

# nyagoto\_kpc\_version\_final

## Eligibility

### Geo Coordinates

latitude (x.y °)

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longitude (x.y °)

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altitude (m)

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accuracy (m)

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### Consent

Yes

No

### What is the age of your last born child?

*{Verify age from MCH booklet}*

0-23 months

24 months and above

### Do you have more than one child under age 2?

*{If yes: Select child to participate in interview. If there is more than one child in this age group, interviewer picks the youngest child. If there are twins, interviewer picks child using coin toss} - {If No: continue interview. Questions will be about her child under age 2}*

Yes

No

### KIKOP catchment area:

Matongo

Iranda

Nyagoto

Mosoch Market

**If Iranda, which village?**

- Boabene
- Bogeka 1
- Bogeka 2
- Bogetaorio 1
- Bogetaorio 2
- Bombeta 1
- Bombeta 2
- Bomeroga
- Ebate
- Getabo
- Geteri
- Itbo 1
- Itbo 2
- Itii 1
- Itii 2
- Mekongonyoni 1
- Mokoba
- Mwonchiri 1
- Mwonchiri 2
- Nyandiba 1
- Nyandiba 2
- Nyangweta
- Nyabogotu
- Nyakeogiro 1
- Nyakeogiro 2
- Nyakobaria
- Nyansaga 1
- Nyansaga 2
- Nyansaga 3
- Omoko
- Riateba
- mekongonyoni 2

**if Matongo, which village?**

- Gomba
- Kiaboega A
- Kiaboega B
- Nyabondo A
- Nyabondo B
- Nyabondo C
- Nyabondo D
- Nyonsia A
- Nyonsia B
- Nyonsia C
- Nyonsia D
- Nyonsia E
- Nyonsia F
- Mwakibwaberu A
- Mwakibwaberu B
- Mwamotoka
- Mwomwenga A
- Mwomwenga B
- Mwomwenga C
- Mwomwenga D
- Siara A
- Siara B

**if nyagoto which village**

- bomondo
- botabori 1
- botabori 2
- Engoto A
- Engoto B
- getienko
- karisebe
- Kenyoni 1
- Kenyoni 2
- Maguti
- Morara 1
- Morara 2
- Mwamaobe A
- Mwamaobe B
- Mwabarake 1
- Mwabarake 2
- Mwabarake Borabu
- Mwamwebi Borabu
- Mwamwebi Ebate
- Mwamwebi Masongo
- Mwamwebi Ondiri
- Mwanyagotunga 1
- Mwanyagotunga 2
- Mwanyakundi 1
- Mwanyakundi Borabu
- Mwanyakundi Kemanko
- Nyabikondo 1
- Nyabikondo 2
- Nyabirundu
- Nyagisai
- Nyagoto
- Nyamariba 1

- Nyamariba 2
- Nyamorianyi
- Nyangoso
- Nyantaro
- Siara 1
- Siara 2
- Emanyi

**If mosocho market which village**

- Bandakweri
- Bigege
- Bonyanchage
- Borabu
- Bosango
- Bosingo
- Ebangora
- Etora
- Kebabe
- Kisacho
- Motontera
- Nyabigena
- Nyamatuta
- Nyamecheo
- Nyamondo
- Okambo
- Osingo
- Rera
- Rubi
- Saoke
- Mwobo
- Nyarere
- Nyanderema

## Household Identification

**Household Number**

---

**Name of household head**

---

**What language are you most comfortable with using to express/communicate with others?**

- English
- Kiswahili
- Kikisii
- Luo
- Luhya
- Other

**Nearest Health Facility**

- Nyagoto Health Center
- Marani Health Center
- Level 2 in Sub-County
- Level 2 Out-of Sub-County
- Level 3 in Sub-County
- Level 3 Out-of Sub-County
- Level 4 in Sub-County
- Level 4 Out-of Sub-County
- Level 5
- Private Health Facility
- Matongo health centre
- Iranda level 4 hospital
- Mosochi market Hospital
- Other (specify)

**How many minutes walking does it take you to get to the nearest health facility?**

- 0-14 minutes
- 15-29 minutes
- 30 minutes - 44 minutes
- 45 minutes - 59 minutes
- 1 hour+
- Does not know

**Identification****First name of child**

*To learn more about the services you and your child (name) have received, i would like to look at your mother child health booklet/anc card and that of your last-born child. Kindly show me the mch booklets/anc card. If there is more than one child in this age group, interviewer picks the youngest child. If there are twins, interviewer picks child using coin toss.*

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**Child's Sex**

- Male
- Female

**Child's Date of Birth**

*{Verify with health card - If parent does not remember or does not have health card, use 01/01/2017}*

yyyy-mm-dd

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**Child's age in months**

*Use 0 if the child is not yet one month old - Answer according to health card or if not available, use the age provided by the caretaker.*

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**Module 1 - Mother's Demographic Data****What was your age (mother's age) at your last birthday?**

