the child is currently breastfeeding. Read the entire question before accepting a response. We are interested in knowing the amount of fluids the child drank. If a respondent says that the child was given "less than usual," probe to determine more specifically if she meant the child was given "much less" than usual or "somewhat less."

Q. 610 is similar to Q. 609 except it concerns food eaten during diarrhea. Note that there is an important difference between the response codes STOPPED FOOD and NEVER GAVE FOOD. The latter code is reserved for children who are not yet being given food (e.g., they are only breastfed).

Qs. 611 and 612: ADVICE OR TREATMENT SOUGHT FOR DIARRHEA

These questions ask whether advice or treatment was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional practitioner. Record YES if anyone sought advice or treatment for the child's diarrhea (not just the mother).

If advice or treatment was sought (Q. 611 is YES), ask Q. 612 and probe for all sources. Select the code for each facility or person contacted.

Q. 613: FILTER FOR NUMBER OF PLACES FOR DIARRHEA ADVICE OR TREATMENT

Q. 614: FIRST PLACE FOR DIARRHEA ADVICE OR TREATMENT

For women citing more than one source in Q. 612, probe in Q. 614 for the first place where advice or treatment for diarrhea was sought. If the woman mentions a source that is not recorded in Q. 612, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 612.

Q. 615: SPECIAL FLUIDS AND ZINC

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) zinc tablets or syrup, a homemade sugar-salt solution, other homemade fluids such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water. Read out each item and record the answer given for each one.

Qs. 616 and 617: TREATMENT FOR DIARRHEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhea other than those mentioned in Q. 615 for this episode of diarrhea. If in Q. 615 you learned that the child was given fluid from an ORS packet, then ask Q. 616a by saying, "Was anything else given to treat the diarrhea?" If nothing was given in Q. 615, ask Q. 616b by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 616 that the child was given something to treat the episode of diarrhea, ask Q. 617 to identify what the mother or anyone else may have given the child. As with Q. 616, Q. 617 has two versions: Q. 617a for children who received anything in Q. 615 and Q. 617b for children who did not receive anything in Q. 615. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Q. 617 includes coding categories that warrant further explanation: antibiotic (codes A and E) and antimotility (code B). An antibiotic is a medicine that kills microorganisms such as bacteria. However, antibiotics are ineffective in treating diarrhea cause by a virus.

An antimotility is a medicine reduces the symptoms of diarrhea by slowing down the movement of the gut. This reduces the speed that the contents pass through, allowing more food remains to be absorbed into the body, which results in firmer stools that are passed less often.

Qs. 618-620: FEVER IN LAST 2 WEEKS AND MALARIA

Fever is a common symptom of many conditions and diseases including malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, antimalarial drug resistance has become a major problem. To stop it, healthcare providers must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with malaria parasites. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 618 record YES only if the fever occurred in the 2 weeks prior to the date of interview and then go on to Q. 619 to ask whether blood was taken from the child's finger or heel for testing. Note that the question asks only whether blood was taken, not specifically whether it was taken for a malaria test since the respondent may not know why the blood was taken.

Regardless of whether or not the child had their blood tested during the illness, ask Q. 620 to determine if a healthcare provider told the respondent that her child had malaria.

Q. 621: COUGH IN LAST 2 WEEKS

Record YES only if the illness with a cough occurred in the 2 weeks prior to the date of interview.

Q. 622: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 623: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness, which can be life threatening, and an ordinary blocked or runny nose, which is less serious.

Q. 624: FILTER FOR FEVER

Qs. 625 and 626: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 625 if anyone sought advice or treatment for the child's fever or cough; someone other than the respondent (for example, the grandmother) can have sought advice or treatment. If advice or treatment was sought, go on to ask Q. 626. Probe to determine whether more than one place or more than one person was consulted, and record all places mentioned.

Q. 627: FILTER FOR NUMBER OF PLACES FOR FEVER/COUGH ADVICE OR TREATMENT

Q. 628: FIRST PLACE FOR FEVER/COUGH ADVICE OR TREATMENT

For respondents naming more than one source in Q. 626, probe in Q. 628 for the first place where advice or treatment for the fever/cough was sought. If the woman mentions a source that is not recorded in Q. 626, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 626.

Q. 629: TIME TO SEEK ADVICE OR TREATMENT

Record the number of days after the illness began that advice or treatment was first sought. If advice or treatment was sought the same day the illness began, record '00'.

Qs. 630 and 631: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had an illness with fever/cough in the last 2 weeks has taken any medicines for the illness and, if so, what medicines the child received.

Note that more than one drug may have been administered to the child during the illness, and you should record all the medicines mentioned by the respondent. If she does not know the name of the medicine(s), ask her to show you the medicine(s) and/or show her the showcards of antimalarials to see if she recognizes the packaging. Record DON'T KNOW only if she cannot show you the medicine or you cannot determine the type of medicine given to the child.

When you ask Q. 631, the respondent may or may not give you an answer that fits neatly into the categories in the questionnaire.

Consider the guidance below and if you are in doubt as to how to classify a medicine, but the respondent is sure it was an antimalarial, select code I - 'OTHER ANTIMALARIAL' and record the brand and/or medicine names. For example, you may encounter antimalarials such as [Mefloquine, Lariam, Malarone or COUNTRY-SPECIFIC EXAMPLES] that do not belong in any of the other categories.

ANTIMALARIAL MEDICINE
- ARTEMISININ COMBINATION THERAPY (ACT) ..... A
- SP/FANSIDAR ..... B
- CHLOROQUINE C
- AMODIAQUINE ..... D
- QUININE
  - PILLS ..... E
  - INJECTION/IV ..... F
- ARTESUNATE
  - RECTAL ..... G
  - INJECTION/IV ..... H
- OTHER ANTIMALARIAL _____ (SPECIFY) I

ANTIBIOTIC MEDICINE
- AMOXICILLIN ..... J
- COTRIMOXAZOLE ..... K
- OTHER PILL/SYRUP L
- OTHER INJECTION/IV ..... M

OTHER MEDICINE
- ASPIRIN ..... N
- PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... O
- IBUPROFEN ..... P

OTHER _____ (SPECIFY) X

DON'T KNOW ..... Z

1. **Artemisinin-based Combination Therapy (ACT)** refers to a class of medicines containing both an artemisinin-based compound and another medicine; ACTs are the recommended first line antimalarial treatment. Medicines containing <u>just</u> an artemisinin compound or <u>just</u> one of the 'other' medicines below are NOT ACTs and should not be recorded as such.

Artemisinin compound		**Other medicine**	
Dihydroartemisinin or Artesunate or Artemether or Artemisinin	+	Lumefantrine or Napthoquine or Mefloquine or Amodiaquine or Sulfadoxine/pyrimethamine or	= ACT

		Piperaquine or Chlorproguanil/dapsone	

Combination	**Common brand names of ACTs in Kenya**
Artemether + Lumefantrine (CODE A)	Coartem, Lonart, Artefan AL, Code A
Dihydroartemisinin + Piperaquine (CODE B)	Duo-cotexin, P-Alaxin, DHAP , Code B Redinol, D-artep, Artequick
Artemisinin + Napthoquine (CODE C)	Arco Other ACT, Code C
Artesunate + Amodiaquine (CODE C)	Coarsucam, Asaq, Artesaq, Other ACT, Code C Arsequin
Artesunate + Mefloquine (CODE C)	Larinate MF, Falcigo Plus, Other ACT, Code C Artequin

2. **SP/Fansidar** (Code D) is a medicine containing sulfadoxine-pyrimethamine; it is most commonly known as SP or SP/Fansidar, but there can be other brand names such as Malodar, Fanlar, Falcidin, Orodar, Metakelfin, Malafin.

3. **Chloroquine (Code E)** has many brand names, including Aralen, bioquin, Chloroquin, Rohoquine.

4. **Amodiaquine (Code F)** (alone, not as part of an ACT) may be sold as Amodiaquine suspension, Amodiaquine hydrochloride, or Amobin, Amochin, Amodar, Amoking, Amoquin, Diaquine, Betaquine, Falciquin, Malaratab..

5. **Quinine (Code G or H)** may also be known as Dawaquine, Quinin, Qiwell, Curaquine, Quinalin, Quinidil.

6. **Artesunate** (Code I or J) (alone, not as part of an ACT) has many brand names, including Artesun, Larinate, Resunate.

7. .**Other antimalarial** (code K) should be used to record any antimalarial that does not belong in codes D-J; write the brand name and any other information the respondent provides.

Q. 632: FILTER FOR ARTEMISININ-BASEDCOMBINATION THERAPY ('A') GIVEN

Q. 633: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH ARTEMISININ-BASED COMBINATION THERAPY

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of artemisinin-based combination therapy (ACT). If he/she started taking an ACT the same day the fever started, select '0' for SAME DAY. If an ACT was first given the next day (the day after the fever began), select '1' for NEXT DAY, and so on.

Q. 634: FILTER FOR ADDITIONAL SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY

Qs. 603-633 will be repeated for all additional surviving children age 0-59 months.

Q. 635: FILTER FOR CHILD BORN IN 0-23 MONTHS BEFORE SURVEY AND LIVING WITH RESPONDENT

Qs. 636-642 are asked about the youngest child age 0-23 months living with the respondent.

The purpose of Q. 636 and Q. 637 is to obtain information on the drinks and foods the child consumed the previous day and night. We ask these questions to find out if children are:

1. Being exclusively breastfed, that is being fed only breast milk and no other liquids or foods, not even water. It is recommended that children under age 6 months be exclusively breastfed.
2. Eating from a variety of foods groups.
3. Consuming unhealthy drinks and foods such as sweet drinks and fried or salty snacks.

Keep in mind:

- The reference period covers from when the child awoke the previous day, through the day and night until the child awoke in the morning on the day of interview for a total period of approximately 24 hours. This means that if a child woke in the night last night and was given food or drink, it should be included in Qs. 636 and 637.
- If the mother was not with the child during the reference period, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child drank and ate. It is also possible that the mother will consult other household members about what the child drank or ate even if she was at home since the mother may not be the only one who fed the child yesterday during the day or night.
- It is important to ask about each liquid and food item and to read each question fully even if the mother says the child has had nothing more than she has already reported. This is required to obtain all the information about a child's feeding practices as it is possible the respondent forgot an item. However, while you have to ask every question, once a respondent says YES to any liquid or food item in a particular question, you can move on to the next question without naming the remaining items in that question.

Q. 636: LIQUIDS GIVEN YESTERDAY

Help the respondent to recall what the child drank the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank **yesterday** during both the day and night.

- For categories that have more than one liquid listed, record '1' for "YES" if any item in that category was given.

- Q. 636a ("Plain water") refers to water by itself with nothing added to it, including a sweetener.

- In many parts of the world, the use of infant formula (Q. 636b) is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Infant formula is a commercial product that is a breast milk substitute. This includes both milk and soy-based formula. Infant formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water.

- For questions regarding consumption of infant formula (Q. 636b) and milk from animals (Q. 636c), , follow up by asking how many times the child consumed the item.

- For questions regarding milk from animals (Q. 636c), soy milk and/or teas/coffee/herbal drinks (Q. 636i) and other liquids (Q. 636k), there is a follow-up question on whether or not the drink was sweet or flavored. Examples of sweeteners added at home include sugar, honey, sweet drink powders, and syrups. Sweetened packaged or prepared drinks bought outside the home also count.

- Q. 636j ("clear broth or soup") refers only to clear water-based broths or soups. Soups that include foods should not be included here but should be handled as described below in Q. 637.

- Once you have entered all the liquids the child consumed, you must confirm that the child was not given any other liquids (e.g., by asking "Any other liquids?" and "What was the drink?"). If the respondent confirms that the child was not given any other liquid or mentions items you have already marked YES in Q 636 a-j, mark NO under Q. 636k. If the respondent mentions a liquid the child was given yesterday that was not previously recorded, mark YES under Q. 636k and specify the liquid in OTHER DRINK(S). Then ask if the drink(s) was sweetened.

Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 636 because if the child had breast milk yesterday, the mother would have already told us back in Q. 486 that she is still breastfeeding.

Q. 637: FOODS GIVEN YESTERDAY

Follow the same instructions as Q. 636 above to record the respondent's answers to each question. Things to keep in mind that are specific to Q. 637 are:

- Sometimes the mother may tell you that her child had a dish made up of a variety of food items. Examples of common mixed dishes include "soup," "porridge," "stew," "pureed baby food," "sandwiches," and "salads." In the case when the mother reports a mixed dish, probe to find out the main ingredients included in the mixed dish. Only include items that the child ate because in some cases the mother may pick out only certain pieces of food in the mixed dish for the child.
    - For example, if the mother tells you her child had soup, ask what was in the soup and record only the ingredients **the child ate**. If the soup contained carrots, white potatoes, and beef, but the child was not given the beef, record YES in the group of "Carrots, pumpkin, butternut, or sweet potato that is orange inside? " to record the carrots, and YES in the group of "Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?" to record the white potatoes. Do not record YES in the group of "Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken? " unless you learn that the child ate a type of meat as part of another meal or dish.
    - For mixed dishes **do not to count any minor foods or ingredient** used in a small amount to add flavor. This includes items added at any stage of cooking or when serving food (e.g., garnishes sprinkled on top of a dish to add flavor or visual appeal).

- Q. 637a ("Yogurt or mala? ?") refers to any form of animal milk-based yogurt, when eaten or drunk. If the child has had any animal-based yogurt, follow up by asking how many times the child consumed the item. The respondent is then asked if the child had the item as a drink ("Did (NAME) have any Yogurt or mala? [as a/to] drink?"). The reason for asking if the yogurt was in a drink form is that there is a follow-up question about whether the yogurt was sweetened that is asked only for liquid yogurt. If the respondent is confused by the second question, clarify that you first asked about consumption of any solid or liquid yogurt and now you are asking if any of the yogurt consumed was in liquid form. If the respondent is not sure

how to distinguish solid and liquid yogurt, tell her that solid yogurt can be consumed with a spoon whereas liquid yogurt can be consumed using a straw or drunk from a cup.

- Once you have entered all the foods the child consumed, you must confirm that the child was not given any other foods by asking Q, 637v "Any other solid, semi-solid, or soft food?" and "What was the food?" If the respondent confirms that the child was not given any other food or mentions items you have already marked YES in Q. 637 a-u, mark NO for Q. 637v. If the respondent mentions a food the child was given yesterday that was not previously recorded, do the following:
    a. Mark YES in the appropriate food group(s) in Q. 637 a-u. For example, if the respondent mentions bread and Q. 637b was marked NO or DK, change the response to YES.
    b. Write the name of the food(s) in OTHER FOOD(S) if the respondent mentions a food item not listed in any of the existing food groups. An example of when this is likely to occur is when a type of fruit or vegetable is mentioned that is not listed in any of the food groups.

Q. 638: FILTER FOR CHILD ATE ANY FOOD

Q. 639: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 637 are reported by the respondent during the food group recall of what the child ate. This question verifies whether or not the child really had no solid, semi-solid, or soft food the previous day. If the respondent says YES to Q. 639, go back to Q. 637 and mark YES for food items reported by the respondent. If the food is not listed in a food group, mark YES under Q. 637v and specify the food item in OTHER FOOD(S).

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children. Thick soups, stews, and porridges are considered semi-solid foods.

- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 640: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

> *Example*: The respondent reports that her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record '3' in Q. 640 since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 640 because breast milk is not a solid, semi-solid, or soft food.

Q. 641: TALK WITH A HEALTHCARE PROVIDER ABOUT FEEDING CHILD

In this question, we ask whether a healthcare provider or community health worker has talked with the mother in the last 6 months about how to feed her child or what types of foods to feed her child. We are trying to find out whether the mother has received counseling on child feeding practices for children under age 2, which includes counseling on breastfeeding or food-related practices.

Q. 642: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools. If the stool was collected in a diaper, do not record diapers in OTHER. Rather, record where the stool was disposed of. The diaper and stool may be disposed of somewhere together, or the stool may have been disposed of in one place (example: toilet), and the diaper in another (example: garbage). Record where the stool was disposed of.

