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Baseline Survey Report

Child Health Programme Southern Region, Malawi

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Acronyms

ARI	Acute Respiratory Infection
DEHO	District Environmental Health Officer
DHO	District Health Office or District Health Officer
DNO	District Nursing Officer
GPS	Global Positioning System
GVH	Group Village Headmen
HSA	Health Surveillance Assistant
IMCI	Integrated Management of Childhood Illnesses
IUD	Intra-Uterine Device
LA	Lumefantrine and artemether (malaria medication)
MDHS	Malawi Demographic Health Survey
M&E	Monitoring and Evaluation
МоН	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
PPP	Purchasing Power Parity
PPI	Progress out of Poverty Index
ТА	Traditional Authorities
ТВА	Traditional Birth Attendant
VDC	Village Development Committee
VHC	Village Health Committee



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Executive Summary

Background

Inter Aide has been running a child health programme in Malawi since 1991. In 2015 Inter Aide is commencing a new three year programme to address child morbidity and mortality. The programme aims to address barriers to healthy behaviours at both the family and the system level.

In February and March 2015 a baseline survey was conducted for the programme. The survey was planned to commence in January but was delayed three weeks after the district of Phalombe suffered severe flooding. The purpose of the survey is to validate the problems identified during qualitative stakeholder meetings. It will also allow for the project results to be measured using a baseline and endline survey. The endline survey will be conducted three years later in February 2018.

The purpose of this report is to document the methodology and results of the baseline survey. Further analysis of the results and the project plan will be documented after a series of stakeholder meetings.

Methodology

A quasi-experimental design will be used to measure the results of the project. This means that villages in both the intervention area and a control area need to be surveyed both before and after the programme. The intervention area is the catchment of Nambazo Health Centre. The control areas are the catchments of Kalinde Health Centre and Mpasa Health Centre.

The survey questionnaire was developed and pre-tested by the programme team. Many questions were adapted from the 2010 Malawi Demographic Health Survey (MDHS) to align with national statistics. Poverty was measured using the Progress out of Poverty Index (PPI) for Malawi.

Within each village 10 households were selected using a random walk quota method. This gave a total of 500 households in the intervention areas and 500 in the control areas (250 per control area), with 1000 households in total.

There are several limitations to the methodology. The first is that the population of villages was unknown and so sampling could not be done proportional to size. The use of a random walk sampling method for choosing households within villages may also miss more vulnerable households who are not at home at the time. Finally, only households with children under 5 years old were included. Therefore, the results can only be generalised to households with children under 5 years, not all households.

Key findings

The following results are for the **intervention area** of Nambazo Health Centre only. Most results in the control area were similar to the intervention area. For a comparison between the intervention and control areas see the Results section. For a comparison between this baseline survey and the MDHS see the Indicators section.

Demographics

- The majority of women surveyed (89%) were aged 20-39 years.
- 75% were married to a monogamous husband and 11% to a polygamous husband.
- 12% had no education, 35% had only completed 1-4 years of school, and 48% had completed 5-8 years of school.



- 46% of households were below the national poverty line and 71% were below the international \$1.25 PPP / day poverty line.
- The total number of children per household ranged from 1 to 12. The average number of children per household was 4.1.

Morbidity & Mortality

- 23% of children under-5 years had diarrhoea in the last two weeks, 43% had fever, and 9% had symptoms of Acute Respiratory Infection (ARI).
- Mortality rates were measured over a 5-year time period, based on all children who had reached the specified age within that time period, or would have done if they had not died.
- Neonatal mortality (death during first 28 days of life) was 22 deaths per 1000 live births, infant mortality (death during first year of life) was 43 deaths per 1000 live births and under-5 mortality (death before reaching 5th birthday) was 84 deaths per 1000 live births.
- 14% of under-5 deaths were due to neonatal causes, 33% due to fever/malaria, 3% due to cough/pneumonia and 3% to diarrhoea. In many cases, cause of death was unknown (33%).

Antenatal, Delivery & Postnatal

- 99.6% of women attended some form of antenatal care for their most recent pregnancy. However, only 34% started in the first trimester. 90% attended three or more antenatal visits.
- 84% of women delivered their most recent pregnancy at the Health Centre. Of the women who delivered at home or with a Traditional Birth Attendant (TBA), 32% said it was due to the long distance to the facility, 15% due to lack of transport, and 48% because the birth happened unexpectedly.
- 61% of women reported that they received a postnatal check after delivery. Of those who did receive a check, 66% reported that it was done within 1 hour after birth.
- 74% of women returned to the health centre for a postnatal check within two months of delivery but only 11% of women were visited in their homes within this time period, 81% of these visits were conducted by HSAs

Family Planning

- 23% of women do not want any more children, and 63% want to wait before they have another child. 76% of women reported that decisions related to family planning are made jointly by the couple.
- 10% of women were pregnant at the time of the survey, and 36% of pregnant women reported that the pregnancy was unplanned (they either wanted to wait until later, or did not want any more children).
- 59% of women were currently using a modern family planning method. Of these women, 60% were using injectables and 34% were using a long term method (female and male sterilisation, IUD or implant). 87% had told their husbands they were using a method.
- Of the women who were not using a method, 92% said they knew where to obtain one. The most common reasons for not using a method were that they were pregnant (22%), they were breastfeeding (19%), they were not married (13%) or they had had a baby recently (10%).
- The unmet need for family planning is 31%.

Hygiene & Sanitation

- 89% of households use a borehole for drinking water. Only 7% use an unprotected well.
- 80% of households report that they do something to make the water safe for drinking. Of these households, 57% add chlorine/bleach.
- 58% of household have a pit latrine. 44% of these latrines are shared with other households.



- 42% of households have no toilet facility.
- Only 19% of households had a hand washing facility, or any hand washing items present during the survey.
- Of the households with hand-washing facilities, only 56% had water available at the facility when the interview was conducted.

Bed Nets

- Only 4% of households do not own a bed net, 7% own a bed net but it was not hanging at the time of the survey, 87% own a bed net which was hanging at the time of the survey and 2% of households did not give the enumerator permission to see the bed net.
- 86% of children under-5 years slept under a bed net the night before.

Health Seeking Behaviour & Treatment

- 80% of under-5 children with diarrhoea in the last 2 weeks were taken to a health facility for treatment, and 70% received Oral Rehydration Salts (ORS).
- 78% of under-5 children with fever in the last 2 weeks were taken to a health facility for treatment, and 27% received anti malarials.
- 85% of under-5 children with ARI symptoms in the last 2 weeks were taken to a health facility for treatment.

Malnutrition

- No children were measured to have severe acute malnutrition, whilst 8 children had moderate acute malnutrition. All the other 593 children (aged 6 months to 4 years old) did not show evidence of malnutrition.
- The average MUAC measurement was 147mm, the most common was 150mm whilst the median was 147mm.

HIV and AIDS

- 12% of women reported their HIV status as HIV positive. Compared with a national average of 13% for women and 8% for men (DHS 2010).
- Most women who were HIV positive when pregnant with their most recent child received drugs to stop HIV transmission during pregnancy, however, 10% of HIV positive mothers did not receive drugs during their most recent pregnancy.
- Only 1% of children were reported as HIV positive, however 49% of children's HIV status were unknown

Awareness

- With no prompting, 70% of women named mosquito nets as a method of preventing malaria. For diarrhoea prevention, 52% mentioned using a toilet, 68% hand washing, 52% drinking clean water and 35% washing food. 96% said they would take their child to the health centre if they were sick. 76% said that having protected sex prevented the spread of HIV and AIDS.
- When prompted, at least 98% of women were aware of a key health message on antenatal care, health seeking behaviour, hand washing, sanitation and bed nets.
- Most of the women had heard the messages from health workers.

Religious Beliefs

• Only 1.2% of households reported that their religious beliefs prevent them from using modern health care.



• The only recognised religious group amongst households who reported this was Apostolic (opposed to all forms of modern healthcare).

Chief Involvement

- 93% of respondents were aware that their chief had talked to the community about health issues. The most common topics were latrines (84%), hand washing (41%) and malaria (28%).
- 82% of respondents reported that their village had by-laws on some health issues. The most common topics were latrines (75%), hand washing (26%) and antenatal care and safe delivery (23%).

Male Involvement

- 25% of women said that they usually make the decisions regarding health care for their children, 20% said it was their husband, and 55% decide jointly.
- 51% of women report that they care for the children when they are sick, compared to 4% of husbands, and 43% of couples who do it jointly.
- 50% of husbands have never accompanied their wife to an antenatal visit, 12% have attended once, 28% several times, and 4% every time.

Government Health Services

- 96% of households use Nambazo Health Centre as their main health facility. Of these households, 95% had used it in the last 12 months. 75% rated the service as good, 19% average and 6% poor.
- 80% of respondents had personally met the HSA for their village. 9% said that the HSA had not visited their village in the last 12 months, 19% said they had only visited once, and 46% two to three times.
- 73% of households reported that they had access to a Mobile Clinic for vaccinations. Of these households, 90% had used the Mobile Clinic in the last 12 months. 86% rated the service as good, 11% average and 2% poor.
- 44% of households reported that they had access to a village clinic. Of these, 88% had visited the village clinic in the last 12 months.



2 Methodology

2.1 Design

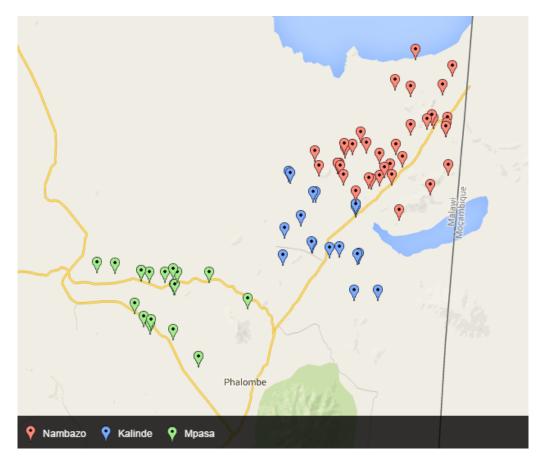
A quasi-experimental design will be used to measure the results of the programme. This means that villages in both the intervention area and control areas need to be surveyed both before and after the programme.

The intervention area is the catchment of Nambazo Health Centre. The control areas are the catchments of Kalinde Health Centre and Mpasa Health Centre. Both the intervention area and the two control areas are managed by the Phalombe District Health Office.

Control villages were selected from these two nearby Health Centres because there are several other NGOs working in Phalombe district. Selecting control villages from multiple Health Centres will minimise the risk that all control villages are being impacted by the programme of another NGO, allowing for more accurate measurement of the impact of this programme.

The following map shows the relative locations of the intervention area and control areas. The catchment area for Kalinde Health Centre is adjacent to Nambazo, which may allow for some spill over of some program effects to nearby villages, especially because Kalinde Health Centre does not have maternity facilities. Mpasa Health Centre is over 20km from Nambazo, so spill over into that control area is unlikely.

Figure 1. Map showing the relative position of villages in Nambazo catchment (intervention area) and Kalinde and Mpasa catchments (control areas)





2.2 Instrument

The survey questionnaire (**ANNEX A**) was adapted from the sister project in Mitundu, Central Region (Malawi). It was then pre-tested by the programme team. Many questions were adapted from the 2010 Malawi Demographic Health Survey (MDHS)¹ to align with national statistics. Poverty was measured using the Progress out of Poverty Index (PPI) for Malawi.²

An enumerator guide was created to provide additional information to the enumerators on specific questions (**ANNEX B**). The survey took an average of 40 minutes to complete, although this varied from 20 minutes to 1 hour depending on the complexity of the household.

All enumerators were provided with digital cameras and were required to take time and date stamped photos of the respondent, latrine, hand washing facility and bed nets. The identification numbers of the photos were recorded on the survey questionnaire. The purpose of the photographs was to verify that all surveys had taken place, and to ensure the enumerator had physically observed these household items when completing the survey.

The same questionnaire will be used for the endline survey, although sections may be excluded if they are considered no longer relevant.

2.3 Sample

Village sampling

Fifty villages were randomly selected from the intervention area and in the two control areas 25 villages were randomly selected (50 control villages in total).

In the intervention area the sampling frame was a list of 88 known villages created by Inter Aide through discussions with Nambazo Health Centre. In the control areas the sampling frame was a list of villages provided by HSAs working at Kalinde and Mpasa Health Centres. Although population estimates were available, they were considered to be unreliable and so simple random sampling was used rather than sampling proportional to size.

See **ANNEX G** for the sampling frames and **ANNEX H** for the list of sampled villages and their location.

Household sampling

Within each village 10 households were selected using a random walk quota method. This gave a total of 500 households in the intervention areas and 500 in the control areas (250 per control area), with 1000 households in total. This is sufficient to detect a difference in proportions of at least 15% at 95% power.³ A difference of less than 15% on key indicators (e.g. child morbidity, latrine coverage, handwashing, etc) would be too small to have a meaningful impact for beneficiaries and so it is not necessary to measure at that level.

To randomly select households in a village the enumerator stood at the house of the chief and spun a stick or pen with one end marked. They walked in the direction of the mark until they reached a house.

¹ Ministry of Health. 2010 Malawi Demographic and Health Survey Final Report. Available at: <u>http://www.nsomalawi.mw/index.php/publications/malawi-demographic-and-health-survey.html</u> 2 Progress Out of Poverty Index, Malawi. Available at: <u>http://www.progressoutofpoverty.org/country/malawi</u>

³ Conroy, R. Sample size: A rough guide. Chapter 1.3 Sample sizes for studies comparing proportions between two groups.



If there was a woman of reproductive age in the house (15-49 years) who had at least one child under 5 years old, or a child would have been under 5 years old on the day of the survey but died, they proceeded with the survey (if she was willing). If not they stood facing the door of the house and went to the next house on the right. They continued going right until they reached a house with an eligible woman who was willing to complete the survey.

Once a household completed a survey they stood at the door of the house and spun the stick again to choose a new direction. They also span again when they reached the edge of the village or arrived back at a house that has already been visited. See **ANNEX I** for a flow chart describing this sampling process.

This process continued until 10 eligible households had been surveyed from the village. If the village did not have 10 eligible households then the nearest village that had not already been sampled was used to complete the remaining households.

The same villages will be used for the endline survey. The household sampling will be done again in each village, since the households who had children under 5 years during the baseline survey may not have children under 5 years during the endline survey.

2.4 Data Collection

A team of independent consultants was hired to perform data collection (see **ANNEX J** for the call for proposals and **ANNEX K** for the consultant contract). They were responsible for recruiting and supervising seven independent enumerators who had experience with health surveys (e.g. qualified nurses and student nurses). See **ANNEX L** for a list of staff who worked on the baseline survey.

The enumerators received one day of training on the 22^{nd} of January 2015. This included a pre-test of the survey in a village outside the catchment. Data collection took place from the 16^{th} February to the 5^{th} March 2015. The team were able to complete 7 villages per day (70 questionnaires). One enumerator was dropped in each village in the morning and stayed in that village until they had completed 10 questionnaires.

Each day the enumerators were supervised by the Programme Manager, Programme Coordinator and one independent consultant, who moved between the villages throughout the day. See **ANNEX D** for the supervisors guide.

After completing each survey the enumerator gave the survey questionnaire to the Programme Manager who reviewed it. If there were errors the enumerators had to return to the household to complete it. The supervisors also randomly chose questionnaires to audit. The audit involved returning to the household and asking at least 10 questions again to verify that the answers in the survey are correct. See **ANNEX E** for the audit form. The results of the audit showed that the answers were 97.7% accurate. In some cases the mistake was due to the enumerator, but in other cases is was the respondent who changed their answer.

If possible the same consultants and enumerators will be hired to perform the endline survey for consistency. There is a large seasonal variation in morbidity, so data collection for the endline survey must be performed in February/ March so that it can be compared to the baseline survey.

2.5 Data Entry

Completed surveys were entered into the computer by Inter Aide staff using EpiData. Two forms were created, one for the main part of the questionnaire (called the Household form) and a second one for the child records in Q20 and Q70 (called the Child form). Data entry was audited and found to have accuracy of 97.8%.



Once data entry was complete the data sets from both forms were exported from EpiData to a .csv file which was then imported into Excel for cleaning. During the cleaning process the internal consistency of each record was checked, and any inconsistencies were corrected. The following rules were followed:

- If the date of birth (Q20C) and age of child (Q20E) contradicted then the date of birth was used. The correct age was re-calculated using the age table (see **ANNEX C**) and updated in Q20E.
- If the month was not known for a child's date of birth (Q20C) it was assumed to be between Feb and Dec to calculate the age using the age table.
- If the total number of children on Q19 contradicted with the total number of children on Q20 then the number of children on Q20 was used.
- If the owner of the house did not give permission to take a photo of the hanging bed nets then the number of hanging bed nets in Q62 was left blank, even if the owner said that they were present and the enumerator wrote an answer.

Finally, the data sets were analysed using Mircosoft Excel pivot tables.

2.6 Analysis

Mortality rates were calculated using the following definitions:

Neonatal mortality	The probability of dying within the first month of life (0-27 days) per 1000 live births.
Infant mortality	The probability of dying before the first birthday per 1000 live births.
Under 5 mortality	Probability of dying between birth and exactly five years of age per 1,000 live births.

A direct method was used to calculate the mortality rates, rather than a synthetic cohort life table.⁴ For example, to calculate under 5 mortality only children born between February 2004 and January 2009 were considered, since they would have turned 5 between February 2009 and January 2014. Within this cohort of children those who died before reaching their 5th birthday were identified. The formula Deaths / Live births x 1000 was then used to calculate the under 5 mortality rate.

Poverty was analysed using the Progress out of Poverty Index (PPI). Full instructions for this method can be found on the PPI website.⁵ A total PPI score for each household was calculated by adding the answer codes for Q6 to Q15. The poorest households receive a score of 0, while the wealthiest get a score of 100. The PPI lookup table in **ANNEX M** was then used to convert the PPI score into a percentage likelihood that the household is below the national and \$1.25 PPP per day poverty lines. This conversion was done for every household. An average of the likelihoods for all households was then calculated to estimate the total percentage of households below both poverty lines.

⁴ UN. Mortality estimates from major sample surveys: towards the design of a database for the monitoring of mortality levels and trends. Available at

http://www.un.org/en/development/desa/population/publications/pdf/technical/TP2011-2_MortEstMajorSampSurv.pdf

⁵ Progress Out of Poverty Index, Malawi. Available at: http://www.progressoutofpoverty.org/country/malawi



2.7 Ethics

The purpose of this survey was for quality improvement rather than scientific research, and it had minimal risks. According to the ARECCI Ethics Screening Tool it did not require ethics committee approval.⁶

All participants were required to give informed consent before participating in the survey. This was done with a thumb print on the consent form or signature. The woman completing the survey was able to stop the survey at any time. The hard copy surveys and identifiable data were only shared with members of the survey team.

2.8 Limitations

There are several limitations to the proposed methodology. The first is that the population of villages was unknown and so sampling could not be done proportional to size.

The use of a random walk quota sampling method for choosing households within villages also has limitations. There may be a difference between households who are not at home during the time of the survey compared to those that are at home. For example, households who are not at home may be more likely to be lower income, and may not be home because they are doing piecework or working as a tenant in another area.

The timing of the survey may also be considered a limitation due to the occurrence of severe flooding in the month preceding the baseline survey. Due to the damage caused by the floods and the potential impact on the communities surveyed, there is a possibility that results were impacted by these events.

Finally, only households with children under 5 years old were included. Therefore, the results can only be generalised to households with children under 5 years, not all households.

⁶ ARECCI Ethics Screening Tool. Available at: <u>http://www.aihealthsolutions.ca/arecci/misunderstandings.php</u>



3 Results

The results from the survey are displayed below. Some questions asked for multiple answers which explains why some column totals may exceed 100%.

3.1 Sample

In total, 1000 households were surveyed. These households had 3,966 children, of whom 1,484 were under 5 years old at the time of the survey, or would have been under 5 years old if they were alive.

Table 1 Households and children surveyed per catchment area

	Intervention Area (#)	Control Area (#)		Total (#)
	Nambazo	Kalinde	Mpasa	
Households	500	250	250	1,000
Total children	2,038	945	983	3,966
Under 5 children	764	378	342	1,484

3.2 Demographics

The age, marital status and education levels of the women surveyed were similar between the intervention and control areas.

Table 2	Age of	women s	surveyed
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	Intervention Area (%)	Control Area (%)		Total (%)
Age group (Q1)	Nambazo	Kalinde	Mpasa	
<15	0%	0%	0%	0%
15-19	9%	12%	9%	10%
20-24	33%	35%	32%	33%
25-29	27%	26%	22%	26%
30-34	17%	15%	18%	17%
35-39	12%	6%	12%	10%
40-44	3%	5%	4%	4%
45-49	0%	0%	3%	1%
50+	0%	0%	0%	0%

Table 3 Marital status of women surveyed

	Intervention Area (%)	Control Area (%)		Total (%)
Marital status (Q2)	Nambazo	Kalinde	Mpasa	
Single	6%	4%	1%	4%
Married to monogamous husband	75%	76%	78%	76%



	Intervention Area (%)	Control Area (%)		Total (%)
Marital status (Q2)	Nambazo	Kalinde	Mpasa	
Married to polygamous husband	11%	13%	16%	13%
Divorced	6%	6%	4%	6%
Widowed	2%	2%	1%	2%

Table 4 Education level of women surveyed

Years of education	Intervention Area (%)	Control A	Control Area (%)	
completed (Q4, Q5)	Nambazo	Kalinde	Mpasa	
0	12%	18%	18%	15%
1	3%	2%	2%	3%
2	8%	6%	7%	7%
3	12%	4%	6%	9%
4	12%	13%	8%	11%
5	13%	10%	9%	12%
6	13%	14%	14%	14%
7	12%	12%	11%	12%
8	10%	10%	15%	11%
9	1%	2%	2%	2%
10	2%	2%	3%	2%
11	0%	3%	1%	1%
12	2%	2%	4%	3%
>12	0%	1%	0%	0%

Poverty was measured using the PPI for Malawi (see the Methodology section for further details). The following table shows the answers for each question used to calculate the PPI score, as well as the total score.

Table 5 Progress out of Poverty (PPI) questions and total score

	Intervention Area (%)	Control Area (%)		Total (%)
PPI questions	Nambazo	Kalinde	Mpasa	
Q6. How many househ	old members are 14-year	s-old or young	jer?	
Five or more (score=0)	23%	13%	14%	18%
Four (score=4)	18%	21%	25%	21%
Three (score=6)	18%	22%	23%	21%
Two (score=12)	21%	24%	22%	22%
One (score=19)	17%	20%	16%	17%
None (score=30)	2%	0%	0%	1%



	Intervention Area (%)	Control A	Area (%)	Total (%
PPI questions	Nambazo	Kalinde	Mpasa	
Q7. How many househe farmer (mlimi)?	old members worked the	ir main activit	y in the past sev	ven days as a
Four or more (score=0)	22%	14%	12%	18%
Three (score=2)	12%	9%	14%	12%
Two (score=7)	42%	45%	44%	43%
One (score=8)	9%	9%	7%	8%
None (score=10)	15%	23%	22%	19%
Q8. Can the female hea	d read a one-page letter	in any langua	ge?	
No (score=0)	41%	41%	37%	40%
Yes (score=5)	59%	59%	63%	60%
No female head/spouse (score=9)	0	0	0	0
Q9. The roof of the mai	n dwelling is predomina	ntly made of w	hat material?	
Grass (score=0)	75%	79%	72%	75%
Anything besides grass (score=4)	25%	21%	28%	25%
Q10. What is your main	source of cooking fuel?)		
Collected firewood from forest reserve, crop residue, sawdust, animal waste, other or none (score=0)	38%	45%	46%	42%
Collected firewood from unfarmed areas of community (score=1)	41%	29%	30%	35%
Collected firewood from own woodlot, community woodlot, or other places (score=5)	17%	22%	22%	20%
Purchased firewood (score=7)	2%	4%	3%	3%
Paraffin, charcoal, gas, or electricity (score=9)	1%	1%	0%	1%
Q11. What is your main	source of lighting fuel?			
Collected firewood, grass, other or none (score=0)	4%	6%	2%	4%
Paraffin (score=4)	1%	2%	2%	2%
Purchased firewood, electricity, gas, battery/dry cell (torch), or candles (score=13)	96%	91%	96%	94%
	old own any lanterns (par	affin)?		
No (score=0)	93%	92%	92%	93%
Yes (score=5)	7%	8%	8%	7%



	Intervention Area (%)	Control A	Area (%)	Total (%)
PPI questions	Nambazo	Kalinde	Mpasa	
Q13. Does the house lorries?	nold own any bicycles, r	notorcycles /	scooters, cars,	mini-buses, or
No (score=0)	38%	37%	28%	35%
Yes (score=5)	62%	63%	72%	65%
Q14. Does the househo	old own any irons (for pre	essing clothes)?	
No (score=0)	91%	93%	90%	91%
Yes (score=8)	9%	7%	10%	9%
Q15. How many sickles	s does the household ow	n?		
None (score=0)	39%	50%	45%	43%
One (score=3)	55%	48%	52%	52%
Two or more (score=7)	6%	2%	4%	5%
Total PPI score where	0 is most poor and 100 is	least poor		
0-9	1%	0%	0%	1%
10-19	4%	6%	1%	4%
20-29	18%	16%	18%	18%
30-39	31%	29%	32%	31%
40-49	29%	34%	33%	31%
50-59	14%	12%	15%	14%
60-69	2%	1%	1%	2%
70-79	0%	1%	0%	0%
80-89	1%	0%	0%	1%
90-100	4%	6%	1%	4%

The PPI score was used to estimate the percentage of houses below the national and international (\$1.25 PPP / day) poverty lines. The results were similar for the intervention and control areas although Nambazo is marginally poorer than the two control areas.