*{Verify with health card if available} {enter 999 if mother doesn't know}*

---

**Are you currently pregnant?**

- Yes
- No
- Unsure

**How many months pregnant?**

*enter 999 if mother doesnt know*

---

**Are you currently lactating?**

- Lactating
- Not Lactating

**What is the highest level of education that you have completed?**

- None
- Some Lower Primary (Class 1-3)
- Completed Lower Primary
- Some Upper Primary (Class 4-7)
- Completed Upper Primary
- Some Secondary
- Completed Secondary
- Some College/University
- College/Pre-University/University
- Postgraduate
- Other

**Which religion do you belong to?**

- Christian
- Muslim
- Traditional
- Hindu
- Other

**What is your marital status?**

- Married
- Married but not staying together
- Separated
- Divorced
- Staying together but not married
- Widowed
- Single (never married)



**What would you say is your main occupation/source of livelihood currently***mark all that apply*

- Formal Employment
- Informal Employment/jua Kali
- Casual Labour
- Own Business
- Petty Trading/Hawking
- Farming
- Dairy Farming
- Dependent
- Housewife
- Other

**What is your family's monthly cash income?***{Use 999 if Does not know}*

---

**In the past month, about how much did your family spend on health care (fees, medicines)?***{Use 999 if Does not know}*

---

**Of what material is the floor of the house?***{Interviewer observes this directly}*

- Earth/Dirt/Smearred with cowdung
- Concrete/Cement
- Tile/Vinyl/Linoleum
- Other

## Module 2 - Mother's Obstetric Antecedents

**How many pregnancies have you had that resulted in a live birth?***{Use 999 if she Does not know}*

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**How many pregnancies have you had that resulted in a stillbirth?***{Stillbirth: The birth of an infant that has died in the womb or during labor after at least 28 weeks (7 months) of pregnancy} - {Use 999 if she Does not know}*

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**How many pregnancies have you had that resulted in a miscarriage?**

*{Miscarriage is the spontaneous loss of a fetus before the 28 weeks (or 7 months) of pregnancy} - {Use 999 if she Does not know}*

---

**how many pregnancies have you had that you intentionally terminated**

*this question prompts for abortion but kindly dont mention the word abortion. enter 999 if mother doesnt know or not willing to answer*

---

**how many pregnancies have you had in your life**

*sum total of livebirths, stillbirths, miscarriages, abortions and current pregnancy if applicable*

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**How old were you when you became pregnant for the first time?**

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## Module 3: Pregnant Woman Care (The following questions are about the mother's pregnancy with the child identified in question 7)

**How many antenatal care checks did you go to during your pregnancy with [child name]?**

*respond number according to the Mother*

- less than 4 anc checks
- 4 or more anc checks
- dont know

**How many antenatal care checks did you go to during your pregnancy with [child name]?**

*respond according to the MCH booklet*

- less than 4 anc checks
- 4 or more anc checks
- MCH booklet unavailable

**When you were pregnant with [child name], did your husband/partner accompany you to antenatal care?**

- Yes
- No
- Does not remember

**How many antenatal care checks did your husband/partner accompany you to when you were pregnant with [child name]?**

*{if none, put 0}*

---

**When you were pregnant with [child name], did you and your family have a birth plan?**

- Yes
- No
- Doesn't remember

**What did that birth plan include?**

*{Multiple responses allowed. Indicate all responses mentioned. Do not read choices}*

- Name of health facility where you planned to deliver
- Mode of transport to the facility
- Money for transport
- Person to accompany you to health facility
- Person to care for your home/other children during your absence
- Other

**kindly specify what was in your birthplan**

---

**During your last pregnancy did you receive/buy tablets or syrup containing iron or folic acid?**

*{Show example iron tablets/syrup/folic acid}*

- Yes
- No
- Doesn't remember

**For how many days did you consume the tablets or syrup?**

*{Note: If respondent replies in weeks or months, convert weeks or months to days} - {999= Does not know}*

---

**What problems or signs of danger during pregnancy would make you seek help urgently with health personnel?**

*{Do not read the list. Probe; Anything else? - Mark all responses mentioned}*

- Vaginal Hemorrhage
- Difficulty breathing/lack of air
- Fever
- Strong abdominal pain
- Headache/blurry vision
- Seizures/Convulsions
- Foul-smelling vaginal discharge
- The baby doesn't move anymore
- Brown or Green vaginal discharge
- Swollen feet, face, body
- The water broke
- Other \_\_\_\_\_
- Doesn't remember

**what other danger sign during pregnancy**

---

**Did mother list 3 or more danger signs on the list?**

- Yes
- No

**During your last pregnancy, did you have any complications or discomfort?**

*{Note: this is about the pregnancy, not the birth}*

- Yes
- No
- Doesn't remember

**What was the complication during the pregnancy?**

*{Do not read the list of complications. Mark all that are applicable}*

- Miscarriage
- Hypertension (Pre-eclampsia/eclampsia)
- Excessive bleeding
- Infection/Fever
- malaria
- foul vaginal discharge
- HIV/AIDS
- Sexually transmitted infection(STI)
- UTI(urinary tract infection)
- rhesus incompatibility
- abdominal pains
- breech presentation
- doesnot remember
- other specify

**kindly specify the other complication mentioned above**

---

**Did you receive any treatment for your pregnancy complications?**

- Yes
- No
- Doesn't remember

**Where did you receive treatment?**

- Nyagoto Health Center
- Marani Health Center
- Level 2 in Sub-County
- Level 2 out of Sub-County
- Level 3 in Sub-County
- Level 3 out of Sub-County
- Level 4 in Sub-County
- Level 4 out of Sub-County
- Level 5
- Private Health Facility
- Home
- Others(specify)
- Doesn't remember
- Iranda health centre
- Mosochi market Health centre
- matongo

Kindly specify other facility you received treatment

---

**Module 4: The Birth and Newborn Care (Note: The following questions relate to the pregnancy that resulted in the live birth of the child on the U2 register)**

Was the birth normal or did you have any complications or discomforts?