Liquids and foods consumed by children : a summary of do's and don'ts

DO ✓	DO NOT ×
✓ Include all the things the child ate and drank **yesterday in the day and the night**	× Do not include any foods and drinks eaten **on the day** of the interview
✓ Probe by mentioning the first activity of the day to help the respondent list all foods	× Do not ask the respondent only about specific meals

✓ Read **the entire list of example food items** from each food category question	× Do not continue to read the food category question if the respondent already answered "YES" to a food item
✓ **PROBE** to find out the ingredients included in any mixed dishes e.g., mark "YES" if the child ate the meat in the meat stew	× Do not count any ingredients that are not eaten by the child e.g., mark "NO" if the child did not eat the meat in the meat stew
✓ **PROBE** for snacks	× Do not include foods used in small amounts for seasoning or as a condiment
✓ Ask all the questions on foods and drinks even if the child is only breastfeeding 	× Do not skip any questions even if the mother says the child has had nothing else to eat
✓ Ask about the number of times the child ate solid, semi-solid, or soft foods 	× Do not count the food items to get the number of times the child was fed solid, semi-solid, or soft foods

 Only applies to children

Section GSED HF :Global Scales for Early Development

In light of the rapid development that occurs early in life, the GSED section includes different questions that target the specific skills that are relevant to children of a given age. Specifically, the GSED section consists of a total of 48 questions, which are divided into 4 age-specific sections of 20 items each overlapping across the form. Mothers will only have to respond to the 20 items associated to the child's age. The 4 GSED HF sections are the following: GSED HF 3<6 months (m), GSED HF 6<12 m, GSED HF 12<18 m, and GSED HF 18<24 m.

The GSED HF is intended to be included in a questionnaire collecting information on children aged 3 to 23 months and administered exclusively to the child's mother, except if the mother is not a household member. As a standard procedure, an alternative primary caregiver could be eligible as a respondent only if the mother is deceased or lives outside the household.

This alternate primary caregiver may be a father/stepfather, grandparent, other adult family member or someone else living in the household. Respondents do not need to be literate.

Depending on age, maturity, place of origin and cognitive ability, respondents may find some questions or concepts more difficult to understand than others. Ideally, the GSED HF should be administered to all eligible persons irrespective of their disability status. In some cases, enabling a selected respondent to participate in an interview will require assistance and specific protocols, both of which should be discussed and planned for during the survey design stage, and addressed during training.

If the mother or primary caregiver is not available at the time of the visit to the household, the interviewer must return to the household at a time when she is available. A substitute respondent who is not the mother or primary caregiver should not be interviewed in place of the mother/ primary caregiver.

The items in the GSED HF are intended to measure specific behaviours and milestones that are acquired over time and that can gradually become more evident and consolidated with age. Therefore, as previously explained, it is expected that some children may not yet be able to do all the things asked about in the GSED HF, or they might be able to do things only some of the time, or they might not yet be fully proficient.
For all questions, you should record the corresponding code according to the answer provided by the respondent. If you are uncertain about a respondent's answer, or unsure on how to code the answer, you should ask the question again. Probing might be necessary if the respondent says "sometimes" or "it depends". Please consider the following coding instructions with common examples.

For 'YES/NO' questions:
You should register 'YES' if the respondent reports that the child can do a specific task. Do record the caregiver's actual verbal response ("Yes", "No" or "Don't know").

Responses to the items should be based on the caregiver's knowledge of the child's skills. **If the respondent says that the child can sometimes do it, then you should probe to understand what the child can do most of the time.**

- You can probe mainly by a) reading the item again and/or b) reminding and stressing to the caregiver the possible answers (both options up to thrice), so you can record a clear "Yes" or "No". You should not attempt to interpret the caregiver's response in any way.

- You should probe if the respondent says that the child can do it most of the time, for example:
- "Most of the time he can do it, but sometimes he fails to do it."

- You should probe if the respondent says that the child can do it only in specific contexts, for example:
  "She can do it when my husband or I ask her, but not when other adults ask her."
  "I have never seen her doing that, but her teacher said that she is already doing it at daycare."

- You should probe if the child did it only once or twice but failed to do it on several other occasions, for example:
  "I once asked her to do it and she could do it, but that was the only time. I have asked on other occasions and she could not do it."

- You should probe if the child can do it when someone helps him/her.

You should record 'DON'T KNOW' only when the respondent reports not knowing if the child can or cannot do a specific task. Sufficient probing should be carried out to obtain the required information to be able to record the answer as a 'YES' or 'NO'.

In sum, you should only record 'DON'T KNOW' when the respondent says that she is not aware of such behaviour, for example:
"I have never asked her to do it, so I don't know."

Please note that if the respondent answers, "I am not sure if she can do it", this would require probing in order to clarify if the respondent is unsure because she has never seen the child doing it, or if she is unsure because the child can only do it some of the time. If the latter is the case, additional probing should be undertaken so that the answer can be recorded as a 'YES' or 'NO', using the rules explained previously.

ACOMPANYING PICTURES
The GSED HF also includes some individual and sequenced pictures to assist in the interviewer's administration, and the mother's understanding and interpretation of the items. If items are accompanied by a picture, there will be an instruction: **"SHOW PICTURE"** with the item. In these cases, the assessor should first read the item and show the visual support directly to the caregiver immediately after. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

Special Considerations for this section:

- Read questions *exactly as written*, without paraphrasing or reordering.
- Repeat the question if interrupted or misunderstood.
- Do *not* interpret, rephrase, or use your own examples.
- Do *not* observe the child or use those observations to code answers.
- Never skip questions or assume the respondent's answers.
- Acknowledge volunteered information, but still ask the item as written.

Use probing when:
- Responses are incomplete, unclear, or off-topic.

Recommended methods:
- Repeat the question
- Show the picture again for "SHOW PICTURE" items.
- Ask neutrally: "Would you say more of a yes or more of a no?"
- Stay silent or nod to encourage elaboration.
- Repeat what the respondent said to prompt clarification.
- Avoid leading or judgmental language.

Q. 650A. This is a filter that checks Q. 220, 224, 225, and 226 to determine whether there are any children born 3-59 months before the survey living with the respondent . This section is only relevant to children age 3-59 months

Q. 650B Opening statement: Read exactly as written. This will introduce the section.

Q. 650C You will start with the youngest child born in the past 3-59 months, CAPI will automatically filter for age, and only the questions appropriate for that age group will be asked.

CHILDREN 3-5 MONTHS: Q.651 – Q.670

Q.651. When you talk to your child, does he/she smile, make noises or move arms, legs or trunk in response?

Description: When someone talks directly to the child, he/she often smiles, makes noises (laughs, coos or makes other vocalizations) or moves arms, legs or trunk in response. You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q.652. When you are about to pick up your child, does he/she act happy or excited?

Description: When the child is being picked up, the child often acts happy or excited (e.g. by smiling, making noises or moving arms or legs). You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q.653. Does your child turn his/her head towards your voice or some other noise?

Description: The child usually turns his/her head toward the caregiver's voice or some other noise (e.g. a bell or a rattle).
You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 654. Does your child sometimes suck his/her thumb or fingers? *SHOW PICTURE*

Description: The child puts his/her fingers or thumb into his/her mouth and sucks on them for more than several seconds at a time, often as a way of soothing him/herself (e.g. when he/she is tired).

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 655. While your child is on his/her back, can he/she bring his/her hands together such that the hands touch each other?

Description: While lying down on his/her back, the child is able to bring his/her hands together in the centre of the body over his/her chest.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q.656. Does your child move excitedly, kick legs, move arms or trunk or make cooing noises when a known person enters the room or speaks to him/her?

Description: The child usually moves excitedly, kicks legs, moves arms or trunk or makes coo noises when a familiar person enters the room or speaks to him/her. This item does not include "smile".

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q.657. Does your child make noise or gestures to get your attention?

Description: If the child wants attention, the child usually makes noises or movements (e.g. moving, kicking, making noises, reaching out arms, etc.). The noise or movement may not necessarily be in the direction of a person or object, but communicates that the child wants something from the caregiver (for example, when the child is lying down and kicks his/her legs, flails arms or makes noises to get a response. Note: the behaviour is to get the caregiver's general attention, not for any other specific purpose.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 658. Does your child recognize you or other family members (e.g. smile when someone enters a room or moves towards the child)?

Description: The child usually (more often than not) shows recognition of familiar people (e.g. parents, siblings, friends) by smiling, bouncing or moving towards them when they enter a room. In this item, there should be a difference in the type of response given towards someone who is familiar (known to the child) versus those who are strangers (unknown to the child). This item targets children's ability to discriminate between familiar persons and strangers, and attachment.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 659. Does your child laugh?

Description: The child sometimes (once a day or more) laughs out loud to show pleasure, happiness or amusement. The child should produce laughing, giggling or chuckling sounds, rather than simply smiling or laughing silently. This item targets children's expressive language.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 660. When your child is on his/her stomach, can he/she turn his/her head to the side?
SHOW PICTURE

Description: When the child is placed on his/her stomach, he/ she is able to move his/her head to the left or right so that his face is not on the ground. The child does not need to lift his/her head, but rather turn the neck. This item targets basic gross motor skills.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

CHILDREN 6 – 11 MONTHS: Q. 661- Q. 680

Children 6-11 months will start here, children 3-5 months will continue through question 670

Q.661. Is your child interested when he/she sees other children playing? Does he/she watch, smile or look excited?

Description: The child is able to show interest when seeing other children playing, by following them with his/her eyes, smiling or making gestures in response to seeing others doing so.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 662. Can your child hold his/her head steady for at least a few seconds, without it flopping to the side?

Description: While being held upright in the caregiver's arms or in a sitting position, the child is able to control his/her head for a few seconds (at least 3), without it flopping to the side and without the caregiver's hand supporting it.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 663. When your child is on his/her stomach, can he/she hold his/ her head up off the ground?
SHOW PICUTRE

Description: When the child is placed on his/her stomach, he/ she is able to lift and hold his/her head from the ground for at least several seconds. The child does not need to be able to look straight forward, but rather to lift and hold the head a few inches above the ground. The child's head may wobble or be unsteady. This item targets basic gross motor skills.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 664. Does your child show interest in new objects that are put in front of him/her by reaching out for them?
SHOW PICUTRE

Description: When presented with an unfamiliar object that the child has not seen before (e.g. a new cloth or toy), the child usually (more often than not) reaches out towards the object to explore or show curiosity about this object. The child does not actually have to grasp the object, but rather he/she should simply show more interest in the novel item than he/she would in a familiar object. This item targets children's exploration of their environment.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 665. When your child is on his/her tummy, can your child hold his/her head straight up, looking around for more than a few seconds? Your child can rest on his/her arms while doing this.
SHOW PICUTRE

Description: When the child is lying on his/her tummy, he/she is able to lift his/her head, and hold it straight up, looking around, for more than a few seconds (at least 3). He/she can elevate the chest with the arms.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 666. Can your child pick up a small object (e.g., a small toy or small stone) using just one hand?
SHOW PICTURE
Description: If a small and lightweight object is placed in front of him/her, the child is able to grasp it using the fingers, thumb, and/or palm of one hand (but not both) and lift the object at least 1cm (about 1/3 inch) off the ground for several seconds. This item targets early fine motor development.

Q.667. Can your child sit with support, either leaning against something (furniture or person) or by leaning forward on his/her hands?
SHOW PICTURE

Description: The child is able to sit for 30 seconds, WITH support (either leaning against something, e.g. furniture or a person, or by leaning forward on his/her hands). He/she may lose balance once or twice but is able to correct him/herself (with the caregiver's slight support).

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 668. If an object falls to the ground out of view, does your child look for it?

SHOW PICTURE

Description: The child is able to look for an object of interest to him/her (by moving his/her eyes, head and/or body) that falls to the ground out of view or that is taken away from him/her.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 669. When lying on his/her stomach, can your child hold his/her head and chest off the ground using only his/her hands and arms for support?
SHOW PICTURE

Description: When positioned with his/her stomach on the ground, the child is able to lift and hold his/her chest and head off of the ground for at least several seconds without help, using only the hands for support.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q670. When lying on his/her back, does your child grab his/her feet?
SHOW PICTURE
Description: When positioned with his/her back on the ground, the child occasionally (e.g. more than once per day) grasps and holds his/her feet with at least one hand. The fingers should hold on to at least one foot and the child should hold on for at least several seconds. This item targets early gross motor coordination.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.
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Q. 671C Filter: Children 3-5 months will skip to ECD-21, children 6-11 months will continue through Q. 680

Q. 671. Does your child look for an object of interest when it is removed from sight or hidden from him/her (e.g. put under a cover, behind another object)?

Description: When an object of interest to the child (e.g. food, cup, toy) is removed from sight or hidden from the child, the child usually (more often than not) moves his/her body, head and/or eyes to see where the object has gone. This item targets object permanence or the understanding that objects continue to exist in the world even when they are not observed.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 672. Can your child hold him-/herself in a sitting position without help or support for longer than a few seconds?
SHOW PICTURE

Description: When placed in a sitting position, the child is able to hold his/her torso and head upright for more than 10 seconds without holding onto or leaning on an object. This item targets early gross motor development.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

CHILDREN AGE 18 – 23 MONTHS: Q. 673 - 692

Q. 673. Can your child pick up small bits of food and feed him-/herself using his/her hand?
SHOW PICTURE
Description: The child picks up food in small portions that the caregiver has separated from the main dish of food. The child can hold them in his/her hand and put them to the mouth. The child recognizes that they are food, does not simply grasp them when put in hand.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 674. Can your child pick up and drop a small object (e.g. a piece of food, small toy or small stone) into a bucket or bowl while sitting?
SHOW PICTURE

Description: The child is able to pick up an object from the ground with one hand and release it above an open container (e.g. bucket or bowl) so that it falls into the container. This should represent an intentional, rather than accidental, motion. This item targets fine motor coordination.

Remember, **first read the question and then show the visual support directly to the caregiver immediately after**. There will be a link on CAPI that will open up the picture on your tablet. The purpose of the pictures is to provide a cue to the mother, and should be shown even if she has answered prior to seeing to them, i.e. pictures should not be skipped.

You should code 'YES' if the respondent reports that the child can do this. If the respondent says "sometimes" or her response is unclear, follow the probing instructions above.

Q. 675. Can your child maintain a standing position while holding onto a person or object (e.g. wall or furniture)?
SHOW PICTURE

Description: The child is able to stand upright (with only his/her feet on the ground) while holding onto an object or person with his/her hand. This item targets gross motor development.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 676. Can your child pull him-/herself up from the floor while holding onto something? For example, can your child pull him-/herself up using a chair, a person or some other object?
SHOW PICTURE

Description: The child is able to pull him-/herself to a standing position from a seated position using a chair, table leg or other convenient object for support.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 677. Does your child stop what he/she is doing when you say "Stop!", even if just for a second?

Description: The child usually pauses what he/she is doing when a caregiver says "Stop!" to the child, even if he/she stops only briefly. For example, when going too close to a fire, playing in dirty water, etc., the child stops immediately when someone tells the child, with urgency, "No" or "Stop." This item targets the child's ability to understand and respond to urgent requests, even if he/she is not generally obedient.

Use the same procedures for recording responses as described above.

Q. 678. Can your child walk several steps while holding onto a person or object (e.g. wall or furniture)?
SHOW PICTURE

Description: The child is able to walk several steps or more in one direction while holding onto an object or person with his/her hand. This item targets gross motor development.

Use the same procedures for displaying the pictures and recording responses as described above.

CHILDREN AGE 18-23 MONTHS: Q. 679 – 698

Q. 679. Does your child make a gesture to indicate "No" (e.g. shaking head)?

Description: The child shakes his/her head, shrugs his/her shoulders, etc., to show refusal. This motion should be definitive; just turning away from the situation or withdrawing does not count.

Use the same procedures for recording responses as described above.

Q.680. Can your child stand up without holding onto anything, even if just for a few seconds?
SHOW PICTURE

Description: When in a standing position, the child is able to stand for a few seconds (at least 3) without any support.

Use the same procedures for displaying the pictures and recording responses as described above.

Filter 671C: Children age 6-11 months will skip to ECD21, Children 12 -23 months will continue to question 681.

Q. 681. Does your child put his/her hands out to have them washed?

Description: Even if the child cannot wash his/her hands by him-/herself, he/she understands when they need to be washed and therefore helps by holding the hands out for someone else to wash.

Use the same procedures for recording responses as described above.

