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| **SECTION 2: BACKGROUND** |
| **2.1 GENERAL DELIVERY CONTEXT (for 0-27 DAY OLDS)** |
| N2003*(10356)* | Is the mother still alive?*If mother is present at the interview, select 'yes' without asking the question aloud.* | 1. Yes
2. No

9. Don’t know8. Refused to answer | 🞎 ***1 →* N2006** |
| N2004*(10357)* | Did the mother die before, during or after the delivery? | 1. Before delivery
2. During delivery
3. After delivery

9. Don’t know8. Refused to answer | 🞎 ***8, 1,2,or 9 →*N2006** |
| N2005u*(10358\_units)* | How long after the delivery did the mother die?*Select one unit only.* | 1. Days
2. Weeks
3. Months
4. Don’t know

8. Refused to answer | 🞎***8 or 9 →*N2006*****2 →* N2005w*****3 →* N2005m** |
| N2005d*(10359)* | How many days after the delivery did the mother die?*Enter 0-6 days. Less than 1 day or 24 hours = 0 days.* | **\_\_ \_\_** Days ***→ N2006****(DK = 99)* |
| N2005w*(10359\_a)* | How many weeks after the delivery did the mother die?*Enter 1-7 weeks.* | **\_\_** Weeks ***→ N2006****(DK= 9)* |
| N2005m*(10358)* | How many months after the delivery did the mother die?*Enter 2-60 months.* | **\_\_ \_\_** Months*(DK = 99)* |
| N2006*(10360)* | Where was the deceased born?*Read the question and slowly read the choices. Respondent should hear all choices and then respond. “Home” includes the mother’s, birth attendant’s or any other home*.*If the child was born in a health facility, ask:* What was the name of the (hospital / health facility)? | 1. Home

Public sector health facility:1. Government hospital
2. Government clinic/health center
3. Government health post
4. Mobile clinic
5. Other public sector

Private sector health facility:1. Private hospital
2. Private doctor/clinic
3. Mobile clinic
4. Other private medical

Public or private1. On route to a health provider or facility
2. Oher (specify)

99. Don’t know88. Refused to answer | 🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Hospital/Facility)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2008*(10361)* | Who (at the facility) assisted the delivery of the baby?*Read “...at the facility...” if she delivered at a health facility.**If more than one person assisted, mark the person highest in the list.* | Health professional:1. Doctor
2. Nurse / Midwife
3. Auxiliary midwife

Other person:1. Traditional birth attendant
2. Community health worker
3. Relative / Friend
4. Other (specify)

8. No one9. Don’t know | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **2.2 STILLBIRTH / NEONATAL DEATH DETERMINATION (0-27 DAY OLDS)** |
| N2012*(10114)* | Was the child born alive or dead? | 1. Alive
2. Dead

9. Don’t know8. Refused to answer | 🞎 |
| N2013*(10104)* | Did the baby ever cry? | 1. Yes
2. No

9. Don’t know8. Refused to answer | 🞎 |
| N2014*(10109)* | Did the baby ever move? | 1. Yes
2. No

9. Don’t know8. Refused to answer | 🞎 |
| N2015 *(10110)* | Did the baby ever breathe? | 1. Yes
2. No

9. Don’t know8. Refused to answer | 🞎 |
| N2016 | *Refer to N2012-N2015. If “Dead” & no crying, movement or breathing, mark “Stillbirth.” If “Alive” & N2013-N2015= “No,” or if “Dead” and* *N2013-N2014 or N2015= “Yes,” then discuss & correct.* | 1. Stillbirth
2. Live birth
 | 🞎 ***2 →* N2023** |
| **2.3 GENERAL SIGNS AND SYMPTOMS (STILLBIRTHS)**  |
| N2017*(10376)* | Was the baby moving in the last few days before the birth? | 1. Yes
2. No

9. Don’t know8. Refused to answer | 🞎 |
| ***Inst\_1: STOP. After completing N2017*** ***→ N2051 (Maternal history)*** |

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| **2.4 BACKGROUND AND FATAL ILLNESS DURATION (NEONATAL DEATHS)** |
| N2023*(10017)* | What was the first or given name(s) of the deceased?*Ask this only if the name is not already known (from Q1202).* |  |

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| **SECTION 3: MATERNAL HISTORY (STILLBIRTHS AND NEONATAL DEATHS)***Read:* Now, I would like to ask you some questions about (your / the mother’s) health and (your / her) pregnancy with <NAME>.*Here and in the following questions, read “…the mother…,” “…her…” and “…she…” if the mother is not the respondent.* |
| N2052 | During the pregnancy, did (you / the mother) see anyone for antenatal care? | 1. Yes
2. No

9. Don’t know | 🞎  ***2 or 9 →* N2058** |
| N2054 | How many times did (you / the mother) receive antenatal care during this pregnancy? | \_\_ \_\_ Times*(DK = 99)* |
| N2057 | As part of (your / the mother’s) antenatal care during this pregnancy, were any of the following done at least once: *Read out all options and check “Yes,” “No” or “Don’t know” for each.* | 1. Was your blood pressure measured?
2. Did you give a urine sample?
3. Did you give a blood sample?
4. Did the provider tell (you / her) about the danger signs during pregnancy?
5. Did the provider tell (you / her) where to go if (you / she) had any danger signs?
 |  Yes No DK1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ |
| N2058 | Please tell me the danger signs during pregnancy or labor and delivery that you should seek care for immediately.*Probe:* Tell me as many of the danger signs as you can.*Probe:* Can you tell me any others?*Check each danger sign mentioned.* | 1. Vaginal bleeding
2. Convulsions/fits
3. Severe headache with blurred vision
4. Fever and too weak to get out of bed
5. Severe abdominal pain
6. Fast or difficult breathing
7. Painful contractions every 20 minutes or less for 12 hours or more
8. Broken water for 12 hours or more
9. Bloody, sticky discharge 12 hrs or more
10. No immediate danger sign mentioned
 | 1. □ 2. □ 3. □4. □5. □ **\_\_\_** no. mentioned6. □7. □ 8. □9. □10. □ |
| **Inst\_2: If Q1102 ≠ “1. High” *→*  N2065** |
| N2063 | *Skip N2063-N2064 in areas wo/malaria.*During this pregnancy, did (you / the mother) sleep under an insecticide treated bed net? | 1. Yes, usually or always
2. Yes, sometimes
3. Never