Table 6 Percentage of households below the poverty line

	Intervention Area (%)	Control /	Control Area (%)	
	Nambazo	Kalinde	Mpasa	
Households below national poverty line	45.8%	45.1%	43.2%	45.0%
Households below international \$1.25 PPP / day poverty line	71.1%	70.8%	69.7%	70.7%



The total number of children per family ranged from 1 to 12 children. The average number of children per household was 4 (in both the control area and in the intervention area). The distribution of family sizes was similar between the intervention and control areas.

Table 7 Number and gender of children

	Intervention Area (%)	Control A	vrea (%)	Total (%)		
	Nambazo	Kalinde	Mpasa			
Q19. Tota	Q19. Total number of children (living or deceased)					
1	15%	18%	15%	16%		
2	18%	19%	18%	18%		
3	14%	13%	14%	14%		
4	14%	18%	17%	16%		
5	12%	10%	10%	11%		
6	9%	9%	13%	10%		
7	8%	6%	6%	7%		
8	4%	3%	1%	3%		
9	3%	2%	4%	3%		
10	1%	2%	0%	1%		
11	1%	1%	1%	1%		
12	0.4%	0.4%	0.0%	0.3%		
Q20B. G	ender of children					
Male	50%	50%	49%	50%		
Female	50%	50%	51%	50%		



3.3 Morbidity & Mortality

3.3.1 Symptom Prevalence

The survey asked whether each child under 5 years old had diarrhoea, fever or symptoms of an Acute Respiratory Infection (ARI) in the last two weeks. ARI symptoms were defined as a cough with fast breathing which was chest related. The results for diarrhoea and ARI were similar between the intervention and control areas, however fever was more prevalent in the intervention area than in the control areas.

Table 8 Prevalence of diarrhoea, fever and symptoms of an Acute Respiratory Infection (ARI) in children
under 5 years old

	Intervention Area (%)	Control Area (%)		Total (%)
Symptom	Nambazo	Kalinde	Mpasa	
Diarrhoea in last 2 weeks (Q70B)	23%	23%	22%	23%
Fever in last 2 weeks (Q70G)	43%	37%	32%	39%
Acute respiratory infection symptoms in last 2 weeks*	9%	9%	7%	8%

* Defined as a cough (Q70I=1) with fast breathing (Q70J=1) that is chest related (Q70K=1 or 3)

3.3.2 Mortality Rates

Neonatal mortality

Neonatal mortality is the probability of dying within the first month of life (0-27 days) per 1000 live births. It was calculated for all live births between February 2010 and January 2015. That is, children who would have already turned 1 month old at the time of the survey. Neonatal mortality was slightly higher in Kalinde area and this could be explained by the lack of maternity services in this area.

Table 9 Neonatal mortality for children born	between February 2010 and January 2015
--	--

	Intervention Area (#)	Control Area (#)		Total (#)
	Nambazo	Kalinde	Mpasa	
Live births	771	377	338	1496
Deaths within the first month*	17	10	7	34
Neonatal mortality (per 1000 live births)**	22.0	26.5	20.1	22.7

* Defined as Q20F DAYS = 0-27

** Calculated using deaths / live births x 1000

Infant mortality

Infant mortality is the probability of dying before the first birthday per 1000 live births. It was calculated for all live births between March 2009 and February 2014. That is, children who would have had their 1st birthday at the time of the survey. Infant mortality was slightly lower in Mpasa area.



	Intervention Area (#)	Control Area (#)		Total (#)
	Nambazo	Kalinde	Mpasa	
Live births	752	331	332	1405
Deaths within the first year*	32	14	11	60
Infant mortality rate (per 1000 live births)**	43	42	34	41

* Defined as Q20F DAYS = 0-27 OR Q20F MONTHS = 1-11

** Calculated using Deaths / Live births x 1000

Under five mortality

Under five mortality is defined as the probability of dying between birth and exactly five years of age per 1,000 live births. It was calculated for all live births between March 2005 and February 2010. That is, children who would have had their 5th birthday at the time of the survey.

Under five mortality was higher in Kalinde than Nambazo, however Mpasa was similar to Nambaso. It is important to remember that the total number of deaths is relatively small (47 in the intervention area compared to 46 in the total control area).

 Table 11 Under 5 mortality for children born between March 2005 and February 2010.

	Intervention Area (#)	Control Area (#)		Total (#)
Question	Nambazo	Kalinde	Mpasa	
Live births	557	248	260	1065
Deaths within the first 5 years*	47	25	21	93
Under 5 mortality rate (per 1000 live births)**	84	101	81	87

* Defined as Q20F DAYS = 0-27 OR Q20F MONTHS = 1-11 OR Q20F YEARS = 1-4

** Calculated using Deaths / Live births x 1000

3.3.3 Cause of Death

The cause of death was reported from memory by the mother, and is not based on the child's medical records. Therefore, it was not possible to identify a specific cause of death, only the symptoms that were present at the time of death. The cause of death was analysed for all children born between March 2010 and February 2015 who died. That is, children who would have been under 5 years old at the time of the survey.

Fever accounted for the largest number of deaths in the intervention area, followed by neonatal then diarrhoea, cough/ pneumonia and accidental. In the control area of Kalinde the highest cause of death was neonatal followed by cough/ pneumonia then fever, whilst in Mpasa there were only 9 deaths compared with 19 in Kalinde and 36 in Nambazo (with double the sample size).

There were a high number of deaths where the cause was unknown or unclear.



	Intervention Area (%) Nambazo	Control Area (%)		Total (%)
Cause of death (Q20G)		Kalinde	Mpasa	
Fever / malaria	33%	11%	11%	23%
Diarrhoea	3%	5%	0%	3%
Cough / pneumonia	3%	16%	11%	8%
Neonatal	14%	21%	11%	14%
Accident / injury	3%	0%	0%	2%
Other	11%	5%	11%	9%
Don't know / unclear	33%	42%	56%	41%

Table 12 Cause of death for 64 children under 5 years who died between March 2010 andFebruary 2015

3.3.4 Miscarriages

Miscarriages were reported separately to child deaths. The percentage of women who had experienced a miscarriage was similar in the intervention and control areas.

	Intervention Area (%)	Control Area (%) To		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q23. Have you eve	er had a pregnancy that misca	rried, was abo	orted or ended	in a stillbirth?
Yes	11%	11%	9%	10%
No	88%	89%	90%	89%
Don't know	1%	0%	1%	1%
Q24. When did the	e last such pregnancy end? (fo	or 103 women	who had a mis	scarriage)
<2010	56%	74%	59%	61%
2010	6%	4%	5%	5%
2011	11%	4%	9%	9%
2012	11%	7%	5%	9%
2013	4%	4%	5%	4%
2014	4%	4%	5%	4%
2015	2%	0%	0%	1%
Don't know	7%	4%	14%	8%



3.4 Antenatal, Delivery & Postnatal

All questions related to antenatal care, delivery and postnatal care were related to the birth of the most recent (youngest) child.

3.4.1 Antenatal care

Attendance at antenatal care was very high in both the intervention and control areas. In the intervention area, the majority of women started antenatal visits in the second trimester and received antenatal care 3 or 4 times during their pregnancy. Almost all were seen by the nurse / midwife at the health centre.

Table 14 Attendance at antenatal care

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q25. Did you see	anyone for antenatal care for	this pregnancy	/?	
Yes	99.6%	99.2%	99.2%	99.4%
No	0.4%	0.4%	0.8%	0.4%
Don't know	0.0%	0.4%	0.0%	0.1%

Q28. How many months pregnant were you when you first received antenatal care for this pregnancy? (for 994 women who attended antenatal care)

1	0%	0%	0%	0%
2	3%	4%	3%	3%
3	31%	50%	33%	36%
4	37%	24%	38%	34%
5	19%	12%	17%	17%
6	7%	6%	6%	6%
7	2%	2%	3%	2%
8	1%	1%	0%	1%

Q29. How many times did you receive antenatal care during this pregnancy? (for 995 women who attended antenatal care)

women whe attended				
1	2%	1%	1%	2%
2	8%	8%	7%	7%
3	41%	34%	29%	37%
4	32%	42%	45%	38%
5	10%	10%	15%	11%
6	5%	3%	2%	4%
7	2%	2%	0%	1%
8	1%	0%	0%	1%



Table 15 Antenatal care

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q26. Whom did you se	e? (for 995 women who a	ttended anten	atal care)	
Doctor / Clinical Officer / Medical Assistant	1%	0%	0%	0%
Nurse / Midwife	98%	98%	99%	98%
Patient Attendant	1%	2%	0%	1%
HSA	1%	1%	0%	1%
Traditional Birth Attendant	0%	0%	0%	0%
Other	0%	0%	0%	0%
Q27. Where did you rec attended antenatal care	ceive antenatal care for the	nis pregnancy	? (for 995 wom	en who
Home	1%	0%	1%	1%
Your home	0%	0%	0%	0%
Other home (including TBA home)	1%	0%	1%	1%
Public Sector	99 %	100%	98 %	99 %
Govt Hospital	1%	1%	0%	1%
Govt Health Centre	98%	98%	97%	98%
Mobile Clinic	0%	1%	0%	0%
Other public	0%	0%	0%	0%
CHAM / Mission	0%	0%	0%	0%
Hospital	0%	0%	0%	0%
Health Centre	0%	0%	0%	0%
Private Medical Sector	0%	0%	0%	0%
Private Hospital / Clinic / Doctor	0%	0%	0%	0%
Other private medical	0%	0%	0%	0%
BLM	0%	0%	0%	0%
Other	0%	0%	0%	0%



3.4.2 Delivery

Women were asked about the size of their most recent child at birth. This can be used as an estimate of the number of low birth weight babies. The results were similar in the control and intervention areas, showing little evidence of the prevalence of low weight babies.

Table 16 Birth size

	Intervention Area (%)	Control Area (%) T		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q30. When (NAME) wa than average, or very	as born, was he/she very l small?	arge, larger th	an average, ave	rage, smaller
Very large	15%	12%	11%	13%
Larger than average	26%	22%	26%	25%
Average	47%	45%	53%	48%
Smaller than average	5%	9%	4%	6%
Very small	3%	5%	4%	4%
Don't know	3%	7%	2%	4%

Questions regarding safe delivery were also included in the survey, such as who assisted with the delivery and where it took place. The majority of births took place at a health centre and were assisted by a nurse / midwife. Most of the women who delivered at a health facility found the services good, although they rated the services at Mpasa higher than those at Nambazo (women from Kalinde have to give birth at a nearby facility rather than at Kalinde Health Centre).

	Intervention Area (%)	Control A	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q31. Who assisted with	h the delivery of (NAME)?	?		
Doctor / Clinical Officer / Medical Assistant	1%	1%	2%	1%
Nurse / Midwife	85%	74%	94%	85%
Patient Attendant	1%	2%	0%	1%
Traditional Birth Attendant	1%	1%	0%	1%
Relative/friend	8%	15%	0%	8%
Other	3%	6%	1%	3%
No one	0%	0%	0%	0%
Q32. Where did you giv	e birth to (NAME)?			
Ноте	11%	20%	2%	11%
Your home	3%	6%	1%	3%
Other home (including TBA home)	8%	14%	1%	8%
Public Sector	85 %	77%	93%	85%

Table 17 Safe delivery practices



Govt Hospital	1%	1%	2%	1%
Govt Health Centre	84%	76%	91%	84%
Other public	0%	0%	0%	0%
CHAM / Mission	1%	1%	4%	2%
Hospital	1%	1%	4%	2%
Health Centre	0%	0%	0%	0%
Private Medical Sector	0%	0%	0%	0%
Private Hospital / Clinic	0%	0%	0%	0%
Other private medical	0%	0%	0%	0%
BLM	0%	0%	0%	0%
Other	2%	3%	0%	2%
Q34. Overall, how would yo health facility? (for 860 wo				ceived at the
Poor	2%	4%	3%	3%
Average	12%	6%	2%	8%
Good	86%	90%	95%	90%

Women who delivered at home or at the home of a TBA were asked why they decided not to go to a health facility. The main reasons were the long distance, lack of transport and that the birth happened unexpectedly.

Table 18 Reasons for not delivering at a health facility

	Intervention Area (%)	Control A	rea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q33. Why did you dec gave birth at home or	ide not to go to a health fa at a TBA)	acility to give b	irth? (for 136 w	omen who
Husband would not give permission to go	2%	3%	0%	2%
Not enough money	0%	7%	0%	3%
Long distance to the health facility	32%	19%	33%	26%
Lack of transport / no money for transport	15%	28%	0%	21%
Not wanting to go alone	3%	7%	33%	6%
Concern that there may not be a female health provider	0%	0%	0%	0%
Concern that there may not be any health provider	0%	2%	0%	1%
Concern that there may be no drugs available	0%	0%	0%	0%



	Intervention Area (%)	Control A	rea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Concern that there may inadequate equipment or supplies	0%	0%	0%	0%
Unhappy with quality of services	0%	2%	0%	1%
Prefer traditional methods	0%	0%	0%	0%
Birth happened unexpectedly	48%	28%	33%	38%
Other	0%	5%	0%	2%

3.4.3 Postnatal care

Women were asked if any healthcare provider checked on their health after the birth. The majority of postnatal checks occurred within 1 hour of the birth. Mpasa has the highest number of women going back to the health centre for postnatal checks. On average 76% of women returned to a health facility for postnatal care, however only 8% of women were visited in their homes; 81% of these visits were conducted by HSAs.

	Intervention Area (%)	Control Ar	ea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q35. After (NAME) was check on your health?	s born, did any health car	e provider or a	traditional birt	h attendant
Yes	61%	56%	67%	61%
No	38%	44%	32%	38%
Don't know	1%	1%	0%	1%
Q36. How long after de check)	elivery did the first check	take place? (fo	or 613 women v	vho received
Within 1 hour	66%	78%	74%	71%
2-12 hours	26%	21%	25%	25%
1-7 days	7%	1%	1%	4%
1-3 weeks	2%	0%	0%	1%
Q37. Who checked on	your health at that time?	(for 613 wome	n who received	l a check)
Doctor / Clinical Officer / Medical Assistant	1%	0%	1%	1%
Nurse / Midwife	100%	100%	100%	100%
Patient Attendant	1%	2%	0%	1%
Traditional Birth Attendant	0%	2%	0%	1%
Relative/friend	4%	3%	0%	3%

Table 19 Postnatal checks



	Intervention Area (%)	Control Ar	ea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Other	0%	1%	0%	0%

Table 20 Post-natal after discharge (respondent visiting health centre)

	Intervention Area (%)	Control A	rea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q38. During the two check-up with (NAM	months after (NAME) was b E)?	orn, did you g	o to the health	centre for a
Yes	74%	70%	86%	76%
No	26%	30%	14%	24%
Don't know	0%	0%	0%	0%
Q39. How many days who went for a check	s or weeks after delivery dic k-up)	I this check ta	ke place? (for 7	759 women
1-7 days	6%	5%	4%	5%
1-2 weeks	82%	84%	85%	83%
3-4 weeks	7%	6%	5%	6%
5-6 weeks	4%	5%	7%	5%
Q40. How many days who went for a check	s or weeks after delivery dic k-up)	I this check ta	ke place? (for 7	759 women
Doctor / Clinical Officer / Medical Assistant	0%	0%	0%	0%
Nurse / Midwife	97%	96%	98%	97%
Patient Attendant	0%	2%	0%	0%
HSA	3%	2%	2%	3%
Traditional Birth Attendant	0%	0%	0%	0%
Other	0%	0%	0%	0%

Table 21 Post-natal after discharge (health professional visiting respondent's home)

	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q42. During the two check-up with (NAM	o months after (NAME) was b /IE)?	oorn, did anyor	ne visit your ho	me for a
Yes	11%	6%	4%	8%
No	89%	94%	96%	92%
	0%	0%	0%	0%

Q43. How many days or weeks after delivery did this check take place? (for 80 women who received a visitor for a check)

1-7 days	9%	13%	0%	9%
----------	----	-----	----	----



	Intervention Area (%)	Control A	rea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
1-2 weeks	44%	25%	40%	40%
3-4 weeks	19%	44%	50%	28%
5-6 weeks	15%	19%	10%	15%
Q44. Who checked on y home)	your health at that time?	(for 80 women	who received	a check at
Doctor / Clinical Officer / Medical Assistant	0%	0%	0%	0%
Nurse / Midwife	15%	0%	10%	12%
Patient Attendant	0%	0%	0%	0%
HSA	81%	94%	90%	85%
Traditional Birth Attendant	4%	6%	0%	4%
Other	0%	0%	0%	0%

3.5 Family Planning

3.5.1 Desire for more children

Questions related to family planning showed that the majority of women do not want another child soon, and most couples make joint decisions on family planning. This was similar in the intervention and control areas.

	Intervention Area (%)	Control A	vrea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q46. Do you want to ha want any more childre	ave another child now, do n at all?	o you want to v	vait until later,	or do you not
Want a child now	4%	2%	3%	3%
Want to wait until later	63%	65%	62%	63%
Do not want any more children	23%	21%	28%	24%
Pregnant now	10%	12%	8%	10%
Q48. Are decisions rela decision, or do you bo	ated to contraception ma th decide together?	inly your decis	sion, mainly yo	ur husband's
Mainly respondent	20%	20%	15%	19%
Mainly husband	3%	1%	2%	3%
Joint decision by couple	76%	78%	83%	78%
Other	1%	0%	0%	1%

3.5.2 Current pregnancies

Women were asked if they are currently pregnant, and whether the pregnancy was planned (she wanted a child then) or unplanned (she wanted to wait until later or did not want another child). The proportion of women who were pregnant was similar in the intervention and control areas. In Mpasa 58% of the pregnancies were unplanned, while in Nambazo and Kalinde, less than 40% of pregnancies were unplanned.

Table 23 Current pregnancies

	Intervention Area (%)	Control A	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q21. Are you pregnant no	w?			
Yes	10%	13%	8%	10%
No	89%	86%	92%	89%
Don't know	0%	1%	0%	0%
Q22. At the time you beca pregnant women)	ame pregnant, did you wa	int a child the	n? (for 103 cu	rrently
Wanted a child then	63%	66%	42%	60%



	Intervention Area (%)	Control A	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Wanted to wait until later	21%	34%	47%	30%
Did not want any more children	15%	0%	11%	10%

3.5.3 Awareness of family planning methods

Awareness of family planning methods was measured by asking women if they had heard of each method. The majority of women had heard about most of the methods except for the rhythm method, withdrawal and emergency contraception. A small number of women mentioned other traditional methods, including tying a string around the waist and drinking herbs.

Table 24 Awareness of family planning methods

Q47. Have you ever	Intervention Area (%)	Control Ar	ea (%)	Total (%)
heard of (METHOD)	Nambazo	Kalinde	Mpasa	
Female sterilization	92%	92%	92%	92%
Male sterilization	76%	64%	74%	72%
Pill	97%	94%	97%	96%
IUD	88%	90%	92%	89%
Injectables	99%	98%	99%	99%
Implants	96%	93%	97%	95%
Male condom	98%	96%	98%	97%
Female condom	97%	96%	97%	96%
Rhythm or periodic abstinence	63%	63%	64%	63%
Withdrawal	50%	48%	49%	49%
Emergency contraception	35%	38%	39%	37%
Other / Traditional method	10%	6%	3%	7%

3.5.4 Use of family planning methods

More than half of all women are using family planning methods, with injectables being the most popular method. Most women are accessing these methods through the health centre, and have only started recently (in the last 12 months). Almost all the women had told their husbands that they were using a method.

When interpreting these results it is important to remember that only households with children under 5 years were sampled. Women who have successfully used contraception for more than 5 years would not have been included in the sample, as they would not have a child under 5 years.



	Intervention Area (%)	Control A	rea (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q49. Are you currentl pregnant?	y doing something or usin	ig any method	to delay or ave	oid getting
Yes	59%	60%	75%	63%
No	41%	40%	25%	37%
Q50. Which method a	re you using? (for 632 wor	men currently	using a metho	d)
Female sterilization	3%	3%	5%	4%
Male sterilization	1%	0%	0%	0%
Pill	2%	3%	4%	3%
IUD	1%	2%	2%	2%
Injectables	60%	72%	69%	65%
Implants	29%	17%	17%	23%
Male condom	4%	2%	1%	3%
Female condom	0%	0%	0%	0%
Rhythm or periodic abstinence	0%	0%	0%	0%
Withdrawal	0%	0%	0%	0%
Emergency contraception	0%	0%	0%	0%
Other	0%	0%	2%	0%

Table 25 Use of family planning methods among mothers of children under 5 years

Q51. Since when have you been using (CURRENT METHOD) without stopping? (for 632 women currently using a method)

nomon our only using a	moniou,			
Before 2010	0%	0%	0%	0%
2010	2%	1%	1%	1%
2011	6%	3%	5%	5%
2012	15%	17%	16%	16%
2013	21%	19%	25%	22%
2014	47%	50%	42%	46%
2015	8%	9%	12%	9%

Q52. Where did you obtain (CURRENT METHOD) when you started using it? (for 632 women currently using a method)

Public Sector				
Govt Hospital	0%	1%	1%	0%
Govt Health Centre	74%	94%	77%	80%
Govt Health Post / Outreach	1%	2%	1%	1%
Mobile Clinic	2%	0%	2%	1%
HSA	8%	1%	3%	5%
CBDA/Door to Door	0%	1%	0%	0%



	Intervention Area (%) Nambazo	Control Area (%)		Total (%)
Question		Kalinde	Mpasa	
Other public	0%	0%	1%	0%
CHAM/Mission				
Hospital	0%	1%	0%	0%
Health Centre	0%	0%	1%	0%
Mobile Clinic	0%	0%	1%	0%
Door to Door	0%	0%	1%	0%
Private Medical Sector				
Private Hospital / Clinic / Doc.	0%	0%	0%	0%
Pharmacy	0%	0%	0%	0%
Mobile Clinic	0%	0%	0%	0%
CBDA/Door to Door	0%	0%	0%	0%
Other private medical	0%	0%	0%	0%
BLM	14%	1%	13%	10%
MACRO	0%	0%	0%	0%
Youth Drop In Centre	0%	0%	0%	0%
Other Source				
Shop	0%	0%	0%	0%
Church	0%	0%	0%	0%
Friend / Relative	0%	0%	1%	0%
Other	0%	0%	1%	0%
Q53. Does your husban women currently using	id know that you are usii a method)	ng a method o	f family planniı	ng? (for 632
Yes	87%	89%	94%	89%
No	3%	2%	1%	2%
Don't know	0%	1%	1%	1%
No Husband	10%	8%	4%	8%



3.5.5 Non-use of family planning methods

Most women who were not using a method of family planning were aware that they could get one at the Health Centre or from the HSA. The most common reasons given by women who were not using a family planning were that they were pregnant now, they were breastfeeding, they were married or they had a baby recently.