Q. 682. Can your child maintain a standing position on his/her own, without holding on or receiving support?
SHOW PICTURE

Description: The child is able to stand upright (with only his/her feet on the ground) without holding onto or leaning onto an object or person. This item targets gross motor development.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 683. Can your child climb onto an object (rock, porch, step, chair, bed, low table, etc.)?
SHOW PICTURE

Description: Can your child climb onto an object (rock, porch, step, chair, bed, low table, etc.)? The child is able to pull him-/herself without support onto a chair, bed, low table or other objects, for example to reach something or to get onto a porch or stoop.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 684. Can your child make any light marks on paper or in dirt with a crayon or a stick?
SHOW PICTURE

Description: The child is able to make marks on paper or on the ground with a crayon/pencil/ pen or a stick such as to scribble, draw a picture or write. He/she is able to make intentional marks, in any manner. These can be light marks, but should not be stabs.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 685. Can your child follow a simple spoken command or direction without you making a gesture?

Description: Without the caregiver making a gesture (e.g. pointing), the child is able to understand when a caregiver asks something, and follow a simple spoken command or direction (e.g. "Come here", "Sit down", "Give it to me").

Use the same procedures for recording responses as described above.

Q. 686. Does your child share with others (e.g. food)?

Description: The child often shares things he/she is using or enjoying with others. For example, the child will share food that he/she is given with friends or family members.

Use the same procedures for recording responses as described above.

Q. 687. Can your child make a scribble on paper, or in dirt, in a back-and-forth manner? For example, can he/she move a pen, pencil or stick back-and-forth?
SHOW PICTURE

Description: The child is able to make intentional marks on paper or on the ground by scribbling back-and-forth.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 688. Can your child move around by walking, rather than by crawling on his/her hands and knees?

Description: The child is able to walk on his/her own as a means of moving from one place to another. The child no longer crawls or scoots to get around.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 689. Can your child stack at least 2 objects on top of each other, such as bottle tops, blocks, stones, etc.?
SHOW PICTURE

Description: The child is able to "make a tower" with at least 2 objects that does not immediately fall over.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 690. Can your child say 5 or more separate words (e.g. names such as "Mama" or objects such as "ball")?

Description: The child is able to clearly say 5 or more distinct words. These words can be real words (e.g. objects, names) or "made up" words that the child consistently uses to convey meaning (e.g. a nickname for a person or food). The words do not need to be used in sentences, but rather can be used independently (i.e. one at a time). This item targets expressive language.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 691. Can your child ask for something (e.g. food, water) by name when he/she wants it?

Description: The child is able to clearly verbalise a desire for a specific object using words. This item targets expressive language.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 692. Can your child run well, without falling or bumping into objects?
SHOW PICTURE

Description: The child is able to run more than a few steps, with his/her feet lifted up and only one foot on the ground at any given time, without falling or bumping into objects. GSED HF – December 2024

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 692C FILTER: Children 12- 17 months will skip to ECDI 21 and Children 18 – 23 months will continue to 693.

Q. 693. Can your child wash hands by him-/herself?

Description: The child is able to run water at an appropriate temperature [adapt to local context, e.g. if using bucket and mug to get water], lather with soap and wash his/her own hands satisfactorily, dry his/her hands, and may clean up the washing area when he/she is done. The child must be able to do this without help from a caregiver or other person.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 694. If you show your child an object he/she knows well (e.g. a cup or animal), can he/she consistently name it?

Description: When the child is shown a familiar object, the child is able to correctly and clearly state the object's name (or nickname). This item targets expressive language.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 695. Can your child say 10 or more words in addition to "Mama" and "Dada"?

Description: The child is able to clearly say 10 or more words other than "Mama" or "Dada" (or the equivalent of these words). The words can be real words (e.g. objects, names) or "made-up" words that the child consistently uses to convey meaning (e.g. a nickname for a person or food). Words do not have to be pronounced perfectly or be real ones as long as the child is consistent in their use. This item targets early expressive language.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 696. Can your child speak using sentences of 3 or more words that go together (e.g. "I want water", or "The house is big")?

Description: The child is able to clearly speak by forming short sentences of 3 or more words. These sentences should reflect children's ability to link words in order to convey complex thoughts. For example, the sentence could include a subject, verb and object combination (e.g. "I see a dog") or it could include a directive (e.g. "I want more"). Simple word combinations that do not convey complex meaning (e.g. "Go, go, go") do not count as sentences. This item targets expressive language.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 697. Can your child jump with both feet leaving the ground?
SHOW PICTURE

Description: The child is able to jump such that both feet are off the ground at the same time. The child can jump straight up or in any direction (forwards, backwards or to the side). This item targets gross motor development.

Use the same procedures for displaying the pictures and recording responses as described above.

Q. 698. Can your child correctly use any of the words "I", "you", "she" or "he" (e.g. "I go to store", or "He eats rice")?

Description: The child is able to use any pronouns (e.g. I, you, he, she, we, they) correctly in sentences, and does not mix them up (e.g. calling a boy "she"). This item targets expressive language

Use the same procedures for displaying the pictures and recording responses as described above.

H. Section 6C: Early Childhood Development

This module collects information to measure SDG 4.2.1 for children age 24-59 months who are currently living with the mother. It is a continuation section of 6B.

Question 650C, filters for children age 24-59 months living with the mother. Women with children 24-59 months will skip to question ECD01.

EARLY CHILDHOOD DEVELOPMENT MODULE

This module specifically targets children 24-59 months. The instructions for administering the module are generally the same as GSED.

Q. ECD1: WALK ON AN UNEVEN SURFACE

Q. ECD1 asks if the child can walk more than a few steps on an uneven surface, such as up and down an incline (a hill or a ramp, for example) or on a bumpy surface (such as gravel), without falling. The child should be able to demonstrate this without the help or assistance of others (for example, not while holding someone's hand), or without holding any object that might help him or her walk.

Q. ECD2: JUMP WITH BOTH FEET

Q. ECD2 asks if the child can jump with both feet off the ground at the same time. This can be demonstrated by the child jumping straight up in the air or in another direction (such as forward, backward or to the side). Record 'NO' if the respondent says that the child can only jump with help or when holding onto something/someone. Also record 'NO' if the respondent says that the child can only jump down from somewhere, for example, jump down from a stair or step.

Q. ECD3: DRESS HIM/HERSELF

Q. ECD3 asks if the child can put on his/her own clothes (for example, pants, shirt, dress, jacket) without help from others. The child does not need to be able to dress correctly (in other words, the shirt can be backwards) or close complex fixtures (such as clasps). Please note that if the respondent answers that the child does not wear any clothes, for example in very warm climates, then you should record the answer as 'DON'T KNOW'.

Q. ECD4: FASTEN/ UNFASTEN BUTTONS

Q. ECD4 asks if the child is able to button and unbutton shirts, pants, or other pieces of clothing without the assistance of an adult or other child. Record 'YES' for any answer that reflects that the child can fasten AND unfasten. Record 'YES' if the respondent says that the child can only fasten and unfasten the bigger buttons on a specific piece of clothing, but not on others that have smaller-sized buttons. The size of the buttons that the child can fasten/ unfasten is irrelevant. Record 'NO' if the child can only use other types of fastening fixtures such as snaps, hooks, ties or zippers. If the child can fasten/unfasten buttons and other types of fastening fixtures, then record 'YES'.
Please note that if the respondent answers that the child has never had a chance to manipulate buttons, then you should record the answer as 'DON'T KNOW'.

Q. ECD5: NAME WORDS
Q. ECD5 asks if the child can clearly say 10 or more different words. These words can be real words (such as objects or names) or 'made up' words that the child consistently uses to convey meaning (for example, a nickname for a person or food).
Please note that sometimes children can use different names or nicknames for familiar objects or persons. For instance, the child might say 'gada' instead of 'grandad', in which case you should also record 'YES' if the respondent conveys that the child usually uses that word to refer to that person or object. It is fine if the respondent starts naming the words the child can say, if that helps her determine whether the child knows 10 words, but please note that she still has to give a yes or no answer by herself, so that you can record the respondent's answer. If the child used two different words to refer to the same object or person, for example 'mother' and 'mummy', these should count as only one word.
Please note that, in some contexts, children might use words in different languages. All questions that target verbal abilities refer to words produced in any language.

Q. ECD6: SPEAK USING SENTENCES OF 3 OR MORE WORDS

Q. ECD6 asks if the child can clearly speak by forming short simple sentences of three or more words. These sentences should reflect a child's ability to link words together to convey thoughts or feelings. For example, the sentence could include a subject, verb and object combination (for example, "I see a dog"), or it could include a directive (for example, "I want more"). Simple and/or repetitive word combinations that do not convey some meaning do not count as sentences. This should not simply repeating sentences the child commonly hears.

Record ‘YES’ for any answer that reflects that the child can communicate using short simple sentences of at least three words. Please note that simple word repetitions (such as, ‘go, go, go’) as well as repetition of familiar rhymes or sentences the child commonly hears (such as ‘twinkle, twinkle, little star’, or popular slogans from ads), should be recorded as ‘NO’.

Skip pattern: If the respondent answers ‘YES’, then you should proceed to ECD7. If the respondent answers ‘NO’ or ‘DON’T KNOW’, then you should skip to ECD8.

Q. ECD7: SPEAK SENTENCES OF 5 OR MORE WORDS

Q. ECD7 asks if the child can clearly speak by forming short sentences of five or more words. These sentences should reflect children’s ability to link words together to convey thoughts or feelings. For example, the sentence could include a subject, verb, adjective and object combination (for example, “I see a big white dog”). Or, it could include a directive (for example, “I want some more water”). Simple and/or repetitive word combinations that do not convey some meaning do not count as sentences. This should not involve simply repeating sentences the child commonly hears.
Record ‘YES’ for any answer that reflects that the child can communicate using sentences of at least five words. Please note that simple word repetitions (such as, ‘go, go, go, go, go’) as well as repetition of familiar rhymes or sentences (such as ‘twinkle, twinkle, little star’, or popular slogans from ads), should be recorded as ‘NO’.

Q: ECD8. RECOGNIZE SELF/ OTHERS

Q. ECD8 asks if the child can use at least one pronoun (such as ‘I’, ‘you’, ‘he’, ‘she’, ‘we’, ‘they’) correctly in sentences. Please note that if the child is able to refer to a third person (he or she), but mixes up the sexes, you should also record ‘YES’.

Q. ECD9: RECOGNIZE OBJECTS

Q. ECD9 asks if when the child is shown a familiar object, the child uses the same word to refer to the same object, even if the word used is not fully correct. Record ‘YES’ for any answer that reflects that the child can say the object’s name in a consistent way– this is, always using that word to refer to the object. Please note that sometimes children can use different names or nicknames for familiar objects or persons. For instance, the child can say ‘gada’ instead of ‘grandad’. You should record ‘YES’ if the respondent conveys that the child usually uses that word to refer to that person or object.

Q. ECD10: RECOGNIZE LETTERS OF THE ALPHABET

The purpose of Q. ECD10 is to determine whether the child can clearly recognize at least 5 letters of the local alphabet. To ‘recognize’ written or printed letters does not necessarily mean that the child can read or verbally name the letters. Therefore, you should record ‘YES’ if a child can say the letter when shown the letter’s symbol written down on paper (for example, child says ‘bee’ when shown the letter ‘B’), or if a child can point to a letter when asked (for example, “Which is the ‘A’?”). Also note that vowels count as letters, so you should record ‘YES’ if the respondent says, for example, “Child only knows A E I O U”. If the respondent says that the child only knows the 5 letters in his or her name, then you should probe to understand if the child’s name is composed of 5 different letters (for example, ‘PEDRO’), or less than 5 different letters (for example, ‘CATIA’).

Record ‘NO’ if the respondent says that the child can only say the alphabet or some letters of his/her name. For example, some children might sing the alphabet song, but they might yet not be able to recognize letters in print.

Q. ECD11: WRITE HIS/HER NAME

Children who cannot write their own names may not be able to do so because they cannot hold a pencil or do not know all the letters yet. Please note that the question refers to the child's name because that is generally the first, or one of the first, words a child learns to write. However, if the respondent says that the child cannot write his/her own name but can write some other word, that is also acceptable as a 'YES' answer.
The child can use letters of the local alphabet to spell out his/her own name in print/block letters (not cursive/ handwriting). Record 'YES' if the child is able to write either his/her first name or last name, or able to write a nickname. The child also does not need to be able to write his/her name correctly (for example, letters may be reversed). The important thing is that the child can hold a writing utensil and use this to write his/her name either in full or in part.

Record 'YES' for any answer that reflects that the child can hold a writing utensil to write his/her name either in full or in part, using letters of the local alphabet. Also record 'YES' if the child can write a name other than his or her own (such as the name of a pet or favorite friend). Record 'NO' if the child can only write letters using his/her fingers (for example, finger painting or writing his or her name in the sand using fingers).

Please note that, in some cases, respondents might answer that the child can imitate, by watching the parent write his or her name and then writing it on his/her own, which should be recorded as 'YES'.

Q. ECD12: RECOGNIZE NUMBERS

The purpose of Q. ECD12 is to determine whether the child can clearly recognize all written or printed numbers from 1 to 5 in his/her native language. To 'recognize' written numbers does not necessarily mean the child can verbally name the numbers. Therefore, you should record 'YES' if a child can say the number when shown the symbol written down on paper (for example, says 'one' when shown the number '1') or if a child can point to a number when asked ("Which is the number '1'?").

Record 'NO' if the respondent says that the child can only say some numbers s/he knows well from memory. For example, some children might sing a song with numbers, but they might not yet be able to recognize numbers in print.

Q. ECD13: GIVE CORRECT NUMBER OF OBJECTS

Q. ECD13 asks if the child can hand or bring the respondent a specific and correct number of items that you request. Record 'YES' if the child gives the correct and specific number of items or objects requested. Record 'YES' if the respondent says the child is able to give her the correct amount of other objects requested, for example, "I ask him to give me 5 cars and he gives me the correct amount."

Record 'NO' if the child gives less or more than the number of items or objects requested.

Q. ECD14: COUNT OBJECTS

Q. ECD14 asks if the child can clearly and correctly count a finite number of objects up to 10. The child should be able to do so without making mistakes. Code 'NO' if the child skips numbers (for example, 1,2,3,5,10) or if the child counts numbers out of order (for example, 1,2,3,4,6,5,7,8,9,10).

Q. ECD15. INDEPENDENT ACTIVITIES

Q. ECD15 asks if the child can do something (such as a task, an activity or something creative) on his or her own for an appropriate length of time without repeatedly asking for assistance from someone else or giving up too quickly. Please note that the question should not be interpreted as asking if the child finished the activity or not. Rather, it refers only to the ability to independently engage in some activity, such as coloring or playing with building blocks for some time.

Record ‘NO’ if the respondent says that the child can only be engaged in passive activities, such as watching cartoons on TV.

Q. ECD16: ASK ABOUT PEOPLE OTHER THAN PARENTS

Q. ECD16 asks if the child asks questions about other people s/he knows well, other than parents or primary caregivers, when that person is absent or not in sight. This can include asking about where people are, when they will visit, or what they are doing.

Q. ECD17: OFFER HELP

Q. ECD17 asks if the child offers to help either adults or other children (including siblings) when they seem to need help, without being told to do so. Understanding that someone needs help requires being able to understand another’s point of view. Recognizing that a person is in distress or upset is developed first and at earlier ages, followed by an understanding of how to help and a demonstrated willingness to offer help in some way. Record ‘NO’ if the respondent says that the child only offers to help others when told to do so. For example, if the child helps a sibling because the mother asked him or her to do so.

Q. ECD18: GET ALONG WITH OTHERS

Q. ECD18 asks if the child usually (more often than not) can interact or play with other children in a positive manner. Please note that you should code ‘YES’ even if the child sometimes does not get along well with other children, which might be expected and appropriate for the child’s age and/or developmental stage. If the respondent answers “sometimes”, you should probe to understand if the child more often than not gets along well with other children. If the respondent mentions that the child does not know or has never interacted with other children, please record the answer as ‘DON’T KNOW’.