9. Don’t know | 🞎 |
| N2064 | During this pregnancy, did (you / the mother) take any drug such as <FANSIDAR> to prevent (you / her) from getting malaria?*Show the respondent picture of MOH recommended drugs* | 1. Yes
2. No

9. Don’t know | 🞎  |
| N2065 | During this pregnancy, did (you / the mother) take ARVs? | 1. Yes
2. No

9. Don’t know |  |

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| **SECTION 4: MATERNAL SYMPTOMS & CARESEEKING (STILLBIRTHS AND NEONATAL DEATHS)** |
| N2080*(10399 10396 10401 10397 10400 10402 10398)* | Now I’d like to ask you about any symptoms (you / the mother) might have had during the late part of the pregnancy. Were the last 3 months of the pregnancy complicated by any of the following symptoms that started before labor?*Inform the respondent that labor starts when there are painful contractions every 20 minutes or less.* *Then read each symptom and mark “Yes,” “No” or “Don’t know” for each.**Read “…the mother…” if the mother is not the respondent.* *See question N2018 for the response to #15.* | Did (you / the mother) have: 1. Convulsions?
2. High blood pressure?
3. Severe anemia or pallor and shortness of breath?
4. Diabetes mellitus?
5. Severe headache?
6. Blurred vision?

(Were you / Was she):1. Too weak to get out of bed?

Did (you / the mother) have:1. Severe abdominal pain? (before labor, not labor pain)
2. Fast or difficult breathing?
3. Puffy face?
4. Any vaginal bleeding before labor?
5. Fever?
6. Foul smelling vaginal discharge?

Did the:1. Water break 6 hours or more before labor
2. Baby stopped moving before labor

Did (you / the mother) have:1. Any other symptom?

*(specify the other symptom)* 1. No symptoms before labor
 |  Yes No DK1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ***→*** N2088 |
| N2081 | Did (you / the mother) seek care or treatment from any person or health facility for (any of) the pregnancy symptom(s) that started before labor? *Read “…for any of…” if she had more than one pregnancy symptom.**Care includes formal or traditional care but excludes advice.* | 1. Yes
2. No

9. Don’t know | 🞎 ***2 →* N2085** ***9 →* N2088** |
| N2082 | Where did (you / she) seek this care or treatment?*Prompt:* Was there anywhere else?*Probe to identify the type of provider or facility. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if the provider was seen outside of a health facility.**Multiple answers allowed.* | Health professional:1. Hospital
2. NGO or government clinic
3. Private doctor/clinic

Health professional (outside a facility):1. Trained community nurse or midwife (outside of a health facility)

Other person:1. TBA/village doctor/quack/other non-formal or traditional provider
2. Relative, neighbor, friend
3. Other *(specify)*

 *(*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)*9. Don’t know  | 1. □ 2. □3. □4. □5. □ 6. □ ***Only 5-7***  **N2085**7. □9. □ ***→* N2088** |
| N2083 | *If more than one symptom started before labor and she sought care from a health provider (N2082= 1-4), ask:*Was there any particular symptom or symptoms that started before labor, for which (you / the mother) went to the (first) health provider?*Read “…the first health provider?” if she went to more than one provider.* | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 →* N2085** |
| N2084 | For which symptom(s) did (you / she) go? *Multiple answers allowed*. | 1. Convulsions □
2. High blood pressure □
3. Severe anemia or (pallor and SOB) □
4. Diabetes □
5. Severe headache □
6. Blurred vision □
7. Too weak to get out of bed □
8. Severe abdominal (not labor) pain □
 | 1. Fast or difficult breathing □
2. Puffy face □
3. Any bleeding before labor □
4. Fever □
5. Smelly vaginal discharge □
6. Water broke >6 hrs bfr. labor □
7. Baby stop moving bfr. labor □
8. Other *(specified in N2080)* □
 |
| N2085 | Some people say they have no problems accessing health care. Others say they have problems accessing care. *If she never went to a health provider (N2081= 2 or N2082 = only 5-7) for any of the pregnancy symptoms, ask:* What about (you / the mother)? Did (you / she) experience any problems that kept (you / her) from going to a health provider or facility for the problem(s) that started before labor?*If she went to health provider (N2082= 1-4) for any pregnancy symptom(s), ask:* What about (you / the mother)? Did (you / she) have to overcome any problems to go to a health provider or facility for the symptom(s) that started before labor? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → Inst\_3*** |
| N2086 | What were the main problems (you / she) had?*Prompt:* Was there anything else?*Multiple answers allowed.* | 1. Did not think was sick enough to need health care
2. No one available to go with her
3. Too much time from her regular duties
4. Someone else had to decide *(specify)*
5. Too far to travel
6. No transportation available
7. Cost of transportation
8. Cost of health care
9. Other cost *(specify*)
10. Not satisfied with available health care
11. Symptom(s) required traditional care
12. Thought she was too sick to travel
13. Thought she will die despite care
14. Was late at night (transportation or provider not available)
15. Fear of catching other diseases
16. Fears exposure to male health provider
17. Other *(specify)*

99. Don’t know  | 1. □ 2. □ 3. □ 4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. □ 6. □ 7. □ 8. □ 9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10. □ 11. □ 12. □ 13. □ 14. □ 15. □16. □17. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99. □ |
| ***Inst\_3: If N2081 = 2 or N2082 = only 5-7 (Never went to a health provider for any pregnancy symptoms)*** ***→******N2088*** |
| N2087 | (Were you / Was the mother) admitted to hospital for (any of) the symptom(s) that started before labor? | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2088*(10399 10396* *10401 10395 10367 10382 10403 10405 10404)* | Now I’d like to ask you about any symptoms (you / the mother) might have had during labor or delivery. Did (you / the mother) have any of the following symptoms during labor or delivery?*Read “…the mother…” if the mother is not the respondent.**Remind the respondent that labor starts when there are painful contractions every 20 minutes or less.* *Read each symptom and mark “Yes,” “No” or “Don’t know” for each.* *Do not include any symptoms here that started after the baby was delivered.* | Did (you / the mother) have: 1. Convulsions?
2. High blood pressure?
3. Severe anemia or pallor and shortness of breath?
4. Severe headache?
5. Blurred vision?