	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q54. Do you know a pla women not currently us	ace where you can obtaiı sing a method)	n a method of	family planning	g? (for 368
Yes	92%	93%	98%	93%
No	8%	7%	2%	7%
Q55. Where is that? (fo	r 368 women not current	ly using a met	hod)	
Public Sector				
Govt Hospital	3%	1%	0%	2%
Govt Health Centre	92%	94%	90%	92%
Govt Health Post / Outreach	1%	1%	0%	1%
Mobile Clinic	2%	0%	5%	2%
HSA	24%	3%	5%	15%
CBDA/Door to Door	3%	0%	5%	3%
Other public	1%	0%	0%	0%
CHAM/Mission				
Hospital	0%	0%	0%	0%
Health Centre	0%	0%	2%	0%
Mobile Clinic	0%	0%	0%	0%
Door to Door	1%	0%	0%	0%
Private Medical Sector				
Private Hospital / Clinic / Doc.	0%	0%	0%	0%
Pharmacy	0%	0%	0%	0%
Mobile Clinic	0%	0%	3%	1%
CBDA/Door to Door	1%	0%	0%	0%
Other private medical	0%	0%	0%	0%
BLM	6%	1%	8%	5%
MACRO	0%	0%	0%	0%
Youth Drop In Centre	0%	1%	0%	0%
Other Source				
Shop	0%	0%	0%	0%

Table 26 Awareness of family planning sources among women not using a family planning method



	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Church	0%	0%	0%	0%
Friend / Relative	0%	0%	0%	0%
Other	1%	0%	0%	0%

Table 27 Reasons for not using a family planning method

Question	Intervention Area (%)	Control Area (%)		Total (%)
	Nambazo	Kalinde	Mpasa	
Q56. Can you tell me w	hy you are not using a m	ethod?		
Want another child now	7%	6%	3%	6%
Not married	13%	9%	10%	11%
Pregnant now	22%	25%	30%	24%
Fertility-related reasons				
Not having sex	3%	6%	10%	5%
Infrequent sex	1%	0%	0%	1%
Menopausal/ hysterectomy	1%	0%	2%	1%
Infertile/ low fertility	1%	1%	5%	2%
Had a baby recently	10%	11%	13%	11%
Breastfeeding	19%	16%	14%	18%
Should be left to fate	0%	0%	0%	0%
Opposition to use				
Respondent opposed	2%	2%	0%	2%
Husband opposed	1%	1%	2%	1%
Others opposed	1%	0%	0%	1%
Religious prohibition	0%	1%	2%	1%
Lack of knowledge				
Knows no method	1%	1%	2%	1%
Knows no source	1%	2%	2%	1%
Method-related reasons				
Health concerns	2%	2%	3%	2%
Fear of side effects	4%	1%	5%	4%
Lack of access/too far	1%	0%	0%	1%
Costs too much	0%	0%	0%	0%
Inconvenient to use	1%	2%	3%	2%



	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Interferes with body's normal processes	5%	3%	3%	4%
Other	5%	6%	2%	5%
Don't know	4%	2%	2%	3%



3.6 Hygiene & Sanitation

3.6.1 Water

Most households have access to a protected source for collecting drinking water, although access was lower in Kalinde compared to Nambazo and Mpasa. Public taps/standpipes are more common in Mpasa compared to Nambazo and Kalinde, where tube well/boreholes are much more common.

Table 28 Drinking water sources

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q57. What is the main	source of drinking water	for members o	of your househ	old?
Piped into dwelling	0%	1%	0%	0%
Piped into yard/plot	0%	0%	0%	0%
Public tap/standpipe	2%	9%	67%	20%
Tube well or borehole	89%	69%	31%	70%
Protected well	2%	0%	0%	1%
Unprotected or semi- protected well	7%	7%	1%	6%
Protected spring	0%	0%	0%	0%
Unprotected spring	0%	3%	1%	1%
Rainwater	0%	1%	0%	0%
Tanker truck	0%	0%	0%	0%
Cart with small tank	0%	0%	0%	0%
Surface water (river / dam / lake / pond / stream / canal / irrigation water)	0%	9%	0%	2%
Bottled water	0%	0%	0%	0%
Other	0%	0%	0%	0%

Most households do something to their water to make it safe. Of those households that do something, around half add chlorine, with the remainder covering it with a lid.

Table 29 Water treatment

	Intervention Area (%)	Control	Area (%)	Total (%)		
Question	Nambazo	Kalinde	Mpasa			
Q58. Do you do anything to the water to make it safe for drinking?						
Yes	80%	86%	97%	86%		
No	20%	14%	3%	14%		
Don't know	0%	0%	0%	0%		



	Intervention Area (%)	Contro	l Area (%)	Total (%)			
Question	Nambazo	Kalinde	Mpasa				
Q59. What do you usually do to make the water safe to drink? (for 858 households that do something to make it safe)							
Boil	4%	3%	7%	5%			
Add bleach / chlorine / water guard	57%	62%	60%	59%			
Strain through a cloth	0%	1%	0%	0%			
Use water filter (ceramic / sand / composite / etc)	2%	3%	0%	2%			
Solar disinfection	0%	0%	0%	0%			
Let it stand and settle	0%	1%	0%	0%			
Cover with a lid	56%	45%	56%	54%			
Don't know	0%	0%	0%	0%			

3.6.2 Sanitation

About half of households reported that they have a pit latrine, though many currently without a functioning latrine reported having a pit latrine before the recent flooding. Almost half of the pit latrines used by households are shared. Shared latrines are often used as a way for respondents to avoid admitting to open defection. Therefore, only households with unshared latrines can be considered to have proper sanitation facilities.

Table 30 Household sanitation facilities

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q60. What kind of toilet	t facility do members of y	our househol	d use?	
Flush toilet	0%	0%	0%	0%
Ventilated improved pit latrine	1%	0%	0%	0%
Pit latrine with concrete slab	8%	7%	1%	6%
Pit latrine without concrete slab/open pit	49%	52%	64%	53%
Composting toilet	0%	0%	0%	0%
Bucket toilet	0%	0%	0%	0%
Hanging toilet/hanging latrine	0%	0%	1%	0%
No facility/bush/field	42%	40%	34%	40%
Other	0%	0%	0%	0%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q61. Check if the toile	t has a cover (for 601 hou	seholds with a	a toilet facility)	
Cover is present and on	47%	40%	18%	37%
Cover is present but not on	10%	13%	10%	11%
No cover	41%	46%	71%	50%
No permission to see	2%	1%	2%	2%
Q62. Do you share this toilet facility)	s toilet facility with other I	nouseholds? (for 601 househ	olds with a
Yes	44%	48%	37%	43%
No	56%	52%	63%	57%

3.6.3 Hand washing

Very few households had a hand washing facility. Due to the small number of households with a facility it was not possible to compare the percentage with water / soap between intervention and control areas.

Table 31 Hand washing facilities

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q63. Please show me where the latrine or at any other tir	-	hold most off	en wash their	hands (after
Observed a hand washing facility at the location identified by the respondent	19%	14%	6%	14%
Did not observe a hand washing facility, but did observe other hand washing items at the location (basin, soap, ash, etc)	3%	2%	1%	2%
Did not observe a hand washing facility or any other hand washing items	76%	84%	93%	83%
No permission to see	2%	0%	0%	1%
Q64. Check availability of w households with a hand was		ified for hand	washing (for 1	65
Water is available	56%	37%	40%	50%
Water is not available	42%	60%	53%	47%
No permission to see	2%	3%	7%	3%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q65. Check availability of so households with a hand was		fied for hand	washing (for 1	65
Soap or detergent (bar, liquid, powder or paste)	15%	9%	0%	12%
Ash, mud or sand	20%	21%	20%	20%
None	81%	76%	80%	80%
No permission to see	1%	0%	0%	1%



3.7 Bed Nets

Most households own a bed net, although not all the bed nets were hanging when inspected by the enumerators. The high figure of households who own at least one net net can be explained by the mass distribution of mosquito nets in the district in December 2014.

Table 32 Bed net ownership and use

	Intervention Area (%)	Cont	rol Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q66. How many rooms used for sleeping)	s in this household are used	I for sleeping?	' (including the I	iving room if
1	30%	37%	28%	31%
2	41%	39%	39%	40%
3	22%	20%	23%	22%
>3	7%	4%	10%	7%
Q67. Does your house	hold have any mosquito ne	ts that can be	used while slee	ping?
Yes	96%	97%	97%	97%
No	4%	3%	3%	3%
Don't know	0%	0%	0%	0%
Q68. How many mosqu mosquito net)	uito nets does your househ	old have? (for	966 households	s that own a
1	15%	17%	15%	15%
2	38%	43%	39%	40%
3	32%	29%	32%	31%
4	10%	9%	10%	10%
>4	4%	2%	4%	4%
-	r mosquito nets are currentl 966 households that own a r		de the house, re	eady for
0	7%	13%	5%	8%
1	45%	51%	45%	46%
2	32%	26%	34%	31%
3	11%	7%	14%	11%
>3	3%	1%	1%	2%
No permission to observe net	2%	1%	1%	2%
Bed net status for all h	ouseholds (Combining Q67	7, Q68 and Q69	9)	
No net	4%	3%	3%	3%
Have net but it is not hanged	7%	12%	4%	8%
Have hanging net	87%	83%	92%	87%
No permission to observe net	2%	1%	1%	2%



	Intervention Area (%) Control Area (%)		ol Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q63B. Did (NAME OF 0 years who are still aliv	CHILD) sleep under a mosq re)	uito net last ni	ght? (for 1420 cl	hildren under 5
Yes	92%	92%	97%	93%
No	8%	8%	3%	7%
Don't know	0%	0%	0%	0%



3.8 Health Seeking Behaviour & Treatment

The survey asked about the recent health of each child under 5 years old. This included 1420 children born between March 2010 and February 2015 who were still alive. If a child had been sick with diarrhoea, fever or ARI symptoms in the last 2 weeks then follow up questions were asked to determine if they had been taken for treatment.

3.8.1 Diarrhoea

Most children with diarrhoea were taken to the health centre for treatment 1-2 days after the symptoms started. A lower percentage of children in the intervention area were taken for treatment in the first 3 days compared to the control areas. A small proportion of children with diarrhoea were not taken for treatment at all. Of those that were taken to a health facility, the majority received ORS.

	Intervention Area (%)	Contro	l Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q70B. Has (NAME) had	d diarrhoea in the past 2 w	eeks?		
Yes	23%	23%	22%	23%
No	77%	77%	77%	77%
Don't know	0%	0%	0%	0%
Q70C. Did you seek ad who had diarrhoea in t	lvice or treatment for the c he past 2 weeks)	liarrhoea from	any source? (fo	or 325 children
Yes	91%	83%	91%	89%
No	9%	17%	9%	11%
Q70D. Where did you s	seek advice or treatment?	(for 288 childro	en who had trea	atment sought)
Public Sector				
Govt Hospital	0%	0%	0%	0%
Govt Health Centre	71%	96%	79%	79%
Govt Health Post	0%	0%	2%	0%
Mobile Clinic	1%	0%	5%	2%
Village Clinic	5%	0%	6%	4%
HSA	11%	0%	2%	6%
Other public	1%	0%	0%	0%
CHAM/Mission				
Hospital	0%	0%	0%	0%
Health Centre	0%	0%	0%	0%
Private Medical Sector				
Private Hospital / Clinic / Doctor	0%	0%	3%	1%
Pharmacy	0%	0%	0%	0%
Mobile Clinic	0%	0%	2%	0%
Private HSA	0%	0%	0%	0%

Table 33 Health seeking and treatment for children under 5 with diarrhoea



	Intervention Area (%)	ention Area (%) Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Other private	1%	0%	2%	1%
BLM	0%	0%	0%	0%
MACRO	0%	0%	0%	0%
Youth Centre	0%	0%	0%	0%
Other source				
Shop	12%	4%	5%	9%
Traditional	0%	0%	0%	0%
Other	0%	0%	0%	0%

Q70E. How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? (for 288 children who had treatment sought)

Q70F. Was he/she given a fluid made from a special packet called THANZI or ORS? (for 288					
>5	7%	2%	2%	4%	
5	1%	0%	2%	1%	
4	4%	2%	2%	3%	
3	13%	11%	3%	10%	
2	22%	33%	24%	25%	
1	35%	47%	62%	44%	
0 (same day)	18%	6%	6%	13%	

children who had treatment sought)								
Yes	78%	81%	87%	81%				
No	22%	18%	13%	19%				
Don't know	0%	1%	0%	0%				

3.8.2 Fever

As with diarrhoea, the majority of children with fever were taken to a health facility within 1-2 days. However, some were not taken for treatment at all. Of those that were taken to a health facility, most received either anti-malarials or antibiotics and painkillers. The intervention area had a higher prevalence of fever compared to both control areas. We do not know the percentage of fever cases which tested positive for malaria.

Table 34 Health seeking and treatment for children under 5 with fever

	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q70G. Has (NAME	E) been ill with a fever at any ti	me in the last	2 weeks?	
Yes	43%	37%	32%	39%
No	57%	63%	68%	61%
Don't know	0%	0%	0%	0%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
No	14%	16%	11%	14%
Q70M. Where did you s sought)	eek advice or treatment?	? (for 476 child	Iren for whom	treatment was
Public Sector				
Govt Hospital	0%	0%	1%	0%
Govt Health Centre	65%	75%	58%	66%
Govt Health Post	0%	1%	0%	1%
Mobile Clinic	0%	0%	8%	2%
Village Clinic	2%	0%	3%	2%
HSA	9%	3%	4%	7%
Other public	0%	0%	0%	0%
CHAM/Mission				
Hospital	0%	0%	0%	0%
Health Centre	0%	0%	0%	0%
Private Medical Sector				
Private Hospital / Clinic / Doctor	1%	0%	2%	1%
Pharmacy	0%	0%	0%	0%
Mobile Clinic	1%	0%	3%	1%
Private HSA	0%	0%	0%	0%
Other private	0%	1%	0%	0%
BLM	0%	0%	0%	0%
MACRO	0%	0%	0%	0%
Youth Centre	0%	0%	0%	0%
Other source				
Shop	9%	4%	12%	9%
Traditional	0%	0%	0%	0%
Other	0%	0%	0%	0%

Q70N. How many days after the illness began did you first seek advice or treatment for (NAME)? (for 476 children for whom treatment was sought)

0 (same day)	22%	19%	16%	20%
1	43%	38%	52%	43%
2	22%	30%	22%	24%
3	9%	6%	7%	8%
4	1%	4%	1%	2%
5	0%	1%	0%	0%
>5	3%	2%	1%	3%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q70O. At any time du children for whom tre	ring the illness did (NAME eatment was sought)) take any drug	gs for the illnes	ss? (for 476
Yes	98%	98%	100%	99%
No	2%	2%	0%	1%
Q70P. What drugs did	d (NAME) take? (for 469 ch	ildren who rec	eived drugs)	
Antimalarials				
LA	28%	32%	22%	28%
Other antimalarial	4%	1%	1%	3%
Antibiotics				
Pills/syrup	54%	45%	50%	51%
Injection	7%	4%	1%	5%
Other drugs				
Painkillers (aspirin, Panadol, ibuprofen, etc)	66%	76%	81%	71%
Other	8%	5%	6%	7%
Don't know	3%	5%	3%	4%

3.8.3 Acute Respiratory Infection

A significant percentage (8%) of children had ARI symptoms in the last two weeks; the majority were taken to a health facility for treatment within 1-2 days.

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q70I. Has (NAME)	had an illness with a cough a	t any time in tl	he last 2 weeks	\$?
Yes	30%	32%	29%	30%
No	70%	68%	71%	70%
Don't know	0%	0%	0%	0%
•	E) had an illness with a cougl ns or have difficulty breathing			
short, rapid breath				
short, rapid breath past 2 weeks)	ns or have difficulty breathing	? (for 427 child	dren who had a	a cough in th

runny nose? (for 256 children who had a cough and fast breathing in the last 2 weeks)

Chest only	22%	25%	10%	21%
------------	-----	-----	-----	-----



	Intervention Area (%)	Control Area (%)		Total (%)	
Question	Nambazo	Kalinde	Mpasa		
Nose only	47%	54%	56%	51%	
Both	27%	19%	34%	26%	
Other	1%	1%	0%	1%	
Don't know	3%	0%	0%	2%	

Q70L. Did you seek advice or treatment for the illness from any source? (for 120 children who had a cough and fast breathing in the chest in the last 2 weeks)

Yes	89%	81%	73%	84%
No	11%	19%	27%	16%

Q70M. Where did you seek advice or treatment? (for 101 children for whom treatment was
sought)

Public Sector

Public Sector				
Govt Hospital	0%	0%	0%	0%
Govt Health Centre	86%	96%	63%	85%
Govt Health Post	0%	0%	0%	0%
Mobile Clinic	0%	0%	13%	2%
Village Clinic	0%	0%	0%	0%
HSA	5%	0%	0%	3%
Other public	0%	0%	0%	0%
CHAM/Mission				
Hospital	0%	4%	0%	1%
Health Centre	0%	0%	0%	0%
Private Medical Sector				
Private Hospital / Clinic / Doctor	2%	0%	0%	1%
Pharmacy	0%	0%	0%	0%
Mobile Clinic	2%	0%	0%	1%
Private HSA	0%	0%	0%	0%
Other private	0%	0%	0%	0%
BLM	0%	0%	0%	0%
MACRO	0%	0%	0%	0%
Youth Centre	0%	0%	0%	0%
Other source				
Shop	8%	4%	25%	10%
Traditional	0%	0%	0%	0%
Other	0%	0%	0%	0%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
	s after the illness began d dren for whom treatment v		ek advice or tre	eatment for
0 (same day)	7%	4%	19%	8%
1	42%	50%	56%	47%
2	36%	35%	6%	31%
3	10%	8%	13%	10%
4	2%	0%	0%	1%
5	2%	0%	0%	1%
>5	2%	4%	6%	3%
children for whom tre Yes	atment was sought) 97%	96%	100%	97%
		96%	100%	97%
No	3%	4%	0%	3%
Q70P. What drugs did	(NAME) take? (for 98 chil	dren for who r	eceived drugs)
Antimalarials				
LA	14%	8%	6%	11%
Other antimalarial	2%	0%	0%	1%
Antibiotics				
Pills/syrup	67%	80%	75%	71%
Injection	7%	4%	6%	6%
Other drugs				
Painkillers (aspirin, Panadol, ibuprofen, etc)	67%	64%	56%	64%
Other	5%	4%	6%	5%
Don't know	4%	16%	0%	6%

3.8.4 Malnutrition

Each child's upper arm circumference was measured by the enumerator using a MUAC tape. Red (severe acute malnutrition) was below 110mm, yellow (moderate acute malnutrition) was 110 - 125mm and green was above 125mm.

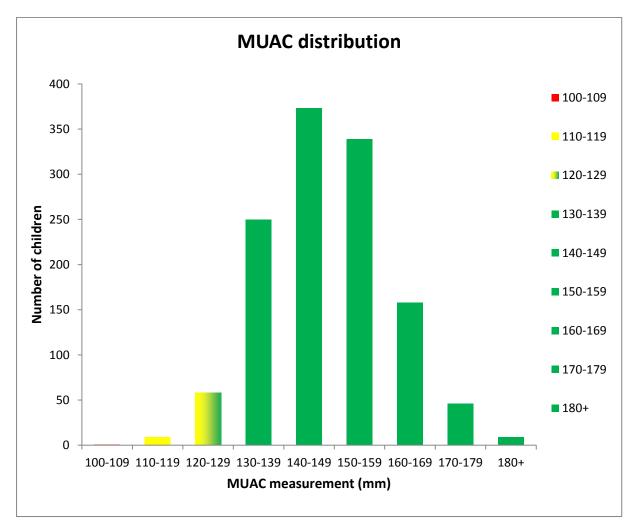
Only one child was measured to have severe acute malnutrition (red), whilst 34 children were measured to have moderate acute malnutrition (yellow). All other children surveyed were measured not to have malnutrition. Food was distributed during the floods but this was only to families that had been evacuated to camps rather than the households interviewed. The food distribution was therefore felt not to have affected these results.



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q70Q. MUAC mea	asurement			
100-109	0.0%	0.0%	0.3%	0.1%
110-119	0%	1%	1%	1%
120-129	4%	5%	6%	5%
130-139	18%	19%	26%	20%
140-149	28%	30%	35%	30%
150-159	28%	30%	23%	27%
160-169	16%	12%	7%	13%
170-179	5%	3%	2%	4%
180+	1%	0%	1%	1%

Table 36 MUAC measurements

The MUAC measurements showed an even distribution, which was similar in both the intervention and control areas.





3.9 HIV AND AIDS

The survey asked about the HIV status of the both the mothers surveyed and their most recently born child. If a mother reported their HIV status as positive, they were also asked if they had received any drugs during their pregnancy to prevent transmission.

Prevalence of HIV was similar in the intervention and control areas. Most women who were HIV positive reported receiving drugs during their latest pregnancy to prevent transmission, however this was lower in the intervention area than in the control areas.

Few children were reported as HIV positive, however over half (54%) of the children surveyed had an unknown HIV status. This included many children in households where the mother was HIV positive (35 of 113 children with a HIV positive mother had an unknown HIV status).

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q71. What is your HIV	status?			
HIV Positive	12%	10%	12%	11%
HIV Negative	85%	88%	87%	86%
Don't know	2%	1%	1%	2%
	egnant with (NAME) did women who are HIV pos		oy receive drug	js to stop HIV
Yes	75%	92%	83%	81%
No	8%	8%	7%	8%
Don't know	7%	0%	7%	5%
Was not HIV positive at that time	8%	0%	3%	5%
Did not know HIV status at that time	2%	0%	0%	1%
Q74. What is the HIV st	atus of (NAME)?			
HIV Positive	1%	1%	1%	1%
HIV Negative	50%	43%	38%	45%
Unknown	49%	56%	61%	54%

Table 37 Prevalence of HIV and AIDS

Table 38 Awareness of HIV and AIDS prevention methods

	Intervention Area (%)	Control Area (%)		Total (%)	
Question	Nambazo	Kalinde	Mpasa		
Q76. Can you tell me met	hods for preventing HIV	and AIDS?			
Having protected sex	76%	64%	66%	71%	
Abstinence	65%	52%	56%	59%	
PMTCT	1%	1%	1%	1%	
Using clean needles	23%	14%	20%	20%	
Clean blood transfusion	1%	0%	0%	1%	
Other (incl. being faithful)	3%	3%	4%	3%	
Don't know	5%	10%	6%	6%	



3.10 Awareness

Awareness of key health messages was assessed by asking the respondent to name ways of preventing certain diseases then asking if they had ever heard a particular message, and where they heard it. Unprompted, the majority women could recall ways of preventing disease, however, when prompted awareness of all messages was nearly universal, and most had heard the message from a health worker. This is not surprising, as almost all women had attended antenatal care, where these messages are reinforced. They are also reinforced at mobile clinics and village clinics.