Q. ECD19: SAD OR DEPRESSED

The purpose of Q. ECD19 is to capture the frequency with which children exhibit excessive unhappiness, sadness, or depression. This could be expressed by the child appearing withdrawn, unenthusiastic, or crying without an obvious or apparent cause. This is distinct from the child simply being tired, though it may look similar. This question is not meant to capture a child’s response to transitory life events, such as grieving in response to the death of a parent or pet, or distress or crying related to starting day care. If the respondent
answers that the child’s sadness is due to a transitory and recent life event, the interviewer should ask: “Apart from that specific context/event, how often does (name) seem to be very sad or depressed?” and proceed to record the correct answer.

Q. ECD20: KICK/BITE/HIT OTHERS
The purpose of Q. ECD20 is to capture children’s behavioral difficulties that limit their ability to interact with other people in an appropriate manner. More specifically, this question captures the degree to which the child demonstrates physical aggression towards other children or adults. This would not include play fighting or what would be considered ‘normal’ or ‘typical’ aggression towards a sibling.

Q. ECD21: FILTER FOR ADDITIONAL CHILDREN AGE 3-59 MONTHS LIVING WITH MOTHER

H. Section 7: Marriage and Sexual Activity

Q. 701: CURRENTLY MARRIED OR LIVING WITH A MAN

In Q. 701we want to know if the respondent is currently married, is living with a man as if married (i.e., she is in an informal union), or is not in union. Note that there are two different categories of YES

responses: (1) "YES" the woman is married and (2) "YES" she lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES to Q. 701, then ask her, if she is currently *married* or currently just *living* with a man. The difference between marriage and informal union can be context-specific. We accept the woman's own report based on whether she considers herself to be married or in an informal union. The respondent does not need to have or show you a marriage certificate or any other document to be considered married. If she says she is married, record "YES, CURRENTLY MARRIED." If a respondent is unsure how to report her marital status, the following guidance can be used: an informal union is one in which a man and woman live together for some time, intending to have a lasting relationship, but have not had a civil, religious, or traditional ceremony. Casual sexual encounters are **not** considered informal unions.

> *Example*: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as "living together," whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would be considered not in union.
>
> *Example*: A woman says she and her partner have been traditionally married, but they have not had a religious ceremony. Record that she is currently married. A traditional marriage counts as a marriage.
>
> *Example:* A respondent has a male roommate, but they are not in a union. This arrangement does not count as living with a man as if married. Record, "NO, NOT IN UNION."

Q. 702: EVER BEEN MARRIED OR LIVED WITH A MAN

For women who are not currently married or living with a man as if married (Response to Q. 701 is NO, NOT IN UNION), ask whether they have ever been married or lived with a man as if married. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

Q. 703: CURRENT MARITAL STATUS

This question is asked of a woman who was formerly in a union but is not married or living with a man as if married at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

Qs. 706A-707: MARRIAGE REGISTRATION

Having a registered marriage is related to a range of social protections, rights (including civil, divorce, and inheritance), and access to benefits and the social safety net. A marriage certificate is a formal document issued by a government agency proving that two individuals are legally married. Legal proof of marriage can help to protect the rights of spouses to property upon death of one of the spouses or if the marriage ends in divorce.

Q. 706A is directed at respondents who are currently in union, that is women who are married or living with a man as if married.

In Q. 706B, record the type(s) of document the woman has. Record all the documents she mentions. You do not need to observe the documents to record that she has them.

In Q. 707, women who don't have a marriage certificate or don't know if they have a marriage certificate for their current marriage are asked if their marriage was registered with a civil authority.

Q. 721: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 722-738: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 722: AGE AT FIRST INTERCOURSE

Read the entire question to the respondent and emphasize that complete confidentiality of her answers. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage.

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse cannot be later than her age at first birth. If her reported age at intercourse is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong, or they are both wrong. Check to see which information is wrong and correct it.

If she has never had intercourse, select Code '00' and skip to Q. 738.

Note: sometimes a respondent will want a further explanation on how sexual intercourse is defined. For example, the respondent may have engaged in oral or anal sex, but not vaginal sex and will want to know if the former should be counted. The purpose of this question is to understand a woman's risk of pregnancy. For this reason, sexual intercourse in this question refers to penile-vaginal sex.

Q. 723: LAST TIME HAD SEXUAL INTERCOURSE

Q. 723 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS. If the answer is 12 months or more, it must be recorded in years.

> *Example*: If she says "three weeks ago," select '2' and enter '03' in the boxes next to WEEKS AGO. If she says "four days ago," select '1' and enter '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

> *Example*: If the respondent says, "this morning," select '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, proceed to Q. 724. If the last time the respondent had sex was 12 or more months ago, skip to Q. 737.

Q. 724: FILTER FOR PREGNANCY STATUS

Qs. 725 and 726: CONTRACEPTION USE AT LAST INTERCOURSE

The wording of Q. 725 is similar to Q. 303 except we are now asking about whether she and her partner used any method of contraception the last time she had sexual intercourse. The purpose of this question is to capture the use of methods that may be underreported in response to Q. 303. In Q. 726, record all the methods she says or her partner used.

Q. 727: CONDOM USED AT LAST INTERCOURSE

Condom use is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. Thus, Q. 727 is asked of all respondents who have had sex in the last 12 months, regardless of pregnancy status and whether or not they are using any form of contraception other than condoms.

Q. 730: RELATIONSHIP WITH LAST SEX PARTNER

We want to know the relationship of the respondent with the person she last had sex with. Note that the response categories in Q. 730 are stated in terms of his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds "BOYFRIEND," probe to see if the boyfriend was living with her and then enter the appropriate code.

> *Example*: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record 'HUSBAND'. If they were already divorced and not living together at the time, record 'OTHER' and enter former husband in the space provided for specifying the relationship.

Qs. 731-736: SEX WITH ANYONE ELSE IN LAST 12 MONTHS

These questions find out if the respondent had sex with a second or third person in the last 12 months, the relationship of the person with the respondent, and whether or not a condom was used the last time the respondent had sex with the person. If the respondent only had sex with one person during the last 12 months (response to Q. 731 is NO), skip to Q. 737.

Q. 737: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 737 asks about total number of lifetime sexual partners. If the number of partners is greater than 95, record '95.'

Q. 738: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview. Be sure to record either '1' or '2' for each line (children <10 years old, male adults, female adults).

I. Section 8: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 801: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER

Q. 802: FILTER FOR PREGNANCY STATUS

Qs. 803 and 804: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, you will ask Q. 803. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating "Now I have some questions about the future. After the child you are expecting now…"

If she is not pregnant or is unsure if she is pregnant, you ask Q. 804. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children, ask the question as follows: "Would you like to have a child or would you prefer not to have any children?" If she has one or more children, you ask instead, "Would you like to have another child or would you prefer not to have any more children?"

Q. 805: TIME TO WAIT

Q. 805 is asked of all women who say that they want to have another child. However, you will word the question differently depending on her pregnancy status. If she is not pregnant or unsure and has had a child, you will ask 805a: "How long would you like to wait from now before the birth of another child?" If she is not pregnant or unsure and has not had a child, you will ask 805b: "How long would you like to wait from now before the birth of a child?" If she is pregnant, you will ask 805c: "After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?"

Note that the answer can be given in months or years. Select '1' if the response is in months or '2' if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, select SOON/NOW (code 993). If the woman says she cannot get pregnant, select SAYS SHE CAN'T GET PREGNANT (code 994). If the woman tells you she would like to wait until after she is married to have a child, select AFTER MARRIAGE (code 995). If the woman gives a different answer, select '996' and write her response in the space provided next to the OTHER category.

Q. 806: FILTER FOR PREGNANCY STATUS

Q. 807: FILTER FOR USING A METHOD

Q. 808: FILTER FOR TIME TO WAIT

Q. 809: FILTER FOR TIME SINCE LAST SEXUAL INTERCOURSE

Q. 810: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

The woman's response to Q. 804 will affect how this question is asked. If she has previously said that she wants to have a child or another child, ask Q. 810a or Q. 810c. If she wants no children or no more children, ask Q. 810b or Q. 810d. The CAPI program will make the determination of which wording of the question to use based on the information entered up to this point in the interview.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

> Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN'T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, select the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

CHANGES IN MENSTRUAL BLEEDING can include side effects of a method such as spotting or irregular bleeding with hormonal methods such as the pill, certain IUDs, and injected or implanted contraceptives.

OTHER SIDE EFFECTS include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

If the woman's main reason is not listed as a response, select 'X' and write her response on the OTHER line. If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 811: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 812: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 813: PREFERRED NUMBER OF CHILDREN

Q. 813 is asked differently depending on whether or not the respondent has living children.
If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 814. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after

probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 815.

Q. 814: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 813. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says it would not matter what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, select '96' for OTHER and record her exact words in the space provided.

> *Example*: If in Q. 813, a respondent says she would like to have six children, and in Q. 814 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'
>
> If a respondent would like to have two children ('02' in Q. 813) and she wants two boys, you would record '02,' '00,' '00' in Q. 814.
>
> If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children.

Finally, note that if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 813. You must probe further if the numbers do not match.

Q. 815: EXPOSURE TO FAMILY PLANNING MESSAGES

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line.

L. Section 11: Other Health Issues

Q. 1101 and 1102: DISTANCE TO THE NEAREST HEALTHCARE FACILITY

In Q. 1101, ask how many minutes it takes the respondent to go from her home to the nearest healthcare facility, regardless of the type of facility or whether or not it is the facility she usually goes to.

In Q. 1102, ask how she travels to the facility. If she uses more than one type of transport, choose the method highest on the list. If she says that the nearest facility is not one she ordinarily goes to, ask her if she were hypothetically to go to this facility which transportation method she would use.

> *Example:* Mariam says it takes her 90 minutes to get to the nearest health post. She gets there by walking to the nearest bus stop and then taking a public bus.

Record '090' in Q. 1101 and select PUBLIC BUS (Code '02') because PUBLIC BUS is higher on the list than WALKING (Code '08').

Q. 1103: BREAST CANCER CHECK

Breast cancer checks include clinical breast exams and mammograms. During a clinical breast exam, a healthcare worker checks the breasts' appearance and uses the pads of his or her fingers to check the breast, underarm, and collarbone area for any lumps or abnormalities. A mammogram is an x-ray that allows breast tissues to be examined for any suspicious areas. Select YES if the respondent says she has had either type of breast cancer check by a doctor or other healthcare provider.

Qs. 1104 and 1105: EVER TESTED FOR CERVICAL CANCER

The cervix connects the uterus (womb) to the vagina (birth canal). A woman may not know that she has cervical cancer, but tests can be done to detect cervical cancer. These tests are called Pap smears, HPV tests, or VIA tests.

Pap smears and HPV (human papilloma virus) tests: While a woman is lying down on her back with her legs apart, a healthcare provider puts a small wooden or plastic stick (a swab), or a small brush, inside the vagina (birth canal) to wipe the cervix in order to collect a sample. The sample is then sent to a laboratory for testing.

VIA test (visual inspection with acetic acid): For this test, also called a vinegar test, a healthcare worker puts vinegar on the cervix and then visually inspects the cervix for changes that would be indicative of cervical cancer.

Q. 1104 explains the cervical cancer tests. Read the entire statement carefully then ask Q. 1105.

Q. 1113: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing healthcare for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and select the answer given before asking the next item. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand that for her the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

"Getting permission to go" means someone's permission is necessary for her to go and get the care. It does not matter who this person is (e.g., father, husband, or mother-in-law). Select '2' for NOT A BIG PROBLEM in the case where she does not need anyone's permission, as well as the case where she says, for example, she needs her mother-in-law's permission but that this is never a big problem. "Getting money needed for treatment" includes money for actual treatment and/or for medicines. "Not wanting to go alone" refers to a situation where the woman says not wanting to go alone if she is sick is a big problem.

Qs. 1114 and 1115: HEALTH INSURANCE

Q. 1114 seeks information about whether the respondent has any health insurance that helps to cover the cost of healthcare when she needs it. The health insurance may be through a mutual or community-based program, a national public insurance scheme (e.g., social security), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 1114 if the respondent participates in any health insurance scheme and, in Q. 1115, identify all of the types of insurance plans by which she is covered.

Qs. 1116–1117: SOURCE OF CARE IN THE LAST 12 MONTHS

Q.1116 asks whether the respondent received care from a health provider or pharmacy in the last 12 months. If the respondent did not receive any care during this period, select NO and skip to HPV01. If she did, select YES and proceed to ask about where she received care most recently.

In Q.1117, ask the respondent to report where she **most recently** received care. Then probe: "Anywhere else?" to capture all relevant sources used at that time.
You must probe to determine the type of facility or provider: public, private, NGO, FBO (faith-based organization), or other.
If the respondent names a facility but you are unsure how to categorize it, ask follow-up questions. If you still cannot determine the sector, record the name of the facility under "(SPECIFY)" for later verification.

Select all relevant codes corresponding to:

- Public sector (Codes A–F)
- Private medical sector (Codes G–L)
- NGO medical sector (Codes M–O)
- FBO sector (Codes P–S)
- Other sources (Codes T–Y)

Codes may be selected in combination. For example, if the respondent saw a government nurse at a private clinic, mark both G (Private Hospital) and C (Government Dispensary) if applicable.

Q.1118: MAIN REASON FOR SEEKING CARE

Ask the respondent what the **main reason** was for seeking care the most recent time she received services. If multiple reasons are given, ask her to identify the **primary** reason. Select the most appropriate response from the list.
If the reason provided does not fit any predefined category, select '96' (OTHER) and write in the response.

Q.1119: REGISTERED UNDER SHA DURING MOST RECENT VISIT

Ask whether the respondent was registered under the Social Health Authority (SHA) at the time of her most recent healthcare visit.
This refers to active registration in the SHA scheme not whether she had ever registered in the past.
Select YES if the respondent was enrolled in the SHA program at the time of the visit. Select NO if she was not registered under SHA at that time. If the response is NO, skip to Q.1123.

Q.1120: COVERAGE UNDER SHA FOR MOST RECENT CARE

Ask whether any of the health services she received during the most recent visit were paid for or covered under SHA.This includes partial or full payment of costs such as consultation, treatment, diagnostics, or medication. Select YES if the respondent confirms that any part of the cost was covered. Select NO if she paid entirely out of pocket or used another scheme. Only ask this question if Q.1119 = YES

Q.1121: DIFFICULTIES ACCESSING SHA SERVICES

Ask the respondent if she faced any difficulties the last time she received care covered by SHA. This question refers only to services covered by SHA, so if the respondent paid fully out of pocket, this question will be skipped. If she faced no challenges, select 'A' and move on. If she did face one or more difficulties,select all that apply.

Q.1122: BENEFITS RECEIVED FROM SHA

Ask the respondent what benefits she received from SHA during her most recent visit. Mark all benefits mentioned. If she says "No benefit," select code 'A'and move to the next question.
Examples:

- If she says that she did not have to pay for her medication, select 'B' for "Reduced out-of-pocket spending."
- If she says she was able to access care quickly or nearby, select 'C' or 'D' for "Increased access" or "Quality services."

Any response to this question will skip to 1126.

Q.1123: ANY OTHER VISITS IN THE LAST 12 MONTHS

If the respondent was not registered under the SHA scheme at the time she most recently received healthcare (Q. 1119) or if none of those health care services were covered under SHA (Q. 1120), CAPI will skip automatically to 1123.
Ask if the respondent sought care at any other time from a health provider or pharmacy in the past 12 months, besides the most recent visit already reported. Select YES or NO. If NO, skip to Q.125.

Q.1124: NUMBER OF OTHER VISITS IN LAST 12 MONTHS
For those who answered YES to Q.123, ask how many additional times they received care in the last 12 months. Enter the total number of visits (excluding the visit already discussed). You can clarify that the question is about visits to any provider, not just SHA-covered services.

Q.1125: OTHER VISITS COVERED UNDER SHA
Ask whether any of the additional visits (from Q.124) were covered under SHA. This includes either partial or full coverage of services or medication. Select YES or NO accordingly. IF NO, skip to HPV01.

Q.1126 – 1130 : SHA SATISFACTION QUESTIONS
Q. 1126: This is a transition question to introduce a set of questions about the respondent's satisfaction with SHA services. For each question, Read all response options in order and select the one that best matches her answer

Q.1127: EASE OF ENROLLMENT IN SHA

Ask how easy or difficult it was to register and enroll in SHA.Read all response options out loud. If the respondent is unsure or says someone else enrolled her, probe gently to assess how difficult the process was for her personally.