(Were you / Was she):1. Too weak to get out of bed?

Did (you / the mother) have:1. Severe abdominal pain? (not labor pain, between contractions)
2. Fast or difficult breathing?
3. Puffy face?
4. Excessive bleeding during labor or delivery
5. Fever?
6. Foul smelling vaginal discharge?
7. Early/preterm labor (before 9 months)
8. Labor that lasted 12 hours or more

Was the:1. Baby’s bottom, feet, arm or hand delivered before its head?
2. The umbilical cord delivered first?
3. The umbilical cord wrapped more than once around the neck of the child at birth?

Did (you / the mother) have:1. Any other symptom?

*(specify the other symptom)* 1. No symptoms during labor/delivery
 |  Yes No DK1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ***→* N2076A** |
| N2089A | When (this / the first) symptom began, (were you / was the mother) where the baby was delivered, or somewhere else?*Read “…the first…” if she had more than one labor or delivery symptom.* *Confirm the delivery place (N2006) and provider (N2008), and enter the response.* | 1. Where the baby was delivered2. Somewhere else (not where delivered)9. Don’t know | 🞎 ***1 →* N2076A** ***9 →* N2090** |
| N2089B | Where was this other place? | 1. Home, without a formal health provider2. Home, with a formal health provider3. On route to a health provider or facility 4. Hospital5. Other health facility6. Other *(specify)*  | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2090 | Did (you / she) receive or seek any care or treatment for (any of) the labor or delivery symptom(s), including any care or treatment at home?*Read “…any of…” if she had more than one symptom.**Care includes formal or traditional care but excludes advice.* | 1. Yes
2. No

9. Don’t know | 🞎***2 or 9 →* N2076A** |
| N2091 | Where did (you / she) receive or seek this care or treatment, including where the baby was delivered?Prompt: Was there anywhere else?*Probe to identify the types of providers or facilities. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if this provider was seen outside a health facility. Use options 5-7 for other persons that provided care outside a health facility.**Multiple answers allowed.* | Health professional (at a health facility):1. Hospital
2. NGO or government clinic
3. Private doctor/clinic

Health professional (outside a facility):1. Trained community nurse or midwife (outside a health facility)

Other person (outside a health facility):1. TBA/village doctor/quack/other non-formal or traditional provider
2. Relative, neighbor, friend
3. Other *(specify)*

 *(*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)*9. Don’t know  | 1. □ 2. □3. □4. □5. □ 6. □7. □  ***Only 5-9***  ***N2076A***9. □ |
| N2095 | Was there any particular labor/delivery symptom or symptoms for which (you / the mother) first sought care from a health provider/facility? | 1. Yes
2. No

9. Don’t know | 🞎***2 or 9 →*****N2097** |
| N2096 | For which symptom(s) did (you / she) go?*Multiple answers allowed.* | 1. Convulsions □
2. High blood pressure □
3. Severe anemia or (pallor and SOB) □
4. Severe headache □
5. Blurred vision □
6. Too weak to get out of bed □
7. Severe abdominal (not labor) pain □
8. Fast or difficult breathing □
9. Puffy face □
10. Excess bleed during L or D □
 | 1. Fever □
2. Smelly vaginal discharge □
3. Early/preterm labor (<9 mnth) □
4. Labor for 12 hours or more □
5. Part other than baby’s head coming out first □
6. Cord delivered first □
7. Cord around child’s neck more than once □
8. Other *(specified in N2088)* □
 |
| N2097 | How long after the labor or delivery symptom(s) began was it decided to go to a health provider/facility?*Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes.* | **\_\_ \_\_** Days *(DK = 99)* |
| **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes *(DK = 99)* |
| N2094 | How many different health providers or facilities did (you / she) go to for this care, including where the baby was delivered?*Include providers/facilities (1-4) in N2091 where care was sought for the labor or delivery symptoms, including where the baby was delivered.* | **\_\_ \_\_** Health providers/facilitiesIf = 1 ***→*****N2076A** |
| N2105 | Did any of the health providers/facilities refer (you / the mother) to where the baby was delivered?*This question is asking about referral to another, separate facility (not a different provider in the same facility).* | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2076A | Earlier you told me that the baby was delivered at <DELIVERY PLACE>. Please tell me who was involved in the decision about where the baby should be delivered? *Prompt:* Was there anyone else?*Multiple answers allowed.**Determine the delivery place from the answer to N2006.* | 1. Child’s mother
2. Child’s father
3. Child’s maternal grandmother
4. Child’s paternal grandmother
5. Compound head
6. Community elder/leader
7. Religious leader
8. Someone else (*specify*)

9. Don’t know  | 1. □ 2. □ 3. □ 4. □5. □ 6. □ 7. □ 8. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9. □ ***→* N2077** |
| N2076B | Who had the strongest voice in the decision? | 1. Child’s mother
2. Child’s father
3. Child’s maternal grandmother
4. Child’s paternal grandmother
5. Compound head
6. Community elder/leader
7. Religious leader
8. Someone else (*specify*)

9. Don’t know | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2077 | Some people say they have no problems accessing health care during labor/delivery. Others say they have problems accessing care during labor/delivery. *If she did not deliver or try to deliver with a health provider or facility (N2006=12 or N2006=1 and N2008≠1-3), ask:* What about (you / the mother)? Did (you / she) experience any problems that kept (you / her) from delivering with a health provider or facility?*If she delivered with or was on route to a health provider or facility (N2006=2-11 or N2006=1 and N2008-1-3), ask:* What about (you / the mother)? Did (you / she) have to overcome any problems to go to a health provider or facility for the delivery? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → Inst\_4*** |
| N2078 | What were the main problems (you / she) had?*Prompt:* Was there anything else?*Multiple answers allowed.* | 1. Did not think she was sick enough to need health care
2. No one available to go with her
3. Too much time from her regular duties
4. Someone else had to decide *(specify)*
5. Too far to travel
6. No transportation available
7. Cost of transportation
8. Cost of health care
9. Other cost *(specify*)
10. Not satisfied with available health care
11. Symptom(s) required traditional care
12. Thought she was too sick to travel
13. Thought she will die despite care
14. Was late at night (transportation or provider not available)
15. Fear of catching other diseases
16. Fears exposure to male health provider
17. Other *(specify)*