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q77. Can you name	ways to prevent malaria?			
Mosquito net	70%	77%	83%	74%
Indoor residual spraying	2%	1%	1%	2%
Clearing bushes	24%	17%	14%	20%
Larvicide	0%	0%	0%	0%
Smoke	0%	0%	0%	0%
Mosquito spray	0%	0%	0%	0%
Mosquito screens	0%	0%	0%	0%
Mosquito coils	1%	0%	0%	1%
Other	1%	1%	0%	1%
Don't know	1%	3%	1%	2%
Q78A. Have you eve	r heard that sleeping under	a mosquito n	et can prevent	malaria?
Yes	100%	100%	100%	100%
No	0%	0%	0%	0%
Q78B. Where did you	u hear this? (for 998 womer	n who have he	ard it)	
Health worker	98%	99%	99%	99%
Radio	11%	4%	1%	7%
Television	0%	0%	0%	0%
Newspaper	0%	0%	0%	0%
Friend/neighbour	3%	0%	0%	2%
Family member	1%	0%	0%	0%
NGO worker	1%	0%	0%	0%
Chief	26%	12%	18%	21%
Other (including church)	0%	1%	0%	0%

Table 39 Awareness of a key message on bed nets



Table 40 Awareness of a key message on sanitation

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q79. Can you name wa	ays to prevent diarrhoea?			
Using a toilet	52%	37%	43%	46%
Hand washing after using toilet / before preparing food	68%	50%	53%	60%
Drinking safe / treated water	52%	49%	46%	50%
Washing food before eating	35%	26%	39%	34%
Other	5%	3%	11%	6%
Don't know	4%	8%	3%	5%
Q80A. Have you ever h	eard that using a toilet ca	an prevent dia	rrhoea?	
Yes	99%	100%	100%	100%
No	1%	0%	0%	0%
Q80B. Where did you h	near this? (for 996 womer	i who have he	ard it)	
Health worker	98%	99%	100%	99%
Radio	11%	5%	1%	7%
Television	0%	0%	0%	0%
Newspaper	0%	0%	0%	0%
Friend/neighbour	2%	1%	1%	1%
Family member	0%	0%	0%	0%
NGO worker	1%	1%	0%	1%
Chief	24%	10%	16%	18%
Other (including church)	1%	1%	0%	1%

Table 41 Awareness of a key message on hand washing

Nambazo	Kalinde	Mpasa	
heard that washing your h			
noura that mashing your h	ands can prev	ent diarrhoea?)
100%	100%	100%	100%
0%	0%	0%	0%
hear this? (for 997 women	who have hea	ard it)	
98%	98%	100%	98%
12%	5%	1%	8%
0%	0%	0%	0%
	0%		
-	98% 12%	98% 98% 12% 5%	12% 5% 1%



	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Friend/neighbour	2%	0%	1%	1%
Family member	0%	0%	0%	0%
NGO worker	1%	1%	0%	1%
Chief	25%	10%	15%	19%
Other	0%	0%	0%	0%

Table 42 Awareness of a key message on health seeking

	Intervention Area (%)	Control	Control Area (%) T	
Question	Nambazo	Kalinde	Mpasa	
Q82. What do you do w	hen your child under 5 y	ears old is sid	:k?	
Go to the health centre	96%	94%	99%	96%
Go to nearest drug shop	7%	4%	3%	5%
Go to traditional / spriritual healer	0%	1%	0%	0%
Self-care at home	2%	2%	1%	2%
Take to village clinic or HSA	16%	10%	2%	11%
Other	0%	0%	0%	0%
Don't know	0%	0%	0%	0%

Q83A. Have you ever heard that when your child under 5 years old is sick you should take them to a health centre or village clinic immediately for treatment?

Yes	99%	100%	100%	100%		
No	1%	0%	0%	0%		
Q83B. Where did you hear this? (for 996 women who have heard it)						
Health worker	100%	98%	100%	99%		
Radio	10%	6%	2%	7%		
Television	0%	0%	0%	0%		
Newspaper	0%	0%	0%	0%		
Friend/neighbour	2%	1%	1%	1%		
Family member	1%	1%	1%	1%		
NGO worker	1%	1%	0%	1%		
Chief	24%	8%	16%	18%		
Other	0%	0%	0%	0%		



Table 43 Awareness of a key message on antenatal

	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q84A. Have you hea check-ups?	rd that when you are pregn	ant you shoul	d visit the heal	th centre for
Yes	100%	100%	100%	100%
No	0%	0%	0%	0%
Q84B. Where did yo	u hear this? (for 998 womer	n who have he	ard it)	
Health worker	99%	98%	100%	99%
Radio	10%	6%	2%	7%
Television	0%	0%	0%	0%
Newspaper	0%	0%	0%	0%
Friend/neighbour	2%	1%	1%	1%
Family member	1%	1%	1%	1%
NGO worker	1%	1%	0%	1%
Chief	23%	8%	16%	18%
Other	0%	0%	0%	0%



3.11 Religious Beliefs

Only a few respondents reported that their religious beliefs prevent them from using modern health care.

	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q85. Do your relig	ious beliefs prevent you from	using some t	ypes of moder	n health care?
Yes	1.2%	2.4%	2.0%	1.7%
No	98.8%	97.2%	97.6%	98.1%
Don't know	0%	0%	0%	0%

3.12 Chief Involvement

Most households reported that their chief had spoken to the village on a health issue, and most were aware of by-laws regarding health issues. The most common topics for the chiefs to discuss and create by-laws on were latrines, hand washing and safe delivery.

Table 45 Involvement of ch	niefs in health issues
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	Intervention Area (%)	Control	Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q88. Has your chief ev	ver spoken to the village a	bout health is	sues?	
Yes	93%	88%	81%	89%
No	5%	10%	16%	9%
Don't know	2%	2%	3%	3%
Q89. What did they sp had spoken to them)	eak to you about? (for 88	5 households	who reported t	hat their chief
Malaria	28%	19%	21%	24%
Latrines	84%	79%	81%	82%
Hand washing	41%	31%	36%	37%
Taking children for treatment	10%	13%	16%	12%
Antenatal care or safe delivery	19%	8%	13%	15%
Family planning	6%	5%	12%	7%
Other (including home hygiene, waste disposal and water treatment)	11%	15%	14%	13%



	Intervention Area (%) Nambazo	Control Area (%)		Total (%)
Question		Kalinde	Mpasa	
Q90. Are there any by- health issues?	laws in your village that r	equire house	holds to take a	n action on
Yes	82%	74%	75%	78%
No	15%	20%	19%	17%
Don't know	3%	6%	6%	5%
by-laws) Malaria	he by-laws on? (for 782 h 10%	5%	4%	7%
Malaria	10%	5%	4%	7%
Latrines	75%	72%	75%	74%
Hand washing	26%	26%	23%	25%
Taking children for treatment	5%	4%	5%	5%
Antenatal care or safe delivery	23%	22%	27%	24%
Family planning	1%	1%	4%	2%
Other (including home hygiene, waste disposal and water treatment)	10%	8%	10%	9%



3.13 Male Involvement

Around half of all women have primary responsibility for the care of sick children, although the majority of women report that decisions related to child's health care are made jointly with their partner. Around half of husbands have accompanied their wife to at least one antenatal visit, although most do not accompany her every time and almost half have never accompanied their wives.

	Intervention Area (%)	Contro	l Area (%)	Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q92. Who usually ma	kes decisions about health	n care for you	r children?	
Respondent	25%	27%	24%	25%
Husband	20%	18%	24%	20%
Joint decision by couple	55%	53%	51%	54%
Someone else	1%	0%	0%	1%
Other	0%	2%	0%	1%
Q93. Who usually car	res for your children when	they are ill?		
Respondent	51%	48%	57%	52%
Husband	4%	9%	6%	6%
Jointly by couple	43%	40%	37%	41%
Someone else	1%	0%	0%	1%
Other	0%	2%	0%	1%
Q94. How many times	s has your husband accom	panied you to	o an antenatal o	check-up?
Never	50%	43%	36%	45%
Once	13%	9%	9%	11%
Several times	28%	33%	38%	32%
Every time	4%	8%	11%	7%
No husband	4%	7%	5%	5%
Never been to an antenatal check-up	0%	0%	0%	0%

Table 46 Male involvement in health issues



3.14 Government Health Services

3.14.1 Health Centre

Almost all households in all catchments report that they use the Health Centre in their area. Most households who have used a facility in the last 12 months rate the services as good or average. The main reason for not attending the health centre was that there was no need to go or they were using a health provider not listed in the options (such as HSA or mobile clinic).

Table 47 Use of Health Centres

	Intervention Area (%)	Control Area (%)		Total (%)	
Question	Nambazo	Kalinde Mpasa			
ຊ95. Which governme	nt Health Centre do you u	se most often	?		
Nambazo Health Centre	96%	3%	0%	49%	
Kalinde Health Centre	4%	84%	0%	23%	
Vpasa Health Centre	0%	0%	82%	21%	
VigowiHealth Centre	0%	10%	8%	5%	
Phalombe Health Centre	0%	0%	2%	1%	
Other government nealth facility	0%	0%	0%	0%	
No government health acility	0%	3%	7%	2%	
Don't know	0%	0%	0%	0%	
296. Have you visited	the Health Centre in the la	ast 12 months	?		
Yes	95%	98%	94%	96%	
No	5%	2%	6%	4%	
097. Overall how wou	Id you rate the services y		t the Health Ce	ntre? (for 958	
	visited the Health Centre	in the last 12	months)	·	
	visited the Health Centre 6%	in the last 12	months) 2%	4%	
households who have				4% 12%	
h ouseholds who have ⊃oor	6%	3%	2%		
households who have Poor Average Good Q98. Why have you no	6% 19%	3% 6% 91% e in the last 12	2% 4% 94%	12% 84%	
households who have Poor Average Good Q98. Why have you no	6% 19% 75% t visited the Health Centr	3% 6% 91% e in the last 12	2% 4% 94%	12% 84%	
households who have Poor Average Good Q98. Why have you no who have not visited th	6% 19% 75% t visited the Health Centre he Health Centre in the la	3% 6% 91% e in the last 12 st 12 months)	2% 4% 94% ? months? (for	12% 84% 42 household	
households who have Poor Average Good Q98. Why have you no who have not visited the No need to go Do not know when it is open / concerned it	6% 19% 75% t visited the Health Centre he Health Centre in the la 61%	3% 6% 91% e in the last 12 st 12 months) 75%	2% 4% 94% ? months? (for 71%	12% 84% 42 household 66%	
households who have Poor Average Good Q98. Why have you no who have not visited the No need to go Do not know when it is open / concerned it may be closed Husband would not	6% 19% 75% t visited the Health Centre he Health Centre in the la 61% 4%	3% 6% 91% e in the last 12 st 12 months) 75% 0%	2% 4% 94% ? months? (for 71% 0%	12% 84% 42 household 66% 2%	
households who have Poor Average Good Q98. Why have you no who have not visited the No need to go Do not know when it is open / concerned it may be closed Husband would not give permission to go	6% 19% 75% t visited the Health Centre he Health Centre in the la 61% 4%	3% 6% 91% e in the last 12 st 12 months) 75% 0%	2% 4% 94% ? months? (for 71% 0%	12% 84% 42 household 66% 2% 2%	



	Intervention Area (%)	Control	Control Area (%)	
Question	Nambazo	Kalinde	Mpasa	
money for transport				
Not wanting to go alone	0%	0%	0%	0%
Concern that there may not be a female health provider	0%	0%	0%	0%
Concern that there may not be any health provider	0%	0%	0%	0%
Concern that there may be no drugs available	0%	0%	0%	0%
Concern that there may inadequate equipment or supplies	0%	0%	0%	0%
Unhappy with quality of services	0%	0%	0%	0%
Prefer traditional methods	0%	0%	0%	0%
Waiting time too long	0%	0%	0%	0%
Living elsewhere	0%	25%	7%	5%
Other (including using an alternative health facility)	30%	0%	21%	24%

3.14.2 HSA

Most families in Nambazo and the intervention areas have met their HSA. Most HSAs have only visited the respondent's village 1-3 times in the last 12 months.

Table 48 HSA activities

	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Q99. Have you ever pe	ersonally met the HSA for	your village?		
Yes	80%	83%	80%	81%
No	19%	16%	20%	19%
Don't know	1%	1%	0%	1%
Q100. How many time	s did the HSA come to yo	ur village in th	e last 12 mont	hs?
None	9%	5%	8%	8%
Once	19%	9%	11%	14%
Two to three times	46%	50%	57%	50%
Four to six times	10%	13%	8%	10%
More than six times	14%	18%	10%	14%



	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Don't know	3%	5%	6%	4%

3.14.3 Mobile Clinic

Almost three quarters of households report that they have access to a mobile clinic for vaccinations (this excludes the static vaccination clinic at the Health Centre). Of those that have access, the majority have visited it in the last 12 months. Most respondents rate the service as good. The main reasons for not going to the Mobile Clinic were; no need to go; child not old enough for immunisations; or preferring to use a health centre.

Table 49 Use of Mobile Clinics

	Intervention Area (%)	Control Area (%)		Total (%)	
Question	Nambazo	Kalinde	Mpasa		
Q101. Do you have acc	ess to a Mobile Clinic wh	nere you can t	ake children fo	r vaccinations	
Yes	73%	75%	67%	72%	
No	27%	24%	32%	28%	
Don't know	0%	0%	0%	0%	
Q102. Have you visited have access to a Mobil	I the Mobile Clinic in the le Clinic)	last 12 months	s? (for 718 hou	seholds that	
Yes	90%	90%	91%	90%	
No	10%	10%	9%	10%	
	uld you rate the services nolds that have visited th				
Poor	2%	1%	1%	2%	
Average	11%	2%	1%	6%	
Good	86%	97%	98%	92%	
that have not visited th	ot visited the Mobile Clin he Mobile Clinic in the las		2 months? (for	71 household	
No need to go	49%	68%	27%	49%	
Do not know when it is open / concerned it may be closed	5%	0%	0%	3%	
Husband would not give permission to go	5%	0%	0%	3%	
Not enough money	3%	0%	0%	1%	
Long distance	3%	0%	0%	1%	
Lack of transport / no money for transport	8%	0%	0%	4%	
Not wanting to go alone	3%	0%	0%	1%	
Concern that there may not be a female health provider	0%	0%	0%	0%	



	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
Concern that there may not be any health provider	0%	0%	0%	0%
Concern that there may be no drugs available	5%	0%	0%	3%
Concern that there may inadequate equipment or supplies	0%	0%	7%	1%
Unhappy with quality of services	0%	0%	0%	0%
Prefer traditional methods	0%	0%	0%	0%
Waiting time too long	0%	0%	0%	0%
Living elsewhere	0%	0%	0%	0%
Other (including prefer to go to the health centre, busy, was away)	19%	32%	67%	32%

3.14.4 Village Clinic

Less than half of all households have access to a Village Clinic. 44% of households in Nambazo have access to a Village Clinic compared to 32% in Kalinde and 36% in Mpasa. Usage is also high in Nambazo, with 88% of households with access to a Village Clinic visiting in the last 12 months compared to 75% in Kalinde and 79% in Mpasa.

Most women rated the services of the Village Clinic as good, however, fewer women rated the services of Village Clinics in Nambazo as good compared to the control areas. Common reasons for not using the Village Clinic include no need to go; not enough money to get there; and concerns about drugs/supplies.

Table 50 Use of Village Clinics

	Intervention Area (%)	Control	Control Area (%)	
Question	Nambazo	Kalinde	Mpasa	
Q105. Do you have a years old for treatm	access to a Village Clinic wh ent?	nere you can t	ake sick childr	en under 5
Yes	44%	32%	36%	39%
No	55%	68%	63%	61%
Don't know	0%	0%	0%	0%
-	ted the Village Clinic in the cess to a Village Clinic)	last 12 month	s? (for 391 hou	seholds that
Yes	88%	75%	79%	83%
No	12%	25%	21%	17%



	Intervention Area (%)	Control Area (%)		Total (%)
Question	Nambazo	Kalinde	Mpasa	
	w would you rate the services or 326 households that have vi			
Poor	7%	2%	0%	4%
Average	17%	2%	4%	11%
Good	76%	97%	96%	84%

Q108. Why have you not visited the Village Clinic in the last 12 months? (for 65 households that have not visited the Village Clinic in the last 12 months)

No need to go 50%	75%	68%	000/
		00,0	63%
Do not know when it is open / concerned it 0% may be closed	0%	11%	3%
Husband would not 0% give permission to go	0%	0%	0%
Not enough money 12%	0%	0%	5%
Long distance 4%	0%	5%	3%
Lack of transport / no 0% money for transport	0%	5%	2%
Not wanting to go 0% alone	0%	0%	0%
Concern that theremay not be a female0%health provider	0%	0%	0%
Concern that there may not be any health 0% provider	0%	0%	0%
Concern that theremay be no drugs8%available	5%	0%	5%
Concern that theremay inadequate4%equipment or supplies	10%	0%	5%
Unhappy with quality of 8%	0%	0%	3%
Prefer traditional 0% methods	0%	0%	0%
Waiting time too long 4%	0%	0%	2%
Living elsewhere 0%	0%	0%	0%
Other (including prefer to go to the health 12% centre, was away)	10%	11%	11%



4 Indicators

Many questions on the baseline survey were taken from the MDHS. The following table compares the baseline results in the intervention and control areas to the national results for key indicators in the 2010 MDHS.

TOPIC	INDICATOR	DEFINITION	DATA SOURCE	Nambazo (Intervention area)	Kalinde (Control area)	Mpasa (Control area)	NATIONAL AVERAGE (2010 MDHS)****
Mortality	Perinatal mortality	The number of deaths of children less than one week old per 1000 live births between February 2010 and January 2015.	Baseline survey birth histories section (Q20 A-G)	20.9	23.8	17.5	N/A
	Neonatal mortality	The number of deaths of children less than one month old per 1000 live births between February 2010 and January 2015.	Baseline survey birth histories section (Q20 A-G)	22.0	26.5	20.1	31
	Infant mortality	The number of deaths of children less than 1 year old per 1000 live births between March 2009 and February 2014.	Baseline survey birth histories section (Q20 A-G)	42.6	42.3	34.2	66
	Under 5 mortality	Probability of dying between birth and exactly five years of age expressed per 1,000 live births between March 2005 and February 2010.	Baseline survey birth histories section (Q20 A-G)	84.4	100.8	80.8	112
Morbidity	Prevalence of fever in children under 5 years	The total number of children under 5 years who had a fever in the last 2 weeks (Q70G=1) divided by the total number of children under 5 years surveyed.	Baseline survey question "70G.Has (name) been ill with a fever in the last 2 weeks?"	43%	37%	32%	35%
	Prevalence of diarrhoea in children under 5 years	The total number of children under 5 years who had a diarrhoea in the last 2 weeks (Q70B=1) divided by the total number of children under 5 years surveyed.	Baseline survey question "70B.Has (name) had diarrhoea in the last 2 weeks?"	23%	23%	22%	18%



TOPIC	INDICATOR	DEFINITION	DATA SOURCE	Nambazo (Intervention area)	Kalinde (Control area)	Mpasa (Control area)	NATIONAL AVERAGE (2010 MDHS)****
	Prevalence of Acute Respiratory Infection (ARI) symptoms in children under 5 years	The total number of children under 5 years who had a cough (Q70I=1) accompanied by short, rapid breathing (Q70J=1) which was chest-related (Q70K=1 or 2) divided by the total number of children under 5 years surveyed.	Baseline survey questions "701.Has (name) had an illness with a cough at any time in the last 2 weeks", "70J. When (name) had an illness with a cough, did he/she breath faster than normal with short, rapid breaths or have difficulty breathing" and "70K. Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?"	9%	9%	7%	7%
Health seeking behaviour and treatment	Percentage of children under 5 years with fever for whom advice or treatment was sought from a health facility or provider	The total number of children who had a fever in the last 2 weeks (Q70G=1) and were taken to a health facility or provider (Q70M=1-13) divided by the total number of children who had a fever in the last 2 weeks (Q70G=1)	Baseline survey question "70L. Did you seek advice or treatment for the illness from any source?" and "70M.Where did you seek advice or treatment?"	78%	80%	77%	65%
	Percentage of children under 5 years with fever who received antimalarial drugs	The total number of children who had a fever in the last 2 weeks (Q70G=1) and were given antimalarial drugs (Q70P=1 or 2) divided by the total number of children who had a fever in the last 2 weeks (Q70G=1)	Baseline survey question "70P. What drugs did (name) take"?	27%	27%	21%	43%
	Percentage of children under 5 years with diarrhoea for whom advice or treatment was sought from a health facility or provider	The total number of children who had diarrhoea in the last 2 weeks (Q70B=1) and were taken to a health facility or provider (Q70D=1-13) divided by the total number of children who had diarrhoea in the last 2 weeks (Q63C=1)	Baseline survey question "70DC.Did you seek advice or treatment for the illness from any source?" and "70D.Where did you seek advice or treatment?"	80%	79%	86%	65%
	Percentage of children under 5 years with diarrhoea who received Oral Rehydration Salts (ORS) or pre-packaged liquid	The total number of children who had diarrhoea in the last 2 weeks (Q70B=1) and were given Oral Rehydration Salts or pre- packaged liquid (Q70F=1) divided by the total number of children who had diarrhoea in the last 2 weeks (Q70B=1)	Baseline survey question "70F.Was he/she given a fluid made from a special packet called THANZI or ORS?"	70%	67%	78%	71%



TOPIC	INDICATOR	DEFINITION	DATA SOURCE	Nambazo (Intervention area)	Kalinde (Control area)	Mpasa (Control area)	NATIONAL AVERAGE (2010 MDHS)****
	Percentage of children under 5 years with Acute Respiratory Symptoms (ARI) for whom advice or treatment was sought from a health facility or provider	The total number of children under 5 years who had a cough (Q70I=1) accompanied by short, rapid breathing (Q70J=1) which was chest-related (Q70K=1 or 2) and were taken to a health facility or provider (Q70M=1-13) divided by the total number of children who had these symptoms in the last 2 weeks	Baseline survey question "70L. Did you seek advice or treatment for the illness from any source?" and "70M.Where did you seek advice or treatment?"	85%	81%	55%	70%
Sanitation	Percentage of households using any type of toilet/latrine	Number of households using any type of sanitation facility (Q60=1-7) divided by the total number of households surveyed	Baseline survey question "60.What kind of toilet facility do members of your household usually use?" verified by direct observation	58%*	60%*	66%*	89%
Bed nets	Percentage of children under 5 years old who slept under any bed net last night	Number of children under 5 years old who slept under a bed net last night (Q70H=1) divided by the total number of children under 5 years old surveyed	Baseline survey question "63B. Did (name) sleep under a mosquito net last night?"	86%**	82%**	92%**	45% Note: Mass distribution of bed nets was performed in 2011 and 2012
Safe delivery	Percentage of pregnant women attending at least one antenatal check-up	Number of women who attended at least one antenatal check-up (Q26=1) for their most recent pregnancy divided by the total number of women surveyed	Baseline survey question "26.Did you see anyone for antenatal care for this pregnancy?"	99.6%	99.2%	99.2%	97.6%
	Percentage of deliveries at a health facility	Number of births delivered at a health facility (Q33=3-10) divided by the total number of women surveyed	Baseline survey question "33.Where did you give birth to (name)?"	87%	77%***	97%	73%
	Percentage of pregnant women received at least one postnatal check-up within 24 hours of birth	Number of women who received at least one postnatal check-up (Q35=1) for their most recent pregnancy within 24 hours of the birth (Q36 Hours=0-24) divided by the total number of women surveyed	Baseline survey question "35.After (name) was born, did any healthcare provide check on your health?" and "36.How long after delivery did the first check take place?"	56%	55%	65%	29%



TOPIC	INDICATOR	DEFINITION	DATA SOURCE	Nambazo (Intervention area)	Kalinde (Control area)	Mpasa (Control area)	NATIONAL AVERAGE (2010 MDHS)****
Family planning	Unmet need for family planning	Number of married or sexually active women aged 15-49 years who report that they do not want to have another child soon (Q46=2 or 3) but are not using a modern family planning method (Q49=2), divided by the total number of married or sexually active women surveyed (Q56=1-2,7	Baseline survey question "46. Would you like to have (a/another) child, or would you prefer not to have any (more) children?" and "49.Are you currently doing something or using any method to delay or avoid getting pregnant?"	31%	30%	15%	18.5%
HIV and AIDS	HIV status of mothers	Number of women with a child under 5 who report their HIV status as 'HIV positive' (Q71=1)	Baseline survey question "71.Can you tell us your HIV status? You are not required to answer if you do not want to"	12%	10%	12%	13%

*A number of latrines were destroyed in the recent floods.

** Mass distribution of mosquito nets took place in Phalombe district in December 2014 two months prior to this survey.

*** Kalinde has no maternity services for delivery so women have to use other health centres.

**** The DHS survey is from 2010 and the figures are now quite dated. Another DHS survey will be conducted this year 2015. It will be interesting to compare our data once this survey is complete.



ANNEX A: Questionnaire

INTER AIDE CHILD HEALTH PROGRAM BASELINE SURVEY QUESTIONNAIRE

Health centre	10 Nambazo 20 Kalinde 30 Mpasa		
Village	# Village name:		
Name of woman completing survey	Photo ID:		
Name of husband			

Interviewer	Name	Signature	Date
Supervisor check	Name	SignatureOReview O Audit	Date
Keyed by	Name	Signature	Date

Introduction and Informed Consent

Zikomo! Ine ndi.....ndipo ndikugwira ntchito ndi Inter Aide. Tikupanga kafukufuku wa zaumoyo m'dela lino ndipo ndingakondwe ngati mungatenge nawo mbali. Zotsatira za kafukufuku ameneyu zitithandiza kupanga ndondomeko yabwino ya zaumoyo. Mafunsowa satenga nthawi, ndi pakati pa mphindi 15 kapena 30 basi.