Q.1128: SATISFACTION WITH AVAILABILITY OF SHA SERVICES
Ask the respondent how satisfied she is with the availability of SHA services in her local health facilities. Read all options in order and select the one that best reflects her opinion.

Q.1129: SATISFACTION WITH QUALITY OF CARE UNDER SHA
Ask how satisfied she is with the quality of care she received through SHA. This includes competence of providers, cleanliness of the facility, availability of equipment, and overall experience.

Q.1130: SATISFACTION WITH RESPECT FROM PROVIDERS
Ask the respondent how satisfied she is with the respect shown by healthcare providers under SHA. Respect includes being listened to, not being shouted at or dismissed, being treated fairly, and having her dignity maintained.

Q.1131: SATISFACTION WITH TIMELINESS OF CARE
Ask how satisfied she is with the timeliness of services provided under SHA. This refers to how quickly she was attended to or treated when she sought care.

Q.1132: SATISFACTION WITH COVERAGE OF ESSENTIAL MEDICINES AND DIAGNOSTICS

Ask the respondent how satisfied she is with the coverage of essential medicines and diagnostics under SHA. This refers to how often she is able to get the necessary medications, tests, and diagnostics without having to pay out of pocket. If she has never used SHA for medicines or diagnostics, you should select DON'T KNOW/ NOT APPLICABLE

Q.1133: SATISFACTION WITH COMMUNICATION AND PUBLIC INFORMATION
Ask how satisfied she is with the information and communication provided by SHA. This includes public campaigns, leaflets, announcements, or one-on-one guidance that help her understand what SHA covers and how to access it.
If the respondent has not received any public information, probe gently whether she is aware of where to find it or how clear the information is.

Q.1134: OVERALL SATISFACTION WITH SHA
Ask how satisfied she is with SHA overall, taking into account all aspects of the scheme: coverage, access, cost, communication, quality of care, and convenience.
Make sure the respondent understands this is her overall impression of the SHA program.
Read all response options and record her answer.

Q.1135: LIKELIHOOD OF RECOMMENDING SHA TO OTHERS
Ask how likely she is to recommend SHA services to friends, family, or others.
This question measures overall trust and satisfaction in the SHA program.
If she has limited personal experience, ask her to respond based on what she knows or believes about the program.
Read the options clearly and emphasize that this is about likelihood to recommend, not just personal satisfaction.

Section HPV: Human Papillomavirus (HPV) Vaccination Module

Human Papillomavirus (HPV) is a cause of cervical cancer and genital warts. A highly effective vaccine[s] that protects against the most common types of HPV is now available in Kenya. The vaccine is known as CERVARIX/GARDASIL, and in Kenya, it is administered to girls age 10 -14 years. In order to be protected against HPV, an individual must receive TWO doses of the vaccine, usually delivered through health facilities or schools.

The DHS Program does not interview children who are in the target age range for the HPV vaccine. Instead, we interview young women age 15-19 about HPV vaccinations they may have received when they were age 10 -14. Because these respondents would have received HPV vaccinations several years before the date of interview, you may need to probe carefully when asking these questions.

Q. HPV02: INTRODUCTORY STATEMENT

This statement lets the respondent know that you are moving onto a new topic: HPV vaccinations she may have received during the ages of 10-14 years.

In Kenya, the HPV vaccine name is CERVARIX or GARDASIL but is also sometimes referred to as the HPV shot, the cervical cancer vaccine.

Q. HPV01: FILTER FOR AGE

Q. HPV03: CARD OR DOCUMENT WITH HPV VACCINATION

HPV vaccinations are typically recorded on a small card or booklet that is solely for the purpose of tracking doses of HPV vaccine. This question asks whether the respondent has any card or document where HPV vaccination is recorded. The document does not need to be available at the time of the interview—what matters is whether the respondent has such a card or document. If she says yes, you will proceed to HPV05 to ask to see it. If no, skip to HPV04.

Q. HPV04: EVER HAD VACCINATION CARD

This question ascertains whether the respondent **ever** received an HPV vaccination card. If the respondent was ever given an HPV vaccination card, she should answer 'yes' even if she no longer has the card.

Q. HPV05: REQUEST TO SEE HPV DOCUMENTATION

If the respondent reported having a card or other document in HPV03 or HPV04, this question confirms whether you are able to see it. Politely ask to view the document. If you see the HPV vaccination record on any card or document, record "Yes, card or other document seen." If the respondent cannot find the document or does not show it to you, select "No card and no other document seen." If you see the document, you will continue to HPV06 and copy the information. If not, skip to HPV07.

Q. HPV06: COPY VACCINATION DATES FROM CARD

If the respondent has shown you a card or document confirming HPV vaccination, record the **day, month, and year** for each dose (HPV1 and HPV2).

- If a dose is listed but the **date is missing**, write "44" in the "Day" column.
- If the dose is **not recorded at all**, write "00" in the "Day" column to indicate no information was available.

  After completing this question, skip to HPV09.

Q. HPV07: EVER RECEIVED AN HPV VACCINATION

For those who do not have an HPV vaccination card or for those for whom the card was not observed, this question asks whether the respondent has ever received an HPV vaccination for all the women age 15-49. The question reminds the respondent that the HPV vaccine is an injection in the **left/right upper arm** given to protect against **cervical cancer**. If the respondent says "No" or "Don't Know," additional clarification is provided: in Kenya, the vaccine may be called **Cervarix** or **Gardasil**, and it is often administered at **school or a medical facility** to girls aged **10–14 years**. Use this probe only if necessary. If the respondent says "Yes," continue to HPV08. If "No" or "Don't know," skip to MM01.

Q. HPV08: NUMBER OF DOSES OF HPV VACCINE RECEIVED

If the respondent tells you that she did receive an HPV vaccination, you will ask whether she received one or two doses of the vaccine. This information is based on the woman's recall of the number of doses she received.

Q. HPV09: SOURCE OF HPV VACCINATION

Ask the respondent where she received her most recent HPV vaccination. Note that SCHOOL is a coding category because in many countries, HPV vaccinations are received as part of a school-based program.

Section MM: Adult and Maternal Mortality

Q. MM01: INTRODUCTORY QUESTION

Begin the section by informing the respondent that we would like to record the names of all of her brothers and sisters. Read the question slowly so the respondent will understand that you are asking her to list **ALL** children born to her natural mother. This includes brothers and sisters of the respondent who may live elsewhere and those who have died. Also included are brothers and sisters who were born to her mother, but are not the natural children of her father (they have same mother, different father).

As your respondent lists the names, write them down as reported by her. She can give the names in any order. Do not include the respondent in the list.

Do not fill in the order number yet, more detailed instructions on how to complete the order number are provided in Q. MM10.

Q. MM02: FILTER FOR NO BROTHERS AND SISTERS

Check the answers in Q. MM01. If the respondent had one or more brothers or sisters listed, continue with Q. MM03. If the respondent had no brothers or sisters listed, go to Q. MM04.

Q. MM03: CHECKING NAMES OF BROTHERS AND SISTERS

When you have listed all the names, you want to be certain you have included all the brothers and sisters of the respondent who were also born to her natural mother before continuing with the rest of the module. **To do this, read the names of all the brothers and sisters aloud and after the last one ask question Q. MM03.**

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM04. If the answer is NO, go to Q. MM04.

Q. MM04: ANY BROTHERS AND SISTERS LIVING ELSEWHERE

This question refers to the respondent's brothers and sisters who are alive but do not live with her or she does not see very often. For example, the brothers or sisters may have been raised separately, or are living in another town or country.

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM05. If the answer is NO, go to Q. MM05.

Q. MM05: ANY BROTHERS AND SISTERS WHO DIED

This question refers to the respondent's brothers and sisters who have died. Some respondents may fail to mention a brother or sister who died at a very young age, so if a respondent answers NO, it is important to probe by asking, "Any brother or sister who died at a very young age?"

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM06. If the answer is NO, go to Q. MM06.

Q. MM06: ANY HALF BROTHERS AND SISTERS

This question refers to the respondent's half-brothers/sisters who have the same mother as the respondent, but a different father.

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM07. If the answer is NO, go to Q. MM07.

Q. MM07: TOTAL BROTHERS AND SISTERS

Add up the number of brothers and sisters in Q. MM01 and enter the total in Q. MM07.

Q. MM08: CHECKING TOTAL WITH RESPONDENT

Place the answer to Q. MM07 in the blank space in Q. MM08 and then ask the respondent whether the total is correct. When asking the question, emphasize the words "excluding you."

If she says NO, select NO and then return to Q. MM01 to check with the respondent whether you have obtained the information correctly. Once you have made sure the total number of brothers and sisters is correct, select "YES" box and proceed with Q. MM09.

Q. MM09: FILTER FOR BROTHERS AND SISTERS.

Check the answer in Q. MM07. If the respondent had one or more brothers or sisters, continue with Q. MM10. If the respondent had no brothers or sisters, go to the Next Section.

Now that you have gotten a full listing of all siblings, the BEST approach is to use a notebook and pen to get the correct birth order BEFORE you enter into CAPI. Making changes to the birth order after you have moved to question MM13.

Q. MM10: ORDER NUMBER

At this point, go back to Q. MM01 to ask the order number for all brothers and sisters. Record 01 as the order number for the brother/sister born first, 02 for the brother/sister born second, and so on until you have recorded the order number of all the brothers and sisters.

You will not include the respondent in the birth order.

Once you have established the order number of all brothers and sisters, go to Q. MM11.

Q. MM11: NUMBER OF PREVIOUS BIRTHS

Record how many brothers and sisters from the same mother are older than the respondent herself, that is, those born before the respondent. By comparing the age of the respondent with that of her brothers and sisters we can verify that the order of the brothers and sisters is correct.

Q. MM13: NAME OF BROTHERS AND SISTERS

Record at the top of the columns the name of each brother/sister of the respondent according to the order number in Q. MM01. Do not include the respondent in a column. Indicate the respondent's place among the siblings by drawing an 'X' in Q. MM13 on the vertical line that separates the two columns between two siblings.

When the list is complete, you will ask the questions in this section for one sibling before asking about the brother or sister in the next column. Reference the brother or sister by mentioning his/her name.

If the respondent has more than 12 brothers or sisters born to the same mother, take a second Woman's Questionnaire, fill in the information on the cover page, and write CONTINUATION on the top. In this second questionnaire, re-number the column numbers in Q. MM13 to (13), (14), etc. and record the additional information about the other siblings.

Q. MM14: SEX OF BROTHER OR SISTER

Always confirm the sex of a person before recording it in Q. MM14 since there are many names that may be given to either a male or female.

Q. MM15: SURVIVAL STATUS OF BROTHER OR SISTER

If a brother or sister died (Q. MM15 is NO) go to Q. MM17. If the respondent does not know if the brother or sister is still alive, circle '8' and go to the next column (if there are other brothers and sisters).

Q. MM16: AGE OF BROTHER OR SISTER

If the brother or sister is alive, you must record his/her age at the last birthday. If the respondent doesn't know, probe until you get an estimate. A good probe is to ask how many years the brother or sister is younger or older than the respondent.

The ages of sisters who are still alive are used for calculating the years of exposure for estimating maternal mortality rates. After recording the response, go to the next column (if there are other brothers or sisters).

Q. MM17: NUMBER OF YEARS THAT HAVE PASSED SINCE THE DEATH

This question and others that follow refer only to brothers and sisters who have died. Ask how many years ago the brother or sister died. If the respondent does not know, ask her the year of death and calculate to determine the number of years since the death of the brother or sister. You must at least get an estimate.

Q. MM18: AGE AT DEATH

Age at the time of death is very important information. Make a maximum effort to obtain the response. This information is more important for sisters than for brothers because the age will determine which skip instruction you follow; whether to ask questions Q. MM19-MM22 or whether to skip to Q. MM23.

If a brother of any age or a sister younger than 12 years of age died, then go to Q. MM23. If a sister older than 12 years of age died, continue with the next question (Q. MM19).

Q. MM19-MM21: PREGNANT OR GIVING BIRTH WHEN DIED

These questions are asked only for sisters who died at the age of 12 or older. The objective of these questions is to detect cases of maternal mortality. Maternal mortality may happen during pregnancy, during delivery, or during the end of a pregnancy (abortion or still birth) or even during the two months after the end of a pregnancy.

Q. MM22: NUMBER OF DAYS WHEN DIED

Death occurring within a specified number of days after pregnancy or childbirth is important in order to detect cases of maternal mortality. For all sisters who have died within two months after the end of a pregnancy or childbirth (YES to Q. MM21), you must record number of days in Q. MM22.

Obtaining accurate data is difficult; probe and enter number of days even if it is only a best estimate. If the respondent answers in weeks, and probing does not produce an estimate in days, convert the number of weeks to days by multiplying by 7. For example, if after probing the respondent can only report that it was 3 weeks and does not know exactly how many days, you will record 3 weeks as 21 days.

Q. MM23-MM24: DEATH DUE TO VIOLENCE OR ACCIDENT

The objectives of these two questions are to distinguish maternal deaths from other causes, and to determine whether any of the deaths reported in the table, other than the maternal deaths, were due to an act of violence or accident.

It is important that you follow skip instructions carefully.

Q.MM24A is a sex check for the deceased person. CAPI will auto-fill this based on the earlier sex variable. No interviewer action is required. If the deceased household member is a woman, you will continue up to Q. MM24D. If no more sisters, CAPI will automatically move to the next section. If the deceased household member is a man, CAPI will automatically end the section.

Q.MM24B asks who, according to the respondent, killed the deceased person. Read the question as written. Do not read out the response options, allow the respondent to answer freely and then choose the appropriate category based on their response. If the respondent names someone not clearly listed, probe to determine the relationship or role, and choose the closest category. Use "OTHER (SPECIFY)" only if none of the listed options apply. If the respondent says they don't know, select "DON'T KNOW KILLER."

Q.MM24C asks what the respondent believes was the main reason the deceased was killed. This is asked only if Q.MM24A is "YES." Select the response that best matches what they said. If the reason doesn't clearly fit any listed option, use "OTHER (SPECIFY)" and write the exact wording provided. If the respondent is unsure, record "DON'T KNOW."

Q.MM24D asks where the resepondent the location where the victim was killed. The purpose of this question is to establish the geographical or situational context of the killing likely related to femicide, gender-based violence, or homicide)

Notes for the Adult and Maternal Mortality Section:

1) The number of columns filled must be equal to the number of siblings listed in Q. MM01 and the total number of brothers and sisters recorded in Q. MM07.

2) Indicate the respondent's position in the table by marking an 'X' between the two columns of the sibling that is older and younger than the respondent (this is where the respondent falls in the order of siblings). The number of columns preceding the 'X' must be equal to the number recorded in Q. MM11.

3) If you add Q. MM17 (number of years since the death) and Q. MM18 (age at death), this gives the age the brother or sister would have been today if he/she were still alive. This calculation can be made to check that the brothers and sisters were recorded in the right order.

4) If in Q. MM18 (age at death), the respondent tells you she doesn't know, persist to obtain an estimate. It is preferable to obtain an approximate age than no age at all. However, if the brother or sister died when he/she was still very young, record '00' for age.

5) Compare the age of the brothers/sisters. Suppose a woman has a first child at the age of 15 and the last at the age of 47, which is an extreme case, the range between the age of the youngest brother or sister and the eldest brother/sister cannot exceed 47-15 = 32 years.

Cross check to see if the interval between brothers/sisters is very long (5 years and above). If there is a long interval between births, be sure that the respondent has not forgotten to mention a brother or sister.

Section TFGBV: Technology-facilitated gender based violence

This section asks a series of questions on household relationships and the treatment of women in the household. The questions in this section are extremely sensitive by their very nature. Your ability to build rapport with the respondent and the effort you make to ensure confidentiality and privacy as you ask these questions are key to building the respondent's trust in you, so that she can feel safe in sharing her very personal experiences with you.

When asking the questions in this section, speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview. You should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/male partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

To help with maintaining confidentiality, ONLY ONE woman per household will be randomly selected to be asked this set of questions.

DV00: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVEW

The CAPI program will use this filter to check if the respondent you are interviewing has been pre-selected for this section of the questionnaire.

DV01: PRIVACY CHECK

DV01 is a very important instruction for you. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out some very important information.