99. Don’t know  | 1. □ 2. □ 3. □ 4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. □ 6. □ 7. □ 8. □ 9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10. □ 11. □ 12. □ 13. □ 14. □15. □ 16. □17. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 99. □  |
| ***Inst\_4: If N2006=1 and N2008≠1-3 OR N2006=11,12 (delivered at home without a formal provider OR delivered on route to a provider/facility) → N2067*** |
| N2103 | After deciding to seek care for (the labor or delivery symptoms / the delivery), how long did it take (you / the mother) (to reach the <DELIVERY PROVIDER/FACILITY> / for the <DELIVERY PROVIDER> to reach (you / the mother))?*Read “…the labor or delivery symptoms…” if the woman had any symptom(s) that started before she reached the delivery provider/facility.**Read “…for the provider to reach (you / the mother)” if the provider saw the woman at home or another location outside of a health facility.**Mark hours &/or minutes as needed: e.g. 05 hours, 30 minutes.* | **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes *(DK = 99)* |
| N2104 | How long after ([you / the mother] arrived at the facility / the care provider arrived at your home) were you examined? *Prompt:* In other words, how long did you have to wait? | **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes *(DK = 99)* |
| N2067*(10367)* | How many months long was the pregnancy before the child was born? *For don't know, enter "99." For refused, enter "88."* | **\_\_ \_\_** Months*(DK = 99, Ref=88)* |
| N2107*(10398)* | Did (you / the mother) have any of the following symptoms that started within 6 weeks after the delivery?*Read each symptom and mark “Yes,” “No” or “Don’t know” for each.**Read “…the mother…” if the mother is not the respondent.* | Did (you / the mother) have: 1. Convulsions?
2. Heavy bleeding?
3. (Fever with smelly vaginal discharge) or (fever with abdominal pain)?
 |  Yes No DK REF1. □ 2. □ 9. □ 8. □1. □ 2. □ 9. □ 8. □1. □ 2. □ 9. □ 8. □ |
|  ***Inst\_5: STOP – If N2016 = 1 (Stillbirth) → Section 13A*** |

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| **SECTION 5: CARE OF THE NEWBORN AND SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (NEONATAL DEATHS)***Read:* Now I would like to ask you about the newborn child’s illness and care of the child. |
| ***Inst\_6: Refer to N2006 (to determine the delivery place. If N2006 = 2-10 (Facility delivery) → N2112*** |
| N2110 | What tool was used for cutting the cord? | 1. New/from delivery kit/boiled razor blade
2. Old razor blade
3. Scissors
4. Other *(specify)*

9. Don’t know  | 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2111 | What material was used for tying the cord? | 1. Clean/from delivery kit/boiled piece of thread
2. Unclean piece of thread
3. Cord clamp
4. Other *(specify)*

9. Don’t know  | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2112 | Was anything applied to the umbilical cord stump after birth? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 →* N2126** |
| N2113 | What was it?*Multiple answers allowed.* | 1. Alcohol/other antiseptic
2. Antibiotic ointment/cream/powder
3. Castor oil, mustard oil or shea butter
4. Animal dung or dirt/mud/ash
5. Other *(specify)*

9. Don’t know  | 1. □2. □ 3. □4. □5. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9. □ |
| N2126 | After the birth, was the baby put directly on the bare skin of (your / the mother’s) chest?*Show the woman a picture of skin-to-skin position.* | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → N2132*** |
| N2128 | Before being placed on the bare skin of (your / the mother’s) chest, was the baby wrapped up? | 1. Yes
2. No

9. Don’t know | 🞎 |
| **Inst\_7: If the delivery was not preterm (N2067=9,10) or** **not in a health facility (N2006=1, 11, 12, 99, 88) *→* N2132** |
| N2130 | *For babies delivered preterm (N2066=1 or N2067<9 months) in a health facility (N2006=2-10), ask:* For how many days was the baby put directly on the bare skin of (your / the mother’s) chest?*If less than 1 day, record “00.”* | **\_\_ \_\_** Days*(DK = 99)* |
| N2132 | Did (you / the mother) or a wet nurse ever breastfeed the baby? | 1. Yes
2. No

9. Don’t know | 🞎***2 or 9 → N2135*** |
| N2133 | How long after birth was the baby first put to the breast?*If 1-23 hours, record number of hours.**If 1 day or more, record number of days.* | 1. Immediately
2. Less than 1 hour
3. 1 hour or more
4. 1 day or more

9. Don’t know  | □□Hours \_\_ \_\_Days \_\_ \_\_ □ |
| N2134 | On the day before the fatal illness began, was the baby being breastfed? | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2135 | On the day before the illness began, was the baby given any…? *Read all options and record “Yes,” “No” or “Don’t know” for each.* | 1. Milk (other than breast milk)
2. Plain water
3. Sugar or glucose water
4. Gripe water
5. Sugar-salt-water solution
6. Fruit juice
7. Infant formula
8. Tea / Infusions
9. Honey
10. Semisolid or soft foods such as yogurt, cereal or mashed vegetables
11. Any other liquid or semisolid or soft food

 (*Specify other liquid, semisolid, soft food*)  |  Yes No DK1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **POSTNATAL CARE OF THE NEWBORN (NEONATAL DEATHS)***Read:*Now, I’d like to ask you about care the baby received soon after birth. |
| N2192 | *Check N2006 to determine if the baby was born in a health facility (codes 2-10):* | 1. Yes, born in a health facility
2. Not born in a health facility

9. Don’t know | 🞎***2 or 9 → N2199*** |
| N2193 | After the birth, did the baby leave the delivery facility alive or did s/he die in the facility? | 1. Yes, left alive
2. Died in the facility