Ndiye ndifunsa nawo zambiri za pa banja lanu lino. Mayankho anu ndi achinsinsi ndipo sitikauza anthu ena kupatula ife amene tikupanga kafukufukuyu.

Kupanga nawo kafukufukuyu ndi kwa ulere komanso kodzipeleka. Ngati mungaone kuti funso lina simukufuna kuyankha, mukhoza kutero ndipo tikhoza kupita pa funso lina. Muli omasuka kuyankha mafunso onse kapena ayi. Komabe, ine ndikukhulupilira kuti mutenga nawo gawo mkafukufukyu chifukwa mayankho anu azathandiza kwambiri. Ndikutenganinso chithunzi.

Muli ndi funso? Ngati mwavomeleza kutenga nawo gawo, sainanikapena dindani m'munsimu.

ASK FOR THE HEALTH PASSPORT OF THE RESPONDENT AND HER CHILDREN

Thumb print / signature	;		
]		



RESPONDENT DEMOGRAPHICS	
1. How old were you at your last birthday?	years
Kodi muli ndi zaka zingati (zokwanira/zathunthu?	
2. What is your marital status? <i>Ndinu okwatiwa? fufuzani</i>	 1 O Single 2 O Married to monogamous husband 3 O Married to polygamous husband 4 O Divorced 5 O Widowed
3. Have you ever attended school?	1 O Yes 2 O No →Q6
Munapitakokusukulu?	
 What is the highest level of school you attended: primary, secondary or higher? Kodi sukulu munafika nayo pati? 	1 O Primary 2 O Secondary 3 O Higher → Q6
5. What is the highest standard /form you completed at that level?	standard / form
Kodi munalekeza gawo liti kapena kalasi yachingati?	
HOUSEHOLD POVERTY INDEX	
 How many household members are 14-years-old or younger? Kodi muli ndi ana angati a zaka 14 kapena kutsika m'munsi m'mbanja lino? 	0 O Five or more 4 O Four 6 O Three 12 O Two 19 O One 30 O None
 How many household members worked their main activity in the past seven days as a farmer (mlimi)? Kodi ndi angati m'banja lino anagwira ntchito ya ulimi msabata yapitayi? 	0 O Four or more 2 O Three 7 O Two 8 O One 10 O None
 Can the female head read a one-page letter in any language? Kodi wamkulu wa banja lino (mzimayi), angathe kuwerenga kalata ya tsamba limodzi mchilankhulo china chake? 	0 O No 5 O Yes 9 O No female head/spouse
 The roof of the main dwelling is predominantly made of what material? Kodi nyumba yanu munafolera ndi chiyani? 	0 O Grass4 O Anything besides grass including iron sheets
10. What is your main source of cooking fuel?	0 O Collected firewood from forest reserve, crop
Kodi moto ophikira mumasonkhera chiyani?	 residue, sawdust, animal waste, other or none 1 O Collected firewood from unfarmed areas of community 5 O Collected firewood from own woodlot, community woodlot, or other places 7 O Purchased firewood 9 O Paraffin, charcoal, gas, or electricity
11. What is your main source of lighting fuel?	0 O Collected firewood, grass, other or none
Kodi mumaunikira chiyani?	4 O Paraffin 13 O Purchased firewood, electricity, gas, battery/dry cell (torch), or candles



12. Does the household own any lanterns (paraffin)?	0 O No
Kodi muli ndi nyale ya parafini?	5 O Yes
13. Does the household own any bicycles, motorcycles / scooters, cars, mini-buses, or lorries?	0 O No 5 O Yes
Kodi muli ndi njinga yakapalasa, njinga yamoto, galimoto, basi kapena galimoto yaikulu?	
14. Does the household own any irons (for pressing clothes)?	
Kodi muli ndi ayiloni?	8 O Yes
15. How many sickles does the household own?	0 O None
Kodi muli ndi masikilo(chikwakwa) angati?	3 O One 7 O Two or more
BIRTH HISTORY	
Now I would like to ask you about all the births you have	had during your life.
16. Do you have any sons or daughters to whom you have given birth who are now living with you?	1 O Yes 2 O No →Q17
Kodi muli ndi ana akazi kaya amuna obeleka nokha amene mukukhala nawo panopa?	
A. How many sons? Ana amuna ndi angati?	sons at home
B. How many daughters? Ana akazi ndi angati?	daughters at home
17. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	1 O Yes 2 O No →Q18
Muli ndi ana anu akazi kaya amuna obeleka nokha amene ali moyo koma simukukhala nawo?	
A. How many sons? Amuna alipo angati?	sons elsewhere
B. How many daughters? Akazi alipo angati?	daughters elsewhere
18. Have you ever given birth to a boy or girl who was born alive but later died?	1 O Yes 2 O No →Q19
Kodi munabelekako mwana, wamkazi kaya wamwamuna amene anabadwa wamoyo koma kenaka anamwalira?	
PROBE: Any baby who cried or showed signs or life but did not survive?Funsitsani ngati mwanayo analira kapena kuonetsa zizindikiro za moyo	
A. How many boys have died? Ana amuna ndi angati amene anamwalira?	boys died
B. How many girls have died? Nanga akazi ndi angati?	girls died
19. SUM ANSWERS FOR PREVIOUS THREE QUESTIONS	1 O Yes 2 O No (probe and correct)
Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct?	
Kungofuna kuti ndimvetsetse, mwati m'moyo wanu munabelekako ana a moyo Ndi zoona?	



20. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. Tsopano ndikufuna kuti ndilembe maina a ana anu onse; kaya amoyo ngakhalenso amene anamwalira kuyambira oyamba

RECORD NAMES OF ALL THE BIRTHS. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. CHECK THE TOTAL BIRTHS IN THE TABLE AND COMPARE TO PREVIOUS QUESTION. IF NUMBERS ARE DIFFERENT PROBE AND RECONCILE.

PROBE: Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?Fufuzani ngati panabadwanso mwana wina pakatipa pasanabadwe uyu (dzina) kuphatikizapo amene anamwalira.

A. What was the name given to your (first/next) baby? <i>Mwana wanu woyamba anali</i> <i>ndani/ndi ndani</i> ?	B. Is (NAME) a boy or girl? Kodi (dzina) ndi wamamuna kapena wamkazi?	C. In what month and year was (NAME) born? <i>Kodi</i> anabadwa mwezi ndi chaka chiti?	D. Is (NAME) still alive? <i>Kodi (dzina) ali</i> <i>moyo</i> ?	IF ALIVE E. How old was (NAME) at his/her last birthday? Ngati ali moyo, ali ndi zaka zingati (zokwanira/zathunt hu)?	IF DEAD F. How old was (NAME) when he/she died? Ngati anamwalira, anamwalira ali ndi zaka zingati (zokwanira/zathunthu)? Record days if less than 1 month, months if less than 2 years, or years.	IF DEAD G. What was the cause of death? Amadwala chiani?
1.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
2.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
3.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
4.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
5.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
6.	1O Boy 2O Girl	Month Year	10 Yes → E 20 No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear



A. What was the name given to your (first/next) baby? <i>Mwana wanu woyamba anali ndani/ndi ndani</i> ?	B. Is (NAME) a boy or girl? Kodi (dzina) ndi wamamuna kapena wamkazi?	C. In what month and year was (NAME) born? <i>Kodi</i> <i>anabadwa</i> <i>mwezi ndi</i> <i>chaka chiti?</i>	D. Is (NAME) still alive? Kodi (dzina) ali moyo?	IF ALIVE E. How old was (NAME) at his/her last birthday? Ngati ali moyo, ali ndi zaka zingati (zokwanira/zathunt hu)?	IF DEAD F. How old was (NAME) when he/she died? Ngati anamwalira, anamwalira ali ndi zaka zingati (zokwanira/zathunthu)? Record days if less than 1 month, months if less than 2 years, or years.	IF DEAD G. What was the cause of death? Amadwala chiani?
7.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
8.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
9.	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	10 Fever / malaria 20 Diarrhea 30 Cough / pneumonia 40 Neonatal 50 Accident / injury 60 Other 70 Don't know / unclear
10.	10 Boy 20 Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
11.	10 Boy 20 Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear
12. PREGNANCY	1O Boy 2O Girl	Month Year	1O Yes → E 2O No → F & G	years	Days Months Years	1O Fever / malaria 2O Diarrhea 3O Cough / pneumonia 4O Neonatal 5O Accident / injury 6O Other 7O Don't know / unclear

21.	Are you pregnant now? Kodi muli ndi mimba panopa?	1 O Yes 2 O No →Q23 3 O Unsure →Q23
22.	At the time you became pregnant; did you want a child then? <i>Nthawi imene munakhala ndi mimba imeneyi, munkafuna</i> <i>kukhala ndi mwana</i> ?	 1 O Wanted a child <u>then</u> 2 O Wanted to wait until <u>later</u> 3 O Did <u>not want</u> any more children



23. Have you ever had a pregnancy that miscarried, was aborted or ended in a stillbirth?Munakhalako ndi mimba imene inangochoka yokha, kutaya, kapena kubeleka mwana wakufa kale?	1 O Yes 2 O No →Q25 3 O Don't know →Q25					
24. When did this pregnancy end? Kapena kuti zina chita liti?	Year					
Now I want to ask you about when you were pregnant with your youngest child, (NAME).						
Tsopano ndikufuna ndikufunseni za mimba ya mwana womalizayu						
25. Did you see anyone for antenatal care for this pregnancy?	1 O Yes 2 O No → Q30 3 O Don't know → Q30					
Munapitako ku sikelo ya amayi apakati mukuyembezera mwana ameneyu?						
26. Whom did you see? Anyone else?	Health Personnel 1 Doctor / Clinical Officer / Medical Assistant 2 D Nurse / Midwife 3 D Patient Attendant 4 D HSA					
Ngati ndi choncho, anakuonani ndi ndani? Palinso wina?						
(Record all mentioned)						
	Other Person 5 □ Traditional Birth Attendant 6 □ Other, specify					
27. Where did you receive antenatal care for this pregnancy? Anywhere else?	Home 1 □ Your home 2 □ Other home (including TBA home)					
Kodi sikelo ya mimba imeneyi mumapangira kuti? Palinso kwina? (Record all mentioned)	Public Sector 3 □ Govt Hospital 4 □ Govt Health Centre 5 □ Mobile Clinic 6 □ Other public including village clinic					
	CHAM/Mission 7 □ Hospital 8 □ Health Centre					
	Private Medical Sector 9 Private Hospital / Clinic / Doctor 10 Other private medical 11 BLM					
	12□ Other, specify					
28. How many months pregnant were you when you first received antenatal care for this pregnancy?	months					
Kodi munali ndi mimba ya miyezi ingati pamene mumayamba sikelo ya a pakati?	(Record completed months)					
29. How many times did you receive antenatal care during this pregnancy?	times					
Munapitako ku sikelo ya apakati kangati ndi mimba iyiyi?						



 30. When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? Kodi pamene mwana uyu (dzina) amabadwa, anabadwa wamkulu kwambiri, wamkulu, wa pakati mpakati, wamng'ono kapena wamng'ono kwambiri? 	 1 O Very large 2 O Larger than average 3 O Average 4 O Smaller than average 5 O Very small 6 O Don't know
 31. Who assisted with the delivery of (NAME)? Anyone else? Anakuthandizani kuchira ndi ndani? (Record all mentioned) 	Health Personnel 1 Doctor / Clinical Officer / Medical Assistant 2 Nurse / Midwife 3 Patient Attendant 4 HSA Other Person 5 Traditional Birth Attendant 6 Relative/friend
	7 □ Other, specify 8 □ No one
32. Where did you give birth to (NAME)? <i>Munachilira kuti?</i>	Home→ Q33 1 ○ Your home 2 ○ Other home (including TBA home) Public Sector→ Q34 3 ○ Govt Hospital 4 ○ Govt Health Centre 5 ○ Other publicincluding village clinic CHAM/Mission→ Q34 6 ○ Hospital 7 ○ Health Centre Private Medical Sector→ Q34 8 ○ Private Hospital / Clinic 9 ○ Other private medical 10 ○ BLM 11 ○ Other, specify→ Q35
 33. <i>IF AT HOME OR TBA:</i> Why did you decide not to go to a health facility to give birth? Any other reason? Ngati munachilira kunyumba kwanu kaya kwa azamba, ndi chifukwa chiyani simunapite ku chipatala? Pali zifukwa? (record all mentioned) 	 1 □ Husband would not give permission to go 2 □ Not enough money 3 □Long distance to the health facility 4 □ Lack of transport / no money for transport 5 □ Not wanting to go alone 6 □ Concern that there may not be a female health provider 7 □ Concern that there may not be any health provider 8 □ Concern that there may be no drugs available 9 □ Concern that there may inadequate equipment or supplies 10 □ Unhappy with quality of services 11 □ Prefer traditional methods 12 □ Birth happened unexpectedly 13 □ Other reason



34. <i>IF AT HEALTH FACILITY:</i> Overall, how would you rate the quality of the maternity services you received at the health facility?	1 O Poor 2 O Average 3 O Good
Ngati munachilira ku chipatala, mukuona kwanu thandizo linali bwanji?	
 35. After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? Pamene mwanayu (dzina) anabadwa, wa za chipatala kapena mzamba anakuyesani? 	1 O Yes 2 O No → Q38 3 O Don't know → Q38
36. How long after delivery did the first check take place?	hours
Zinatenga nthawi yaitali mwanji asanakuyeseni?	days
(If less than one hour record one hour, if less than one day record hours, if less than one week record days)	weeks 3 O Don't know
37. Who checked on your health at that time? Anyone else? Anakuyesani ndi ndani? Palinso wina? (Record all mentioned)	Health Personnel 1 □ Doctor / Clinical Officer / Medical Assistant 2 □ Nurse / Midwife 3 □ Patient Attendant 4 □ HSA Other Person 5 □ Traditional Birth Attendant 6 □ Relative/friend 7 □ Other, specify 8 □ No one
38. During the two months after (NAME) was born, did you go to the health centre for a check-up with (NAME)?	1 O Yes 2 O No → Q42 3 O I don't know
Mkati mwa miyezi iwiri mwana atabadwa, kodi munaonedwanso ndi achipatala kapena azamba?	
39. How many days or weeks after the birth of (NAME) did this check- up take place?	Days Weeks
Ponapita masiku kapena masabata angati chibadwire (name) pamene anabwera kudzakuonani?	3 O I don't know
40. Who checked your health? Anakuonani ndindani? Record all mentioned	Health Personnel 1 Doctor / Clinical Officer / Medical Assistant 2 Nurse / Midwife 3 Patient Attendant 4 HSA
	Other Person 5 □ Traditional Birth Attendant 6 □ Other, specify



41. Where did the check take place? Anakuonerani kuti?	Home 1 □ Your home 2 □ Other home (including TBA home)	
Record all mentioned	Public Sector 3 □ Govt Hospital 4 □ Govt Health Centre 5 □ Mobile Clinic 6 □ Other public including village clinic/ HSA	
	CHAM/Mission 7 □ Hospital 8 □ Health Centre	
	Private Medical Sector 9 □ Private Hospital / Clinic / Doctor 10 □ Other private medical 11 □ BLM	
	12 Other, specify	
42. During the two months after (NAME) was born, did anyone visit your home for a check- up with (NAME)?	1 O Yes 2 O No → Q46 3 O I don't know	
Mkati mwa miyezi iwiri mwana atabadwa panabwera achipatala kapena azamba kudzamuona mwanayu?		
43. How many days or weeks after the birth of (NAME) did this check-up take place? Panapita masiku kapena masabata angati atabadwa	Days Weeks	
(name) pamene anabwera kudzakumuona mwanayu (name)?	3 O I don't know	
44. Who checked (NAME'S) health? Anadzamuona mwanayu (name) ndindani? Record all mentioned	Health Personnel 1 □ Doctor / Clinical Officer / Medical Assistant 2 □ Nurse / Midwife 3 □ Patient Attendant 4 □ HSA	
	Other Person 5 □ Traditional Birth Attendant 6 □ Other, specify	



	45. Where did the check take place?	Home 1 □ Your home 2 □ Other home (including TBA home)	
Record all mentioned		Public Sector 3 □ Govt Hospital 4 □ Govt Health Centre 5 □ Mobile Clinic 6 □ Other public including HSA/ village clinic	
		CHAM/Mission 7 □ Hospital 8 □ Health Centre	
		Private Medical Sector 9 Delta Private Hospital / Clinic / Doctor 10 Delta Other private medical 11 Delta BLM	
		12 Other, specify	
FAI	MILY PLANNING		
	46. Do you want to have another child now, do you want to wait until later, or do you not want any more children at all?	1 O Want a child <u>now</u> 2 O Want to wait until <u>later</u> 3 O Do <u>not want</u> any more children	
	rufunanso ana ena panopa, kapena mudikira pang'ono, kapena i simukufunanso?		
	47. Have you ever heard of (FAMILY PLANNING METHO)D)	
ASł	K ONE AT A TIME		
Kod	i mudavako za (njira zakulera)?		
Α.	Female sterilization – Kutseka kwa amai	1 O Heard about it 2 O Never heard about it	
В.	Male sterilization – Kutseka kwa abambo	1 O Heard about it 2 O Never heard about it	
C.	Pill – <i>Mapilitsi</i>	1 O Heard about it 2 O Never heard about it	
D.	IUD –Za chingwe choika m'chibelekelo (Loop)	1 O Heard about it 2 O Never heard about it	
E.	Injectables – Za jakisoni (Depo)	1 O Heard about it 2 O Never heard about it	
F.	Implants – Zodzala mu thupi ngati pa mkono (Norplant)	1 O Heard about it 2 O Never heard about it	
G.	Male condom – Makondomu a bamboo	1 O Heard about it 2 O Never heard about it	
Н.	Female condom – Makondomu a amai	1 O Heard about it 2 O Never heard about it	



I.	Rhythm or periodic abstinence – Mumayendera yoziletsa mukatsala pang'ono kusamba (Mwezi ulionse kumaziletsa pamene mukudziwa kuti mutate mugonane ndi mwamuna mukhoza kutenga mimba)	1 O Heard about it 2 O Never heard about it
J.	Withdrawal – Abambo sathira umuna	1 O Heard about it 2 O Never heard about it
K.	Emergency contraception – <i>Mumatsata njira za pangozi</i> (kumwa maknhwala olera pamene mwagonana mosaziteteza)	1 O Heard about it 2 O Never heard about it
L.	Traditional method	Specify
M.	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>Munamvapo za njira zina zimene amai kapena abambo</i> <i>amagwiritsa ncthito ngati zolelera</i>	Specify
	48. Are decisions related to contraception mainly your decision, mainly your husband's decision, or do you both decide together?<i>i chisankho chakulera chimakhala chanu, a amuna anu kapena nagwirizana</i>?	 1 O Mainly respondent 2 O Mainly husband 3 O Joint decision by couple 4 O Other, specify
Kod	49. Are you currently doing something or using any method to delay or avoid getting pregnant?	1 O Yes 2 O No → Q54
CU	RRENTLY USING A FAMILY PLANNING METHOD	
	50. Which family planning method are you using? Any others? rugwiritsa njira yanji yolelera? Palinso ina? cord all mentioned)	 1 Eremale sterilization 2 Male sterilization 3 Pill 4 UD 5 Injectable 6 Implants 7 Male condom 8 Female condom 9 Rhythm or periodic abstinence 10 Withdrawal 11 Emergency contraception 12 Other, specify
	51. Since when have you been using (CURRENT METHOD) without stopping?	Date (MM/YYYY)
Mur	ayamba kugwiritsa ntchito njira imeneyi liti osasiya?	



52. Where did you obtain (CURRENT METHOD) when you started using it? Njira yolelera mukutsatirayi munakayambira kuti?	Public Sector1 O Govt Hospital2 O Govt Health Centre3 O Govt Health Post / Outreach4 O Mobile Clinic5 O HSA6 O CBDA/Door to Door7 O Other public
	CHAM/Mission 8 O Hospital 9 O Health Centre 10 O Mobile Clinic 11 O Door to Door
	Private Medical Sector 12 O Private Hospital / Clinic / Doc. 13 O Pharmacy 14 O Mobile Clinic 15 O CBDA/Door to Door 16 O Other private medical
	17 O BLM 18 O MACRO 19 O Youth Drop In Centre
	Other source 20 O Shop 21 O Church 22 O Friend / Relative
	23 O Other, specify
53. Does your husband know that you are using a method of family planning? Kodi amuna anu akudziwa kuti mukulera?	1 O Yes 2 O No 3 O Don't know
	→ Q57
NOT CURRENTLY USING A METHOD	
54. Do you know a place where you can obtain a method of family planning?	1 O Yes 2 O No → Q56
Mukudziwa kumene mungapeze njira zakulera?	



55. Where is that? Any other place?

Ndikuti? Palinso kwina?

(record all mentioned)

Public Sector

- 1 □ Govt Hospital 2 □ Govt Health Centre
- 3 Govt Health Post / Outreach
- 4 Mobile Clinic
- 5 🗆 HSA
- 6 🗆 CBDA/Door to Door
- 7 Other public

CHAM/Mission

8 □ Hospital 9 □ Health Centre 10 □ Mobile Clinic 11 □ Door to Door

Private Medical Sector

- 12 Private Hospital / Clinic / Doc.
- 13 D Pharmacy
- 14 Mobile Clinic
- 15 CBDA/Door to Door 16 Other private medical

18 □ MACRO 19 □ Youth Drop In Centre

Other source

20 □ Shop 21 □ Church 22 □ Friend / Relative

23 D Other, specify ____



56. Can you tell me why you are not using a method? Any other reason?

Mungandiuze chifukwa chiyani simukulera/ Pali chifukwa china?

(Record all mentioned)

- 1 Want another child now (CHECK Q46)
- 2 D Not married
- 3 D Pregnant now

Fertility-related reasons

- 4
 Not having sex
- 5 🗆 Infrequent sex
- 6
 Menopausal/hysterectomy
- 7 □Infertile/low fertility
- 8 Had a baby recently
- 9
 Breastfeeding
- 10 □Should be left to fate

Opposition to use

- 11
 Respondent opposed
- 12 □ Husband opposed
- 13
 Others opposed
- 14 🗆 Religious prohibition

Lack of knowledge

- 15
 Knows no method
- 16 ☐ Knows no source

Method-related reasons

- 17
 Health concerns
- 18 □ Fear of side effects
- 19 □ Lack of access/too far
- 20 Costs too much
- 21
 Inconvenient to use
- 22 Interferes with body's normal processes

23 □ Other, specify _____ 24 □ Don't know

HYGIENE & SANITATION

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

Kodi madzi akumwa mumakatunga kuti pa banja lino?