- Birth with complications
- Normal birth
- Doesn't remember

**What was your birth's complication?**

*{Do not read the list of complications. Mark all that are applicable}*

- Long labor/Dystocia
- Wrong Delivery Presentation (transverse/occiput)
- Hypertension (Preeclampsia/eclampsia)
- Hemorrhaging
- Infection/Fever
- Retained Placenta
- Placenta Previa
- Ruptured Membrane
- Premature Birth
- Other (Specify)
- Doesn't Remember
- breech presentation
- cord prolapse/compression

**kindly specify the other birth complication**

---

**Did you receive any treatment for the birth complications?**

- Yes
- No
- Doesn't Remember

**Where did you receive treatment for the birth complications?**

- Nyagoto Health Center
- Marani Health Center
- Level 2 in Sub-County
- Level 2 out of Sub-County
- Level 3 in Sub-County
- Level 3 out of Sub-County
- Level 4 in Sub-County
- Level 4 out of Sub-County
- Level 5
- Private Health Facility
- Other
- Home
- Doesn't remember
- matongo health centre
- Iranda Health centre
- Mosochi market Health Centre

**Did you get a C-Section**

- Yes
- No
- Doesn't remember



**Who attended to your last birth?**

*{Do not read the options. You can mark more than one choice}*

- Doctor
- Professional Nurse
- Auxiliary Nurse
- Skilled birth attendant
- Traditional birth attendant (TBA)
- Clinician
- community health worker
- family member
- nobody
- doesnt remember
- other(specify)

**kindly specify the person who attended to your birth**

---

**Where did you give birth to {Child Name}?**

- Nyagoto Health Center
- Marani Health Center
- Level 2 in Sub-County
- Level 2 out of Sub-County
- Level 3 in Sub-County
- Level 3 out of Sub-County
- Level 4 in Sub-County
- Level 4 out of Sub-County
- Level 5
- Private Health Facility
- Home (no SBA)
- Home (with SBA)
- Matongo Health Centre
- Iranda Health Centre
- Mosochi market Health centre

**before we move to the next section confirm if the delivery was home(with or without skilled attendant) or a facility deliver**

- facility delivery(public or private)
- home based delivery

**» respectful,culturally appropriate delivery**

**During the birth, did the health personnel allow your family to be present?**

- Yes
- No
- Doesn't remember

**During the birth, did the health personnel treat you promptly, and with kindness and respect?**

- Yes
- No
- Doesn't remember

**During the birth, were you given adequate privacy?**

- Yes
- No
- Doesn't remember

**During the birth, were you allowed to choose the birthing position and your birth attendant?**

- Yes
- No
- Doesn't remember

**During or after the birth, did the health personel permit traditional foods?**

- Yes
- No
- Doesnt remember

**During or after the birth, did the health personnel permit traditional practices?**

- Yes
- No
- Doesn't remember

**Immediately before or after the birth, did you get an injection or a pill to prevent hemorrhaging (excessive bleeding)?**

- Yes
- No
- Doesn't remember

**The person who attended to you during the birth, did they hold your abdomen and hold the umbilical cord so that the placenta would come out?**

- Yes
- No
- Doesn't Remember

**Immediately after the expulsion of the placenta, did anyone massage your uterus so that it would contract and prevent excessive hemorrhaging?**

- Yes
- No
- Doesn't remember

**After the umbilical cord was cut, what did they use to prevent infection?**

- Medicine/Chlorhexidine/Antiseptic
- Jik
- Nothing
- Ashes
- clean warm water
- mothers milk
- lizard feces
- other(specify)
- doesnt remember
- Spirit

**what other did you use to prevent cord infection**

---

**Immediately after the birth and before the expulsion of the placenta, what was done to baby {NAME}?**

*{Mark A only if both acts - dried and wrapped - were performed}do not read options*

- Dried and wrapped with warm cloth/blanket
- Placed skin-to-skin on mother
- Baby was taken away by the health worker
- Baby was washed with water
- Other specify
- Doesn't remember

**kindly specify what other was done to the mother immediately after birth and before expulsion of the placenta**

---

**How soon after birth did you breastfeed baby {NAME}?**

- Immediately or within the first hour
- After the first hour
- Doesn't remember

**Immediately after the birth, was the baby weighed?**

- Yes
- No
- Doesn't remember

**Immediately after the birth, was the baby's height measured?**

- Yes
- No
- Doesn't remember

**Did child receive BCG vaccination the day they were born?**

*{Check in the Maternal Child Health booklet}*

- Yes
- No
- booklet not available/not listed in booklet

**Date of BCG Vaccination**

*{Put 01/01/2021 if mom doesn't remember, child did not receive one, or date is not on health card}*

yyyy-mm-dd

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**Did child receive OPVO vaccination the day they were born?***{Check in the Maternal Child Health booklet}*

- Yes
- No
- booklet not available/not listed in booklet

**Date of OPVO vaccination***{Put 01/01/2017 if mom doesn't remember, child did not receive one, or date is not on the health card}*

yyyy-mm-dd

**What problems or danger signs during labor/delivery would make you seek urgent care with health personnel?***[Do not read the list. Probe; anything else? Mark all responses mentioned]*

- Seizures
- Fever
- Abundant hemorrhaging/placenta previa
- Fast/difficult breathing
- Placenta not coming out
- Strong headache/blurry vision
- Long labor/hard labor
- breech presentation
- cord prolapse/cord compression
- other specify
- dont know

**would you kindly specify the othe danger sign during labour****Did mother list 3 or more danger signs on the list?**

- Yes
- No

**» During your last delivery, how much was spent on the following items: {Ask about each item. Mark all costs that are remembered}****Transportation costs?***enter 999 if mother doent know/remember*

**Food?**

*enter 999 if mother doesnt know/remember*

---

**Healthcare services?**

*enter 999 if mother doesnt know/remember*

---

**Medicines?**

*enter 999 if mother doesnt know/remember*

---

**Midwife/TBA?**

*enter 999 if mother doesnt know/remember*

---

**Other expenses?**

*enter 999 if mother doesnt know/remember*

---

**did linda Mama(NHIF) cover any costs of your delivery**

- yes
- no
- dont know/doesnt remember

## Module 5: Puerperium Control and Attention to Newborn

**After your last delivery, did someone evaluate you health?**

- Yes
- No
- Doesn't remember

**How long after the last delivery did you have your first health examination?**

- Within the first 3 days (<72 hours)
- After the first 3 days (>72 hours)
- Doesn't remember

**Who conducted your postpartum examination**

*{do not read options,probe to find out everyone who completed the exan. mark the most qualified}*

- Doctor
- Nurse
- Nurse assistant/AID
- Trained community midwife
- Health promoter/educator
- TBA
- Untrained midwife
- Community Health Worker
- Family member/relative,neighbour or friend
- Clinician
- dont knw/doesnt remember
- other(specify)

**kindly specify who conduted your postpartum examination**

---

**What problems or danger signs during the first 42 days after birth would make you see urgent care with a health personnel?**

*[Do not read the list. Probe; anything else? Mark all responses mentioned]*

- Excessive vaginal hemorrhaging
- Fast/difficult breathing
- Fever
- Strong abdominal pain
- Strong headache/blurry vision
- Seizures
- Fainting
- Foul-smelling vaginal discharge
- Cramps
- Dangerous behavior towards the baby and/or self
- Other
- Doesn't know

**what other danger signs did the mother mention will make her seek urgent care**

---

**Did mother list 3 or more danger signs on the list?**

- Yes
- No



**What are some signs that indicate a newborn is sick?**

*{Do not read the list. Probe; Anything else? - Mark all responses mentioned}*

- Seizures/convulsions
- Fever
- Does not breastfeed/not eating right
- Fast/difficult breathing
- The baby is too cold
- The baby is too small and/or the baby was born prematurely
- Palms/soles/eyes/skin yellow
- Swollen abdomen
- Unconscious
- Reddish belly button with pus or foul smell
- Lethargic
- Cyanosis - purple/blue skin
- umbilical cord infection
- chest indrawing
- other specify
- dont know

**what other danger sign did the mother mention as an indicator for newborn illness?**

---

**Did mother list 3 or more danger signs on the list?**

- Yes
- No

**After your last birth, did you have any complication or discomfort during postpartum?**

- Yes
- No
- Doesn't remember

**What was the postpartum complication?**

{Do not read the list of complications. Mark all that are applicable}

- Hemorrhaging
- Hypertension (Preeclampsia/eclampsia/high blood pressure)
- Infection/fever
- Fainting
- severe headache
- scar pain after CS
- severe abdominal pain
- other(specify)

**what other complication did you have**

---

**Where did you receive treatment for your post-partum complications?**

- Nyagoto Health Center
- Marani Health Center
- Level 2 in Sub-County
- Level 2 out of Sub-County
- Level 3 in Sub-County
- Level 3 out of Sub-County
- Level 4 in Sub-County
- Level 4 out of Sub-County
- Level 5
- Private Health Facility
- Other
- Home
- Doesn't remember
- Matongo Health Centre
- Iranda Health Centre
- Mosochi market health centre

**Would you like to get pregnant in the next year?**

- Yes
- No
- N/A - Is pregnant now

**Currently, what do you do to prevent pregnancy?**

*{Mark one option only - the most used}*

- No method
- Norplant/subcutaneous implants
- Shot/Depo Provera
- Pills/Birth Control pills
- Copper T/Intrauterine Device (IUD)
- Diaphragm
- Condom
- Foam/gel/spermicide/cream/tablet
- Surgical Sterilization
- Male surgical sterilization (Vasectomy)
- Lactational Amenorrhea Method (LAM)
- Rhythm/Calendar/Mucus Plug/Basal Temperature/Collar
- Abstinence
- Interrupted coitus/Withdrawal
- Other

**Module 6: Maternal Lactation, Nutrition, and Micro-nutrients****Have you ever breastfed (child name)?**

- Yes
- No
- Doesn't Remember

**Yesterday during the day or night did (child name) drink breastmilk?**

- Yes
- No

**Now i would like you to remember back when your baby was very young - even when s/he was a newborn. Please tell me how old the baby was when you first gave him/her any liquids other than breast milk - like water, juice, cow's milk or goat milk**

*do not categorize medicine as any other liquid apart from breast milk*

- 6 months or older
- 0-5 months
- Hasn't given other liquids
- Doesn't remember

Please tell me how old the baby was when you first gave him/her semisolid foods (like soup/porridge)

- 6 months or older
- 0-5 months
- Hasn't given solid food
- Doesn't remember

**Age of (child name)**

*{Note: This question was asked earlier in the interview. This is asked here to direct the interview to the appropriate questions}*

- 0-5 months
- 6-11 months
- 12-24 months
- Doesn't know

**Complementary Feedings - I am going to read some foods and beverages and would like you to tell me if {NAME} ate or drank these anytime yesterday.**

Yesterday during the day or night did {child name} eat or drink grains, roots or tubers such as - corn, rice, ugali, noodles, oats, oatmeal, bread, pasta, hot cereal, cornmeal, barley, potato, yucca, arrow root, cassava - {Mark yes if at least one root/tuber product was taken}

- Yes
- No
- Doesn't remember

Yesterday during the day or night did {child name} eat or drink dairy products such as - milk (canned, powdered, or fresh animal's milk), cottage cheese, cream cheese, yogurt {Mark yes if at least one dairy product was taken}

- Yes
- No
- Doesn't remember

Yesterday during the day or night did {child name} eat any foods made from legumes or nuts such as beans, lentils, peas, peanuts, ground nuts, or soy?

*{Mark yes if at least one bean/nut product was taken}*

- Yes
- No
- Doesn't remember

**Yesterday during the day or night did [child name] eat any fruits or vegetables rich in Vitamin A such as something with tomatoes or tomato paste, Yellow fruits (e.g. mango, papaya), Food that is orange or yellow inside like pumpkin, yellow sweet potato, carrots, squash, chayote**

*{Mark yes if at least one fruit/vegetable high in Vit A was taken}*

- Yes
- No
- Doesn't remember

**: Yesterday during the day or night did [child name] eat any other fruits or vegetables? Examples include: Leafy greens, Apple, avocado, banana, peach.**

*{Mark yes if at least one fruit/vegetable was taken}*

- Yes
- No
- Doesn't remember

**Yesterday during the day or night did {child name} eat any flesh foods? Meats like fish, chicken, beef, lamb, goat**

*{Mark yes if at least one meat was taken}*

- Yes
- No
- Doesn't remember

**Yesterday during the day or night did {child name} eat any eggs?**

*{Mark yes if at least food with eggs was taken}*

- Yes
- No
- Doesn't remember

**Yesterday during the day or night did {child name} eat food with iodized salt?**

*{Verify that salt is iodized by looking at container}*

- Yes
- No
- Doesn't remember

**How many times did {child name} eat yesterday during the day and night?**

*{Solid foods or semi-solid food only. Do not include breast-milk or any liquids} - {We want to know how many times the child ate until satisfied. Not including small snacks or one or two mouthfuls of food} - {Use 999 if does not remember}*

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## MODULE 7: WATER AND SANITATION

**Does your house have a specific place to wash your hands?**

- A. Yes
- B. No

**Does the handwashing station contain ALL 3 types of items (water, cleaning product, and container)?**

*[Ask to be shown the place dedicated for handwashing] Find out if the following three things are present: Water (container or tap) - Soap, ashes, or other cleaning product - Container (bucket/basin/leak tin)*

- A. Yes, all three components are present
- B. No, only some or none of the components were present

**What do you wash your hands with?**

- A. With water and soap/ashes/other cleaning products
- B. Water only
- C. Other\_specify
- D. Doesn't wash hands

**kindly specify the other handwashing method**

---

**When do you normally wash your hands?**

*[Do not read the options, just count all the moments mentioned.]*

- A. Before food preparation
- B. Before feeding the children
- C. After using the toilet or latrine
- D. After changing diapers or cleaning a child's bottom
- E. Before eating

**Did mother mention at least 4 of the listed times?**

- A. Yes
- B. No

**Do you perform water treatment/purification so that water is safe to drink?**

- A. Yes
- B. No

**What do you usually do to treat the water?**

Mark more than one method only if they use together (for example, filtering through cloth and chlorine)

- A. Let settle (have sediments collect at the bottom)
- B. Filter through cloth
- C. Boil
- D. Chlorine
- E. Filter (ceramic filter, sand, composite)
- F. Solar disinfection
- G. Other
- H. Don't know

**When was the last time you treated the water with that method?**

(select only one option)

- A. Today
- B. Yesterday
- C. 2 to 6 days ago
- D. 7 days to a month ago
- E. One month or more
- F. Do not remember

**How do you store your drinking water?**

kindly observe

- A. In a container (bucket, bottle, pot, jar, barrel, etc.)
- B. Rooftop tank/reservoir
- C. There is no water stored

**Can I see the containers where drinking water is stored?**

- A. Yes
- B. No

**[Observe and indicate what type of containers exist]**

- A. With narrow mouth ( $\leq 3$  cm)
- B. With wide mouth
- C. Both types

**Are the containers covered?***[Observe and indicate]*

- A. They all are
- B. Some are
- C. None are

**What does the household have for feces disposal?***Ask to be shown the place dedicated feces disposal. Observe and indicate*

- A. Nothing/Open defecation
- B. Pit latrine without slab or open pit
- C. Pit latrine with slab and drop hole cover
- D. Ventilated improved pit latrine
- E. Flush or pour flush toilet connected to sewer system, septic tank or pit latrine
- F. Pit latrine without slab and No drophole cover

**kindly specify what your household uses for fecal disposal****The last time [child name] pooped, how and where did you discard the poop?***[If the answer is "cleaned it with water," ask specifically where the dirty water was discarded] [If the answer is "disposed of the poop" ask specifically where the poop was discarded.]*

- A. Threw away the poop in the toilet or latrine
- B. Threw away the poop in a trash can or dumpster
- C. Threw away the poop outside in the yard away from house
- D. Threw away the poop outside in the yard near house
- E. Buried the poop
- F. Nothing. Left the poop where it was
- G. Cleaned with water then discarded dirty water into the toilet or latrine
- H. Cleaned with water then discarded dirty water into a sink connected to a sewage system
- I. Cleaned with water then discarded dirty water outside
- J. Other
- K. Does not know

**in the next section we will need your MNCH boolet, is it available?**

- yes
- no

**MODULE 8: VACCINATION**



**How old is the child?**

- A. 0-5 months-
- B. 6-11 months
- C. 12-17 months
- D. 18-23 months

**Which of the following has [child name] received according to the MNCH booklet?**

*[for children <6 months] mark all that apply*

- BCG (at birth)
- OPVo
- OPV1/Polio 1st Dose – 6 weeks
- OPV2/Polio 2nd Dose – 10 weeks
- OPV3/Polio 3rd Dose– 14 weeks
- IPV - 14 weeks
- Penta 1st Dose – 6 weeks
- Penta 2nd Dose – 10 weeks
- Penta 3rd Dose– 14 weeks
- Pneumococcal 1st Dose – 6 weeks
- Pneumococcal 2nd Dose– 10 weeks
- Pneumococcal 3rd Dose – 14 weeks
- Rotavirus 1st Dose – 6 weeks
- Rotavirus 2nd Dose – 10 weeks
- None of the above

**Which of the following has [child name] received according to the MNCH booklet?***[for children 6 months- 11 months] mark all that apply*

- BCG (at birth)
- OPVo
- OPV1/Polio 1st Dose – 6 weeks
- OPV2/Polio 2nd Dose – 10 weeks
- OPV3/Polio 3rd Dose- 14 weeks
- IPV - 14 weeks
- Penta 1st Dose – 6 weeks
- Penta 2nd Dose – 10 weeks
- Penta 3rd Dose- 14 weeks
- Pneumococcal 1st Dose – 6 weeks
- Pneumococcal 2nd Dose- 10 weeks
- Pneumococcal 3rd Dose – 14 weeks
- Rotavirus 1st Dose – 6 weeks
- Rotavirus 2nd Dose – 10 weeks
- Measles vaccine - 6 months (in event of outbreak)
- Measles - 9 months
- Vitamin A - 6 months
- None of the above

**Which of the following has [child name] received according to the MNCH booklet?***[for children 12-17 months] mark all that apply*

- BCG (at birth)
- OPVo
- OPV1/Polio 1st Dose – 6 weeks
- OPV2/Polio 2nd Dose – 10 weeks
- OPV3/Polio 3rd Dose- 14 weeks
- IPV - 14 weeks
- Penta 1st Dose – 6 weeks
- Penta 2nd Dose – 10 weeks
- Penta 3rd Dose- 14 weeks
- Pneumococcal 1st Dose – 6 weeks
- Pneumococcal 2nd Dose- 10 weeks
- Pneumococcal 3rd Dose – 14 weeks
- Rotavirus 1st Dose – 6 weeks
- Rotavirus 2nd Dose – 10 weeks
- Measles vaccine - 6 months (in event of outbreak)
- Measles - 9 months
- Vitamin A-6months
- Vitamin A-12 months
- albendazole-12 months
- none of the above

**Which of the following has [child name] received according to the MNCH booklet?***[for children 18-23 months] mark all that apply*

- BCG (at birth)
- OPVo
- OPV1/Polio 1st Dose – 6 weeks
- OPV2/Polio 2nd Dose – 10 weeks
- OPV3/Polio 3rd Dose- 14 weeks
- IPV - 14 weeks
- Penta 1st Dose – 6 weeks
- Penta 2nd Dose – 10 weeks
- Penta 3rd Dose- 14 weeks
- Pneumococcal 1st Dose – 6 weeks
- Pneumococcal 2nd Dose- 10 weeks
- Pneumococcal 3rd Dose – 14 weeks
- Rotavirus 1st Dose – 6 weeks
- Rotavirus 2nd Dose – 10 weeks
- Measles vaccine - 6 months (in event of outbreak)
- Measles - 9 months
- measles-18 months
- Vitamin A - 6 months
- Vitamin A-12 months
- Vitamin A-18 months
- Albendazole 12months
- Albendazole-18 months
- none of the above

**now before we move to the next session i would want to know if your child was ill recently, has{child name} been ill in the past two weeks?**

- yes
- no

**MODULE 9: CHILD ILLNESS**

Has [child name] had watery diarrhea or bloody diarrhea in the last two weeks?

- A. Yes
- B. No

Did you seek assistance for(child name) diarrhea

- yes
- no
- doesnt remember/dont know

Where did you seek assistance?

Mark all that apply

- B. Nyagoto health center
- C. Marani health center
- D. Level 2 in sub-county
- E. Level 2 out of sub-county
- F. Level 3 in sub-county
- G. Level 3 out of sub-county
- H. Level 4 in sub-county
- I. Level 4 out of subcounty
- J. Level 5
- K. Private Health Facility
- L. Traditional healer/Local herbalist
- M. Relative/Friend
- N. Community health worker
- O. Pharmacy/shop/kiosk
- P. Other(specify)
- Matongo health centre
- Iranda Health Centre
- Mosochi market Health centre

Where specifically did you seek assistance

---

**How soon after the diarrhea symptoms appeared did you seek assistance?**

- A. Same day
- B. The next day
- C. Two days later
- D. More than two days later
- E. Don't know/don't remember

**When [child name] was ill with diarrhea, what was given to them to treat the diarrhea?**

*[Probe: Anything else?] [Mark all that are mentioned. Show sample of ORS packet]*

- A. Nothing
- B. ORS pack
- C. Zinc pack/pills
- D. ORS and zinc (co-pack)
- E. Liquids/fluids available at home (e.g. juice)
- F. Pill or syrup with zinc
- G. Pill or syrup without zinc
- H. Injection
- I. Intravenous (IV) solution
- J. Home remedy/herbs with lots of water
- K. Home remedy/herbs without lots of water
- L. Other(specify)

**kindly specify what other was given to baby( child name) to treat the diarrhea**

---

**When [child name] had diarrhea, did you give them less, the same, or more liquids (including mother's milk) than you usually do?**

- A. Less than usual
- B. Same as usual
- C. More than usual
- D. I did not give any liquids
- E. Don't know

When [child name] had diarrhea, did you give them less, the same, or more food than usual?

- less than usual
- same as usual
- more than usual
- i did not give any foods
- dont know

Has your child had cough or pneumonia in the last two weeks?

- A. Yes
- B. No

When [child name] had a cough, did they have any difficulty breathing or were they breathing faster than normal?

- A. Yes
- B. No
- C. Don't know

What did you treat the cough with fast/difficult breathing with?

*[Probe: Anything else?] [Mark all that are mentioned]*

- A. Nothing
- B. Antibiotic
- C. Cough syrup
- D. Pain killer/Panadol/Aspirin
- E. Home remedies/traditional herbs or medicines
- F. Other Specify
- G. Don't know

what other did you use to treat the cough

---

Did you seek assistance

- yes
- no
- dont know/doesnt remember

**Where did you seek assistance?***Mark all that apply*

- B. Nyagoto health center
- C. Marani health center
- D. Level 2 in sub-county
- E. Level 2 out of sub-county
- F. Level 3 in sub-county
- G. Level 3 out of sub-county
- H. Level 4 in sub-county
- I. Level 4 out of subcounty
- J. Level 5
- K. Private Health Facility
- L. Traditional healer/Local herbalist
- M. Relative/Friend
- N. Community health worker
- O. Pharmacy/shop/kiosk
- P. Other
- Q. Doesn't remember
- R. Matongo Health Centre
- S. Iranda Health centre
- T. Mosochi market health centre

**How soon after the cough/pneumonia symptoms appeared did you seek assistance?**

- A. Same day
- B. The next day
- C. Two days later
- D. More than two days later
- E. Don't know/don't remember

**Has [child name] had fever with chills like malaria in the last two weeks?**

- A. Yes
- B. No

**Was [child name] diagnosed with malaria by a health worker?**

- A. Yes
- B. No



**When [child name] was ill with malaria, what was given to treat the fever/malaria**

mark all that apply

- A. AL/ACT
- B. Medication other than ACT
- C. Home remedies/traditional herbs or medicines
- D. Nothing
- F. Don't know/don't remember

**did you seek assistance**

- yes
- no
- doesnt remember/dont knw

**Where did you seek assistance?**

[Mark all responses mentioned]

- B. Nyagoto health center
- C. Marani health center
- D. Level 2 in sub-county
- E. Level 2 out of sub-county
- F. Level 3 in sub-county
- G. Level 3 out of sub-county
- H. Level 4 in sub-county
- I. Level 4 out of subcounty
- J. Level 5
- K. Private Health Facility
- L. Traditional healer/Local herbalist
- M. Relative/Friend
- N. Community health worker
- O. Pharmacy/shop/kiosk
- P. Other
- Q. Doesn't remember
- R. Matongo Health Centre
- S. Iranda Health Centre
- T. Mosocho market Health centre

**kindly specify the other place you sought assistance for baby(child name)**

**How soon after the fever with chills/malaria symptoms appeared did you seek assistance?**

- A. Same day
- B. The next day
- C. Two days later
- D. More than two days later
- E. Don't know/don't remember

**Has [child name] had any other illness in the past two weeks?**

- A. Yes
- B. No
- C. Don't know/don't remember

**What was the illness?**

---

**Did you seek assistance for the illness**

- yes
- no
- doesnt remember

**Where did you seek assistance?***[Mark all responses mentioned]*

- A. Nowhere/Did not seek assistance
- B. Nyagoto health center
- C. Marani health center
- D. Level 2 in sub-county
- E. Level 2 out of sub-county
- F. Level 3 in sub-county
- G. Level 3 out of sub-county
- H. Level 4 in sub-county
- I. Level 4 out of subcounty
- J. Level 5
- K. Private Health Facility
- L. Traditional healer/Local herbalist
- M. Relative/Friend
- N. Community health worker
- O. Pharmacy/shop/kiosk
- P. Other(specify)
- Q. Doesn't remember
- R. Matongo Health centre
- S. Iranda Health Centre
- T. Mosoch market Health centre

**Kindly specify where you sought assistance for the other illness**

---

**How soon after symptoms appeared did you seek assistance?**

- A. Same day
- B. The next day
- C. Two days later
- D. More than two days later
- E. Don't know/don't remember

**Module 10:Sexually Based Gender Based Violence(SGBV) and Female Genital Mutilation(FGM) Programming**

**Have you ever been sexually abused?**

*sexual abuse can be defined as harmful sexual acts directed at a person because of thre gender*

- Yes
- No

**If yes what was the nature of sexual abuse encountred**

- Domestic/intimate partner violence
- Non partner violence
- Attempted rape
- Rape
- Early marriage
- sexual assault
- Attempted defilement
- Defilement
- Don't remember
- Other(specify)
- sodomy

**Kindly specify other nature of sexual abuse**

---

**What are some of the frequent cases of sexual violence that women and girls experience in this area**

- Domestic/intimate partner violence
- Non partner violence
- Attempted rape
- Rape
- Early marriage
- sexual assault
- Attempted defilement
- Dont know
- Other specify
- sodomy

**Kindly specify other form of sexual violence**

---

**What kind of support is offered in your community to victims of sexual and gender based violence***do not probe*

- Psychosocial support
- health services including HIV post exposure prophylaxis
- Legal Aid
- Guidance and counselling
- Family planning services
- None of the above
- Nyumba Kumi initiative
- Other specify
- police response

**Kindly specify other form of support**

---

**What kind of support in your opinion do victims of sexual gender based violence need in your community***do not probe(mark all that apply)*

- Psychosocial support
- health services including HIV post exposure prophylaxis
- Legal Aid
- Guidance and counselling
- Family planning
- Don't know
- Other(specify)

**Kindly specify other form of support**

---

**Tell me about FGM, is it practiced in your community ?**

- Yes
- No
- Not sure
- dont know

**Whom do you think are main contributors of FGM practice in your community**

*mark all that apply(do not probe)*

- Traditional birth attendants
- Clan elders
- Community Health Volunteers
- Parents
- Nurses
- clan elders
- Community pressure
- Family pressure
- Dont know
- Others specify

**Have you undergone the practice yourself**

*ask in a friendly way if she has undergone the cut*

- Yes
- No

**What are the main reasons that made you undergo the cut**

*mark all that apply do not probe*

- To follow local traditions
- Pressure from father
- Pressure from mother
- community pressure
- religious beliefs
- as a right of passage from childhood to adulthood
- Others specify

**Do you know any of the consequences of FGM**

mark all that apply(do not probe)

- Relationship problems with husband
- reduced sexual desire and satisfaction
- reduced self esteem
- labour difficulties
- Psychosocial problems including sadness, depression, anger, anxiety and fear
- Menstrual problems, cyst and abscess
- Don't know
- Other(specify)

**Kindly specify other consequence**

---

**Whats your general opinion about FGM in your community**

- Its a good practice and should be maintained
- its a bad practice and should be eradicated
- Others (specify)

**module 11: Anthropometry (0-24months) MUAC measurements 6-24 months****sex of child**

- Male
- Female

**Exact Date of Birth of child**

yyyy-mm-dd

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**Age of child in months**

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**Assess Oedema**

swelling of both feet

- Yes
- No

**MUAC measurements (Nearest 1mm)***mid upper arm circumference measurements*

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**Weight(Kg)***nearest 0.1*

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**Length(cm)-nearest 0.1**

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**Comments**

*Thank the mother for her collaboration.. "Please provide comments on any health concerns that require follow up (e.g. child is very malnourished) or any comments on things that might have affected the responses recorded (e.g. husband stepped in and answered many of the questions)."*

---

**Staff/interviewer name**

- Anne Kerubo
- Caroline Adera
- Dansteve Matoke
- Milka Moraa
- Dinah Kwamboka
- kellybrown Barasa
- Kevin Kayando
- Peter Ameka
- Robinson arasa