9. Don’t know | 🞎***2 or 9 → N2203*** |
| N2194 | How long after birth did the baby leave the facility?*Record hours if less than 24 hours—if less than 1 hour, record ‘00’ hours;* *Record days if 1 day or more.* | **\_\_ \_\_** Days *(DK = 99)* |
| **\_\_ \_\_** Hours *(DK = 99)* |
| N2195 | Before leaving the facility, did anyone physically examine the baby, for example, check the temperature or check the cord? | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2197 | Prior to being discharged, (were you / was the mother) told about signs and symptoms for which the baby needs immediate care?  | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2198 | After discharge, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?*Multiple answers (1 and 2) allowed.**Then ask:*How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community
2. Doctor or nurse at a health facility
3. Never seen

9. Don’t know  |  Seen1. □2. □3. □9. □ | First visit**\_\_\_ \_\_\_**Days old*(<1 = 00;**DK = 99)* |
| ***Inst\_8 →******N2203*** |
| N2199 | After the birth, did the delivery attendant examine the baby, for example, check the temperature or check the cord? | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2201 | After the birth of the baby, did the delivery attendant tell (you / the mother) about signs and symptoms for which the baby needs immediate care? | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2202 | In the days after delivery, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?*Multiple answers (1 and 2) allowed.**Then ask:*How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community
2. Doctor or nurse at a health facility
3. Never seen

9. Don’t know  |  Seen1. □2. □3. □9. □ | First visit**\_\_\_ \_\_\_**Days old*(<1 = 00;**DK = 99)* |
| N2203 | Did the baby receive ARVs after delivery? | 1. Yes
2. No

9. Don’t know | 🞎 |

|  |
| --- |
| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (FOR NEONATAL DEATHS)*****Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. |
| N2210 | Where was <NAME> when her/his illness began?*Responses 2 and 3 are for neonates whose illness began after the birth, but before the SBA/TBA left the child’s home, the child left the SBA/TBA’s home or the child left the delivery facility.* | 1. Home or community (not with a skilled birth attendant [SBA], such as a midwife, or a traditional birth attendant [TBA])
2. Home (with an SBA or TBA)
3. Delivery facility
4. Other *(specify)*

9. Don’t’ know | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2211 | When it was first noticed that <NAME> was ill, was s/he…*Read the choices for each condition.* | 1. Feeding normally, feeding poorly, or not feeding at all?
2. Normally active, less active than normal, or not moving?
 | Normal Medium Abnormal DK1. □ 2. □ 3. □ 9. □1. □ 2. □ 3. □ 9. □ |
| N2212 | Did <NAME> receive, or did you give or seek, any care or treatment for the fatal illness?*If the response is “No care or treatment,” discuss with the respondent to confirm whether the baby actually received no care or treatment before continuing.* | 1. Yes
2. No—care not needed, given or sought

9. Don’t know | 🞎***2 & N2210 = 2 →* N2213A** ***2 & N2210 = 1, 4 →* N2214A** ***2 & N2210 = 3 & N2006 =***  ***2,3,7,8 →* N2222A** ***2 & N2210 = 3 & N2006 ≠***  ***2,3,7,8 →* N2223** ***9 →* Section 13A** |
| N2213 | Please tell me everything that was done for <NAME>’s fatal illness inside the home and all the places outside the home (he / she) went or was taken for health care. Start with the first care or treatment <NAME> received and then, in order, tell me all the other care and treatments s/he received. Also tell me what symptoms were present when each action was taken. *Include any health care provider <NAME> was on route to but did not reach before dying.**(2) Check one other care or health care provider box for each action row. Check ‘Trained CHW, nurse or midwife’ only if the provider was seen outside a facility. For action row 1 for neonates whose illness started at birth, this can include a nurse or midwife who attended the birth outside a facility if s/he also treated the newborn child. (3) If Action 1 was the health facility (private doctor, clinic or hospital) where the child was delivered, then check the ”This is the delivery facility” box. This box should be checked if N2210=3 AND the facility provided any treatment for the child’s illness before leaving the facility after the birth. (4) Record the day of the illness on which the first action was taken. (5) Record the symptom(s) that were present when each action was taken.* |
| **(1)****Action** | **(2)****Other care** | **(2)****Health care providers** | **(3)** | **(4)** | **(5)** |
| **#**  | **Home care (own, relative, neighbor, friend)** | **Tra-ditional or non-formal provider**  | **Phar-macist or drug seller** | **Trained community health****worker (CHW, nurse, or midwife)** | **Private doctor** **or clinic****(formal/****unsure)** | **NGO or govern-ment clinic** | **Hospital** | **This is the delivery facility** | **Illness day first action was taken** | **What symptoms were present when the action was taken?** |
| 1. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | \_\_ \_\_ |  |
| 2.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 3. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 4. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 5. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 6. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 7. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 8. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| 9. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |  |  |  |
| ***Inst\_9a: If N2210 = 3 (illness began at the health facility where the child was delivered)*** ***BUT******N2213\_Action\_1\_(3) ≠ ‘X’ (The delivery facility was not reported as the first action,*** ***i.e., the respondent’s perception was that the facility did not provide any treatment*** ***for the child’s illness before leaving the facility after the birth)*** ***AND******N2006 ≠ 2, 3, 7 or 8 (The baby was not delivered at a hospital, health center or clinic) →* N2223** |
| ***Inst\_9b: If N2210 = 3 (illness began at the health facility where the child was delivered)*** ***BUT******N2213\_Action\_1\_(3) ≠ ‘X’ (The delivery facility was not reported as the first action,*** ***i.e., the respondent’s perception was that the facility did not provide any treatment*** ***for the child’s illness before leaving the facility after the birth)*** ***AND******N2006 = 2, 3, 7 or 8 (The baby was delivered at a hospital, health center or clinic) →* N2222A** |
| ***Inst\_9c: If N2210 = 3 (Illness began at the health facility where the child was delivered)*** ***AND*** ***N2213\_Action\_1\_(3) = ‘X’ (The delivery facility was reported as the first action,*** ***i.e., the respondent’s perception was that the delivery facility provided treatment*** ***for the child’s illness before leaving the facility after the birth) → N2221A*** |
| ***Inst\_10: If N2210 = 1, 4, 9 (Illness did not begin at home with an SBA/TBA or at the delivery facility) → N2214A*** |
| N2213A | *Ask N2213A only if newborn’s illness began at home with an SBA or TBA (N2210=2).*Did the SBA/TBA refer <NAME> to a health facility? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 →* N2213D** |
| N2213B | To where was <NAME> referred?*Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the child was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | Public sector:1. Government hospital
2. Government health center
3. Government health post
4. Mobile clinic
5. Trained CHW, nurse or midwife (outside a health facility)
6. Other public sector