Piped water

- 1 O Piped into dwelling
- 2 O Piped into yard/plot
- 3 O Public tap/standpipe

4 O Tube well or borehole

Dug well

5 O Protected well6 O Unprotected or semi-protected well

Water from spring

7 O Protected spring
8 O Unprotected spring
9 O Rainwater
10 O Tanker truck
11 O Cart with small tank
12 O Surface water (river / dam / lake / pond / stream / canal / irrigation water)
13 O Bottled water
14 O Other, specify ______



58. Do you do anything to the water to make it safe for drinking?Kodi mumapanga chilichonse kuti madzi anu akumwa akhale abwino, aukhondo?	1 O Yes 2 O No → Q60 3 O Don't know → Q60
 59. What do you usually do to make the water safe to drink? Anything else? Kodi mumatani kuti madzi anu akumwa akhale abwino/aukhondo, Palinso china? (Lembani zonse) (record all mentioned) 	 1 Boil 2 Add bleach / chlorine / water guard 3 Strain through a cloth 4 Use water filter (ceramic / sand / composite / etc) 5 Solar disinfection 6 Let it stand and settle 7 Cover with a lid 8 Other, specify 9 Don't know
60. What kind of toilet facility do members of your household use?	1 O Flush toilet
Kodi mumagwiritsa chimbudzi cha mtundu wanji? THE TOILET MUST BE IN USE TODAY	Pit latrine 2 O Ventilated improved pit latrine 3 O Pit latrine with concrete slab 4 O Pit latrine without concrete slab/open pit
IF THE HOUSEHOLD HAS A TOILET TAKE A PHOTO Photo ID	5 O Composting toilet 6 O Bucket toilet 7 O Hanging toilet/hanging latrine
	8 O No facility/bush/field → Q63 9 O Other
61. OBSERVATION ONLY Check if the toilet has a cover.	1 O Cover is present and on
	2 O Cover is present but not on3 O No cover4 O No permission to see
62. Do you share this toilet facility with other households?	3 O No cover 4 O No permission to see 1 O Yes
62. Do you share this toilet facility with other households? Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi?	3 O No cover 4 O No permission to see
 Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi? 63. Please show me where members of your household most often wash their hands (after the latrine or at any 	3 O No cover 4 O No permission to see 1 O Yes
 Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi? 63. Please show me where members of your household most often wash their hands (after the latrine or at any other time) Mungandionetseko kumene anthu a pa banja lino amasamba m'manja Kawiri kawiri (pochoka kuchimbudzi kapena nthawi zina) 	 3 O No cover 4 O No permission to see 1 O Yes 2 O No 1 O Observed a hand washing facility at the
 Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi? 63. Please show me where members of your household most often wash their hands (after the latrine or at any other time) Mungandionetseko kumene anthu a pa banja lino amasamba m'manja Kawiri kawiri (pochoka kuchimbudzi kapena nthawi zina) IF THE HOUSEHOLD HAS A HAND WASHING FACILITY TAKE A PHOTO 	 3 O No cover 4 O No permission to see 1 O Yes 2 O No 1 O Observed a hand washing facility at the location identified by the respondent 2 O Did not observe a hand washing facility, but did observeother hand washing items at the location identified by the respondent (basin, water container, soap, ash, etc) 3 O Did not observe a hand washing facility
 Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi? 63. Please show me where members of your household most often wash their hands (after the latrine or at any other time) Mungandionetseko kumene anthu a pa banja lino amasamba m'manja Kawiri kawiri (pochoka kuchimbudzi kapena nthawi zina) IF THE HOUSEHOLD HAS A HAND WASHING FACILITY TAKE 	 3 O No cover 4 O No permission to see 1 O Yes 2 O No 1 O Observed a hand washing facility at the location identified by the respondent 2 O Did not observe a hand washing facility, but did observeother hand washing items at the location identified by the respondent (basin, water container, soap, ash, etc)



65. OBSERVATION ONLY Check available of soap at the location identified for hand washing <i>(record all that apply)</i>	1 □ Soap or detergent (bar, liquid, powder or paste) 2 □ Ash, mud or sand 3 □ None 4 □ No permission to see
BED NETS	
66. How many rooms in this household are used for sleeping? (including the living room if used for sleeping)Kodi pa banja lanuli, ndi zipinda zingati zogona? Onjezerani balaza ngati ena amagonapo	rooms
67. Does your household have any mosquito nets that can be used while sleeping?Kodi pa banja lanu pano muli ndi masikito amene mungathe kugwiritsa ntchito pogona?	1 O Yes 2 O No → Q70 3 O Don't know → Q70
68. How many mosquito nets does your household have? Kodi muli ndi masikito angati pa banja lanu lino?	nets
69. OBSERVATION ONLY Check how many mosquito nets are currently hanging inside the house, ready for sleeping tonight. TAKE A PHOTO OF ALL HANGING NETS Photo IDs	hanging nets 99 O No permission to see



UNDER 5 CHILD HEALTH

70. Now I would like to ask about each of your children who are currently under 5 years old. *Tsopano ndikufunsani za ana amene ali ndi zaka zochepera zisanu panopa?*

ONLY INCLUDE CHILDREN WHO ARE CURRENTLY **LIVING IN** THE RESPONDENTS HOUSE. CHECK THAT ALL CHILDREN **UNDER 5** IN **Q20** ARE LISTED IN THIS TABLE.

A Number and service	<u>н</u>	щ	щ
A. Number and name of child under 5 years old from Q20	# Name	# Name	# Name
B. Has (NAME) had diarrhea in the past 2 weeks? Kodi (dzina) anadwalapo matenda otsegula m'mimba masabata awiri apitawa? PROBE: Specific day and frequency	1 O Yes 2 O No →G 3 O Don't know →G	1 O Yes 2 O No →G 3 O Don't know →G	1 O Yes 2 O No →G 3 O Don't know →G
C. Did you seek advice or treatment for the diarrhea from any source? <i>Kodi munakapeza ulangizi kapena thandizo la mankhwala kwina kwake</i> ?	1 O Yes 2 O No →G	1 O Yes 2 O No →G	1 O Yes 2 O No →G
D. Where did you seek advice or treatment? Anywhere else? Kodi ndi kuti kumene munakalandira ulangizi/thandizo la mankhwala. Palinso kwina?	Public Sector1 □ Govt Hospital2 □ Govt Health Centre3 □ Govt Health Post4 □ Mobile Clinic5 □ Village Clinic6 □ HSA7 □ Other public	Public Sector1 □ Govt Hospital2 □ Govt Health Centre3 □ Govt Health Post4 □ Mobile Clinic5 □ Village Clinic6 □ HSA7 □ Other public	Public Sector1 □ Govt Hospital2 □ Govt Health Centre3 □ Govt Health Post4 □ Mobile Clinic5 □ Village Clinic6 □ HSA7 □ Other public
(Record all mentioned)	CHAM/Mission 8	CHAM/Mission 8	CHAM/Mission 8
	Private Medical Sector 10 Private Hospital / Clinic / Doctor 11 Pharmacy 12 Mobile Clinic 13 Private HSA 14 Other private	Private Medical Sector 10 □ Private Hospital / Clinic / Doctor 11 □ Pharmacy 12 □ Mobile Clinic 13 □Private HSA 14 □ Other private	Private Medical Sector 10 □ Private Hospital / Clinic / Doctor 11 □ Pharmacy 12 □ Mobile Clinic 13 □Private HSA 14 □ Other private
	15 □ BLM 16 □ MACRO 17 □ Youth Centre	15 □ BLM 16 □ MACRO 17 □ Youth Centre	15 □ BLM 16 □ MACRO 17 □ Youth Centre
	Other source 18 □ Shop 19 □ Traditional	Other source 18 □ Shop 19 □ Traditional	Other source 18 □ Shop 19 □ Traditional
	20 D Other, specify	20 D Other, specify	20 🛛 Other, specify



E. How many days after the diarrhea began did you first seek advice or treatment for (NAME)? Panatha masiku angati musanakalandire ulangizi komanso thandizo la mankhwala (dzina) chiyambireni kudwala?	days (If same day record 0)	days (If same day record 0)	days (If same day record 0)
F. Was he/she given a fluid made from a special packet called THANZI or ORS? <i>Kodi analandilako thanzi</i> ors	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know
G. Has (NAME) been ill with a fever at any time in the last 2 weeks? Kodi (dzina) anadwalapo matenda otentha thupi sabata ziwiri zapitazi? PROBE: Specific day	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know
H. Did (NAME) sleep under a mosquito net last night? <i>Kodi (dzina) anagona mu</i> <i>masikito usiku wathawu</i>	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know	1 O Yes 2 O No 3 O Don't know
I. Has (NAME) had an illness with a cough at any time in the last 2 weeks? Kodi (dzina) anadwalako chifuwa nthawi ina yake m'sabata ziwiri zapitazi PROBE: Specific day	1 O Yes 2 O No 3 O Don't know If G and I both "No" or "Don't Know"→ Q If G "yes" and I "No" or "Don't Know" →L	1 O Yes 2 O No 3 O Don't know If G and I both "No" or "Don't Know"→ Q If G "yes" and I "No" or "Don't Know" → L	1 O Yes 2 O No 3 O Don't know If G and I both "No" or "Don't Know" → Q If G "yes" and I "No" or "Don't Know" → L
J. When (NAME) had an illness with a cough, did he/she breath faster than usual with short, rapid breaths or have difficulty breathing? <i>Kodi (dzina) amadwala</i> <i>chifuwa chobanika</i> <i>kapena kupuma movutika</i>	If I is "yes" →J 1 O Yes 2 O No → L 3 O Don't know → L	If I is "yes" →J 1 O Yes 2 O No → L 3 O Don't know → L	If I is "yes" →J 1 O Yes 2 O No → L 3 O Don't know → L
K. Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? Kodi kudwalaku kunali chifukwa cha matenda a m'chifuwa kapena chifine	1 O Chest only 2 O Nose only 3 O Both 4 O Other 5 O Don't know	1 O Chest only 2 O Nose only 3 O Both 4 O Other 5 O Don't know	1 O Chest only 2 O Nose only 3 O Both 4 O Other 5 O Don't know



L. Did you seek advice or treatment for the illness from any source? (fever and/or cough illness) Kodi munakapeza ulangizi kapena thandizo la mankhwala kwina kwake?	1 O Yes 2 O No → Q	1 O Yes 2 O No → Q	1 O Yes 2 O No → Q
M. Where did you seek advice or treatment? Anywhere else? Kodi ndi kuti kumene munakalandira ulangizi/thandizo la mankhwala. Palinso kwina?	Public Sector1 □ Govt Hospital2 □ Govt Health Centre3 □ Govt Health Post4 □ Mobile Clinic5 □ Village Clinic6 □ HSA7 □ Other publicCHAM/Mission	Public Sector 1 Govt Hospital 2 Govt Health Centre 3 Govt Health Post 4 Mobile Clinic 5 Village Clinic 6 HSA 7 Other public CHAM/Mission	Public Sector 1
(Record all mentioned)	8 Hospital 9 Health Centre	8 Hospital 9 Health Centre	8□ Hospital 9□ Health Centre
	Private Medical Sector 10 Private Hospital / Clinic / Doctor 11 Pharmacy 12 Mobile Clinic 13 Private HSA 14 Other private	Private Medical Sector 10 □ Private Hospital / Clinic / Doctor 11 □ Pharmacy 12 □ Mobile Clinic 13 □Private HSA 14 □ Other private	Private Medical Sector 10 Private Hospital / Clinic / Doctor 11 Pharmacy 12 Mobile Clinic 13 Private HSA 14 Other private
	15 □ BLM 16 □ MACRO 17 □ Youth Centre	15 □ BLM 16 □ MACRO 17 □ Youth Centre	15 □ BLM 16 □ MACRO 17 □ Youth Centre
	Other source 18 □ Shop 19 □ Traditional 20 □ Other, specify	Other source 18 □ Shop 19 □ Traditional 20 □ Other, specify	Other source 18 □ Shop 19 □ Traditional 20 □ Other, specify
N. How many days after the illness began did you first seek advice or treatment for (NAME)? Panatha masiku angati	days (If same day record 0)	days (If same day record 0)	days (If same day record 0)
O. At any time during the illness did (NAME) take any drugs for the illness? <i>Nthawi imene amadwala, anamwako mankhwala</i>	1 O Yes 2 O No →Q 3 O Don't know → Q	1 O Yes 2 O No → Q 3 O Don't know → Q	1 O Yes 2 O No → Q 3 O Don't know → Q



P. What drugs did (NAME) take? Any other drugs? <i>Anamwa mankhwala</i> <i>anji? Palinso ena?</i> (Record all mentioned)	Antimalarials 1 □ LA 2 □ Other antimalarial (Quinine etc) Antibiotics 3 □ Pills/syrup (Bactrim, Cotrim etc) 4 □ Injection Other drugs 5 □ Painkillers (aspirin, Panadol, ibuprofen, etc) 6 □ Other, specify 7 □ Don't know	Antimalarials 1 □ LA 2 □ Other antimalarial (Quinine etc) Antibiotics 3 □ Pills/syrup (Bactrim, Cotrim etc) 4 □ Injection Other drugs 5 □ Painkillers (aspirin, Panadol, ibuprofen, etc) 6 □ Other, specify 7 □ Don't know	Antimalarials 1 □ LA 2 □ Other antimalarial (Quinine etc) Antibiotics 3 □ Pills/syrup (Bactrim, Cotrim etc) 4 □ Injection Other drugs 5 □ Painkillers (aspirin, Panadol, ibuprofen, etc) 6 □ Other, specify 7 □ Don't know
Q. Use the Mid Upper Arm Circumference (MUAC) tape to measure the upper arm of each child under five years but over six months .	MUAC measurement mm O Red (below 110 mm) O Yellow (110mm to 125mm) O Green (above 125 mm)	MUAC measurement mm O Red (below 110 mm) O Yellow (110mm to 125mm) O Green (above 125 mm)	MUAC measurement mm O Red (below 110 mm) O Yellow (110mm to 125mm) O Green (above 125 mm)
R. Is (NAME) currently enrolled in a programme at a health facility that provides food support, such as likuni or chiponde? <i>Kodi (dzina) ali mupologalamu</i> <i>yolandila zakudya</i> <i>kuchipatala monga</i> <i>Likuni ndi Chiponde?</i>	1 O Yes 2 O No 3 O I don't know	1 O Yes 2 O No 3 O I don't know	1 O Yes 2 O No 3 O I don't know
S. What programme does (NAME) participate in? <i>Kodi (dzina)</i> <i>alimupologalamu iti?</i>	1 O Likuni 2 O Chiponde 3 O Both programmes 4 O I don't know → Q71 or next child	1 O Likuni 2 O Chiponde 3 O Both programmes 4 O I don't know → Q71 or next child	1 O Likuni 2 O Chiponde 3 O Both programmes 4 O I don't know → Q71 or next child
under 5 under 5 under 5 HIV AND AIDS (questions should focus on the mother and the last born child of any age)			
 71. Ask the mother her HIV status but tell her that she is not required to answer if she does not want to. <i>Xambiranani za m'mene aliri zakachilombo ka HIV.</i> 1 O HIV positive → Q73 2 O HIV negative → Q74 3 O Don't know → Q72 4 O Did not give answer → Q74 			

Kambiranani za m'mene aliri zakachilombo ka HIV. Onani bukhu lakuchipatala la amayi ndipo mulemb engati ali ndi kachilombo ka HIV kapena ayi.

4 O Did not give answer → Q74



72. Confirm her status in her health passport. Nagati bukhu la kuchipatala palibe afunseni amayi ngati ali ndikachilimbo ka HIV kapena ayi (muwauze kuti atha kusayankha ngati sakufuna kutero)	1 O HIV positive \rightarrow Q73 2 O HIV negative \rightarrow Q74 3 O Unknown \rightarrow Q74
 IF THE MOTHER IS HIV POSITIVE 73. When you were pregnant with (NAME) did you or the baby receive drugs to stop HIV transmission? M'mene munali woyembekezera mwanayu (dzina) munalandila kapena mwana analandira mankhwala oteteza kutenga kachilombo ka HIV? (Cross check with the health passports) 	1 O Yes 2 O No 3 O Don't know 4 O Was not HIV positive at that time 5 O Did not know HIV status at that time
74. Ask the mother the HIV status of (NAME). Onani bukhu la kuchipatala la mwana ngati ali ndi kachirombo ka HIV kapena ayi	1 O HIV positive 2 O HIV negative 3 O Unknown
75. Confirm (NAME'S) status in the health passport.	1 O HIV positive 2 O HIV negative 3 O Unknown
 76. Can you tell me the methods for preventing HIV and AIDS? Mungandiuze njira zopewera kachilombo ka HIV? DO NOT TELL THEM BE ENCOURAGING WITH ALL ANSWERS 	 1 Having protected sex – e.g. condom 2 Abstinence 3 PMTCT 4 Using clean needles 5 Clean blood transfusion 6 Other, specify
AWARENESS OF HEALTH MESSAGES	
77. Can you name ways to prevent malaria?	1 □ Mosquito net
Tchulani njira zopewera matenda a Malunga.	2 □ Indoor residual spraying 3 □ Clearing bushes/ pools of water
DO NOT TELL THEM THESE OPTIONS – TICK ALL THAT THEY MENTION	4 □ Larvicide 5 □ Smoke 6 □ Mosquito Spray
BE ENCOURAGING TO ALL ANSWERS GIVEN	7 ☐ Mosquito screens 8 ☐ Mosquito Coil 9 ☐ Other, specify 10 ☐ Don't Know
78. A. Have you ever heard that sleeping under a mosquito net can prevent malaria?	1 O Yes 2 O No →Q79
Munamvako kuti kugona mu masikito kumateteza malungo?	
B. Where did you hear this? Anywhere else?	1 Health worker
Munamva kuti? Palinso kwina?	2 □ Radio 3 □ Television
TICK ALL THAT THEY MENTION	 4 □ Newspaper 5 □ Friend/neighbour 6 □ Family member 7 □ NGO worker 8 □ Chief 9 □ Other, specify



 79. Can you name ways to prevent diarrhoea? <i>Mungapewe bwanji matenda otsegula m'mimba</i>? DO NOT TELL THEM THESE OPTIONS – TICK ALL THAT THEY MENTION BE ENCOURAGING TO ALL ANSWERS GIVEN 	 1 Using a toilet/ pit latrine 2 Hand washing after using the toilet/ before preparing food/ after cleaning a child 3 Drinking safe water/ treated water 4 Washing food before eating 5 Other, specify
80. A. Have you ever heard that using a toilet can prevent diarrhoea?	1 O Yes 2 O No → Q81
Kodi munamvako kuti kugwiritsa ntchito chimbudzi kungathe kuteteza matenda otsegula m'mimba	
B. Where did you hear this? Anywhere else?	1 Health worker
Munamva kuti? Palinso kwina?	2 □ Radio 3 □ Television
TICK ALL THAT THEY MENTION	4 □ Newspaper 5 □ Friend/neighbour
	6 □ Family member 7 □ NGO worker
	8
91 A Have you over board that weaking your bands	1.0 Vaa
81. A. Have you ever heard that washing your hands can prevent diarrhoea?	1 O Yes 2 O No → Q82
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza	2 O No → Q82 1 □ Health worker
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba?	2 O No → Q82 1 □ Health worker 2 □ Radio 3 □ Television
can prevent diarrhoea? <i>Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba?</i> B. Where did you hear this? Anywhere else?	2 O No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper 5 □ Friend/neighbour
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba? B. Where did you hear this? Anywhere else? Munamva kuti? Palinso kwina?	2 O No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba? B. Where did you hear this? Anywhere else? Munamva kuti? Palinso kwina?	2 O No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper 5 □ Friend/neighbour 6 □ Family member
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba? B. Where did you hear this? Anywhere else? Munamva kuti? Palinso kwina?	2 O No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper 5 □ Friend/neighbour 6 □ Family member 7 □ NGO worker 8 □ Chief 9 □ Other, specify 1 □ Go to the health centre
can prevent diarrhoea? <i>Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba</i> ? B. Where did you hear this? Anywhere else? <i>Munamva kuti? Palinso kwina</i> ? TICK ALL THAT THEY MENTION	2 ○ No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper 5 □ Friend/neighbour 6 □ Family member 7 □ NGO worker 8 □ Chief 9 □ Other, specify 1 □ Go to the health centre 2 □ Go to the nearest drug shop 3 □ Go to a traditional/ spiritual healer 4 □ Self-care at home
can prevent diarrhoea? Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba? B. Where did you hear this? Anywhere else? Munamva kuti? Palinso kwina? TICK ALL THAT THEY MENTION 82. What do you do when your child under 5 is sick? Kodi mumatami mwana wanu osaposa zaka zisanu	2 ○ No → Q82 1 □ Health worker 2 □ Radio 3 □ Television 4 □ Newspaper 5 □ Friend/neighbour 6 □ Family member 7 □ NGO worker 8 □ Chief 9 □ Other, specify 1 □ Go to the health centre 2 □ Go to the nearest drug shop 3 □ Go to a traditional/ spiritual healer



83. A. Have you ever heard that when your child under 5 years old is sick you should take them to a health centre or village clinic immediately for treatment?	1 O Yes 2 O No → Q84	
Kodi munamvako kuti mwana wanu wochepera zaka zisanu akadwala mudzimutengera ku chipatala chakumudzi nkapena chachikulupo msangamsanga		
B. Where did you hear this? Anywhere else? <i>Munamva kuti? Palinso kwina?</i> TICK ALL THAT THEY MENTION	 Health worker Radio Television Newspaper Friend/neighbour Family member NGO worker Chief Other, specify 	
84. A. Have you heard that when you are pregnant you should visit the health centre for check-ups?	1 O Yes 2 O No → Q85	
Munamvako kuti mukakhala oyembekezera mudzipita ku chipatala kukakuyezani?		
B. Where did you hear this? Anywhere else? <i>Munamva kuti? Palinso kwina?</i> TICK ALL THAT THEY MENTION	 Health worker Radio Television Newspaper Friend/neighbour Family member NGO worker Chief 	
85. Do your religious beliefs prevent you from using some types of modern health care? Kodi zikhulupiliro za chipembedzo chanu zimakuletsani kutenga nawo mbali kapena kugwiritsa ntchito zithandizo zina za zaumoyo?	9 □ Other, specify 1 O Yes 2 O No → Q88 3 O Don't know → Q88	
86. What is the name of your religion? (Record the specific denomination)		
Kodi dzina la mpingo wanu ndi chiyani?		
87. Which types of health care are prohibited according to your religious beliefs? Any others?Kodi ndi thandizo liti la zaumoyo/chipatala limene mpingo wanu umaletsa? Pali zinanso?	 1 All types of modern health care 2 Vaccines 3 Family planning 4 Procedures involving blood 5 Other, specify 6 Don't know 	
CHIEF INVOLVEMENT		
 88. Has your chief ever spoken to the village about health issues? Kodi afumu anu anapangitsako msonkhano kapena kulengeza zaumoyo m'mudzi muno? 	1 O Yes 2 O No → Q90 3 O Don't know → Q90	



 89. What did they speak to you about? Any other topics? Kodi msonkhano unali wachiyani kapena analengeza zotani? Pali zinanso za zaumoyo zimene anakamba? (record all mentioned) 	 1 Malaria 2 Latrines 3 Hand washing 4 Taking children for treatment 5 Antenatal care or safe delivery 6 Family planning 7 Other
90. Are there any by-laws in your village that require households to take an action on health issues? Kodi m'mudzi mwanu muno muli ndi malamulo opanga nokha oti banja lina lililonse lizitenga mbali pa nkhani ya zaumoyo?	1 O Yes 2 O No → Q92 3 O Don't know → Q92
91. What topics are the by-laws on? Any other topics? Kodi malamulo anuwo ndi okhudza nkhani ziti za zaumoyo/ Palinso zina (record all mentioned)	 1 Malaria 2 Latrines 3 Hand washing 4 Taking children for treatment 5 Antenatal care or safe delivery 6 Family planning 7 Other
92. Who usually makes decisions about health care for your children?Kodi ndi ndani kawiri kawiri amapanga chiganizo cha zaumoyo wa ana m'mbanja lanuli?	1 O Respondent 2 O Husband 3 O Joint decision by couple 4 O Someone else 5 O Other, specify
93. Who usually cares for your children when they are ill? Kodi ndi ndani amasamalira ana kawiri kawiri akamadwala m'banja lanuli?	 1 O Respondent 2 O Husband 3 O Joint decision by couple 4 O Someone else 5 O Other, specify
94. Has many times has your husband accompanied you to an antenatal check-up? Kodi amuna anu anakupelekezaniko kangati ku sikelo ya amai apakati?	 1 O Never 2 O Once 3 O Several times 4 O Every time 5 O No husband 6 O Never been to an antenatal check-up

USE OF GOVERNMENT SERVICES	
95. Which Government Health Centre do you use most often?	1 O Nambazo Health Centre 2 O Kalinde Health Centre
Kodi kawiri kawiri mumapita chipatala chiti cha boma?	3 O Mpasa Health Centre
	4 O Migowi Health centre 5 O Phalombe Health centre 6 O Holy family
	7 O Other government health facility, specify
	8 ONo government health facility → Q99 9 O Don't know → Q99



96. Have you visited the Health Centre in the last 12 months?	1 O Yes 2 O No →Q98
Munapitako ku chipatala pa miyezi khumi ndi iwiri (12) yapitayi	
97. Overall, how would you rate the services you received at the Health Centre?	1 O Poor 2 O Average 3 O Good
Kutengera ndi inu, kodi thandizo la pa chipatala chimene mumapitachi mlotani?	→ Q99
98. Why have you not visited the Health Centre in the last 12 months? Any other reason?	1 □ No need to go 2 □ Do not know when it is open / concerned it
Kodi ndi chifukwa chiyani simunapite kuchipatala miyezi khumi ndi iwiri (12) yapitayi?	may be closed 3 □ Husband would not give permission to go
(Record all mentioned)	4 □ Not enough money 5 □ Long distance
	 6 Lack of transport / no money for transport 7 Not wanting to go alone 8 Concern that there may not be a female
	health provider 9 Concern that there may not be any health
	provider 10 □ Concern that there may be no drugs
	available 11 □ Concern that there may inadequate equipment or supplies
	12 ☐ Unhappy with quality of services 13 ☐ Prefer traditional methods
	14 □ Waiting time too long
	15 ☐ Living elsewhere 16 ☐ Other reason, specify
99. Have you ever personally met the HSA for your	1 O Yes
village?	2 O No 3 O Don't know
MAKE SURE THEY MEAN THE HSA NOT THE VHC	
Kodi munayamba mwakumanako ndi wa zaumoyo wochokera ku Boma wa m'mudzi mwanu?	
100.How many times did the HSA come to your village in the last 12 months?	1 O None 2 O Once
Kodi ndi kangati kamene wa zaumoyo ameneyu anabwera m'mudzi	3 O Two to three times 4 O Four to six times
mwanumu m'miyezi khumi ndi iwiri (12) yapitayi?	5 O More than six times
	6 O Don't know
101.Do you have access to a Mobile Clinic where you can take children for vaccinations?	1 O Yes 2 O No → Q105 2 O Don't know → Q105
Kodi muli ndi mwayi opita ku sikelo yakumudzi ya ana kukabaitsa katemera?	3 O Don't know → Q105
102.Have you visited the Mobile Clinic in the last 12 months?	1 O Yes 2 O No → Q104
Kodi inuyo munayamba mwapitako ku sikelo imeneyi pa miyezi khumi ndi iwiri (12) yapitayi?	