If, despite your best efforts, you are unable to obtain privacy, you must record response code 2. The CAPI program will skip to TV13, and you will fill out an explanation of what happened.

If privacy has been obtained, record response code 1 and proceed with the interview.

DV02: INTRODUCTORY STATEMENT

The introductory sentences should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If more than one woman in the household was eligible for the Woman's Questionnaire, you should informally explain to this respondent that no one else in the household is being asked this set of questions and that no one else will know what has been discussed in this section. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed with the interview.

DV03: FILTER FOR MARITAL STATUS

DV04 and DV05: CURRENTLY OR EVER IN AN INTIMATE RELATIONSHIP

DV04 and DV05 are asked to women who reported in Qs. 701 and 702 that they have never been married and they have never lived with a man as if they were married.

DV04 seeks to learn whether the respondent is currently in an intimate relationship with a man even though she is not living with him. Here, an intimate relationship is one in which a woman and a man have a relationship that involves physical and/or emotional intimacy and this relationship is not just a one-time, casual encounter. In this question, we are interested in intimate relationships that are either longer lasting and have been on-going for some time or those where the relationship may be relatively new but the expectation is that it will be longer lasting. However, if a respondent says she is in an intimate relationship but does not know how long it will last, it should still be counted as an intimate relationship. Note that we want to particularly exclude casual sexual encounters and other casual relationships here.

If in DV04 the respondent reports that she is not currently in an intimate relationship (RESPONSE CODE 2), you will ask DV05 that seeks to learn whether the respondent has ever been in an intimate relationship with a man. Further, if in DV05 the respondent reports that she has never been in an intimate relationship with a man (RESPONSE CODE 2), skip to TV09

Keep in mind that, for these two questions, the woman and the man don't have to be living together to be considered as being in an intimate relationship.

DV06 – DV07: RELATIONSHIP WITH HUSBAND/MALE PARTNER

DV06 through DV07 are for women who are currently married, living with a man as if married or in an intimate relationship with a man, as well as to women who were formerly married, lived with a man, or in an intimate relationship with a man.

DV06: CONTROLLING BAHAVIOR BY HUSBAND/MALE PARTNER

DV06A DV06B focus on different types of controlling behaviors that may be demonstrated by the husband or male partner. For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Remember to keep your voice calm and low.

First read the introductory statement then ask each item slowly and clearly and wait for a response. Note that the questions will be phrased automatically by the CAPI program according to the actual marital/relationship status of the respondent. For example, if a woman was formerly in an intimate relationship with a man, DV06A will be asked like this: "…Please tell me if these descriptions apply to your relationship with your last male partner. He was jealous or angry if you talked to other men?" If the respondent is currently married, you will instead ask: "…Please tell me if these descriptions apply to your relationship with your husband? He is jealous or angry if you talk to other men?"

If the answer to an item is YES record response code 1 and then ask question DV06B to determine how often the incident occurred in the 12 months preceding the day of the interview.

The response codes for DV06B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general guide: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times in the year, code it as SOMETIMES.

Controlling Behavior Using Technology {DV06F–DV06H)

These questions explore how a current or former husband or male partner may use technology to monitor or control the respondent. Common technologies include:

- Mobile phones
- Tablets or laptops
- Messaging or social media platforms (WhatsApp, Instagram, Snapchat, Facebook, etc.)
- GPS tracking apps
- Call logs, email, or web history

For example, TV06H asks about using technology to track the woman's location. This may include:

- Using video calls to demand proof of her location.
- Using GPS features of a phone or smartwatch.
- Frequent calls or messages under the pretext of "checking in" that feel controlling to the respondent.

Important: What matters is how the respondent perceives the behavior. If she felt controlled, record the response as YES, regardless of whether others might see the behavior as "normal." If she says he tracks/checks her location but it does/did not make her feel controlled then you would record no.

Technology-Facilitated Gender-Based Violence by husband/ male partner / (TV07A and B)

These items explore a broader range of digital abuse, including:

- **Revenge Porn**: Sharing sexually explicit content without consent.
- **Doxxing**: Sharing private information (e.g., address, phone number) with malicious intent (sometimes called "doxxing").
- **Blackmail/Sextortion**:Threats of sharing private content unless demands are met (e.g., blackmail).
- **Hacking:** Gaining unauthorized access to personal accounts or devices to monitor or harm.
- **Cyberbullying**: Using digital tools to false or exaggerated information or or publicly humiliate you.
- **Online Sexual Harassment Or Cyber Sexual Abuse:** Sending repeated unwanted sexual explicit messages, audio, images or video .
- **Online Harassment**: Sending you threatening messages through digital tools/digital platforms or calls/called you repeatedly to harass you
-
- **Cyberstalking:** Using technology or digital devices to monitor and stalk you in real-time or historically with malicious intent.

Some of these actions may be subtle. For example:

- A partner logging into the respondent's Facebook without permission and reading messages is a violation, even if no posts were made.
- Repeated messaging or calling can be harassment if it feels threatening or excessive to the respondent.

These questions are about intent and impact-- especially whether the behavior made the woman feel controlled, humiliated, threatened, or harmed.

First read the introductory statement then ask each item slowly and clearly and wait for a response. Note that the questions will be phrased automatically by the CAPI program according to the actual marital/relationship status of the respondent.

If the answer to an item is YES record response code 1 and then ask question DV06B to determine how often the incident occurred in the 12 months preceding the day of the interview.

Technology Abuse by any previous husband or any other current or previous male partner (TV08A-TV08B, TV09A-TV09a-h)

TV08A: This question focuses on **prior** partners using technology to share explicit material or personal information, or gain unauthorized access.

TV09A–TV09B: Abuse from **any other person (Non-Intimate Partner)**, including public humiliation, threats, unauthorized access, or sexually explicit content sent without consent.

TV09a -i are asked of all women, whether or not they have reported abuse by their current or last husband/male partner and whether or not they have ever been married or had a male partner. The abuse experienced may have been perpetrated by *anyone* and may have happened even if the respondent didn't directly use the technology themselves, such as if they accessed social media through a friend's phone. The way that these questions should be asked will follow the same approach as used for DV06, TV07 and TV08.

TV10: FILTER FOR ABUSE USING TECHNOLOGY BY ANYONE. If the response code for ***all*** items in TV09 is 'NO' SKIP TO TV12. If any of the responses to TV09 a-g are YES, continue to TV11

TV11: PERPETRATORS OF ABUSE USING TECHNOLOGY

This question asks about the perpetrators of abuse using technology. It is asked of all women who reported experiencing at least one item in TV09A. In TV11, multiple responses may be selected since more than one person may have abused the respondent in this way in the last 12 months. Make sure to probe for additional responses. Note that here, as in other similar questions, current boyfriend or former boyfriend should not be confused with current or former intimate partner. If the respondent is referring to her intimate partner, remind her that this question was asking about anyone other than a husband or intimate partner. If the respondent does not know the identity of the person who abused them using technology, record response option Q.

TV11A: FILTER FOR THE PLATFORMS WHERE THE VICTIM/SURVIVOR EXPERIENCED TECHNOLOGY FACILITATED GENDER BASED VIOLENCE.

If the response code for all items in TV07(a-g) OR TV08Aa OR TV09A (Aa-Ai) is 'NO' SKIP TO TV12. If any of the responses to TV07(a-g) OR TV08Aa OR TV09A (Aa-Ai) are YES, continue to TV11B

TV11B: FREQUENTLY ENCOUNTERED PLATFORMS

This question asks about the platforms through which the victim or the survivor experienced technology facilitated gender-based violence. In TV11B, multiple responses may be selected since the victim or survivor may have experienced violence on more than one platform. If the respondent mentions a

platform which is not in the list provided record X 'Other Specify' and write the description of the platform.

TV12: OBSERVATIONS

TV12 provides information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Provide an answer for each person listed in TV12 to indicate whether or not the interview was interrupted by the respondent's husband/male partner, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, record response code 2 for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. If the husband did not interrupt or the respondent does not have a husband, enter code 3 for NO for HUSBAND. Remember, in no circumstances should you have continued the interview if there was anyone present who could have heard your questions or the respondent's answers.

TV13: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. There could be many reasons, for example, the respondent refused this section or privacy could not be obtained. If the reason is that you were unable to obtain privacy, you must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

Q. 1116: TIME INTERVIEW ENDED

The CAPI system will automatically record the time the interview was finished. If there was an extended break during the interview time (for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later), make a note to report how long a break was taken in the Interviewer's Observations section.

Be sure to thank the respondent for her cooperation.

M. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

Note: completion of the calendar in the CAPI program will be described in the CAPI portion of this training. However, conceptually, it is useful to understand how to complete the calendar in a paper questionnaire. For this reason, you will receive training on the paper questionnaire version of the calendar.

In a paper questionnaire, the calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the

respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.[2]

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

Column (1): Live births, pregnancies, and contraceptive use
Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. All of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These questions have a large 'C' in them to help you identify questions related to the calendar.

   Second, the calendar will give you a visual "snapshot" of the woman's last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman's response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

   There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to "build" the calendar.

2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman's responses to codes. Only one code may appear in each box.

Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

Q. 231: **Pregnancies ending in live births and non-live births**. The first entry in the calendar will be made after you have completed and checked the responses in the pregnancy history (Qs. 214-

[2] The calendar should cover the survey year up to the last month of fieldwork, plus the full five calendar years prior to the survey year. For surveys fielded in 2020, the calendar begins with the year 2015, and for fieldwork beginning in 2021 or 2022, the years should be adjusted.

228). As Q. 231 instructs, for each live birth in [2020-2025], you will place a 'B' in the month of birth and a 'P' in each of the preceding months according to the duration of the pregnancy (Q.221). The number of months in which 'P's are recorded prior to the month 'B' must be one less that the total number of months the woman reports she was pregnant.

Example: A respondent gave birth in September 2021. She reported that the baby was full-term (i.e., she completed 9 months of pregnancy before giving birth). For this birth, enter a 'B' in September 2021 and 'P's in the eight months prior to September, i.e., in the months January through August 2021.

For all pregnancies that ended in a non-live birth, place a 'T' in the month of pregnancy termination and a 'P' in each completed month of pregnancy such that the 'T' and 'P's sums to the total number of completed months the pregnancy lasted.

Example: A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2018. Place one 'T' in June 2022 and one 'P' in each of the two preceding months. One 'T' and two 'P's sum to three, which equals the number of completed months of the pregnancy lasted.

Q. 232 and 233: **Current pregnancy**. For women who are currently pregnant, place a 'P' in the month of interview and in each preceding month of pregnancy. The number of 'P's in the calendar should equal the number of completed months of pregnancy given in Q. 233.

Qs. 316-317I: **Contraceptive use**. For contraceptive use in January 2020 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded '0' indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Example: A respondent said she used the pill until the middle of May 2024 when she had an IUD inserted. Record '6' for pill in May 2024 and '3' for IUD in June 2024.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record '0' for "no method" in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 317 on the history of contraceptive use, you will already have filled in the calendar in Q. 307 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2022, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2022.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in through the month of interview.
- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child's name to the left of the 'B'. This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES[3]

In this section, we provide several examples that illustrate how to complete the calendar. Up to four steps may be necessary:

1) Transfer the dates of live births from the pregnancy history to the calendar
2) Record the number of completed months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
3) Record the months of contraceptive use and nonuse.
4) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

Case #1

Scenario: The respondent was interviewed in June 2025. She had two births since January 2020. The first was Alfredo, born full term in September 2021, and the second was Bernardo, born one month early in February 2024. The dates of birth of the children are obtained from Q. 220 in the pregnancy history. The respondent did not have any other pregnancies and has never used contraception.

STEP 1
The first step is to record the birth dates for Alfredo and Bernardo. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

Step 1

WOMAN'S RESPONSE		NUMBER OF	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE	MONTHS	MONTHS	CODE
Alfredo	18 September 2021	1	**SEP 2021**	**B**
Bernardo	25 February 2024	1	**FEB 2024**	**B**

STEP 2
The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Alfredo, 'P's would be entered from January 2021 to August 2021 (8 months); for Bernardo, 'P's would be entered from July 2023 to January 2024 (7 months).

[3][Note: once the Interviewer's Manual has been finalized, ensure case descriptions and calendars are on facing pages.]

Step 2

WOMAN'S RESPONSE		NUMBER OF	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE	MONTHS	MONTHS	CODE
Pregnant	January-September 2021	8	**JAN-AUG 2021**	**P**
Alfredo	18 September 2021	1	SEP 2021	B
Pregnant	July 2023-February 2024	7	**JUL 2023-JAN 2024**	**P**
Bernardo	25 February 2024	1	FEB 2024	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

Step 3

WOMAN'S RESPONSE		NUMBER OF	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE	MONTHS	MONTHS	CODE
Nonuse	January-December 2020	12	**JAN-DEC 2020**	**0**
Pregnant	January-September 2021	8	JAN-AUG 2021	P
Alfredo's birth	18 September 2021	1	SEP 2021	B
Nonuse	October 2021-June 2023	21	**OCT 2021-JUN 2023**	**0**
Pregnant	July 2023 -February 2024	7	JUL 2023-JAN 2024	P
Bernardo's birth	25 February 2024	1	FEB2024	B
Nonuse	March 2024-June 2025	16	**MAR 2024 -JUN 2025**	**0**

Calendar Entries for CASE #1

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

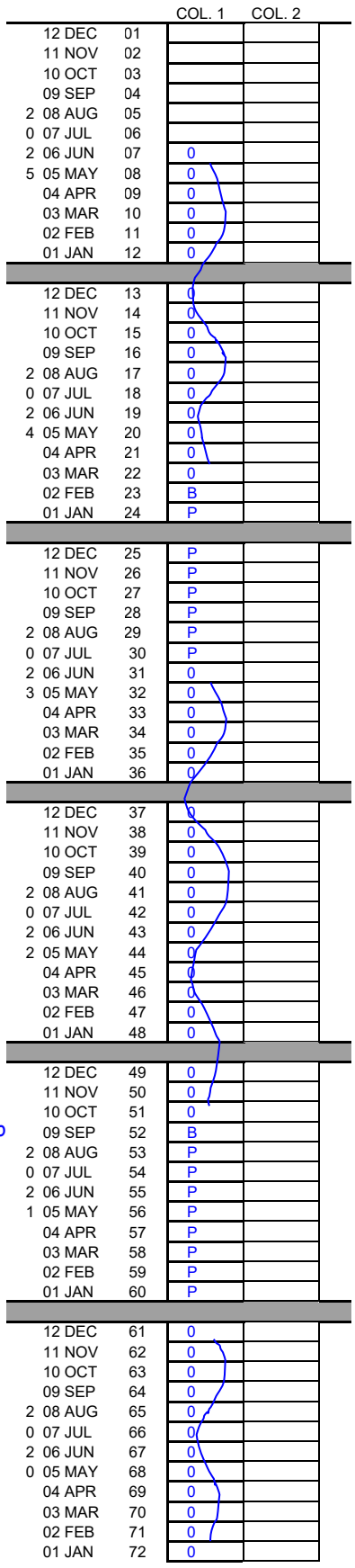
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

Bernardo

Alfredo



CASE #2

Scenario: The respondent was interviewed in October 2025. During the period covered by the calendar, she had one birth (Carlos), occurring in September 2023 after 9 months of pregnancy, and one other pregnancy that miscarried (terminated) in the fourth month in July 2021.

She is currently using the pill, which she began using in March 2024. In the interval between the birth of Carlos in September 2023 and the start of using the pill in March 2024, she did not use a method.

In the interval between the termination in July 2021 and becoming pregnant with Carlos in January 2023, she used the pill. She began using the pill immediately following the termination. In mid-July 2022 , she deliberately interrupted use of the pill because she wanted a child.

In the interval between stopping using the pill in July 2022 and becoming pregnant with Carlos in January 2023, she did not use any method.

In the interval between the start of the calendar in January 2020 and the start of the pregnancy in May 2021 that ended in termination, the respondent and her partner were using the condom continuously. She became pregnant while using the condom.

Calendar Entries for CASE #2

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

Carlos

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	6	
	09 SEP	04	6	
2	08 AUG	05	6	
0	07 JUL	06	6	
2	06 JUN	07	6	
5	05 MAY	08	6	
	04 APR	09	6	
	03 MAR	10	6	
	02 FEB	11	6	
	01 JAN	12	6	
	12 DEC	13	6	
	11 NOV	14	6	
	10 OCT	15	6	
	09 SEP	16	6	
2	08 AUG	17	6	
0	07 JUL	18	6	
2	06 JUN	19	6	
4	05 MAY	20	6	
	04 APR	21	6	
	03 MAR	22	6	
	02 FEB	23	0	
	01 JAN	24	0	
	12 DEC	25	0	
	11 NOV	26	0	
	10 OCT	27	0	
	09 SEP	28	B	
2	08 AUG	29	P	
0	07 JUL	30	P	
2	06 JUN	31	P	
3	05 MAY	32	P	
	04 APR	33	P	
	03 MAR	34	P	
	02 FEB	35	P	
	01 JAN	36	P	
	12 DEC	37	0	
	11 NOV	38	0	
	10 OCT	39	0	
	09 SEP	40	0	
2	08 AUG	41	0	
0	07 JUL	42	6	2
2	06 JUN	43	6	
2	05 MAY	44	6	
	04 APR	45	6	
	03 MAR	46	6	
	02 FEB	47	6	
	01 JAN	48	6	
	12 DEC	49	6	
	11 NOV	50	6	
	10 OCT	51	6	
	09 SEP	52	6	
2	08 AUG	53	6	
0	07 JUL	54	T	
2	06 JUN	55	P	
1	05 MAY	56	P	
	04 APR	57	7	1
	03 MAR	58	7	
	02 FEB	59	7	
	01 JAN	60	7	
	12 DEC	61	7	
	11 NOV	62	7	
	10 OCT	63	7	
	09 SEP	64	7	
2	08 AUG	65	7	
0	07 JUL	66	7	
2	06 JUN	67	7	
0	05 MAY	68	7	
	04 APR	69	7	
	03 MAR	70	7	
	02 FEB	71	7	
	01 JAN	72	7	

CASE #3

Scenario: The respondent was interviewed in October 2025. The woman's only birth in this period (Mary) occurred in March 2024. The pregnancy lasted nine months (nine completed months).

The respondent is currently pregnant (2 completed months).

She also had a miscarriage (termination) in December 2021 after completing four months of pregnancy.

In the interval between the birth of Mary in March 2024 and the start of her current pregnancy in August 2025, the respondent and her husband used withdrawal continuously. She became pregnant while using withdrawal.

In the interval between the termination in December 2021 and the start of the pregnancy with Mary in July 2023, she used withdrawal. She began using withdrawal in July 2022 and used it continuously for 12 months. She stopped using withdrawal when she became pregnant accidentally with Mary.

In the interval between the start of the calendar in January 2020 and the start of the pregnancy in September 2021 that ended in termination, she did not use any form of contraception.

Calendar Entries for CASE #3

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

Mary

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	P	
	09 SEP	04	P	
2	08 AUG	05	M	1
0	07 JUL	06	M	
2	06 JUN	07	M	
5	05 MAY	08	M	
	04 APR	09	M	
	03 MAR	10	M	
	02 FEB	11	M	
	01 JAN	12	M	
	12 DEC	13	M	
	11 NOV	14	M	
	10 OCT	15	M	
	09 SEP	16	M	
2	08 AUG	17	M	
0	07 JUL	18	M	
2	06 JUN	19	M	
4	05 MAY	20	M	
	04 APR	21	M	
	03 MAR	22	B	
	02 FEB	23	P	
	01 JAN	24	P	
	12 DEC	25	P	
	11 NOV	26	P	
	10 OCT	27	P	
	09 SEP	28	P	
2	08 AUG	29	P	
0	07 JUL	30	P	
2	06 JUN	31	M	1
3	05 MAY	32	M	
	04 APR	33	M	
	03 MAR	34	M	
	02 FEB	35	M	
	01 JAN	36	M	
	12 DEC	37	M	
	11 NOV	38	M	
	10 OCT	39	M	
	09 SEP	40	M	
2	08 AUG	41	M	
0	07 JUL	42	M	
2	06 JUN	43	0	
2	05 MAY	44	0	
	04 APR	45	0	
	03 MAR	46	0	
	02 FEB	47	0	
	01 JAN	48	0	
	12 DEC	49	T	
	11 NOV	50	P	
	10 OCT	51	P	
	09 SEP	52	P	
2	08 AUG	53	0	
0	07 JUL	54	0	
2	06 JUN	55	0	
1	05 MAY	56	0	
	04 APR	57	0	
	03 MAR	58	0	
	02 FEB	59	0	
	01 JAN	60	0	
	12 DEC	61	0	
	11 NOV	62	0	
	10 OCT	63	0	
	09 SEP	64	0	
2	08 AUG	65	0	
0	07 JUL	66	0	
2	06 JUN	67	0	
0	05 MAY	68	0	
	04 APR	69	0	
	03 MAR	70	0	
	02 FEB	71	0	
	01 JAN	72	0	

CASE #4

Scenario: The respondent was interviewed in October 2025. She reported two births in the reference period, Christina in July 2023 and Armando in November 2020. The pregnancy with Christina lasted nine months (nine completed months), and the pregnancy with Armando lasted eight months (eight completed months).

At the time of Christina's birth in July 2023, the respondent was surgically sterilized in a government hospital.

In the interval between giving birth to Armando in November 2020 and becoming pregnant with Christina in November 2022, the respondent used the pill. She started using the pill three months after the birth of Armando in November 2020 and used it for 16 months. She stopped using the pill because she wanted to become pregnant.

In the interval between stopping using the pill in June 2022 and the start of the pregnancy with Christina in November 2022, she did not use a method.

In the interval between the start of the calendar in January 2020 and becoming pregnant with Armando in April 2020, she did not use a contraceptive method.

Calendar Entries for CASE #4

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

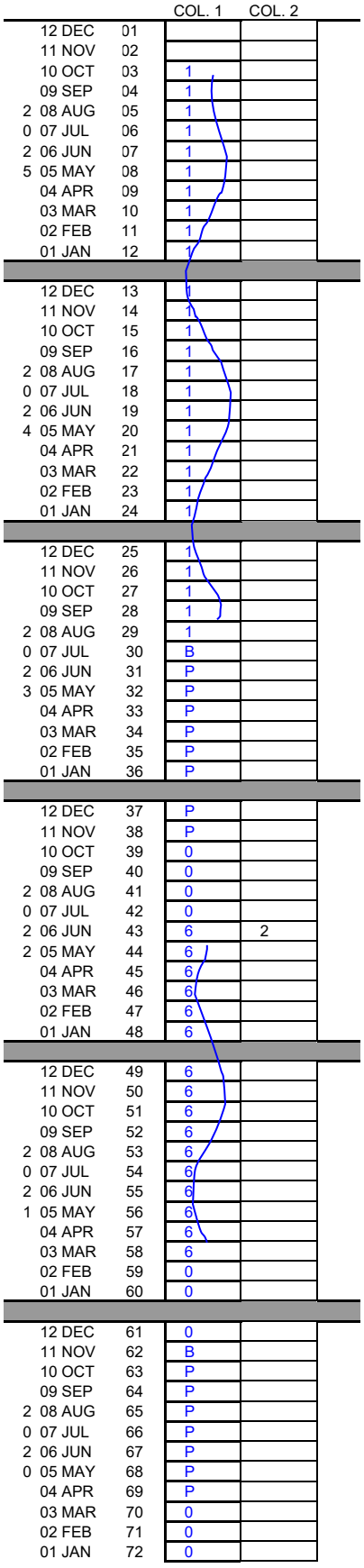
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

Christina

Armando



			COL. 1	COL. 2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	1	
	09 SEP	04	1	
2	08 AUG	05	1	
0	07 JUL	06	1	
2	06 JUN	07	1	
5	05 MAY	08	1	
	04 APR	09	1	
	03 MAR	10	1	
	02 FEB	11	1	
	01 JAN	12	1	
	12 DEC	13	1	
	11 NOV	14	1	
	10 OCT	15	1	
	09 SEP	16	1	
2	08 AUG	17	1	
0	07 JUL	18	1	
2	06 JUN	19	1	
4	05 MAY	20	1	
	04 APR	21	1	
	03 MAR	22	1	
	02 FEB	23	1	
	01 JAN	24	1	
	12 DEC	25	1	
	11 NOV	26	1	
	10 OCT	27	1	
	09 SEP	28	1	
2	08 AUG	29	1	
0	07 JUL	30	B	
2	06 JUN	31	P	
3	05 MAY	32	P	
	04 APR	33	P	
	03 MAR	34	P	
	02 FEB	35	P	
	01 JAN	36	P	
	12 DEC	37	P	
	11 NOV	38	P	
	10 OCT	39	0	
	09 SEP	40	0	
2	08 AUG	41	0	
0	07 JUL	42	0	
2	06 JUN	43	6	2
2	05 MAY	44	6	
	04 APR	45	6	
	03 MAR	46	6	
	02 FEB	47	6	
	01 JAN	48	6	
	12 DEC	49	6	
	11 NOV	50	6	
	10 OCT	51	6	
	09 SEP	52	6	
2	08 AUG	53	6	
0	07 JUL	54	6	
2	06 JUN	55	6	
1	05 MAY	56	6	
	04 APR	57	6	
	03 MAR	58	6	
	02 FEB	59	0	
	01 JAN	60	0	
	12 DEC	61	0	
	11 NOV	62	B	
	10 OCT	63	P	
	09 SEP	64	P	
2	08 AUG	65	P	
0	07 JUL	66	P	
2	06 JUN	67	P	
0	05 MAY	68	P	
	04 APR	69	P	
	03 MAR	70	0	
	02 FEB	71	0	
	01 JAN	72	0	

CASE #5

Scenario: This respondent was interviewed in October 2025. She had two births since January 2020; the first resulted in twins but only one was born alive (Jane), while the other was a stillbirth. Jane was born in June 2020 after 9 months of pregnancy. Her younger brother, John, was born in February 2022 in the middle of the ninth month of pregnancy (8 completed months).

The respondent is not currently using a method of contraception.

In the interval between the birth of John in February 2022 and October 2025, the respondent used the IUD. She began using the IUD 16 months after the birth of John. She used the IUD until September 2024. She stopped using the IUD because she separated from her husband.

In the interval between beginning the IUD in May 2023 and the birth of John in February 2022, she used the Pill for six months and then switched to the IUD the next month because she wanted a more effective method.

In the interval between giving birth to Jane in June 2020 and the start of pregnancy with John in July 2017, she did not use a method.

Calendar Entries for CASE #5

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL.2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	0	
	09 SEP	04	0	
2	08 AUG	05	0	
0	07 JUL	06	0	
2	06 JUN	07	0	
5	05 MAY	08	0	
	04 APR	09	0	
	03 MAR	10	0	
	02 FEB	11	0	
	01 JAN	12	0	
	12 DEC	13	0	
	11 NOV	14	0	
	10 OCT	15	0	
	09 SEP	16	3	D
2	08 AUG	17	3	
0	07 JUL	18	3	
2	06 JUN	19	3	
4	05 MAY	20	3	
	04 APR	21	3	
	03 MAR	22	3	
	02 FEB	23	3	
	01 JAN	24	3	
	12 DEC	25	3	
	11 NOV	26	3	
	10 OCT	27	3	
	09 SEP	28	3	
2	08 AUG	29	3	
0	07 JUL	30	3	
2	06 JUN	31	3	
3	05 MAY	32	6	4
	04 APR	33	6	
	03 MAR	34	6	
	02 FEB	35	6	
	01 JAN	36	6	
	12 DEC	37	6	
	11 NOV	38	0	
	10 OCT	39	0	
	09 SEP	40	0	
2	08 AUG	41	0	
0	07 JUL	42	0	
2	06 JUN	43	0	
2	05 MAY	44	0	
	04 APR	45	0	
	03 MAR	46	0	
John	02 FEB	47	B	
	01 JAN	48	P	
	12 DEC	49	P	
	11 NOV	50	P	
	10 OCT	51	P	
	09 SEP	52	P	
2	08 AUG	53	P	
0	07 JUL	54	P	
2	06 JUN	55	0	
1	05 MAY	56	0	
	04 APR	57	0	
	03 MAR	58	0	
	02 FEB	59	0	
	01 JAN	60	0	
	12 DEC	61	0	
	11 NOV	62	0	
	10 OCT	63	0	
	09 SEP	64	0	
2	08 AUG	65	0	
0	07 JUL	66	0	
JaneJj	2 06 JUN	67	B	
0	05 MAY	68	P	
	04 APR	69	P	
	03 MAR	70	P	
	02 FEB	71	P	
	01 JAN	72	P	

CASE #6

Scenario: The respondent was interviewed in October 2025. Her most recent birth (Linda) occurred in November 2023 after nine months of pregnancy.

She is currently pregnant and has completed three months of pregnancy.

In the interval between the birth of Linda in November 2023 and the start of the current pregnancy in August 2025, she used a diaphragm. She began using a diaphragm immediately after Linda was born. She used a diaphragm for 20 months. She stopped using a diaphragm because she became pregnant while using it.

In the interval between the start of the calendar in January 2020 and becoming pregnant with Linda in March 2023, she did not use a contraceptive method.

Calendar entries for CASE #6

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

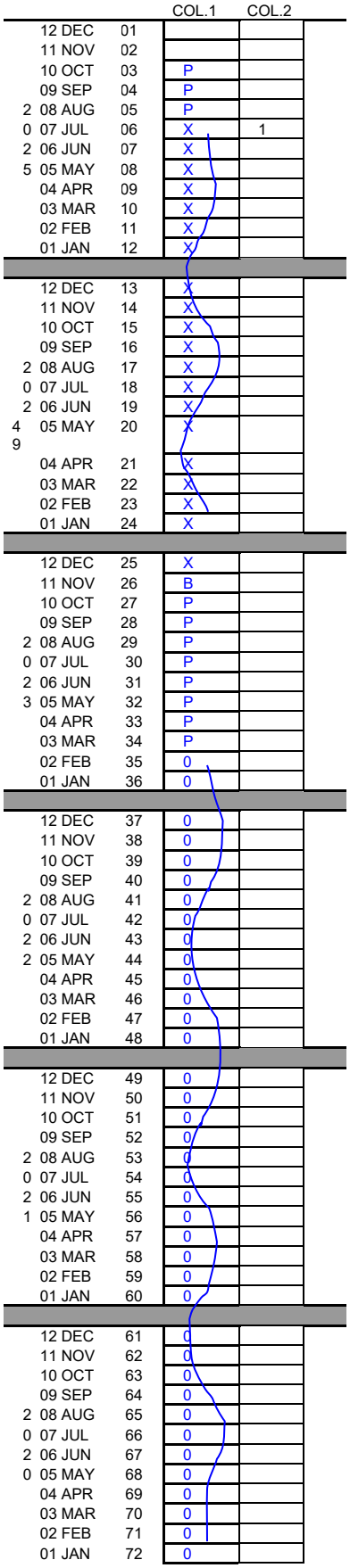
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

Linda



			COL.1	COL.2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	P	
	09 SEP	04	P	
2	08 AUG	05	P	
0	07 JUL	06	X	1
2	06 JUN	07	X	
5	05 MAY	08	X	
	04 APR	09	X	
	03 MAR	10	X	
	02 FEB	11	X	
	01 JAN	12	X	
	12 DEC	13	X	
	11 NOV	14	X	
	10 OCT	15	X	
	09 SEP	16	X	
2	08 AUG	17	X	
0	07 JUL	18	X	
2	06 JUN	19	X	
4	05 MAY	20	X	
9				
	04 APR	21	X	
	03 MAR	22	X	
	02 FEB	23	X	
	01 JAN	24	X	
	12 DEC	25	X	
	11 NOV	26	B	
	10 OCT	27	P	
	09 SEP	28	P	
2	08 AUG	29	P	
0	07 JUL	30	P	
2	06 JUN	31	P	
3	05 MAY	32	P	
	04 APR	33	P	
	03 MAR	34	P	
	02 FEB	35	0	
	01 JAN	36	0	
	12 DEC	37	0	
	11 NOV	38	0	
	10 OCT	39	0	
	09 SEP	40	0	
2	08 AUG	41	0	
0	07 JUL	42	0	
2	06 JUN	43	0	
2	05 MAY	44	0	
	04 APR	45	0	
	03 MAR	46	0	
	02 FEB	47	0	
	01 JAN	48	0	
	12 DEC	49	0	
	11 NOV	50	0	
	10 OCT	51	0	
	09 SEP	52	0	
2	08 AUG	53	0	
0	07 JUL	54	0	
2	06 JUN	55	0	
1	05 MAY	56	0	
	04 APR	57	0	
	03 MAR	58	0	
	02 FEB	59	0	
	01 JAN	60	0	
	12 DEC	61	0	
	11 NOV	62	0	
	10 OCT	63	0	
	09 SEP	64	0	
2	08 AUG	65	0	
0	07 JUL	66	0	
2	06 JUN	67	0	
0	05 MAY	68	0	
	04 APR	69	0	
	03 MAR	70	0	
	02 FEB	71	0	
	01 JAN	72	0	

CASE #7

Scenario: The respondent was interviewed in October 2025. She has had only one pregnancy (and no births) since January 2020. The pregnancy lasted for three months and ended in a miscarriage (termination) in January 2019.

The respondent is sterilized. She was sterilized immediately following her pregnancy that resulted in a termination.

In the interval between the start of the calendar in January 2020 and becoming pregnant in November 2023, the respondent used the condom. She began using the condom in March 2021 when she and her husband got married and stopped using the condom in July 2022 when her husband was temporarily away for six months.

She and her husband resumed using the condom after he returned in February 2023 and stopped in October 2023, when she accidentally became pregnant.

In the interval between stopping using the condom in [July 2017] and starting using the condom in February 2023, she used no method.

Calendar entries for CASE #7

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03	1	
	09 SEP	04	1	
2	08 AUG	05	1	
0	07 JUL	06	1	
2	06 JUN	07	1	
5	05 MAY	08	1	
	04 APR	09	1	
	03 MAR	10	1	
	02 FEB	11	1	
	01 JAN	12	1	
	12 DEC	13	1	
	11 NOV	14	1	
	10 OCT	15	1	
	09 SEP	16	1	
2	08 AUG	17	1	
0	07 JUL	18	1	
2	06 JUN	19	1	
4	05 MAY	20	1	
	04 APR	21	1	
	03 MAR	22	1	
	02 FEB	23	1	
	01 JAN	24	T	
	12 DEC	25	P	
	11 NOV	26	P	
	10 OCT	27	7	1
	09 SEP	28	7	
2	08 AUG	29	7	
0	07 JUL	30	7	
2	06 JUN	31	7	
3	05 MAY	32	7	
	04 APR	33	7	
	03 MAR	34	7	
	02 FEB	35	7	
	01 JAN	36	0	
	12 DEC	37	0	
	11 NOV	38	0	
	10 OCT	39	0	
	09 SEP	40	0	
2	08 AUG	41	0	
0	07 JUL	42	7	0
2	06 JUN	43	7	
2	05 MAY	44	7	
	04 APR	45	7	
	03 MAR	46	7	
	02 FEB	47	7	
	01 JAN	48	7	
	12 DEC	49	7	
	11 NOV	50	7	
	10 OCT	51	7	
	09 SEP	52	7	
2	08 AUG	53	7	
0	07 JUL	54	7	
2	06 JUN	55	7	
1	05 MAY	56	7	
	04 APR	57	7	
	03 MAR	58	7	
	02 FEB	59	0	
	01 JAN	60	0	
	12 DEC	61	0	
	11 NOV	62	0	
	10 OCT	63	0	
	09 SEP	64	0	
2	08 AUG	65	0	
0	07 JUL	66	0	
2	06 JUN	67	0	
0	05 MAY	68	0	
	04 APR	69	0	
	03 MAR	70	0	
	02 FEB	71	0	
	01 JAN	72	0	

Appendix 1

Cooking

Cooking Technologies

1. Electric Stove

Other terms

Induction stove, coil stove

Category description

Electric stoves convert electrical energy into heat for cooking. Electricity is a form of energy that is carried through wires. The electricity to power these stoves can be generated outside of the home and distributed to the home through a grid or micro-grid. It can also be generated at the home by, for example, a fixed or portable generator or a solar home system.

Possible types of fuel

Electricity from any source (e.g., solar, coal, etc.)

Images

Electric coil stove:



Induction stove:



2. Solar Cooker

Other terms

Parabolic cooker, box cooker, panel cooker

Category description

Solar cookers directly capture the sun's thermal rays, convert them to heat and, in some models, retain that heat for cooking. Solar cookers come in many shapes, including parabolic cookers, box cookers, and panel cookers.

Possible types of fuel

Solar energy

Images

Solar box cooker:



Parabolic solar cooker:



3. Liquid petroleum gas/cooking gas stove

Other terms

Category description

Liquid petroleum gas (LPG) stoves exclusively burn LPG, which is a gaseous fuel obtained during petroleum refining and consists mainly of butane or propane. LPG is gaseous at normal ambient temperatures and pressures, but becomes liquid when compressed. For the distribution to the end-user, LPG is bottled in individual gas-cylinders of various sizes (between 3 kg and 50 kg or larger). These empty containers usually need to be returned to a bottling station to be refilled. The LPG stove includes multiple parts including the stove burner(s), hose, and regulator (in addition to the cylinder).

This category only includes stoves using LPG cylinders. If the LPG is piped into the household from a central distributor, it falls into the piped natural gas stove category below.

Possible types of fuel

Liquid petroleum gas, cooking gas, propane, butane

Images

One-burner, LPG stove:



Two-burner, LPG stove:



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4. Piped natural gas stove

Other terms

Category description

Piped natural gas stoves exclusively burn natural gas, a fossil fuel that consists primarily of methane. The natural gas is piped from a centralized distributor or public utility into the home (they do not use a gas canister like LPG stoves).

Possible types of fuel

Natural gas, piped LPG

Images

Piped natural gas stove:



5. Biogas stove

Other terms

Category description

Biogas stoves burn biogas that is produced in local biogas digesters. A single digester can serve one or multiple households. The digester converts organic wastes and dung into combustible methane gas called biogas, which is piped from the digester to the cookstove. Biogas stoves contain a valve to premix the biogas with the right amount of oxygen and a burner to combust the mixture. Stoves and ovens for biogas application are similar to those of conventional appliances running on commercial gas-fuels. Most of these conventional appliances can be adapted for use with biogas by special measures (particularly the modification of the burners) to ensure proper combustion and efficient use of energy.

Possible types of fuel

Biogas from biomass (animal manure, human waste, and crop residues)

Images

Stove for biogas application:



Floating-dome biogas digester:



Balloon biogas digester:



6. Liquid fuel stove[3]

Other terms

Kerosene wick stove, gravity stove

Category description

Liquid fuel stoves can be pressurized or unpressurized. Pressurized liquid fuel stoves can be used with pre-pressurized fuels or can be equipped with self-pressurizing technology, like a hand pump. One type of unpressurized stoves uses wicks to draw fuel from the tank or reservoir. Other, unpressurized liquid fuel stoves use gravity or capillary action, i.e. moving liquid through small passages, to deliver fuel directly to the flame.

Possible types of fuel

Clean fuel options: Alcohol, ethanol or methanol, including biofuel

Polluting fuel options: plant oils, liquid paraffin, kerosene, petrol

Images

Pressurized stove:



Unpressurized wick stove:



Unpressurized gravity stove (fuel is suspended in a bottle above the stove, with a hose connecting the resevoir and stove):



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7. Manufactured solid fuel stove:

Other terms

Ceramic jiko (Kenya)

Category description

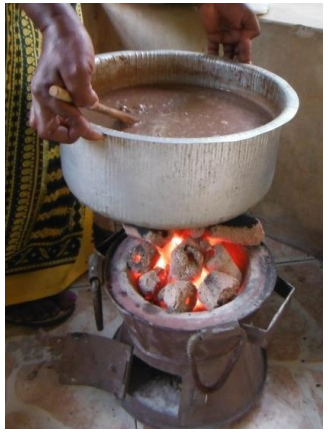
Manufactured stoves are produced in a centralized location and sold or distributed to the end user or household as a finished product. It is possible that, especially in the case of large stoves, specialized technicians come to the household to install the stove. Manufactured stoves are constructed from prefabricated materials or materials not easily available in the immediate community.

Possible types of fuel

Coal/lignite, charcoal, wood, crop residue, grass, straw, shrubs, animal dung or waste, processed biomass (pellets) or woodchips, garbage/plastic, sawdust

Images

Ceramic charcoal stove:



Rice husk, top-lift updraft stove with forced air:



[3] Liquid fuel stoves are only considered clean if used in combination with a fuel that falls into the Alcohol category, as presented in II. Cooking Fuels.

8. Traditional solid fuel stove:

Other terms

Chulha (India)

Category description

Traditional stoves are produced locally. They are made in the household by household members or by a local artisan. It is possible that traditional cookstoves are made by an artisan outside of the household, but that artisan must work and source materials locally. Traditional stoves are made with local materials, such as ceramics, clay, bricks, stone or scrap metal, that are either collected by household members themselves or procured from easily available accessible sources in the community.

Traditional cookstoves are designed to improve on three-stone stoves and open fires by being more user-friendly. This can include features that allow cooking pots to rest on the stove with more stability or, in some cases, enclosed combustion spaces for more efficient or safer fuel use. The design of traditional cookstoves often depends on local cooking practices and available fuel sources.

Possible types of fuel

Coal/lignite, charcoal, wood, crop residues/grass/straw/shrubs, animal dung/waste, processed biomass (pellets) or woodchips, garbage/plastic, sawdust

Images

Traditional rocket stove:



Traditional chulha:



Traditional cookstove with grate:



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9. Three-stone stove/open fire

Other terms

Tripod

Category description

Three stone cooking fires have the cooking vessel placed very close to the fire itself. Sometimes, a circle of stones is placed besides the fire itself, to keep the fire from spreading into the environment, and to keep wind away from the fire. An open fire is not contained in an oven or stove. It is exposed to the air on at least three sides. Three-stone stoves and open fires are not accompanied by any ventilation system, such as a chimney.

Possible types of fuel

Coal/lignite, charcoal, wood, crop residues/grass/straw/shrubs, animal dung/waste, processed biomass (pellets) or woodchips, garbage/plastic, sawdust

Images

Three-stone stove:



Open fire:



10. Fan

Other terms

Category description

Fans aid in more complete combustion of fuel by blowing high velocity, low volume jets of air into the cookstove combustion chamber. Fans can be powered by a battery or thermoelectric device that captures heat from the stove and converts it to electricity.

Images

A manufactured, solid fuel cookstove with externally visible fan housing:



A fan attached to a cookstove:



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11. Chimney

Other terms

Flue, vent

Category description

Chimneys are structural additions that ventilate gas and smoke from the cookstove to the outside of the home or cooking area. Chimneys can be made from clay pipes, sheet metal, cast iron, masonry, concrete pipes, bamboo, and many other materials. For the purposes of the categories presented in this catalogue, chimneys include all ventilation systems that carry pollutants or combustion byproducts outside of the home.

Images

Cookstove with chimney:



Installation of chimney to vent smoke to the outside:

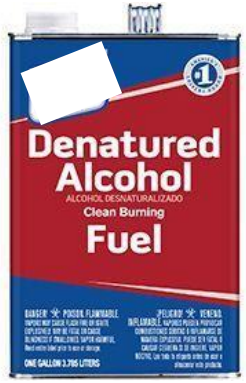


Cooking Fuels

1. Alcohol/ethanol

Images

Alcohol fuel:



Ethanol gel:



Category description

Alcohol as a cooking fuel is produced by fermentation of sugars from various crops, such as maize, sorghum, wheat, cassava and sugarcane. Types used for cooking include ethanol, butanol, methanol, and isopropanol. The majority of alcohol used for cooking comes in liquid form. Some cooking ethanol comes in gel form, which has been thickened and contains coloring and flavoring agents for safety reasons.

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2. Gasoline/diesel

Other terms

Petrol

Category description

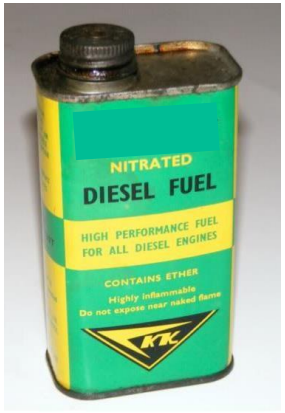
Gasoline is a transparent, petroleum-derived liquid used mainly as fuel for internal combustion engines. Gasoline is primarily made up of organic compounds and often contains additives. Some gasoline contains varied amounts of ethanol as an alternative fuel for economic or environmental reasons.

Images

Gasoline:



Diesel fuel:



3. Kerosene/paraffin

Other terms

Category description

Kerosene is a product of crude oil, and mainly consists of a mixture of hydrocarbons. It has a high energy density. Kerosene is, naturally, a colorless liquid, though can yellow over time. In some areas, colored dye is added to the fuel for safety or pricing reasons. Kerosene can easily be transported in bulk and does not need to be transported in special containers. Thus, the logistics of distribution and retail are simpler than LPG and access to kerosene in rural areas is often widespread.

Images



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4. Coal/lignite

Category description

Coal is a black, solid, carbon-rich material found underground. It is not to be confused with charcoal. Coal is a mineral, while charcoal is the ultimate form of burnt wood. The major classes of coal are lignite (brown coal), bituminous (black coal), and anthracite. Coal is used in different forms for household cooking and lighting. Some examples are bee-nest coal briquettes (also called “bee-hive”), coal cakes, coal balls, and raw coal.

Images

Lignite/brown coal:



Bituminous/black coal:



Anthracite coal:



Bee nest coal briquette:



5. Charcoal

Other terms

Category description

Charcoal is charred wood, which has lost all moisture and most volatile contents in the production process. Charcoal is usually produced by slowly heating wood in the absence of oxygen.

Images



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6. Wood

Other terms

Category description

Firewood is unprocessed wood that is burned for fuel. Firewood may be dried and/or chopped into smaller logs, pieces or sticks in preparation for use, but otherwise the fuel is unprocessed. Wood is collected from trees and large bushes directly or from sections that have died or fallen to the ground.

Images

Logs of firewood:



Firewood collection:



7.Crop residue/grass/straw/shrubs

Images

Corn cobs:



Rice straw:



Category description

Crop residues are any non-timber, or non-wood, solid biomass, or plant generated material that is used as fuel. Fuels in this category are unprocessed. They can be grown specifically for fuel or can be a by-product of other productive, often agricultural, activities. Common types of crop residues are straw, stem, stalk, leaves, husk, shell, peel, lint, stones, pulp, stubble, etc, which come from cereals cotton, groundnut, jute, legumes, coffee, cacao, olive, tea, fruits, and palm oil.

Animal dung/waste

Cooking over a pile of dried dung cakes:



Coal dung cakes:



Category description

Dung is the undigested waste excreted by plant-feeding animals, especially dung of cattle, goats, sheep, yak, elephant, llamas, etc. Fresh dung needs to be dried before using it as a fuel. It can be left in its natural shape or formed into round dung balls, flat dung cakes, or molded around a stick. In some regions dung is mixed with other kinds of fuel, like coal dust or agricultural residues, in order to enhance the burning performance (to increase the energy-density).

9. Processed biomass (pellets) or woodchips

Other terms

Biomass briquette

Category description

Processed biomass is timber or non-timber biomass that has been densified or compacted. This fuel can take the form of wood pellets, briquettes, and others. Biomass materials that can be used are wood, crop residue, pine needles, scrap paper, etc. Densification process options can be grouped into three broad categories: 1) the wet, ambient temperature, low-pressure process, 2) the moist-dry ambient temperature, low-medium pressure (10-50 bar) process, and 3) the dry high-pressure process.

Images

Pellets:



Woodchips:



Briquette:



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10. Garbage/plastic

Other terms

Trash

Category description

Garbage is non-biomass waste material, such as plastic or other synthetic materials.

Images



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11. Sawdust

Other terms

Category description

Sawdust or wood dust is a by-product of cutting, grinding, drilling, sanding, or otherwise pulverizing wood or any other material with a saw or other tool. It is composed of fine particles of wood.

Sawdust is different from processed biomass in that it is not compressed or densified.

Images



N. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the supervisor and data processing staff in interpreting the information in the questionnaire.