Private medical sector:1. Private hospital
2. Private doctor/clinic
3. Mobile clinic
4. Trained CHW, nurse or midwife (outside a health facility)
5. Other private medical sector

99. Don’t know | 🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Provider/Facility) |
| N2213C | Did the SBA/TBA arrange transportation for <NAME> to reach the referral facility? | 1. Yes
2. No
3. Don’t know
 | 🞎 |
| N2213D | Was <NAME> alive when s/he left the SBA/TBA? | 1. Yes, left alive
2. No, died at this provider
 | 🞎 ***2 → Section 13A*** |
| N2214A | Please tell me, who was involved in the decision about whether, when and where to take the baby for health care? *Prompt:* Was there anyone else?*Multiple answers allowed.* | 1. Child’s mother
2. Child’s father
3. Child’s maternal grandmother
4. Child’s paternal grandmother
5. Compound head
6. Community elder/leader
7. Religious leader
8. Someone else (*specify*)

9. Don’t know  | 1. □ 2. □ 3. □ 4. □5. □ 6. □ 7. □ 8. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9. □ ***→* N2215** |
| N2214B | Who had the strongest voice in the decision? | 1. Child’s mother
2. Child’s father
3. Child’s maternal grandmother
4. Child’s paternal grandmother
5. Compound head
6. Community elder/leader
7. Religious leader
8. Someone else (*specify*)

9. Don’t know | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2215 | Some people say they have no problems accessing health care. Others say they have problems accessing care. *If the child was never taken to a health provider, ask:* What about you? Did you experience any problems that kept you from taking <NAME> for health care during the illness?*If the child was taken for any health care, ask:* What about you? Did you have to overcome any problems to take <NAME> for health care during the illness? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → Inst\_11a*** |
| N2216 | What were the main problems you had?*Prompt:* Was there anything else?*Multiple answers allowed.* | 1. Did not think child was sick enough to need health care
2. No one available to go with her/him
3. Too much time from her/his regular duties
4. Someone else had to decide *(specify)*
5. Too far to travel
6. No transportation available
7. Cost of transportation
8. Cost of health care
9. Other cost *(specify*)
10. Not satisfied with available health care
11. Problem required traditional care
12. Thought child was too sick to travel
13. Thought child will die despite care
14. Was late at night (transportation or provider not available)
15. Fear of catching other diseases
16. Other *(specify)*

99. Don’t know  | 1. □2. □ 3. □ 4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. □ 6. □ 7. □ 8. □ 9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10. □ 11. □ 12. □ 13. □ 14. □15. □16. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99. □  |
| ***Inst\_11a: If N2212 = 2 (No care given or sought) → Section 13A******Inst\_11b: If N2213 ≠ “Health provider” (Never took to a health provider) → N2248******(If N2210=2 (neonate delivered at home with an SBA/TBA),*** ***then “Health provider” does not include “CHW, nurse or midwife” in N2213 action row 1)*** |
| N2217 | *Refer to N2213 for the first health provider and related symptoms:* You mentioned that you took <NAME> to the (first) health provider, I mean the <FIRST HEALTH PROVIDER> with <SYMPTOM(S)>. How long had <NAME> had (this / these) symptom(s) when it was decided to go to the <FIRST HEALTH PROVIDER>?*Read “…to the first…” if took or tried to take to more than one health provider.**Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes* | **\_\_ \_\_** Days *(DK = 99)* |
| **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes *(DK = 99)* |
| ***Formal health careseeking matrix:*** *Ask the following questions for the first and last health providers where care was sought for the fatal illness. Ask all the questions for the First Health Provider before going on to the Last Health Provider.* *Before asking about the first health provider, read:* Now I would like to ask you about <NAME>’s visit to the (first) health provider, I mean the <FIRST HEALTH PROVIDER>.*Read “first” if went to or received care from more than one provider.**Before asking about the last health provider, read:*Now I would like to ask you about <NAME>’s visit to the last health provider, I mean the <LAST HEALTH PROVIDER>. |
| **– ILLNESS MATRIX QUESTIONS –** | **FIRST HEALTH PROVIDER** | **LAST HEALTH** **PROVIDER** |
|  At the time when it was decided to take <NAME> to the <FIRST/LAST HEALTH PROVIDER>, was s/he…*Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | 1. Feeding normally, feeding poorly, or not feeding at all
2. Normally active, less active than normal, or not moving
 | N2218 Nrml Mod Svr DK1. □ 2. □ 3. □ 9. □1. □ 2. □ 3. □ 9. □ | N2228Nrml Mod Svr DK1. □ 2. □ 3. □ 9. □1. □ 2. □ 3. □ 9. □ |
| What was the name of the <FIRST/LAST HEALTH PROVIDER> where you took <NAME>?*Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was seen by a trained CHW, nurse or midwife at a health facility, then mark the type of facility where the provider was seen. Use option 5 or 10 only if the provider was seen outside of a health facility.* | Public sector:1. Government hospital
2. Government clinic/health center
3. Government health post
4. Mobile clinic
5. Trained CHW, nurse or midwife (outside a health facility)
6. Other public sector

Private medical sector:1. Private hospital
2. Private doctor/clinic
3. Mobile clinic
4. Trained CHW, nurse or midwife (outside a health facility)
5. Other private medical sector