103.Overall, how would you rate the services you / your children received at the Mobile Clinic? <i>Kutengera ndi inu, kodi sikelo imeneyi thandizo lake mumaliona</i> <i>bwanji</i> ?	1 O Poor 2 O Average 3 O Good → Q105
104.Why have you not visited the Mobile Clinic in the last 12 months? Any other reason? <i>Kodi ndi chifukwa chiyani simunapite kusikeloyi pa miyezi khumi ndi</i> <i>iwiri (12) yapitayi?</i> <i>(Record all mentioned)</i>	 1 Do need to go 2 Do not know when it is open / concerned it may be closed 3 Husband would not give permission to go 4 Not enough money 5 Long distance 6 Lack of transport / no money for transport 7 Not wanting to go alone 8 Concern that there may not be a female health provider 9 Concern that there may not be any health provider 10 Concern that there may be no drugs available 11 Concern that there may inadequate equipment or supplies 12 Unhappy with quality of services 13 Prefer traditional methods 14 Waiting time too long 15 Living elsewhere 16 Other reason, specify
 105.Do you have access to a Village Clinic where you can take sick children under 5 years old for treatment? Kodi muli ndi mwayi opita ku chipatala chakumudzi ndi mwana osapitilira zaka zisanu akadwala? 	1 O Yes 2 O No → End 3 O Don't know → End
106.Have you visited the Village Clinic in the last 12 months? Kodi inuyo munayamba mwapitako ku chipatala chakumudzichi pa miyezi khumi ndi iwiri (12) yapitayi?	1 O Yes 2 O No → Q108
107.Overall, how would you rate the services that you / your children received at the Village Clinic? Kutengera ndi inu, kodi chipatala chimenechi thandizo lake mumaliona bwanji?	1 O Poor 2 O Average 3 O Good →End



12 months? Any other reason? 2 Do not know when it is open / concerned	ed it
Kodi ndi chifukwa chiyani simunapite kuchipatalachi pa miyezi khumi ndi iwiri (12) yapitayi? may be closed 3 □ Husband would not give permission to 4 □ Not enough money 5 □ Long distance	go
(Record all mentioned) 6 □ Lack of transport / no money for transp 7 □ Not wanting to go alone	ort
8 Concern that there may not be a femal health provider	е
9 Concern that there may not be any heap provider	alth
10 Concern that there may be no drugs available	
11 Concern that there may inadequate equipment or supplies	
12 Unhappy with quality of services	
13 Prefer traditional methods	
14 🗆 Waiting time too long	
15 🗆 Living elsewhere	
16 □ Other reason, specify	

END OF QUESTIONNAIRE



INTER AIDE CHILD HEALTH PROGRAM BASELINE SURVEY QUESTIONNAIRE



ANNEX B: Enumerator Guide

GENERAL GUIDELINES

Number of responses

- If the response list is marked with a O you can only choose **one** answer.
- If the response list is marked with a \Box you can choose **more than one** answer.

Marking a response

Tick inside the \bigcirc or \square to mark a response. Do not circle the number next to it. If you make a mistake then cross out the incorrect one and also write an X next to it. Then tick the correct one.

Example below: The enumerator ticked response 1 by accident, and then corrected it to show response 3.

 At the time you became pregnant, did you want a child then?
 Wanted a child then X
 Wanted to wait until later
 Wanted to wait until later
 Did not want any more children

Skipping questions

If there is a \rightarrow after the response then you should jump to the question number shown if they give that response.

Example below: If the respondent answers "No" or "Unsure" skip to Q24. If the respondent answers "Yes" then continue with Q22.

21.	Are you pregnant now?	1 O Yes
	Kodi muli ndi mimba panopa?	2 O No → Q24 3 O Unsure → Q24

If there is a \rightarrow at the bottom of all the responses it means jump to the question shown, regardless of what response they give.

Example below: If the respondent answers "Yes", "No" or "Don't know" you should skip to Q50.

Does your husband / partner know that you are using a method of family planning?	1 O Yes 2 O No 3 O Don't know
	→ Q50

Definition of a household

A household is defined as "a group of people who live together, pool their money, and eat at least one meal together each day". A household can include more than one dwelling (e.g. a group of huts)



if the dwellings are in the same compound and the members of the household eat together and share money and resources.

Definition of a respondent

The respondent is the woman who is completing the survey. If there is someone sitting nearby (husband, neighbor, mother, etc) and they also answer some of the questions only take the response actually given by the respondent.

Definition of a husband

To avoid confusion by enumerators and participants the word "husband" has been used in all questions, rather than "husband/partner" which was in the original English version. If the woman is unmarried then "husband" can be substituted with "partner" or "boyfriend".

Definition of a health worker

Some questions ask the respondent whether they heard something from a "health worker". A health worker includes any individual (doctor, nurse, HSA, patient attendant, guard, janitor, etc) employed in the health sector, including both the government and private health sectors.

Questions where (NAME) is used

Some questions require you to use the name of the child. For example "Is (NAME) a boy or girl?". This should be done every time to make sure that the respondent does not get confused between different children.

Questions where "Anything else?" is used

For questions that allow more than one answer the enumerator should always probe after the first answer to see if there is anything else. This is shown in the questionnaire using the phrases "Anything else?", "Any other reason?", "Anyone else?", "Anywhere else?", etc. These probing questions must be asked every time to make sure that the data is as complete as possible.

Questions that ask for the month

If possible use numbers to indicate the month, 01 for January, 02 for February, etc. This will be easier for data entry. If you are not comfortable using numbers then write the name of the month and the supervisor can add the numbers during the review.

If the month is unknown write a question mark (?) to show that the question was not skipped by accident.

Photos

Photo ID numbers from the camera should be written in the spaced indicated on the questionnaire. If the woman does not give permission for you to take a photo then write "No permission" in the Photo ID space.



QUESTION GUIDE

Q1. How old were you at your last birthday?

If the respondent does not know how old she is check the health passport or voter registration. If she does not have these, or they do not include a date of birth, then the enumerator should estimate her age using significant events, the age of her children, and her physical appearance.

Q4. The roof of the main dwelling is predominantly made of what material?

If two or more different types of materials are used for the roof, report the material that is used in the majority.

All questions in the Household Poverty Index

Be careful not to confuse the code numbers with the numerical responses on these questions. The codes are written as numbers, while the responses are written as words.

Example below: If the household has six children under 14 years then the result should look like this:

younger? Kodi muli ndi ana angati a zaka 14 kapena kutsika m'munsi m'mbanja lino?	0 ✓ Five or more 4 O Four 6 O Three 2 O Two 9 O One 0 O None
---	---

Q7. How many household members worked their main activity in the past seven days as a farmer (mlimi)?

You should categorize an individual according to his or her dominant activity. In cases where this cannot be done, you should assign the individual to the activity that is of most economic significance for the household.

Q8. Can the female head read a one-page letter in any language?

Make sure that you are asking about the female head of the household. This is not necessarily the respondent if the respondent is a younger daughter or another woman living in the household. If the female head says she can read a one-page letter *with difficulty* then the answer should still be "Yes".

Q20. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

If the woman has had more than 12 births then take a second questionnaire and staple it to the first one to record all the births.

The most common error on this question is that women will skip the births of children who died. Start by explaining to the woman that this survey will help us to design a program that will prevent the deaths of children, and so it is very important that she provides us with information on children who died. Make sure you probe after she gives you the name of each child (including the first one) to check if there were no additional live births before or after that one.



Stillbirths should not be included in this question. If it is not clear whether the birth was a stillbirth then ask the woman if the baby showed any signs of life after being born (breathing, crying, moving, etc). If there were any signs of life then record it as a live birth.

Q20. A. What was the name given to your (first/next) baby?

Only the first name needs to be written. If the child died before they were given a name write "No name".

Q20. B. Is (NAME) a boy or girl?

This must be asked every time. Do not assume that the child is a boy or girl just because their name sounds masculine or feminine.

Q20 C. In what month and year was (NAME) born?

Q20 E. How old was (NAME) at his/her last birthday?

Both these questions must be asked separately and the answers checked against each other using the Age Table. Also check that the spacing of children's birth dates is not too close together to be biologically possible.

If the respondent does not know how old the child is then check the health passport. If the child does not have a health passport, or it does not include a date of birth, then the enumerator should estimate the child's age using significant events, the age of her other children, and the child's physical appearance.

If the child's age is estimated then the month of birth will not be known. In this case write "Unknown" for the month.

Q20 G. What was the cause of death?

If the woman does not know the specific cause of death, or says it was witchcraft, ask her about the symptoms of the disease in order to place it into a category. If it is not possible to place it into a category then choose "don't know / unclear". If the woman mentions more than one disease ask her which one she thinks actually caused the death.

Neonatal causes include problems during or immediately after delivery, infection, etc. Neonatal causes should only be recorded as a cause for children who died within one month of birth.

Q26. Whom did you see? Anyone else?

Q31. Who assisted with the delivery of (NAME)? Anyone else?

Q37. Who checked on your health at that time? Anyone else?

Many community members cannot tell the difference between types of health workers. If the respondent says they were seen by a doctor, nurse, patient attendant or HSA, check this by asking what color the uniform was.



- Doctor white
- Nurse white
- Patient attendant green
- HSA sky blue

If the uniform color does not match with what the respondent is saying then use the uniform color to determine the answer.

Q29. How many times did you receive antenatal care during this pregnancy?

If the respondent is unsure then check the health passport. If there is a contradiction between the health passport and what the respondent says verbally then use what the respondent says.

Q30. When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?

If possible check the health passport. An "average" baby is 2.5 - 3.5kg. To identify babies that were "very small" you can also ask if the mother received kangaroo care after giving birth.

Q50. Which method are you using? Any others?

Q51. Since when have you been using (CURRENT METHOD) without stopping?

If the respondent is unsure then check the health passport. If there is a contradiction between the health passport and what the respondent says verbally then use what the respondent says.

If the respondent gives a start date prior to when one of their children was conceived probe to check if they were really using the method continuously since that date, or whether there was a gap when the child was conceived. If they say that they were definitely using the method when the child was conceived then keep the original date.

Q60. What kind of toilet facility do members of your household use?

If they use a pit latrine that is covered by rocks at the top then this should be put under "4 Pit latrine without slab / open pit". Only concrete slabs should be included in "3 Pit latrine with concrete slab".

Q68. How many mosquito nets does your household have?

This includes all mosquito nets that the household has, regardless of their type or how old they are. It includes any mosquito nets that are still in their packets, or mosquito nets that are supposed to be used for sleeping but are actually being used for something else.

Q69. OBSERVATION ONLY Check how many mosquito nets are currently hanging inside the house, ready for sleeping tonight

First ask if the respondent will allow you to take a photo inside the house. If they do not give permission then ask if they can use the camera themselves to take a photo. If they still to not give permission then tick the "no permission to see" box.

A hanging mosquito net is one that is attached to the walls with one or more hooks, in a position that could be used for sleeping. It may be rolled up, but must be able to be unrolled for sleeping.

Examples of mosquito nets that are NOT considered to be "currently hanging inside the house, ready for sleeping tonight" are:



- Nets that are being used as a blanket or a sheet
- Nets that are hanging as curtains on the window
- Nets that are hanging on a clothes line
- Nets that have not been opened and are still inside their plastic wrapper
- Nets that are being used to cover vegetables
- Nets that have no nails or strings attached to them for hanging.
- Nets that have nails or strings attached, but are not currently hanging from one or more nails.

Q70. Now I would like to ask about each of your children who are currently under 5 years old.

Check that all the children under 5 in the birth history are also listed in this table. Make sure you clearly write the name and number of each child at the top of each column, and that the names of the children match the names in the birth history.

If the woman has more than three children under 5 years then take a second survey and staple it to the first one in order to complete these questions for all children under 5.

Q99. Have you ever personally met the HSA for your village?

This question asks whether the respondent has met the HSA for their village face-to-face. If the HSA came to the village but the respondent did not meet them personally then the answer should be "No". Probe to make sure that the respondent is actually talking about an HSA, and not someone else (e.g. someone from another NGO, or who might have come to do a survey).



ANNEX C: Age Table

	Date of birth	
Year of	Birthday is between Birthday is after	
birth	1st Jan and today	, today or unknown
1965	50	49
1966	49	48
1967	48	47
1968	47	46
1969	46	45
1970	45	44
1971	44	43
1972	43	42
1973	42	41
1974	41	40
1975	40	39
1976	39	38
1977	38	37
1978	37	36
1978	36	35
1979	35	34
1980	34	33
1981	33	33
1982	32	31
	31	
1984 1985	31	30 29
		-
1986	29	28
1987	28	27
1988	27	26
1989	26	25
1990	25	24
1991	24	23
1992	23	22
1993	22	21
1994	21	20
1995	20	19
1996	19	18
1997	18	17
1998	17	16
1999	16	15
2000	15	14
2001	14	13
2002	13	12
2003	12	11
2004	11	10
2005	10	9
2006	9	8
2007	8	7
2008	7	6
2009	6	5
2010	5	4
2011	4	3
2012	3	2
2013	2	1
2014	1	0
2015	0	n/a



ANNEX D: Supervisor Guide

Equipment checklist

All enumerators should have:

- 1. A raincoat
- 2. Plastic pouch
- 3. Pen x 2
- 4. Camera and case
- 5. Spare batteries for camera
- 6. Ink pad

The supervisor should have:

- Questionnaires
- Samsung phone for GPS
- Plastic pouch
- Ink for ink pads
- Spare pens
- Spare batteries for cameras
- Village sample sheet
- Auditing sheets

Questionnaire numbering

10 questionnaires must be completed for each village (10 questionnaires X 100 villages = 1000 questionnaires). The supervisor should pre-fill the village and questionnaire number before giving the questionnaires to the enumerators. The questionnaire number should start with the number of the village on the village sample sheet, and end with the number of the questionnaire.

Village level data

The supervisor must collect the following data for every village, unless it is already available on the village sample sheet:

- Latitude and Longitude from the GPS app on Samsung camera
- Approximate number of households
- Approximate number of chiefs
- GVH

For information regarding number of households and chiefs ask the Village Headman, or if they are not available ask community members. Figures do not need to be 100% accurate, just approximate numbers.

Permission to survey

Start by seeking permission from the chief to do the survey in the village. If the chief does not give permission then choose the next closes village.



If a village cannot be surveyed due to a funeral, cultural event, or because people are busy in the fields come back on another day. If it still cannot be surveyed on the next day then choose the next closest village.

Questionnaire review

The supervisor must review every questionnaire to make sure that:

- All pages and questions are complete
- The correct questions have been skipped
- The birth history is consistent (number of births listed matches total number of births)
- The date of birth and age of all children match
- In the child health section the number of children under 5 years matches the number of children under 5 years in the birth history
- Photo IDs are filled for the respondent and all necessary questions

Once the review has been completed the supervisor must sign on the front of the questionnaire and tick "review".

Questionnaire audit

The supervisor must choose 1 questionnaire from each village (1 in 10 = 10%) to audit. To audit the questionnaire the supervisor must return to the household and ask 10 randomly selected questions again (more if necessary) to confirm that the data is accurate. In addition, the birth history section must always be audited.

The questions asked should be recorded on the Questionnaire Audit form, along with the results. The number of the questionnaire audited and the result must be recorded on the village sample form.



ANNEX E: Auditing Form

QUESTIONNAIRE AUDIT REPORT

Supervisor name _____

Questionnaire Details

Questionnaire #	
Village	
Enumerator	

Questions Audited

#	Question #	Results
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	Q20 Birth history	

Signature:

Date:



ANNEX F: Data Entry Auditing Form

DATA ENTRY AUDIT REPORT

Supervisor name _____

Questionnaire Details

Questionnaire #	
Keyed by	

Questions Audited – Main

#	Question #	Results
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Questions Audited – Children

#	Child ID	Question #	Results
1			
2			
3			

Signature:

Date:



ANNEX G: Sampling Frame

Nambazo Health Centre Catchment

#	Village Name	GVH	ТА	Latitude	Longitude	
1	Dyakanga	Chimbalanga Chiwalo -15.5281		-15.5281	35.78438	
2	Namonde	Chinani	Chiwalo	-15.5566	35.8153	
3	Thombozi	Chinani	Chiwalo	-15.5659	35.82708	
4	Helema	Chinani	Chiwalo	-15.5646	35.79781	
5	Kapama	Chinani	Chiwalo			
6	Jamu	Chinani	Chiwalo	-15.5333	35.79771	
7	Namikalo	Chiwalo	Chiwalo	-15.5701	35.75586	
8	Namchapa	Chiwalo	Chiwalo	-15.5873	35.77178	
9	Godo	Chiwalo	Chiwalo			
10	Nthenda	Chiwalo	Chiwalo	-15.5801	35.74875	
11	Mutchenza	Chiwalo	Chiwalo	-15.5961	35.7806	
12	Chilemele	Chiwalo	Chiwalo	-15.583	35.74275	
13	Katolozwe	Chiwalo	Chiwalo	-15.5793	35.76037	
14	Khozomba	Chiwalo	Chiwalo	-15.5901	35.79061	
15	Wahela	Chiwalo	Chiwalo	-15.5804	35.78531	
16	Kanjedza	Chiwalo	Chiwalo			
17	Godize	Mpinda	Chiwalo	-15.5597	35.81099	
18	Mpinda	Mpinda	Chiwalo			
19	Mokhola	Mpinda	Chiwalo	-15.5989	35.77534	
20	Chambeni	Mpinda	Chiwalo	-15.5797	35.74208	
21	Bwanali	Mpinda	Chiwalo			
22	Maulidi	Mtenyama	Chiwalo			
23	Mtemanyama	Mtenyama	Chiwalo	-15.5854	35.71754	
24	Mwizozo	Mtenyama	Chiwalo	-15.5956	35.73678	
25	James	Mtenyama	Chiwalo	-15.5958	35.73662	
26	John	Mtenyama	Chiwalo	-15.6181	35.75156	
27	Nahipa	Mulambe	Chiwalo	-15.6335	35.78771	
28	Masache	Mulambe	Chiwalo	-15.6051	35.77143	
29	Mulambe	Mulambe	Chiwalo	-15.5954	35.73757	
30	Makawa	Mulambe	Chiwalo	-15.5656	35.82734	
31	Thumbulu	Nambazo	Chiwalo	-15.5317	35.82421	
32	Pangani	Nambazo	Chiwalo			
33	Nambwale	Nambazo	Chiwalo			
34	Muniya	Nambazo	Chiwalo	-15.5593	35.81657	
35	Nambazo	Nambazo	Chiwalo	-15.563	35.82772	
36	Chabilira	Nambazo	Chiwalo	-15.5585	35.82879	
37	Nakhungu	Nambazo	Chiwalo			
38	Bwana	Nambazo	Chiwalo	-15.5038	35.80161	
39	Mathanda	Nambela	Chiwalo			
40	Lihaka	Nambela	Chiwalo	-15.605	35.78182	
41	Mulekuwa	Nambela	Chiwalo			
42	Likelevale	Nambela	Chiwalo			
43	Makwinja	Nambela	Chiwalo	-15.6047	35.74144	
44	Masauli	Nambela	Chiwalo	-15.6077	35.76234	
45	Likhutu	Nambela	Chiwalo	-15.608	35.76447	
46	Nakhonyopa	Nambela	Chiwalo	-15.5974	35.73874	
47	Nthambula	Nthambula	Chiwalo	-15.5973	35.7208	



#	Village Name	GVH	ТА	Latitude	Longitude
48	Kathebwe	Nthambula	Chiwalo	-15.5171	35.83283
49	Phatama	Nthambula	Chiwalo	-15.6125	35.8142
50	Kachingwe	Nthambula	Chiwalo	-15.5969	35.82887



ANNEX H: Sampled Villages

Village #	Туре	Health Centre	Village Name	GVH	TA	Latitude	Longitude
1	Intervention	Nambazo	Dyakanga	Chimbalanga	Chiwalo	-15.5281	35.7843
2	Intervention	Nambazo	Namonde	Chinani	Chiwalo	-15.5566	35.8153
3	Intervention	Nambazo	Thombozi	Chinani	Chiwalo	-15.5659	35.827
4	Intervention	Nambazo	Helema	Chinani	Chiwalo	-15.5646	35.7978
5	Intervention	Nambazo	Kapama	Chinani	Chiwalo		
6	Intervention	Nambazo	Jamu	Chinani	Chiwalo	-15.5333	35.7977
7	Intervention	Nambazo	Namikalo	Chiwalo	Chiwalo	-15.5701	35.7558
8	Intervention	Nambazo	Namchapa	Chiwalo	Chiwalo	-15.5873	35.7717
9	Intervention	Nambazo	Godo	Chiwalo	Chiwalo		
10	Intervention	Nambazo	Nthenda	Chiwalo	Chiwalo	-15.5801	35.7487
11	Intervention	Nambazo	Mutchenza	Chiwalo	Chiwalo	-15.5961	35.7806
12	Intervention	Nambazo	Chilemele	Chiwalo	Chiwalo	-15.583	35.7427
13	Intervention	Nambazo	Katolozwe	Chiwalo	Chiwalo	-15.5793	35.7603
14	Intervention	Nambazo	Khozomba	Chiwalo	Chiwalo	-15.5901	35.7906
15	Intervention	Nambazo	Wahela	Chiwalo	Chiwalo	-15.5804	35.7853
16	Intervention	Nambazo	Kanjedza	Chiwalo	Chiwalo		
17	Intervention	Nambazo	Godize	Mpinda	Chiwalo	-15.5597	35.8109
18	Intervention	Nambazo	Mpinda	Mpinda	Chiwalo		
19	Intervention	Nambazo	Mokhola	Mpinda	Chiwalo	-15.5989	35.7753
20	Intervention	Nambazo	Chambeni	Mpinda	Chiwalo	-15.5797	35.742
21	Intervention	Nambazo	Bwanali	Mpinda	Chiwalo		
22	Intervention	Nambazo	Maulidi	Mtenyama	Chiwalo		



Village #	Туре	Health Centre	Village Name	GVH	ТА	Latitude	Longitude
23	Intervention	Nambazo	Mtemanyama	Mtenyama	Chiwalo	-15.5854	35.7175
24	Intervention	Nambazo	Mwizozo	Mtenyama	Chiwalo	-15.5956	35.7367
25	Intervention	Nambazo	James	Mtenyama	Chiwalo	-15.5958	35.7366
26	Intervention	Nambazo	John	Mtenyama	Chiwalo	-15.6181	35.7515
27	Intervention	Nambazo	Nahipa	Mulambe	Chiwalo	-15.6335	35.7877
28	Intervention	Nambazo	Masache	Mulambe	Chiwalo	-15.6051	35.7714
29	Intervention	Nambazo	Mulambe	Mulambe	Chiwalo	-15.5954	35.7375
30	Intervention	Nambazo	Makawa	Mulambe	Chiwalo	-15.5656	35.8273
31	Intervention	Nambazo	Thumbulu	Nambazo	Chiwalo	-15.5317	35.8242
32	Intervention	Nambazo	Pangani	Nambazo	Chiwalo		
33	Intervention	Nambazo	Nambwale	Nambazo	Chiwalo		
34	Intervention	Nambazo	Muniya	Nambazo	Chiwalo	-15.5593	35.8165
35	Intervention	Nambazo	Nambazo	Nambazo	Chiwalo	-15.563	35.8277
36	Intervention	Nambazo	Chabilira	Nambazo	Chiwalo	-15.5585	35.8287
37	Intervention	Nambazo	Nakhungu	Nambazo	Chiwalo		
38	Intervention	Nambazo	Bwana	Nambazo	Chiwalo	-15.5038	35.8016
39	Intervention	Nambazo	Mathanda	Nambela	Chiwalo		
40	Intervention	Nambazo	Lihaka	Nambela	Chiwalo	-15.605	35.7818
41	Intervention	Nambazo	Mulekuwa	Nambela	Chiwalo		
42	Intervention	Nambazo	Likelevale	Nambela	Chiwalo		
43	Intervention	Nambazo	Makwinja	Nambela	Chiwalo	-15.6047	35.7414
44	Intervention	Nambazo	Masauli	Nambela	Chiwalo	-15.6077	35.7623
45	Intervention	Nambazo	Likhutu	Nambela	Chiwalo	-15.608	35.7644
46	Intervention	Nambazo	Nakhonyopa	Nambela	Chiwalo	-15.5974	35.7387
47	Intervention	Nambazo	Nthambula	Nthambula	Chiwalo	-15.5973	35.7208
48	Intervention	Nambazo	Kathebwe	Nthambula	Chiwalo	-15.5171	35.8328



Village #	Туре	Health Centre	Village Name	GVH	TA	Latitude	Longitude
49	Intervention	Nambazo	Phatama	Nthambula	Chiwalo	-15.6125	35.8142
50	Intervention	Nambazo	Kachingwe	Nthambula	Chiwalo	-15.5969	35.82887
51	Control	Kalinde	Kalinde	-	-	-15.6899	35.7221
52	Control	Kalinde	Chabuka	-	-	-15.6834	35.7541
53	Control	Kalinde	Mwangala	-	-	-15.6655	35.7516
54	Control	Kalinde	Mphepo	-	-	-15.6033	35.6964
55	Control	Kalinde	Nampinga	-	-	-15.6287	35.7516
56	Control	Kalinde	Mwanyewe	-	-	-15.6627	35.7376
57	Control	Kalinde	Matewere	-	-	-15.6488	35.7148
58	Control	Kalinde	Koreya	-	-	-15.6692	35.753
59	Control	Kalinde	Komwa	-	-	-15.6981	35.7701
60	Control	Kalinde	Khuzupa	-	-	-15.6636	35.7296
61	Control	Kalinde	Musewu	-	-	-15.6681	35.75411
62	Control	Kalinde	Likatchale	-	-	-15.6307	35.7517
63	Control	Kalinde	Sumaili	-	-	-15.6187	35.716
64	Control	Kalinde	Turuwa	-	-	-15.6188	35.7181
65	Control	Kalinde	Makina	-	-	-15.6654	35.7595
66	Control	Kalinde	Phirikeya	-	-	-15.6591	35.7144
67	Control	Kalinde	Mtambalika	-	-	-15.6381	35.7055
68	Control	Kalinde	Mukankhe	-	-	-15.6698	35.6905
69	Control	Kalinde	Chabe	-	-	-15.6599	35.7148
70	Control	Kalinde	Tanangale	-	-	-15.6983	35.7503
71	Control	Kalinde	Filisa	-	-	-15.6488	35.6595
72	Control	Kalinde	Mumbulu	-	-	-15.6478	35.6918
73	Control	Kalinde	Mulera	-	-	-15.6489	35.7376
74	Control	Kalinde	Boyidi	-	-	-15.6018	35.695

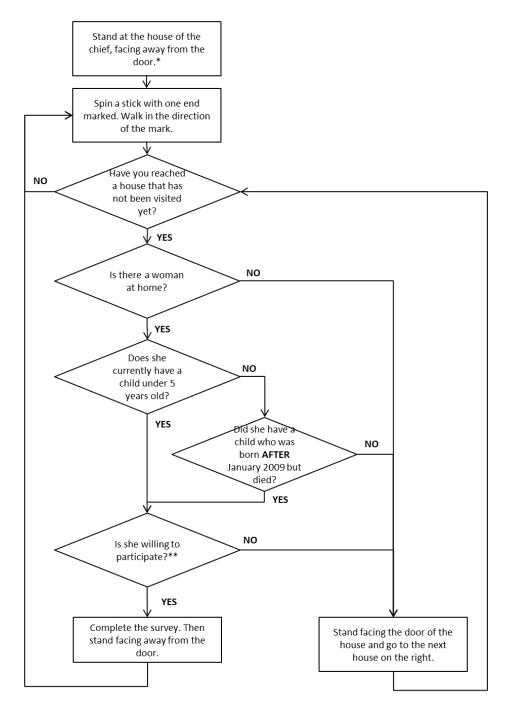


Village #	Туре	Health Centre	Village Name	GVH	ТА	Latitude	Longitude
75	Control	Kalinde	Thunga	-	-	-15.6286	35.7516
76	Control	Mpasa	Chafikana	-	-	-15.683	35.6289
77	Control	Mpasa	Jimu	-	-	-15.722	35.5799
78	Control	Mpasa	Kandulu	-	-	-15.7248	35.5794
79	Control	Mpasa	Katamula	-	-	-15.7517	35.6197
80	Control	Mpasa	Kokhwa	-	-	-15.6818	35.5718
81	Control	Mpasa	Likhula	-	-	-15.681	35.5987
82	Control	Mpasa	Loche	-	-	-15.6831	35.6019
83	Control	Mpasa	Mahere	-	-	-15.6837	35.5914
84	Control	Mpasa	Matekenya	-	-	-15.7296	35.5985
85	Control	Mpasa	Mgumera	-	-	-15.7192	35.5737
86	Control	Mpasa	Mponyeni	-	-	-15.6963	35.5898
87	Control	Mpasa	Misimizi	-	-	-15.7086	35.5662
88	Control	Mpasa	Muhike	-	-	-15.713	35.6389
89	Control	Mpasa	Muluwesi	-	-	-15.6934	35.5995
90	Control	Mpasa	Mwanapwa	-	-	-15.6634	35.5789
91	Control	Mpasa	Munthumpwa	-	-	-15.70203	35.5829
92	Control	Mpasa	Mkoole	-	-	-15.6819	35.5718
93	Control	Mpasa	Nachipo	-	-	-15.7286	35.5992
94	Control	Mpasa	Navulu	-	-	-15.6936	35.5991
95	Control	Mpasa	Njaya	-	-	-15.7049	35.6609
96	Control	Mpasa	Nkohiwa	-	-	-15.7430	35.6199
97	Control	Mpasa	Taimu	-	-	-15.7516	35.6197
98	Control	Mpasa	Tupwe	-	-	-15.6831	35.5783
99	Control	Mpasa	Tiliya	-	-	-15.6763	35.5498
100	Control	Mpasa	Yala	-	-	-15.6752	35.5346



ANNEX I: Household Sampling Flowchart

HOUSEHOLD SAMPLING PROCEUDRE



* If it is a large village with more than one chief enumerators should start at different chief houses. ** If there is more than one eligible woman willing to participate then spin the stick. Choose the one standing closest to where the mark is pointing.



ANNEX J: Call for Proposals

TERMS OF REFERENCE

INTER AIDE CHILD HEALTH PROGRAM BASELINE SURVEY

Inter Aide is seeking a qualified local consultant and enumerators to implement a baseline survey for a child health program in Phalombe District.

Background

Inter Aide, a French international NGO, has been operating in Malawi since 1991. Inter Aide has been running a child health program in parts of Phalombe District since 2011. In 2015 the program will move to the catchment area of Nambazo Health Centre. The project details are shown below:

Project Title	Reducing morbidity and mortality among children under five years old in the Nambazo Health Centre catchment.			
Target Area & Beneficiaries	The project will be implemented in all villages within the catchment area of Nambazo Health Centre. The total population of the area is estimated to be 50,000 people.			
Duration	The project will run for a minimum of three years, from 2015 to 2017. It may be extended if necessary depending on the results from the first three years.			
Goal	The goal of the project is to reduce the number of children under five years old, including neonates, who get and/or die from preventable diseases.			
Objectives	 Increasing the number of children receiving early diagnosis and treatment for common diseases. Increasing the number of parents implementing prevention behaviours. Reducing the number of complications during pregnancy and birth through increasing the use of safe delivery services and family planning. 			
Partners and stakeholders	 Phalombe District Health Office Nambazo Health Centre Traditional Authority Chiwalo Group Village Headmen, Village Headmen Village Health Committees Community members Community Based Organizations 			

Purpose

A baseline survey for this pilot project is required for two reasons. The first is to validate the problems identified during the problem tree analysis meetings with stakeholders. This analysis was purely qualitative and so a quantitative survey is required to confirm the real scale of the problems.



The second reason for conducting a baseline survey is that the evaluation of the project will be done using a baseline and endline survey in both intervention and control villages. The baseline survey will be conducted in January 2015 and the endline survey will be conducted three years later in January 2018.

Methodology

Design

A quasi-experimental design will be used for the baseline and endline survey. This means that both villages in the program area, as well as control villages in non-program areas will be surveyed. The non-program areas will include the catchments of at least two Health Centres that are similar to Nambazo Health Centre and also managed by Phalombe District Health Office. The exact Health Centres to be used are still being selected. They will be chosen to be as close as possible to Nambazo Health Centre in terms of size, remoteness and service level.

The reason for selecting control villages from two other Health Centres is that there are several other NGOs working in Phalombe District. Selecting control villages from multiple Health Centres will minimize the risk that all control villages are being impacted by the program of another NGO.

The baseline and endline surveys will be conducted by independent consultants to ensure that the data collected is high quality, and to reduce the risk of bias.

Sampling

Village sampling

Two-stage cluster sampling will be used. In the first stage 50 villages will be randomly selected from the intervention area and 50 villages from the control areas (100 villages in total). The aim is to maximize the number of primary sampling units (villages) as per the UN Guidelines on Household Surveys⁷, while still keeping the number of villages to be visited manageable.

Villages will be selected using simple random sampling from the list of known villages. If an accurate population of each village can be provided by the Health Centre or District then probability proportional to size sampling method could be used.

Household sampling

Within each village 10 households will be selected using a random walk quota method. This will give a total of 500 households in the intervention areas and 500 in the control areas (1000 households in total). This should be sufficient to detect a difference in proportions of at least 15% at 95% power.⁸ A difference of less than 15% on key indicators (e.g. child morbidity, latrine coverage, hand-washing, etc) would be too small to have a meaningful impact for beneficiaries and so it is not necessary to measure at that level.

To select the households the enumerator will stand at the house of the chief and spin a stick with an arrow on one end. They will walk in the direction of the arrow until they reach a house. If there is a woman of reproductive age in the house (15-49 years) who has at least one child under 5 years old

⁷ UN Department of Economic and Social Affairs Statistic Division. Designing Household Survey Samples: Practical Guidelines. Available at http://unstats.un.org/unsd/demographic/sources/surveys/Handbook23June05.pdf

⁸ Conroy, R. Sample size: A rough guide. Chapter 1.3 Sample sizes for studies comparing proportions between two groups.



they will proceed with the survey (if she is willing). If not they will stand facing the door of the house and go to the next house on the right. They will continue going right until they reach a house that has an eligible woman in it who is willing to complete the survey.

Instrument

The survey questionnaire has been developed by Inter Aide. It is based on questions from the 2010 Malawi Demographic Health Survey (MDHS) to align with national statistics. The same questionnaire has been used for other Inter Aide programs.

The survey takes 30-45 minutes to complete for each household. On average, enumerators are able to complete 10 surveys per day. A copy of the survey questionnaire can be provided on request.

Quality control

After completing each survey the enumerator will give the survey to their supervisor who will review it for completeness. If any information is missing they will ask the enumerator to return to the household to complete it. The supervisor will randomly choose 10% of surveys to audit. The audit will involve returning to the household and asking at least 10 questions again to verify that the answers in the survey are correct.

Data analysis

Data analysis will be conducted by Inter Aide using a statistical package and standard statistical tests. Statistically significant results will be those with p<.05.

Ethics

The purpose of this survey is for quality improvement rather than scientific research, and it has minimal risks. According to the ARECCI Ethics Screening Tool it does not require ethics committee approval.⁹

All participants will be required to give informed consent before participating in the survey. This will be done with a thumb print on the consent form. The woman completing the survey may choose to stop the survey at any time.

Consultant Requirements

The consulting team must be comprised of:

- 1 lead consultant this individual must have a relevant health qualification, and experience managing a team of enumerators in the field. This person must be available on all days to supervise the team.
- Minimum of 7 enumerators all enumerators must have a relevant health qualification (medical / nursing students can be included) and experience conducting surveys. Inter Aide will provide 1 enumerator to assist the team (8 total).

Please not the following requirements:

⁹ ARECCI Ethics Screening Tool. Available at: <u>http://www.aihealthsolutions.ca/arecci/misunderstandings.php</u>



- Any consultants or enumerators who are full time employees of the government or another organization MUST take annual leave to work as a consultant. Inter Aide will require all team members to submit a copy of their approved leave authorization.
- Enumerators who are also government employees should not be taken from rural health facilities, or from the same health facility, as this is likely to interrupt services provided to patients. Inter Aide may request that enumerators be changed if there is the possibility of health services being interrupted.

Deliverables

The consulting team must produce the following deliverables:

- 1000 completed survey questionnaires
- Audit reports for 10% of survey questionnaires

Inter Aide will be responsible for competing the data entry, analysis and producing the final report. The draft report will be provided to the consultant for review.

Timeline

Field work(including training and pre-testing) for the survey will be completed from 19th January 2015 - 8th February 2015. The consultant is free to propose a shorter or longer number of days.

Proposal Format

Proposals should be submitted as a Word or PDF document. As a minimum the proposal should include:

- Introduction
- Methodology
- CV for the lead consultant
- Short bio of each enumerator
- Work plan
- Budget
- Contact details for the lead consultant

The consultant is free to add additional information beyond these points.

Budget

The maximum budget for the consulting engagement is 1 million kwacha. The budget is fixed and cannot be changed.

The budget submitted by the consultant should include all costs **<u>except</u>** for the following items, which will be provided by Inter Aide:

- One enumerator to assist the team of enumerators provided by the consultant
- Transport for the consultant and enumerators from Phalombe to the field
- Stationary and photocopying
- Data entry, analysis and report writing



ANNEX K: Consultant Contract

INTER AIDE CHILD HEALTH PROGRAM BASELINE SURVEY

Contracting Authority	Inter Aide Address: Tel: E-mail:	P.O. Box 318, Zomba +265 997 449 268 interaide.health.malawi@gmail.com
Contractor	Chisomo Kankh Address: Tel: E-mail:	wali Phalombe DHO, Box 79, Phalombe +265 995 224 223 <u>kankhwac@gmail.com</u>

ARTICLE 1. SUBJECT

- **1.1.** The Inter Aide Child Health Program in Phalombe district is a programme to reduce morbidity and mortality among children under 5 years old.
- **1.2.** The subject of the contract shall be the baseline survey for the Inter Aide Child Health Program, which will be conducted by the Contractor following the Terms of Reference in **ANNEX A** and the Contractor's proposal in **ANNEX B** between **January 2014 and February 2015**.

ARTICLE 2. LAW APPLICABLE AND OFFICIAL LANGUAGE

- **2.1.** The contract shall in all respects be construed and interpreted in accordance with the Malawian Law. The Parties shall make every effort to settle amicably any dispute that may arise between them. Once a dispute has arisen, the Parties shall notify each other in writing of their positions on the dispute and any solution that they consider possible.
- 2.2. The contract and all written communications between the Parties will be drafted in English.

ARTICLE 3. PRICE AND TERMS OF PAYMENT

- **3.1.** The price of the Project to be paid to the Contractor is **1,000,000.00 kwacha** (One million kwacha). The contract price shall be paid by cheque to the individual who signs this contract on behalf of the Contractor.
- **3.2.** The payments shall be made in three instalments as follows:
 - 1) **150,000.00 kwacha** (one hundred and fifty thousand kwacha), equal to the **15%** of the total contract amount, after completing the briefing and pre-testing.
 - 2) **600,000.00 kwacha** (six hundred thousand kwacha), equal to the **60%** of the total contract amount, after all data collection is complete.
 - 3) **250,000.00 kwacha** (two hundred and fifty thousand kwacha), equal to the **25%** of the total contract amount, after completion of data analysis and peer review of the final report.
- **3.3.** The price referred to in Article 3.1 above shall be the sole remuneration owed by the Contracting Authority to the Contractor under the contract. It is a fixed price and shall not be



subject to revision. The price is inclusive of VAT and all other taxes. The Contractor is responsible for paying all relevant taxes.

ARTICLE 4. GENERAL OBLIGATIONS

- **4.1.** The Contractor shall perform the contract with due care and diligence including, where specified, the design, manufacture, delivery to site, erecting, testing and commissioning of the supplies and carrying out of any other work including the remedying of any defects in the supplies. The Contractor shall also provide all necessary equipment, supervision, labor and facilities required for the performance of the contract except the items specified in **Article 5.2**.
- **4.2.** The Contractor shall respect and abide by all laws and regulations in force in the state of the Contracting Authority and shall ensure that his personnel, their dependents, and his local employees also respect and abide by all such laws and regulations. The Contractor shall indemnify the Contracting Authority against any claims and proceedings arising from any infringement by the Contractor, his employees and their dependents of such laws and regulations.
- **4.3.** The Contractor shall treat all documents and information received in connection with the contract as private and confidential. He shall not, save in so far as may be necessary for the purposes of the contract's execution, publish or disclose any particulars of the contract without the prior consent in writing of the Contracting Authority. If any disagreement arises as to the necessity for any publication or disclosure for the purpose of the contract, the decision of the Contracting Authority shall be final.
- **4.4.** The Contractor is responsible for all their own insurance including Workers Compensation Insurance and all other insurance. The Contractor is also responsible for paying all their tax and pension contributions. The Contractor is responsible for insuring their own equipment and for providing their own health insurance. The Contracting Authority will not be held liable for any damage to the Contractor's equipment regardless of cause, or any injury to the Contractor during activities related to the project.
- **4.5.** The Contractor must provide evidence that all government employees working as subcontractors have taken official annual leave from their duties on days when they are subcontracting.
- **4.6.** The Contracting Authority will provide equipment for the Contractor to use, including but not limited to, rain coat jackets and digital cameras. All equipment must be returned to Inter Aide in working condition. If any equipment is lost, damaged or stolen when in use by the Contractor the value of the replacement item will be deducted from the Contractor's fee.

ARTICLE 5. WORK PLAN, DELIVERABLES AND EXECUTION

- **5.1.** The Contractor must draw up detailed work plan and produce deliverables following **ANNEX A** and **ANNEX B**. All activities shall follow the work plan as agreed by the two parties. The final deliverables are:
 - One raw data set in .csv or .xls format containing all the raw data from the surveys.
 - One baseline survey report.
- **5.2.** To assist with the implementation of the baseline survey Inter Aide will provide the following resources to support the Contractor:
 - Fuel and transport for the Contractor and their staff
 - Refreshments for one briefing meeting
 - Stationary and photocopying
 - Equipment required by enumerators (pens, plastic document covers, rain coat jackets, digital camera etc)



- Data entry for all surveys
- Assistance with analysis
- Report writing for the first draft of the report

ARTICLE 6. BREACH OF CONTRACT AND TERMINATION

- **6.1.** A Party shall be in a breach of contract if it fails to discharge any of its obligations under the contract. This includes if the Contractor fails to produce work of the quality required by the Contracting Authority.
- **6.2.** Where a breach of contract occurs, the injured Party shall be entitled to the following remedies: a) damages; and/or b) termination of the contract.
- **6.3.** The Contracting Authority may, after giving the Contractor seven days' notice, terminate the contract if the Contractor substantially fails to perform his obligations under this contract or in any other instance in which the Contractor refuses or neglects to carry out administrative orders given by the Contracting Authority.
- **6.4.** Neither Party shall be considered to be in default or in breach of its obligations under the contract if the performance of such obligations is prevented by any event of force majeure (by which it is meant acts of God, strikes, lock-outs or other industrial disturbances, acts of the public enemy, wars whether declared or not, blockades, insurrection, riots, epidemics, landslides, earthquakes, storms, lightning, floods, washouts, civil disturbances, explosions and any other similar unforeseeable events which are beyond the Parties' control and cannot be overcome by due diligence) arising after the date of notification of award or the date when the contract becomes effective, whichever is the earlier.

The Contracting Authority and the Contractor affirm to know, understand and agree the following articles of the contract as together negotiated.

Contracting Authority (Inter Aide)	Contractor (Chisomo Kankhwali)		
Name: Anna Hosking	Name: Chisomo Kankhwali		
Position: Programme Manager	Position: Environmental Health Officer		
Signature:	Signature:		
Date:	Date:		

This contract is printed and signed in 2 (two) copies, one of which should be retained by the Contractor.

ANNEX A: See attached baseline survey Terms of Reference

ANNEX B: See attached contractor proposal



ANNEX L: Data Collection Team

Enumerators

Consultants

- Jessie Manyamba
- **Richard Pangani**
- Palicihi Kafunda
- Gloria Kanongwa
- Ellah Singani
- Lusubilo Kamphale
- Albert Kamanga

Supervisors

Inter Aide

Anna Hosking

Lonecks Ulili

Adrian Kamwendo

Consultants

Chisomo Kankhwali



ANNEX M: PPI Lookup Table

Use the following look-up tables to convert PPI scores to the poverty likelihoods below each of the poverty lines.

PPI Score	National (%)	Food (%)	USAID 'Extreme' (%)	1993 PPP \$1.08/day (%)	1993 PPP \$2.16/day (%)
0-4	100.0	78.8	78.8	78.8	100.0
5-9	95.2	60.2	60.2	67.0	100.0
10-14	95.5	63.9	70.9	71.9	97.8
15-19	88.9	60.2	65.5	68.3	96 .7
20-24	82.5	40.8	48.7	49.9	94.3
25-29	70.0	30.8	35.8	38.2	89.4
30-34	59.3	20.1	24.5	28.1	83.2
35-39	47.8	12.0	14.8	17.2	74.0
40-44	36.1	6.6	8.4	10.7	61.2
45-49	25.5	3.5	4.4	6.0	48.9
50-54	13.4	2.0	2.7	3.6	36.5
55-59	7.1	0.9	1.3	2.1	21.4
60-64	3.9	0.0	0.5	0.5	13.0
65-69	0.9	0.0	0.0	0.0	5.2
70-74	0.0	0.0	0.0	0.0	5.8
75-79	2.2	0.0	0.0	0.0	2.2
80-84	0.0	0.0	0.0	0.0	2.6
85-89	0.0	0.0	0.0	0.0	10.4
90-94	0.0	0.0	0.0	0.0	10.4
95-100	0.0	0.0	0.0	0.0	0.0

	2005 PPP	2005 PPP
PPI Score	\$1.25/day	\$2.50/day
	(%)	(%)
0-4	100.0	100.0
5-9	100.0	100.0
10-14	99.2	100.0
15-19	97.5	100.0
20-24	96.3	99.8
25-29	91.2	99.4
30-34	86.8	99.3
35-39	77.5	98.7
40-44	67.8	95.5
45-49	56.0	94.2
50-54	41.5	90.0
55-59	24.3	77.4
60-64	17.0	68.6
65-69	8.0	50.0
70-74	5.8	39.4
75-79	2.2	29.3
80-84	2.6	26.1
85-89	10.4	19.1
90-94	10.4	19.1
95-100	0.0	0.0