99. Don’t know | N2219🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Provider/Facility) | N2229🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Provider/Facility) |
| *For health care at a facility (N2219/N2229 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died?*For health care outside a facility, ask:*Did the <FIRST/LAST HEALTH PROVIDER> reach <NAME> before s/he died?*If “No,” discuss with respondent to determine correct response: 2 or 3.* | 1. Yes, reached before died
2. No, died on route to this provider / before this provider reached the deceased
3. No, could not reach this provider, so returned home or took other action

9. Don’t know | N2220🞎 ***2 →* N2248** ***3, 9 → Inst\_12*** | N2230🞎 ***2-9 → Inst\_13*** |
| How long did it take, from the time it was decided to seek care to the time when (<NAME> reached the <FIRST HEALTH PROVIDER> / the <FIRST HEALTH PROVIDER> reached <NAME>)? *Read “…for the provider to reach <NAME>” if the provider saw the deceased at home or another location outside of a health facility (N2219 = 5, 10).**Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | N2221**\_\_ \_\_** Hours  *(DK = 99)* |  |
| **\_\_ \_\_** Minutes *(DK = 99)* |  |
| How long after (the illness began / arriving at the <FIRST/LAST HEALTH PROVIDER>) did <NAME> first receive care?*Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.**For N2221A, read “…the illness began…” if the child’s illness began at the delivery facility.****Skip instructions for N2221A:*** *If illness began at the delivery facility and N2006 ≠ 2,3,7,8 (Hospital, Health center, Clinic) →* N2223*If illness did not begin at delivery facility & N2219 ≠ 1,2,7,8 (Hospital, Health center, Clinic) →* N2223 | N2221A**\_\_ \_\_** Hours  *(DK = 99)* | N2231A**\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes *(DK = 99)* | **\_\_ \_\_** Minutes *(DK = 99)****N2229 ≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* N2233** |
| How many days did <NAME> stay at the (delivery facility / health facility)?*Mark ‘00’ if less than 1 day.**Read “…*delivery facility?” *if <NAME>’s illness began in the delivery facility before leaving after the birth.* | N2222A  **\_\_ \_\_** Days  *(DK = 99)* | N2232A **\_\_ \_\_** Days  *(DK = 99)* |
| Did the <DELIVERY FACILITY / FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility?*Read the name of the delivery facility if <NAME>’s illness began there before leaving after the birth.* | 1. Yes
2. No

9. Don’t know | N2223🞎 ***2 or 9 →* N2226** | N2233🞎 ***2 or 9 →* N2236** |
| To where was <NAME> referred?*Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the child was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | Public sector:1. Government hospital
2. Government health center
3. Government health post
4. Mobile clinic
5. Trained CHW, nurse or midwife (outside a health facility)
6. Other public sector

Private medical sector:1. Private hospital
2. Private doctor/clinic
3. Mobile clinic
4. Trained CHW, nurse or midwife (outside a health facility)
5. Other private medical sector

99. Don’t know | N2224🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Provider/Facility) | N2234🞎🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name ofProvider/Facility) |
| Did the health provider/facility arrange transportation for <NAME> to reach the referral facility? | 1. Yes
2. No
3. Don’t know
 | N2225🞎 | N2235🞎 |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | 1. Yes, left alive
2. No, died at this provider
 | N2226🞎 ***2 → Section 13A*** | N2236🞎 ***2 → Inst\_13*** |
| At the time of leaving the (<FIRST/ LAST HEALTH PROVIDER>, was <NAME>…*Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | 1. Feeding normally, feeding poorly, or not feeding at all
2. Normally active, less active than normal, or not moving
 | N2227 Nrml Mod Svr DK1. □ 2. □ 3. □ 9. □1. □ 2. □ 3. □ 9. □ ***→ Inst\_12*** | N2237Nrml Mod Svr DK1. □ 2. □ 3. □ 9. □1. □ 2. □ 3. □ 9. □ ***→ Inst\_13*** |
| ***Inst\_12: Check N2213→ If taken to another health provider…*** |  ***→* N2228 *(LAST PROVIDER)*** |  |
| ***Inst\_13: If N2223 = 1 (referred) or N2233 = 1 (referred) → continue with N2238.******Otherwise → N2248*** |
| N2238 | Did you take the child to (all) the health provider(s) where s/he was referred?*Read “all the health providers…” if the deceased was referred by both the first and last providers.* | 1. Yes
2. No

9. Don’t know | 🞎 |
| N2239 | Some people say they have no problems accessing health care. Others say they have problems accessing care,. *If the child was not taken to (all) the referral provider(s), ask:* What about you? Did you experience any problems that kept you from taking <NAME> to a health provider where s/he was referred?*If the child was taken to (all) the referral provider(s), ask:* What about you? Did you have to overcome any problems to take <NAME> to a health provider where s/he was referred? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → N2248*** |
| N2240 | What were the main problems you had?*Prompt:* Was there anything else?*Multiple answers allowed.* | 1. Thought no more care needed
2. No one available to go with her/him
3. Too much time from her/his regular duties
4. Someone else had to decide *(specify)*
5. Too far to travel
6. No transportation available
7. Cost oftransportation
8. Cost of health care
9. Other cost *(specify)*
10. Not satisfied with available care
11. Problem required traditional care
12. Thought s/he was too sick to travel
13. Thought s/he will die despite care
14. Was late at night
15. Fear of catching other diseases
16. Provider didn’t say referral so important
17. Went to a different provider/facility
18. The child died before going
19. Other *(specify)*

99. Don’t know  | 1. □ 2. □ 3. □ 4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. □ 6. □ 7. □ 8. □9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10. □11. □ 12. □ 13. □14. □15. □16. □ 17. □ 18. □ 19. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_99. □ |
| N2248 | How many days after (<LAST ACTION N2213> / leaving the first/last health provider) did <NAME> die? | **\_\_ \_\_** Days*(<1 = 00; DK = 99)* |

|  |
| --- |
| **SECTION 13A: THE HOUSEHOLD (STILLBIRTHS AND NEONATAL DEATHS)***Read:* Now I would like to ask you some other questions about (yourself / the child’s mother).*If the respondent is the mother, read “about yourself.” If the respondent is not the mother, read “…about the child’s mother.”* |
| ***Inst\_14: If Q1403 = 2 (Respondent is the child’s mother) → N2294*** |
| N2291 | How old (is the child’s mother / was the child’s mother when she died)?*Check N2003: If the mother died, read “How old was the child’s mother when she died?”* | \_\_ \_\_ Years*(DK = 99)* |
| N2292 | Did the child’s mother ever attend school? | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → N2294*** |
| N2293 | What is the highest level of school she attended? |  *Grade/Year*1. *Pre-school (01-02-03)*
2. *Literacy class (Year: 01-02-03)*
3. Primary EP1 (Grade: 01-05)
4. Primary EP2 (Grade: 06-07)
5. Secondary ESG1 (Grade: 08-10)
6. Secondary ESG2 (Grade:11-12)
7. Elementary Technical (Year: 01-03)
8. Basic Technical (Year: 01-03)
9. Mid-Level Technical (Year: 01-03)
10. Teacher Training (Year: 01-03)
11. Higher (Year: 01-07)

99. Don’t know 88. Refused to answer | 🞎 |
| N2294 | What (is your / was the mother’s) main economic activity in the year prior to the child’s death?*For example: If she had any economic activity such as worked in the field, or sold some products, then N2294 = 2 "mainly employed."* | 1. Mainly unemployed (not at work)
2. Mainly employed (at work)
3. Homemaker
4. Pensioner
5. Student
6. Other
7. Don’t know

8. Refused to answer | 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2295 | At the time of the child’s death, (were you / was the child’s mother) married or living together with a man as if married?*[Read “…was the child’s mother…” if the respondent is not the mother.]* | 1. Yes, married
2. Yes, living with a man
3. No, not in union
4. No, mother was deceased then

9. Don’t know | 🞎***3-9 → Section 13B*** |
| N2297 | Did (your / the mother’s) (husband / partner) ever attend school?*Read “…partner…” if she was living with a man.* | 1. Yes
2. No

9. Don’t know | 🞎  ***2 or 9 → Section 13B*** |
| N2298 | What was the highest level of school he attended? |  *Grade/Year*1. *Pre-school(01-02-03)*
2. *Literacy class (Year: 01-02-03)*
3. Primary EP1 (Grade: 01-05)
4. Primary EP2 (Grade: 06-07)
5. Secondary ESG1 (Grade: 08-10)
6. Secondary ESG2 (Grade:11-12)
7. Elementary Technical (Year: 01-03)
8. Basic Technical (Year: 01-03)
9. Mid-Level Technical (Year: 01-03)
10. Teacher Training (Year: 01-03)
11. Higher (Year: 01-07)

99. Don’t know 88. Refused to answer | 🞎 |
| **SECTION 13B: THE HOUSEHOLD (continued)*****Read:*** Now I would like to ask you some questions about (your / the mother’s) household. *If the respondent is not the mother, read “…the mother’s…” and ask N2301–N2304 about the mother’s household.*  |
| N2301 | Where did (you / the mother) stay during the last days of the pregnancy?*[Read “…the mother…” if the respondent is not the child’s mother.]* | 1. Her own home
2. Her in-law’s home
3. Her parent’s home
4. Her brother’s home
5. Other (specify)

9. Don’t know | 🞎 ***9 → N2321*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2304 | In an emergency, how long would it take to reach the nearest health facility from (this / that) location?Mark hours &/or minutes as needed: e.g. 01 hour, 30 minutes.*Read “,,,that location…” if the interview is being conducted somewhere other than where the mother stayed during the child’s illness.* | \_\_ \_\_ Hours *(DK = 99)* |
| \_\_ \_\_ Minutes*(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (STILLBIRTHS AND NEONATAL DEATHS)***Read*: Now, I have some questions about (your / the mother’s / your <RELATIVES’> / the mother’s <RELATIVES’>) community. *The following questions are about the community where the mother stayed during the last days of her pregnancy (N2301). If the respondent is not the mother, read “…the mother’s…” or “…the mothers’ <RELATIVES’>...;” and ask N2311-N2313 about the mother and her community or her relatives’ community.* |
| N2311 | In the 12 months before <NAME>'s death, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?*Read all the issues and mark “Yes,” “No” or “Don’t know” for each one.* | 1. Health services/clinics
2. Paid job opportunities
3. Credit/finance
4. Water distribution
5. Security/police services
6. Other

*(specify)*  |  Yes No DK 1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □1. □ 2. □ 9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2313A | (Were you / Was the mother) able to turn to any person or group in the community for help during (the pregnancy / (or) the child’s fatal illness)?*For stillbirths, read “…the pregnancy?”**For neonatal deaths, read “…the pregnancy or the child’s fatal illness?”* | 1. Yes
2. No

9. Don’t know | 🞎 ***2 or 9 → N2321*** |
| N2313 | What persons or groups (were you / was she) able to turn to for help?*Prompt:* Was there anyone else?*Multiple answers allowed. Continue prompting until the respondent says there was no one else.* | 1. Religious group
2. Women’s group
3. Savings group or microcredit program
4. Any other community group, such as a vocational training group, community cooperative, political group, sports club, youth or student group
5. Community or political leader
6. Religious leader
7. Family
8. Neighbors
9. Friends
10. Patron/employer/benefactor
11. Police
12. Other *(specify)*
 |  1. □2. □3. □4. □5. □6. □7. □8. □9. □10. □11. □12. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 15: OPEN ENDED RESPONSE & INTERVIEWER COMMENTS/OBSERVATIONS (STILLBIRTHS AND NEONATAL DEATHS)**N2321 (*10476)**Note: This is an optional question, to be asked or not as determined by the study site.**Read:* Thank you for answering the many questions that I’ve asked. Would you like to tell me about <NAME>’s illness in your own words? Also, is there anything else about her/his illness that I did not ask and you would like to tell me about?*After the respondent(s) finishes, ask*: Is there anything else?*Write the respondent’s exact words. After s/he has finished, read this back and ask her to correct any errors in what you wrote.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**END OF INTERVIEW**

**THANK RESPONDENT FOR HER/HIS PARTICIPATION**

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| *Interviewer: Use this space to write down your comments and observations about the interview.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |