

Nigeria Reproductive Health, Child Health, and Education Household, School, and Health Facility Midline Surveys, 2007

Joseph Keating
MEASURE Evaluation



Nigeria Reproductive Health, Child Health, and Education Household, School, and Health Facility Midline Surveys, 2007

Joseph Keating

MEASURE Evaluation



This report was made possible by support from the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement GPO-A-00-03-00003-00. The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States government. This publication can be accessed online at the MEASURE Evaluation Web site: <http://www.cpc.unc.edu/measure>.

October 2007

TR-07-63B



Printed on recycled paper

Cover photograph showing a Nigerian girl in primary school is by Liz Gilbert, copyright 2000 by Gilbert and the Lucile Packard Foundation, and is reproduced here with permission, courtesy of Photoshare at the Information & Knowledge for Optimal Health Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

Acknowledgments

This midline study is funded by the U.S. Agency for International Development (USAID) through the MEASURE Evaluation project. We are grateful to Dr. Alfred Adewuyi, Dr. Titi Obilade, and Dr. Adesina from the Center for Research, Evaluation, and Resource Development (CRERD) for their leadership during all stages of survey implementation. Appendix C presents a full list of the supervisors and fieldworkers who participated in the midline surveys, and to whom we owe a debt of gratitude.

This study would not have been possible without the collaboration of numerous partners, many of whom reviewed earlier versions of the survey questionnaires and assisted in the preparation and training for the surveys. We thank our colleagues at the COMPASS Project and MEASURE Evaluation project for providing administrative and logistic support.

The opinions expressed are those of the author and do not necessarily reflect the views of USAID or the U.S. government.

Table of Contents

Acknowledgements	iii
List of Tables	vi
List of Figures	vii
Executive Summary	ix
Part I. Introduction	1
COMPASS and MEASURE Evaluation's Role	1
Survey Objectives	2
Survey Methods	2
Sample Design and Size	3
Questionnaire Development	4
Training of Field Survey Teams	4
Data Collection	5
Limitations	5
Part II. Household Survey Results	7
Sample Characteristics	7
Child Bearing	8
Family Planning Methods	9
Antenatal Care and Breastfeeding	10
Childhood Illness and Vaccinations	18
Primary School Education	24
Part III. Health Facility Survey Results	31
Health Facility Characteristics	31
Family Planning Services	34
Antenatal Care and Postpartum Care	38
Child Health Services	39
Part IV. Primary School Survey Results	43
Primary School Characteristics	43
Quality of Education in Schools	49
Gender Equity in Schools	52
Appendix A. List of COMPASS and USAID Indicator Estimates and Definitions	55
Appendix B. List of COMPASS Project Local Government Areas (LGAs)	57
Appendix C. Household Survey Questionnaire	59
Appendix D. Health Facility Survey Questionnaire	107
Appendix E. Headmaster/Head Teacher School Survey Questionnaire	141
Appendix F. Teacher/School Classroom Survey Questionnaire	157
Appendix G. List of Supervisors and Fieldworkers	169

List of Tables

Table 1.1	Population, Number of Enumeration Areas, and Proposed and Actual Sample Sizes, by COMPASS LGAs in Each State	3
Table 2.1	Background Characteristics of Household Survey Respondents, by Gender	7
Table 2.2	Percentage of Respondents Who Report Current Use of Specific Family Planning Methods, by Gender and State	9
Table 2.3	Percentage of Respondents Who Currently Use any Modern Contraception, by Gender	11
Table 2.4	Percentage of Mothers Who Obtained ANC Services during Their Last Pregnancy from a Trained Provider at a Hospital or Clinic	12
Table 2.5	Percentage of Women Who Received IPT (Fansidar) at Least Once, and Percentage Counseled on IPT, among Women Obtaining ANC Services from a Trained Provider at a Hospital or Clinic	14
Table 2.6	Percentage of Women Who Obtained ANC Services during Last Pregnancy Who Received Two Doses of TT, and Percent Who Received at Least One Dose of TT, If Needed	15
Table 2.7	Percentage of Infants Less than Six Months Old Exclusively Breastfed over Last 24 Hours	17
Table 2.8	Percentage of Children 6-59 Months Old Who Received Vitamin A Supplement in Past Six Months, According to Health Card or Recall	19
Table 2.9	Percentage of Children Under Five Years Old Who Slept under ITN the Night Before the Survey	20
Table 2.10	Percentage of Children Who Received Three Doses of DPT before Their First Birthday According to Health Card, among Children Ages 12-23 Months	22
Table 2.11	Percentage of Children Who Are Fully Immunized Before Their First Birthday According to Health Card, among Children Ages 12-59 Months Old	23
Table 2.12	Attendance Rate of Primary School Children Ages 6-14 and Ages 6-11 at Baseline and Midline, State and Gender (Total Weighted by State)	25
Table 2.13	Repeater Rates of Primary School Children per Grade, by State and Gender (Totals Weighted by State)	27
Table 2.14	Drop-Out Rates of Primary School Children per Grade, by State and Gender (Totals Weighted by State)	28
Table 2.15	Percent of Parents Who Are Satisfied or Somewhat Satisfied with Their Child's School Experience in the Last Week	29
Table 3.1	Percentage of Health Facilities with Waiting Area and a Separate Waiting Area for Youth; Percentage of all Health Facilities with Amenities	32
Table 3.2	Percentage of Health Facilities that Sell or Distribute ITNs, and Percent that Have Prepackaged Treatment Drugs for Malaria	33
Table 4.1	Percentage of Primary School Headmasters Sampled in the COMPASS Project LGAs, by Type of School	43
Table 4.2	Percentage of Primary Schools that Have a Protected Water Source, Latrines or Toliets, or Both, as Reported by the Headmaster	45

Table 4.3	Percentage of Primary Schools that Have Clean Water (Tap, Covered Well, or Borehole) and Allow Free Access to Students, as Reported by the Headmaster	46
Table 4.4	Percentage of Primary Schools that Practice IRI, Percentage that Have a Library, and Percentage that Have a Parent Teacher Association, as Reported by the Headmaster	47
Table 4.5	Percentage of Primary Schools with Clean Water, Latrines, Health in Curriculum, Records of Teachers' Referrals of Children to Health Facilities, and Child Health Cards or Records Showing Immunization, Supplementation of Micronutrients, or De-worming Given at School, as Reported by the Headmaster	48
Table 4.6	Percentage of Teachers Who Have Basic Infrastructure and Furniture in the Classroom: Floor, Roof, Window, Blackboard, Seat and Writing Surface For Each Pupil, Teacher's Table and Teacher's Chair, by Type of School	49
Table 4.7	Percentage of Classrooms with Basic Instructional Materials: Wall-Charts, Posters, IRI Teacher Guides, IRI Pupil Workbooks, Textbooks, Games, Supplemental Readers and Other Teacher Guides, by Type of School	50
Table 4.8	Percent of Teachers with Any Basic Instructional Materials That Have Materials to Support English Literacy, by Type of School	51
Table 4.9	Percent of Teachers with Any Basic Instructional Materials That Have Materials to Support Numeracy, by Type of School	52
Table 4.10	Percent of Primary Schools that Meet the Following Four National Service Standards: Teacher and Pupil Attendance Records Kept, Pupil/Toilet Ratio of 40:1, Separate Female Toilet with Door, and a Teacher Trained in First Aid, by Type of School, as Reported by Headmaster	53
Table 4.11	Percentage of Schools that Have Private Latrine for Girls and Greater than 40% Female Teachers on Staff, as Reported by the Headmaster	53

List of Figures

Figure 2.1	Percentage of births separated by at least 24 months among women with two or more births.	8
Figure 2.2	Percent of deliveries attended by a trained provider: doctor, midwife, nurse, CHEW, or CHO.	16
Figure 2.3	Percentage of women who are satisfied or very satisfied with the services received at the time of last visit to general health facility.	17
Figure 2.4	Percentage of children 0-23 months with febrile illness episode during last two weeks who received anti-malarial therapy, with diarrhea episode during last two weeks who received ORT, and with ARI during last two weeks who received recommended antibiotic therapy.	21
Figure 2.5	Gender parity index for primary school children ages 6-14 and ages 6-11, by state.	26
Figure 2.6	Survival rate of primary school pupils by cohort: the proportion of pupils who move from one grade of primary school to the next.	29
Figure 3.1	Percentage of health facilities that provided family planning services on the day of the survey, among those that provide any family planning services.	34
Figure 3.2	Percentage of health facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers.	35

Figure 3.3	Percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training, and completed family planning records.	36
Figure 3.4	Percentage of health facilities that make condoms available to youth.	36
Figure 3.5	Percentage of family planning health facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS.	37
Figure 3.6	Percentage of public and private ANC/PPC health facilities that offered ANC/PPC services on day of survey.	38
Figure 3.7	Percentage of health facilities that offer any vaccine or immunization services.	39
Figure 3.8	Percentage of all health facilities offering all the six essential antigens for child immunization (DPT1-3, measles, OPV, and BCG) and possessing completed immunization records.	41
Figure 3.9	Percentage of health facilities that offer vaccination outreach programs, among facilities offering any vaccine or immunization services.	41

Executive Summary

This report presents findings from the 2007 Nigeria Reproductive Health, Child Health and Education Midline Household, Health Facility and Primary School Surveys. The surveys provide data for midline monitoring and evaluation activities for the Community Participation for Action in the Social Sectors (COMPASS) Project and for the U.S. Agency for International Development mission in Nigeria (USAID/Nigeria). The surveys were implemented in 51 local government areas (LGA) in the states of Bauchi, Federal Capital Territory (FCT), Kano, Lagos, and Nasarawa where the COMPASS Project is being implemented. The COMPASS Project represents an integration of three previous USAID/Nigeria funded projects: VISION, BASICS, and LEAP. The purpose of the COMPASS Project is to enhance reproductive health and family planning services, as well as to promote child survival and improved literacy. The core idea behind COMPASS is to integrate the health, child survival, and education sectors through the promotion of Community Coalitions.

From a representative sample of men and women in the COMPASS Project target areas, the survey teams collected information on the respondent's background, contraception use, pregnancy status and history, antenatal care, breastfeeding activities, childhood illnesses, use of mosquito nets, childhood vaccinations, home-based disease prevention practices, and educational status of children living in the household. The objective of this report is to present a second set of estimated values for a set of indicators used by COMPASS and USAID/Nigeria for monitoring program performance. Data from the baseline surveys will be compared to the midline survey results to set program targets, as well as to measure changes in indicators resulting from the COMPASS Project's interventions.

Part I describes survey objectives and methods, and provides background information about the sample. Part II presents results from the household survey; Part III presents results from the health facility survey; and Part IV presents results from the headmaster and teacher surveys within primary schools located in project LGAs in the States of Kano, Lagos, and Nasarawa. Appendix A lists USAID and COMPASS estimated indicator values and definitions. Appendix B lists the LGAs where the COMPASS Project is working. Appendices C-F are the survey instruments, and Appendix G lists the data collectors and supervisors who implemented the midline surveys.

Part I. Introduction

The reach and impact of the COMPASS Project will be evaluated using a household survey on reproductive health, child health, and education; a health facility survey on types of services offered, vaccine logistic systems, child health and family planning services, antenatal care (ANC) and postpartum care (PPC) services, delivery and newborn care services, and select medications; and a primary school survey on record keeping, school health activities and curriculum, infrastructure and resources, parent teacher associations, teacher and headmaster's experience, and family education. This report describes the results of the 2007 midline surveys.

COMPASS and MEASURE Evaluation's Role

In 2004, USAID/Nigeria awarded Pathfinder International and its partners a five-year contract to assist USAID in developing a strategic framework for integrating and developing child health, reproductive health, and education programs in Nigeria. Collaborating partners under COMPASS include Johns Hopkins University/Center for Communication Programs (JHU/CCP), Creative Associates International (CAI), Constella Futures (formerly The Future's Group International), Adolescent Health and Information Project (AHIP), Federation of Muslim Women's Associations of Nigeria (FOMWAN), Nigeria Medical Association (NMA), Management Sciences for Health (MSH), and the Civil Society Action Coalition on Education For All (CSACEFA).

COMPASS aims to improve access to health and education within five Nigerian states, affecting approximately 18 million people. The project targets 51 local government areas within the states of Lagos, Kano, FCT, Bauchi, and Nasarawa (see Table 1.1 for a list of populations,

enumeration areas, and proposed versus actual sample sizes by state). The states vary widely in both socio-demographics and socio-economics, reflecting disparities in wealth, health, and education between the northern and southern sections of the country. The five states in which the COMPASS Project operates differ from each other not only in terms of languages spoken, ethnic groups, and religion, but also in terms of access to and availability of health and education services. At present, COMPASS is working with approximately 700 health facilities in the 51 project LGAs, representing about one-third of the total health facilities in the project LGAs. As well, COMPASS is working with approximately 40% of the primary schools in the project communities. The current timeline for project implementation is from May 2004 through May 2009.

The COMPASS project aims to contribute to USAID/Nigeria's strategic objective for improved social sector services (SO13). Specifically, the project aims to contribute to each of USAID's SO13 indicators:

- increased DPT3 coverage
- increased contraceptive prevalence rate (CPR);
- increased birth spacing
- increased student retention

To that effect, the project objectives include:

- improving the quality of health and education services (IR13.1)
- improving local communities' ability to participate effectively in policy dialogue on health and education (IR13.2)
- increasing demand for quality health and education services (IR13.3)
- increasing access to both health and education facilities (IR13.4)

MEASURE Evaluation at Tulane University is the external evaluator for the COMPASS Project. MEASURE Evaluation/Tulane University, in consultation with COMPASS and USAID/Nigeria, developed a household survey, a school survey, and a facility survey. MEASURE Evaluation/Tulane University contracted the Center for Research, Evaluation, and Resource Development (CRERD), a local research organization based in Ile-Ife and affiliated with Obafemi Awolowo University (OAU), Nigeria, to implement the household, health facility, and school surveys in the 51 LGAs where the COMPASS Project operates.

Survey Objectives

The specific objectives of the baseline health facility survey are to:

- collect quantitative data on child and reproductive health indicators among a representative sample of adults in 51 LGAs in Bauchi, FCT, Kano, Lagos, and Nasarawa states, as well as among a sample of health facilities and primary schools serving the population selected as part of the household survey;
- obtain data that will be used as a midline against which to measure changes in child health, reproductive health, and education indicators resulting from the COMPASS Project's interventions at baseline (2005) and again at the completion of the project (2009); and
- provide data for the refinement of strategies for COMPASS Project activities, as well as for other child health, reproductive health and education programs in the region.

Survey Methods

CRERD, in consultation with MEASURE Evaluation/Tulane University, was responsible

for sampling design, data collection (including recruiting and training of the field survey teams), data entry, and data cleaning. MEASURE Evaluation/Tulane University was responsible for all aspects of the midline survey work, including the modification of the questionnaires developed by COMPASS and USAID/Nigeria, assisting with the training of the supervisors and survey teams, conducting data analysis, and producing the survey report.

The reach and impact of the COMPASS Project will be assessed using three waves (2005, 2007, and 2009) of cross-sectional surveys in the project target areas. The three surveys conducted at midline were:

- a large-scale household survey among a representative sample of women aged 15-49 and men aged 15-64;
- a census of primary health care facilities (comprehensive health care centers, public and primary health care centers, health clinics, private health/maternity centers, private clinics, uniformed services clinics, health posts, and dispensaries) and patent medicine vendors (PMV) in the communities selected at the second stage of the household survey; and
- a survey of primary school personnel (public and private), including both teachers and headmasters, in the communities selected at the second stage of the household survey.

The baseline data for each of the three surveys were collected in 2005; midline data collection for each survey was conducted in February and March of 2007; the follow-up surveys are scheduled for 2009. The objective of the 2007 midline surveys was to collect quantitative data on reproductive health, child survival, and primary school education indicators among a representative sample of respondents, facilities, and schools in the target areas (51 LGAs in

Table 1.1 Population, Number of Enumeration Areas, and Proposed and Actual Midline Sample Sizes, by COMPASS Project LGAs in Each State

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total
State population	1,355,181	371,674	2,476,911	4,388,647	498,682	9,091,095
Number of EAs sampled	26	26	52	52	26	182
Proposed HH sample size	650	650	1,300	1,300	650	4,550
Actual HH sample size	650	651	1,296	1,292	650	4,539
Male respondent	316	297	655	548	391	2,207
Female respondent	334	354	641	744	259	2,332
Mothers (has any child)	242	234	496	491	210	1,673
Children 6-14 years	916	574	1,905	852	932	5,179
Children 6-11 years	673	419	1,386	565	677	3,720
Children 0-59 months	227	183	393	341	184	1,333
Children 6-59 months	196	174	360	312	182	1,224
Children 12-59 months	174	157	327	276	156	1,090
Children 0-23 months	97	77	172	151	65	562
Children 12-23 months	44	50	95	86	32	307
Children 0-5 months	31	10	44	29	7	121
Health facilities sampled	38	36	71	70	27	242
Schools sampled	164	53	308	206	45	776
Teachers sampled	651	260	1,648	1,086	278	3,923

Bauchi, Kano, Lagos and Nasarawa states and the FCT – see appendix B). Education and demographic information about all children residing in the selected houses were obtained from the respondent. Information about child health was collected about children who were either the last birth or second to last birth, and were 59 months old or younger. Because the project is likely to have spillover effects in non-intervention LGAs (which would actually be a desirable outcome), it was not possible to include control groups in the study design.

Sample Design and Size

Sample size calculations were conducted and compared using regional estimates of five indicators: contraceptive prevalence, modern contraceptive prevalence, and DPT1, DPT2, and DPT3 rates. The results (using contraceptive prevalence rates) indicated that a sample size of 80 respondents per LGA would allow detection of changes of 25 percentage

points at the LGA level with 90% power and 95% confidence (and much more accurate estimates at the state level). Given that there are 51 project LGAs, the target sample size was 4,080. Allowing for 10% non-response, the sample size was increased to 4,550. The sample size for children was a function of the number of children living in the selected houses and meeting specific age criteria (Table 1.1). Since the facility and school surveys are linked surveys, they did not have a predetermined sample size. The sample size for these surveys depended upon the number of facilities and schools used by the respondents in the household survey.

A multi-stage stratified sampling strategy was used for the household survey. Assuming 25 interviews per enumeration area (EA), 182 EAs were needed to achieve the target sample size for the household survey. Because the number of intervention LGAs varies by state in the ratio 1:1:2:2:1 for Bauchi, FCT, Kano, Lagos, and Nassarawa, respectively, allocating

the EAs proportional to population size would not be appropriate, as this would result in a very small sample size for some of the states. As such, the EAs were distributed to each state in that assumed ratio. Hence, 52 EAs were selected in Kano and Lagos, while 26 were selected in each of the other states. Within each state, EAs were selected proportional to the population size of the respective LGAs. Within each LGA, the required number of enumeration areas was selected using a table of random numbers. Within each selected EA, 25 households were selected using systematic random sampling. Because the EAs were not selected proportional to the population size of the respective COMPASS Project LGAs in each state, standardized state-level weights were applied to all between-state estimates. Weights were based on the proportion of the population in the COMPASS LGAs in each state (relative to the total population across all COMPASS LGAs in all five states) and the proportion of houses sampled in COMPASS LGAs in each state (relative to the total number of sampled houses across all COMASS LGAs in all states). The total estimates across all states in the household survey tables reflect weighted totals.

Table 1.1 presents the various sample sizes used for the calculation of indicators. The facility survey includes all public and private primary health care facilities serving the population interviewed in the household survey. The school survey sample includes all primary schools (public and private) that serve the families of those interviewed in the household survey. Hence, the facility and school surveys may include some facilities or schools that are located outside the enumeration areas selected for the household survey. By linking the facility and school surveys to the household survey, it will be possible to assess the effect of improvements in health services and education on individual health outcomes.

Questionnaire Development

MEASURE Evaluation, USAID/Nigeria, and COMPASS developed the questionnaires at baseline; MEASURE Evaluation modified it for midline survey work to include additional questions of interest (see appendices C-F). The individual household questionnaire was adapted from the standard Demographic and Health Survey (DHS) instrument, and included sections on reproduction, contraception, pregnancy, antenatal care, media exposure, marriage and sexual activity, fertility preferences, partner's background, childhood illness and immunization coverage, and primary school attendance. The health facility questionnaire was also adapted from the standard DHS instrument, and included sections on types of services offered at the facility, vaccine logistic systems, child health services, family planning services, ANC and PPC services, delivery and newborn care services, and select medications. The headmaster and teacher questionnaires included sections on the school's general background, record keeping, school health activities and health curriculum, materials and resources, parent teacher associations, teacher and headmaster's experience, and family education. The questionnaire was translated into the three major local languages of the five COMPASS states (Hausa, Igbo, and Yoruba), then back-translated into English to check for accuracy. The questionnaire was interviewer-administered. Geographic coordinates were collected at the enumeration area level using the Garmin eTrex® hand-held navigational unit and downloaded using GPS Utility.

Training of Field Survey Teams

Training of field staff was conducted in two stages. First, supervisors received a four-day centralized training at OAU. Subsequent three-day regional trainings of the field teams were held in each of the five states. Field survey teams were recruited from each state. CRERD led all

the trainings. Training consisted of a question-by-question review of the questionnaire, review of the sampling methodology, instruction in the use of the hand-held navigational units (e.g., Garmin eTrex®), role plays, and pretests of the questionnaire. A total of 227 interviewers and 69 supervisors received training. Of these, 145 interviewers and 53 supervisors balanced evenly between men and women were retained for the surveys. All trainings were conducted in February and March of 2007.

Data Collection

Data collection began immediately at the completion of each regional training workshop. Fieldwork started in February and was completed by the end of March 2007. All analyses were done using STATA 9.0 (STATA Corporation, College Station, TX). Descriptive statistics were used to summarize household, health facility, and primary school survey data by select demographic characteristics. Chi-square test statistics (χ^2) were used to assess differences between indicator values at baseline versus midline for the total estimates, as well as selected sub-groups of the survey population. Chi-square test statistics were not computed to assess differences between male and female respondents, or other sub-groups of the population, for within survey round estimates. The probability of committing a type-1 error (alpha) was set at 0.05; differences between estimated baseline and midline indicator values were statistically significant if $P < 0.05$.

Limitations

As with all cross-sectional surveys, this survey is subject to response and recall biases. Self-reported data may reflect a perceived desirability of responses rather than actual knowledge or practices, and may be affected by response bias. Responses to questions related to events in the past are subject to recall bias. A second limitation stems from the lack of a comparison

group; because this project will most likely have spill over effects into neighboring areas, identifying a comparable control group was not possible. Because the survey sample is restricted to those 51 LGAs targeted by the COMPASS Project, the results from this survey may not be representative of the entire populations of Bauchi, FCT, Lagos, Kano, or Nasarawa states, nor of other Nigerian states. It is also important to note that not all COMPASS activities reached all populations, health facilities, and schools in the project LGAs. Further analyses are needed to control for this reality. Bivariate statistics were performed for total estimates and selected of sub-groups of the survey population only; as such, differences in estimated values between sub-groups not considered for chi-square analyses may not reflect true statistical differences. Because this evaluation exercise is intended to measure changes in indicator estimates at the population level, and capturing change at the population level is not always possible over short periods of time, the estimates produced may not be consistent with observed changes in outcomes at the program level. Lastly, every effort was made to correct typographical errors in the values reported at baseline. As such, some baseline values reported in the mid-line report may be different than what was published earlier.

Part II. Household Survey Results

Sample Characteristics

Table 2.1 reports on the background characteristics of survey respondents. The number of respondents in the respective sub-groups is similar to the composition at baseline. Table 1.1 in Part I reports on the sample size used for children, mothers, males and females. A total of 2,332 respondents

were female and 2,207 of respondents were male. A total of 1,333 children 0-59 months old resided in households selected. A total of 5,179 school aged (6-14) children resided in selected households. Almost a third (31%) of female respondents were from Lagos and about a third (30%) were from Kano. Among male respondents, 25% were from Lagos and

Table 2.1 Background Characteristics of Household Survey Respondents, by Gender

Characteristics	Females (%)	Males (%)
COMPASS LGAs in ...		
Bauchi	334 (14.3)	316 (14.3)
FCT	354 (15.2)	297 (13.5)
Kano	641 (27.5)	655 (29.7)
Lagos	744 (31.9)	548 (24.8)
Nasarawa	259 (11.2)	391 (17.7)
Residence		
Urban	1,253 (53.7)	964 (43.7)
Semi-urban	312 (13.4)	308 (14.0)
Rural	767 (32.9)	935 (42.4)
Age		
15-19	348 (14.9)	305 (13.8)
20-24	415 (17.8)	320 (14.5)
25-29	503 (21.6)	410 (18.6)
30-34	371 (15.9)	323 (14.6)
35-39	250 (10.7)	217 (9.8)
40-44	292 (12.5)	203 (9.2)
45-49	153 (6.6)	152 (6.9)
> 50	NA	277 (12.6)
Marital status		
Married	1,233 (52.9)	909 (41.2)
In-union/Living with partner	435 (18.7)	337 (15.3)
Not married or in-union	664 (28.5)	961 (43.5)
Ever had a child		
Had child	1,673 (71.7)	1,061 (48.1)
No child	659 (28.3)	1,146 (51.9)
Education		
No formal schooling	810 (34.7)	696 (31.5)
Primary	467 (20.0)	425 (19.3)
Secondary or higher	1,055 (45.2)	1,086 (49.2)
Religion		
Christian	913 (40.8)	838 (38.4)
Muslim	1,360 (56.7)	1,291 (58.3)
Other	59 (2.5)	78 (3.3)
Number of cases	2,332 (100)	2,207 (100)

Note: NA = not applicable.

30% from Kano. A greater proportion of both women and men were from either urban or semi-urban areas (67% and 58%, respectively). More than half of the women and men were under 35 years of age.

Almost three-quarters of female respondents (72%) were married or in union; more than half (57%) of male respondents were married or in union. Over 70% of women reported having had at least one child, whereas less than half (48%) of men reported having had at least one child. Nigeria has a four-tiered educational system known as the 6-3-3-4 system. Primary education is the first six years, followed by three years of junior secondary, three years of senior secondary, and four years of university or polytechnic education. Free education is compulsory up to the junior secondary school level. Among survey respondents, 35% of women and 32% of men had no formal schooling. Almost half of all male (49%) and female (45%) respondents reported having at least secondary education.

Nearly four out of 10 male and female respondents reported being Christian; over 50% of respondents reported being Muslim. Less than 4% of both males and females reported other faiths.

Child Bearing

The percentage of births separated by at least 24 months was high (Figure 2.1): nearly seven out of 10 births were separated by at least 24 months at midline. Approximately six out of 10 births were separated by at least 24 months at baseline; this increase was not statistically significant ($P > 0.05$). The birth interval was lower for second to last and third to last births, with three out of 10 births separated by at least 24 months. The median birth interval was 24 months for all states at both baseline and midline ($P > 0.05$) for last birth and second to last birth, and 16.5 (Bauchi), 28 (FCT), 20.5 (Kano, Lagos, Nasarawa), and 17 (total) months for second to last and third to last births at midline.

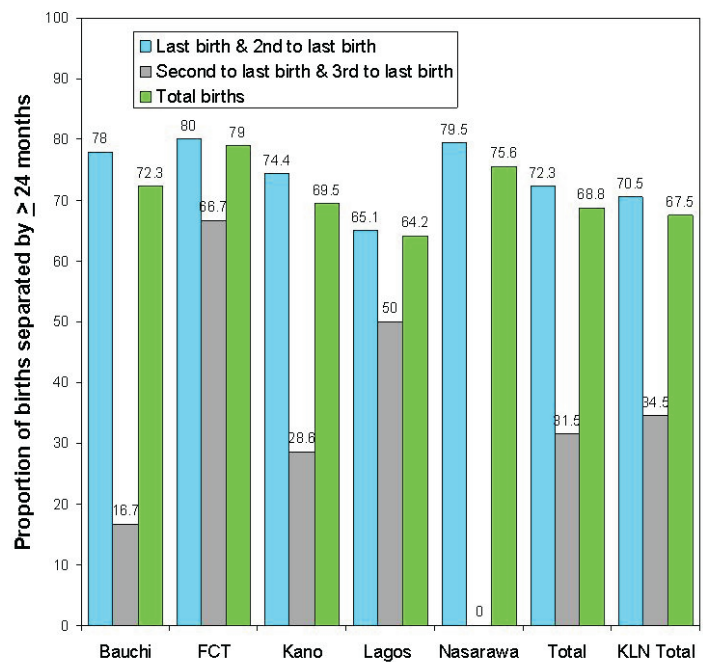


Figure 2.1 Percentage of births separated by at least 24 months among women with two or more births.

Family Planning Methods

Table 2.2 reports on current use of specific family planning methods (by respondent or partner of respondent) within COMPASS project areas. Overall, current use of specific family planning methods was highest in FCT (27% of females and 32% of males) and Lagos (40% of females and 39% of males). This represents an increase from the values reported at baseline of 17% for FCT females and males ($P < 0.01$), and a 26% and 20% increase ($P < 0.01$) for Lagos females and males, respectively. The lowest values were observed in Kano (6% of females and 3%

of males) and Bauchi (5% of females and 7% of males), although most values increased from baseline ($P < 0.05$). Only Bauchi females ($P = 0.11$) and Nasarawa males ($P = 0.23$) showed no statistically significant increase over baseline values. At both baseline and midline, the male condom was the family planning method most commonly reported in all five states, followed by the oral contraceptive pill. Although no respondents reported current use of foam/jelly at baseline, some respondents reported use of foam/jelly at midline within all states, with the exception of Bauchi females (Note: the absence

Table 2.2 Percentage of Respondents Who Report Current Use of Specific Family Planning Methods, by Gender and State (among Respondents Not Already Pregnant at the Time of the Survey)

Any modern method	Bauchi		FCT		Kano		Lagos		Nasarawa	
	F	M	F	M	F	M	F	M	F	M
2005 Baseline	(n = 628)		(n = 626)		(n = 1,265)		(n = 1,270)		(n = 636)	
Female sterilization	0.0	0.0	0.0	0.0	0.3	0.0	1.1	0.0	1.2	0.0
Male sterilization	0.0	0.3	0.0	0.3	0.0	0.0	0.0	1.4	0.0	1.6
Pill	0.4	0.6	3.5	2.0	0.2	0.2	3.5	1.4	0.8	2.1
IUD	0.0	0.0	0.8	0.3	0.0	0.2	1.3	0.5	0.0	0.0
Injection	1.1	0.0	1.5	1.6	0.5	0.2	0.8	1.3	3.5	3.4
Implants	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0
Male condom	0.8	1.9	5.0	11.2	0.5	1.1	8.5	16.5	3.1	5.0
Female condom	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.4	0.0
Diaphragm	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0
Foam/Jelly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Any Method	2.3	2.8	10.0	15.3	1.2	1.5	14.1	20.9	7.8	12.1
2007 Midline	(n = 586)		(n = 581)		(n = 1,145)		(n = 1,151)		(n = 581)	
Female sterilization	0.0	0.3	1.4	1.7	0.8	0.3	2.2	1.3	2.6	1.8
Male sterilization	0.0	0.0	0.4	0.7	1.6	0.5	1.0	0.9	1.6	1.3
Pill	3.0	2.9	7.8	6.7	2.6	1.2	7.8	4.6	6.8	5.9
IUD	0.7	0.6	0.7	1.4	1.0	0.3	4.6	2.0	3.6	2.8
Injection	1.5	2.2	3.2	3.4	2.2	1.1	6.3	3.3	13.1	5.6
Implants	0.0	0.0	1.8	1.4	0.6	0.3	2.8	2.0	1.6	1.8
Male condom	0.7	4.4	19.7	26.6	1.2	1.8	27.2	33.6	6.3	8.4
Female condom	0.0	0.3	1.4	2.7	1.0	0.2	2.9	2.6	3.2	3.3
Diaphragm	0.0	0.3	1.1	0.7	0.8	0.2	1.8	1.5	1.6	1.8
Foam/Jelly	0.0	0.6	0.4	0.4	0.6	0.2	2.7	0.6	1.6	2.1
Any Method	4.8	7.3**	26.8**	32.0**	5.5**	3.4*	39.5**	39.2**	20.0**	15.1

Notes: F= female, M = male.

Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

of values at baseline precluded the use of chi-square analysis to test for significant increases). The percent of Nasarawa women reporting use of injectables increased from 4% at baseline to over 13% at midline ($P < 0.05$). The use of IUD, diaphragm, implants, and sterilization was low, but slight increases were observed from baseline values to midline values (Note: the low values at baseline precluded the use of chi-square analysis to test for significant increases). The largest increases were observed for respondents using the male condom in FCT and Lagos ($P < 0.05$).

Table 2.3 shows the percentage of respondents reporting current use of modern family planning methods by subgroups and socio-demographic characteristics. Overall, 25% of females and 22% of males report current use of family planning methods, an increase of 16% ($P < 0.01$) and 10% ($P < 0.01$) for females and males, respectively, from baseline to midline. Among female respondents, midline use was highest, and significantly different from baseline values ($P < 0.01$), among residents of Lagos (40%), urban areas (33%), ages 25-29 (33%), women not married or in union (31%), and those with secondary school education levels or higher (36%). The lowest midline values for females were observed among Kano respondents (6%: $P < 0.01$), rural residents (6%: $P < 0.01$), women ages 15-19 (7%: $P < 0.01$), and those with no formal education (10%: $P < 0.01$). Statistically significant increases from baseline values were observed for most female sub-groups.

Although slightly lower values were reported, similar patterns were observed among male respondents. Current use at midline was highest, and significantly different from baseline values ($P < 0.01$), among male residents of Lagos (39%), urban areas (31%), ages 25-29 (28%), those not married or in union (27%), those with secondary education levels or higher (33%), and those reporting Christianity as their religion

(34%). Midline values were lowest among male respondents from Kano (3%: $P = 0.03$), rural areas (6%: $P < 0.01$), and those with no formal education (5%: $P = 0.20$). As with females, most subgroups showed statistically significant increases from 2005 to 2007.

Antenatal Care and Breastfeeding

This section describes respondent's use of antenatal care services, as well as the quality of health care services received, as determined by the percent of respondents receiving important health information, preventative vaccines, or chemoprophylaxis during the visit. Also described are the breastfeeding patterns within COMPASS Project areas. This section focuses on mothers and women who obtained antenatal care services in the COMPASS Project areas.

Antenatal Care Utilization — Table 2.4 reports on the percent of mothers who obtained ANC services during their last pregnancy from a trained provider at a hospital or clinic. Overall, 36% of mothers at baseline and 46% of mothers at midline report receiving ANC services at least once during their last pregnancy ($P < 0.01$); and 31% of mothers at baseline and 37% of mothers at midline report receiving ANC services four or more times during their last pregnancy ($P < 0.01$). The percentage of mothers who obtained ANC services once during the last pregnancy was highest in Lagos (56%) and lowest in Kano (31%), with the other three states ranging between 37% and 53%. Although disparities were evident when comparing the percent of mothers who received ANC services once with the percent of mothers who received ANC four times during their last pregnancy at both baseline and midline, increases in values from baseline to midline were observed for select subgroups for both indicators. In Bauchi, 36% of mother received ANC services once at baseline, versus 37% who received ANC services once at midline ($P =$

Table 2.3 Percentage of Respondents Who Currently Use any Method of Modern Contraception, by Gender (among Respondents not Already Pregnant at Time of Survey)

Characteristic	Females				Males			
	2005		2007		2005		2007	
	%	n	%	n	%	n	%	n
COMPASS LGAs in ...								
Bauchi	2.3	265	4.8	270	2.8	363	7.3**	316
FCT	10.0	261	26.8**	284	15.3	365	32.0**	297
Kano	1.5	604	5.5**	493	1.5	661	3.4*	652
Lagos	14.1	632	39.5**	603	20.9	638	39.2**	548
Nasarawa	7.8	256	20.0**	190	12.1	380	15.1	391
Residence								
Urban	11.5	1,075	32.6**	986	16.5	1,153	31.0**	962
Semi-urban	7.2	176	15.4	246	14.9	213	15.3	308
Rural	1.8	767	6.3**	608	2.8	104	6.1**	934
Age								
15-19	1.5	337	7.2**	304	7.1	348	12.6*	305
20-24	8.4	338	21.2**	343	13.3	293	23.9**	320
25-29	10.7	395	33.2**	380	18.0	409	27.9**	410
30-34	13.1	276	30.6**	296	11.7	350	25.2**	323
35-39	14.7	216	28.6**	190	12.4	273	22.1*	216
40-44	9.7	172	27.5**	213	15.9	220	17.1	202
45-49	8.8	284	25.2**	114	8.5	238	22.0**	152
> 50	NA	NA	NA		6.9	276	18.4**	276
Marital Status								
Married	7.5	1,103	18.3**	917	9.0	1,222	15.8**	907
In-union	9.1	296	32.2**	336	7.4	325	21.5**	336
Not married or in-union	10.0	619	30.7**	587	17.1	860	26.7**	961
Ever have a child	9.2	1,575	24.9**	1,181	10.3	773	18.7**	1,058
Education								
No formal schooling	2.2	769	9.9**	645	3.3	713	4.9**	694
Primary	7.5	410	20.6**	362	6.6	530	16.5**	425
Secondary or higher	13.6	839	36.0**	833	18.6	1,164	32.7**	1,085
Religion								
Christian	13.5	836	34.6**	746	18.1	945	34.4**	838
Muslim	4.2	1,100	16.6**	1,049	7.9	1,344	13.6**	1,288
Other	15.2	82	42.0**	45	8.4	118	16.0	78
KLN total	10.3	1,492	28.3**	1,286	13.6	1,679	24.0**	1,591
Total	9.0	2,018	24.8**	1,840	11.9	2,407	21.7**	2,204

Notes: NA = not applicable.

KLN refers to Kano, Lagos, and Nasarawa.

Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

Table 2.4 Percentage of Mothers Who Obtained ANC Services during Their Last Pregnancy from a Trained Provider at a Hospital or Clinic

Characteristic	Obtained ANC at Least Once				Obtained ANC \geq 4 Times			
	2005		2007		2005		2007	
	%	n	%	n	%	n	%	n
COMPASS LGAs in ...								
Bauchi	35.8	232	37.2	242	26.7	232	22.7	242
FCT	49.3	201	53.0	234	41.3	201	46.6	234
Kano	22.7	520	30.9**	496	18.1	520	21.8	496
Lagos	42.6	503	55.6**	491	39.2	503	48.5**	491
Nasarawa	43.5	207	48.1	210	27.1	207	36.7*	210
Residence								
Urban	43.1	862	53.9**	872	38.6	862	46.6**	872
Semi-urban	40.4	140	39.1	213	32.0	140	25.4	213
Rural	20.5	661	26.3**	588	14.2	661	15.0	588
Age								
15-19	21.6	183	32.0*	141	16.4	183	23.4	141
20-24	36.5	256	53.5**	261	31.2	256	41.9*	261
25-29	42.5	344	52.1	377	36.4	344	40.1	377
30-34	42.7	252	51.3	295	35.2	252	44.0	295
35-39	43.0	212	42.9	211	38.8	212	35.7	211
40-44	29.1	160	36.6	251	23.8	160	29.8	251
45-49	30.2	256	35.6	137	27.1	256	29.6	137
Marital Status								
Married	38.4	1,048	43.6*	1,026	31.5	1,048	33.6	1,026
In-union	45.8	286	51.9	366	43.3	286	43.8	366
Not married or in-union	21.9	329	45.0**	281	18.7	329	38.6**	281
Number of partners in last 12 months								
None (0)	27.6	198	40.1	11	23.7	198	40.1	11
1	37.5	1,378	45.7**	1,628	32.0	1,378	36.6*	1,628
2 or more	35.3	87	39.2	34	29.9	87	38.1	34
Education								
No formal schooling	23.3	695	31.0**	650	17.1	695	20.5	650
Primary	46.0	355	50.3	359	39.6	355	36.9	359
Secondary or higher	43.2	613	54.4**	674	39.2	613	48.7**	674
Religion								
Christian	43.6	624	51.7*	595	38.1	624	44.2	595
Muslim	31.8	975	41.8**	1,040	26.6	975	32.4**	1,040
Other	26.3	64	48.5*	38	21.4	64	28.3	38
KLN total	35.7	1,230	46.7**	1,208	31.2	1,230	38.7**	1,208
Total	36.2	1,663	45.5**	1,673	30.9	1,663	36.6**	1,673

Notes: KLN refers to Kano, Lagos, and Nasarawa.
Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

0.75). In FCT, 49% received ANC services once at baseline and 53% at midline ($P = 0.44$), while 41% received ANC services four times at FCT at baseline and 47% reported receiving ANC services at least four times at midline ($P = 0.27$). In Kano 23% reported visiting a hospital or clinic for ANC services at least once, and only 18% reported visiting a hospital or clinic for ANC services four times at baseline; the number increased at midline to 31% reporting ANC at least one time ($P < 0.01$), but no change was detected for mothers receiving ANC at least four times (22%: $P = 0.14$). In Lagos, the percent of mothers who obtained ANC services at least once at baseline was 43%, while it was 39% for mothers who obtained ANC services at least four times at baseline; these values increased at midline to 56% receiving ANC at least once ($P < 0.01$) and 49% receiving ANC at least four times ($P < 0.01$).

Mothers who are not married or in union had the largest increase, with 22% at baseline receiving ANC at least once and 19% receiving ANC at least four times. At midline, these numbers increased to 45% ($P < 0.01$) and 39% ($P < 0.01$), respectively. Increases were also observed among mothers with no formal education obtaining ANC services at least once ($P < 0.01$) and among mothers with secondary or higher education obtaining ANC services at least once ($P < 0.01$). No change in the percent of mothers obtaining ANC services at least once between 2005 and 2007 was observed for mothers in semi-urban areas ($P = 0.83$). Increases in the percent of mothers obtaining ANC services at least four times were observed for those in urban areas (39% to 47%: $P < 0.01$), mothers aged 20-24 years old (31% to 42% $P < 0.05$), those with secondary or higher education (39% to 49%: $P < 0.01$), Muslim mothers (26% to 32%: $P < 0.01$), and those with one partner in the last 12 months (32% to 37%: $P < 0.05$).

Quality of Antenatal Care Services — Table 2.5 reports on the percentage of women who received intermittent preventative therapy (IPT)

or were counseled on IPT at least once, among those women who obtained ANC services from a trained provider at a hospital or clinic. In general, fewer women received IPT than were actually counseled on IPT during their ANC visit. Overall, 45% of women who obtained ANC services were counseled on IPT, whereas 9% actually received IPT at least once during their pregnancy. Although respondents in rural areas report the lowest levels of women receiving counseling on IPT (31%), this represents an increase over the baseline value of (17%: $P < 0.01$). Among semi-urban women, the percent given IPT increased from baseline (3%) to midline (13%: $P < 0.05$). No other statistical differences between baseline and midline values were observed. Kano and Nasarawa respondents reported the lowest levels of women counseled on IPT (31% and 37%, respectively), whereas Bauchi and Kano respondents reported the lowest levels of women who actually received IPT (7% and 5%, respectively). Women aged 30-34 report the lowest levels of receiving IPT (5%).

Table 2.6 reports the percentage of women who obtained ANC services during their last pregnancy who received tetanus toxoid (TT) vaccine if needed. Overall, 57% of women reported receiving at least one dose, and 48% reported receiving two doses of TT during their last pregnancy at midline; although the value for receiving one dose if needed represents a slight decrease over the baseline value, no statistical difference was detected. However, the percent of women receiving one dose of TT if needed decreased from 65% at baseline to 57% at midline ($P < 0.01$). The percentage of women receiving two doses of TT if needed was lowest among women with two or more partners (32%). No statistical differences between baseline and midline values were observed among subgroups of women receiving two doses of TT if needed. Noteworthy however, is the percent of women receiving one dose of TT if needed that

Table 2.5 Percentage of Women Who Received IPT (Fansidar) at Least Once, and Percentage Counseled on IPT, among Women Obtaining ANC Services from a Trained Provider at a Hospital or Clinic

Characteristic	Given IPT (Fansidar)				Counseled on IPT			
	2005		2007		2005		2007	
	%	n	%	n	%	n	%	n
COMPASS LGAs								
LGAs in Bauchi	9.6	83	6.7	90	25.3	83	37.8	90
LGAs in FCT	10.1	99	8.9	124	55.6	99	50.8	124
LGAs in Kano	3.4	118	4.6	153	37.3	118	30.7	153
LGAs in Lagos	11.2	214	9.9	273	58.9	214	50.6	273
LGAs in Nasarawa	1.1	90	10.9**	101	20.0	90	36.6*	101
Residence								
Urban	11.2	381	9.1	456	54.0	381	48.3	456
Semi-urban	3.3	60	12.6*	101	53.8	60	33.2	101
Rural	1.2	163	3.3	184	16.9	163	30.6**	184
Age								
15-19	0	42	8.0	50	34.0	42	27.8	50
20-24	6.7	99	10.7	137	44.2	99	42.8	137
25-29	13.2	150	10.6	184	52.7	150	43.9	184
30-34	7.4	103	5.0	146	52.4	103	45.0	146
35-39	10.9	90	7.7	90	51.4	90	48.2	90
40-44	8.3	48	6.9	92	43.9	48	49.0	92
45-49	8.3	72	9.0	42	43.4	72	49.5	42
Marital Status								
Married	10.3	409	10.0	435	48.0	409	47.0	435
In-union	5.6	122	5.6	187	48.2	122	46.4	187
Not married or in-union	8.3	73	7.3	119	48.0	73	34.8	119
Number of partners in last 12 months								
None (0)	5.9	57	33.9	5	44.7	57	5.8	5
1	9.2	518	8.3	725	49.1	518	45.2	725
2 or more	10.2	29	11.7	11	37.2	29	25.3	11
Education								
No formal schooling	6.2	173	6.0	203	30.2	173	30.4	203
Primary	5.4	170	8.5	182	51.2	170	48.0	182
Secondary or higher	12.1	261	9.6	356	55.1	261	49.3	356
Religion								
Christian	9.5	271	11.3	309	47.9	271	50.1	309
Muslim	8.9	313	6.8	417	49.1	313	40.7	417
Other	—	20	—	15	29.6	20	39.7	15
KLN total	8.8	422	8.8	527	51.5	422	45.2	527
Total	9.0	604	8.5	741	48.0	604	44.6	741

Notes: "Given IPT" refers to women who report receiving any IPT at least once during last pregnancy (most respondents said they did not know how many times they received IPT during last pregnancy).

Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

The symbol "—" denotes insufficient n -size.

KLN refers to Kano, Lagos, and Nasarawa.

Table 2.6 Percentage of Women Who Obtained ANC Services during Last Pregnancy Who Received Two Doses of TT, and Percent Who Received at Least One Dose of TT, If Needed

Characteristic	2 TT				1 TT			
	2005		2007		2005		2007	
	%	n	%	n	%	n	%	n
COMPASS LGAs in ...								
Bauchi	49.4	81	60.5	86	69.1	81	76.7	86
FCT	50.0	98	47.5	120	81.6	98	60.0**	120
Kano	36.6	112	38.0	142	58.0	112	52.1	142
Lagos	53.7	214	48.5	270	65.9	214	54.1**	270
Nasarawa	37.1	89	48.5	99	52.8	89	56.6	99
Residence								
Urban	51.9	369	49.5	451	65.9	375	57.1*	451
Semi-urban	46.7	60	41.9	94	76.7	60	54.8*	94
Rural	37.2	159	42.5	172	55.6	159	51.1	172
Age								
15-19	57.8	39	42.5	46	69.2	39	57.1	46
20-24	47.8	96	46.4	133	73.3	96	57.8*	133
25-29	49.8	149	45.0	178	63.0	149	53.5	178
30-34	53.0	102	55.9	142	70.2	102	61.3	142
35-39	54.0	89	47.8	89	69.6	89	57.4	89
40-44	42.8	47	49.3	88	55.1	47	58.9	88
45-49	38.8	72	44.2	41	51.8	72	49.5	41
Marital Status								
Married	50.5	403	51.2	420	64.9	403	60.8	420
In-union	43.0	119	46.1	183	64.7	119	54.3	183
Not married or in-union	52.7	72	40.5	114	65.7	72	47.6*	114
Number of partners in last 12 months								
None (0)	40.9	55	5.7	5	53.9	55	5.7	5
1	50.3	510	48.6	702	66.5	510	57.6**	702
2 or more	43.8	29	31.7	10	59.4	29	31.7	10
Education								
No formal schooling	33.2	167	41.6	187	51.3	167	52.8	187
Primary	45.4	168	34.8	178	65.5	168	44.4**	178
Secondary or higher	58.2	259	56.1	352	71.1	259	63.6	352
Religion								
Christian	54.0	268	51.0	302	66.7	268	56.3*	302
Muslim	45.2	306	46.4	400	63.5	306	57.7	400
Other	35.2	20	34.2	15	63.0	20	45.2	15
KLN Total	49.0	415	46.3	511	63.1	415	53.8**	511
Total	49.1	594	48.0	717	65.0	594	56.8**	717

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
KLN refers to Kano, Lagos, and Nasarawa.

significantly decreased from baseline to midline for numerous sub-groups of the population.

Figure 2.2 illustrates the percent deliveries attended by a trained provider (i.e. doctor, midwife, nurse, community health extension worker [CHEW], or community health officer [CHO]). Lagos and FCT states reported the highest percentage of attended deliveries (52% and 51%, respectively) and Bauchi and Kano reported the lowest percentage (19% and 14%). Overall, about one-third (35%) reported having a trained provider attend the delivery. A slight increase over baseline values were observed in Lagos (P < 0.05) while a 5% decrease was observed in Kano (P < 0.05).

Figure 2.3 illustrates the percentage of women who were somewhat satisfied or very satisfied with the services provided at their last visit to a health facility for general health. Bauchi respondents reported the highest female patient satisfaction (91%), an increase of almost 21% over baseline values (P < 0.01); Kano respondents

reported the lowest (74%), although this also represents a 22% increase over baseline values (P < 0.01). Overall, patient satisfaction was fairly high with the value increasing from 65% at baseline to almost 79% at midline (P < 0.01). Baseline and midline values were similar in FCT (P = 0.99).

Table 2.7 reports on the percentage of infants less than six months old exclusively breastfed over the last 24 hours. Given the small sample size, it was not possible to produce valid estimates for all categories of mother's characteristics. Overall, less than 23% of infants were exclusively breastfed over the past 24 hours, a difference of 1% over baseline the value (P = 0.89). Those mothers with no formal education reported the lowest levels of exclusive breastfeeding (13%), compared to those with secondary or higher education levels (23%). No statistically significant differences (χ^2 : P > 0.05) were detected between baseline and midline values for any of the subgroups.

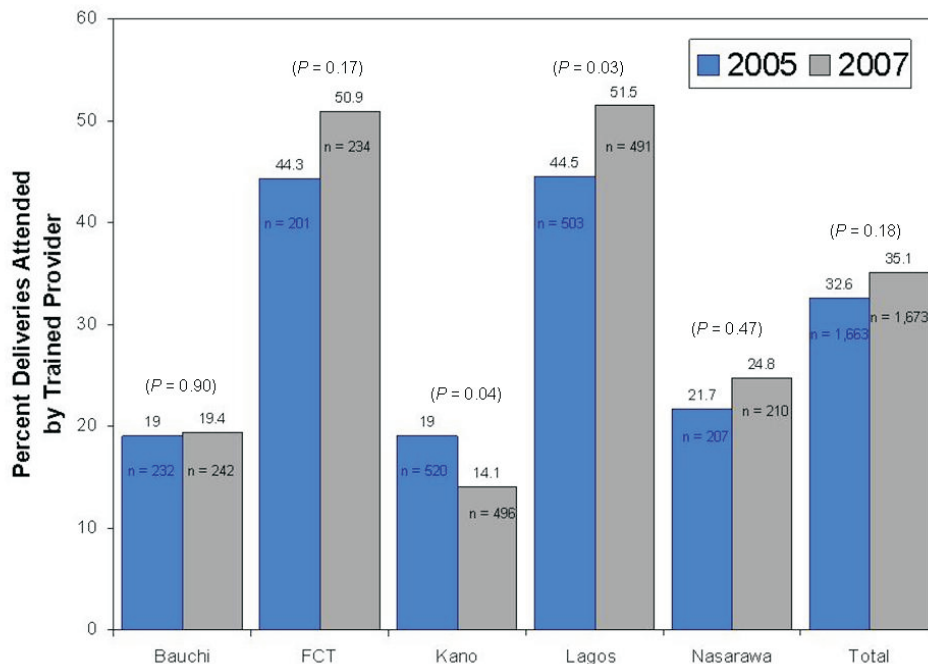


Figure 2.2 Percent of deliveries attended by a trained provider: doctor, midwife, nurse, CHEW, or CHO (note: significantly different between baseline and midline values [χ^2]: *P < 0.05, **P < 0.01).

Table 2.7 Percentage of Infants Less than Six Months Old Exclusively Breastfed over Last 24 Hours

Characteristic of mother	2005		2007	
	%	n	%	n
Residence				
Urban	20.4	75	21.4	76
Semi-urban	—	11	—	6
Rural	—	40	—	39
Education				
No formal schooling	—	38	13.4	47
Primary	—	35	—	30
Secondary or higher	25.4	53	23.1	44
Religion				
Christian	23.7	51	—	36
Muslim	16.6	70	20.9	82
Other	—	5	—	3
KLN Total	22.5	118	26.3	81
Total	21.8	126	22.8	121

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
The symbol “—” denotes insufficient n -size.
KLN refers to Kano, Lagos, and Nasarawa.

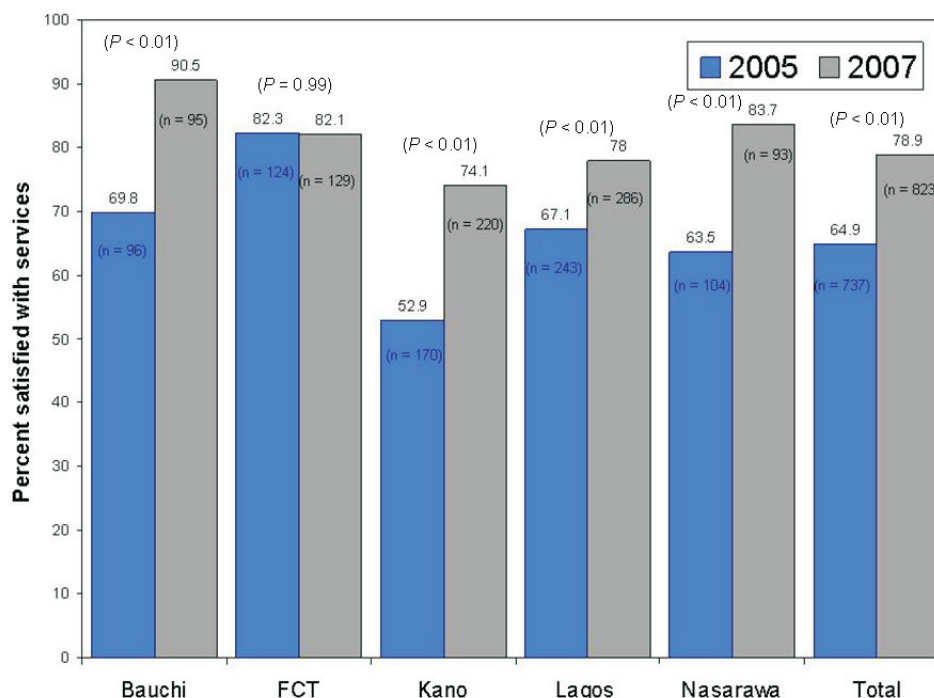


Figure 2.3 Percent of women who are satisfied or very satisfied with the service received at time of last visit to general health facility (note: significantly different between baseline and midline values [χ^2]: * $P < 0.05$, ** $P < 0.01$).

Childhood Illness

This section presents information on respondent's knowledge of childhood illnesses, as well as on home-based treatment of malaria, acute respiratory illness (ARI), and diarrhea.

Table 2.8 reports on the percentage of children 6-59 months old who received vitamin A supplement, according to a health card or recall of the mother. Overall, less than 20% of children ages 6-59 months old within COMPASS project areas received a vitamin A supplement, down from 23% at baseline, although not statistically different ($P > 0.05$). Large variations were observed in the percent of children who received vitamin A among COMPASS LGAs in states: 12% in Bauchi, 13% in Kano, 19% in Nasarawa, 27% in Lagos, and 27% in FCT. Additionally, large variations were observed between mothers reporting residence in urban areas (24%) versus rural areas (11%). As expected, mothers with secondary school education or higher were more likely to report giving their children vitamin A supplements (26%), as compared to mothers with no formal education (11%), although a significant decrease was observed among mothers with secondary education or higher ($P < 0.01$). Over 23% of mothers who report being Christian gave their children vitamin A supplements, compared to 18% of Muslim mothers: no change in values from baseline to midline was detected ($P > 0.05$). Most subgroup values significantly decreased from baseline to midline. The percent of mothers in Kano who gave their children vitamin A supplements however, almost doubled from approximately 7% at baseline to 13% at midline ($P < 0.01$).

Table 2.9 reports on the percent of children less than five years old (0-59 months old) who slept under an insecticide treated net (ITN) the night before the survey. Less than 4% of children reportedly slept under an ITN the night before the midline survey. Although this number is low,

it should be noted that we did not concurrently collect information on entomological inoculation rates or the incidence of malaria relative to the level of precipitation in COMPASS Project areas; thus, it is possible that this information is reflective of a time when malaria transmission or mosquito nuisance biting was low. ITN use among children less than five years old was highest in FCT (8%) and Nasarawa states (9%), and lowest among children in Kano (2%) and Bauchi (2%) states. Further, ITN use was also higher in children whose mother was between the ages of 15-19 (7%), as compared to other age groups (range: 0%-5%). Children with mothers reporting a secondary school education level or higher had higher percentages than children with mothers reporting no formal education: 5% versus 2%. No clear patterns emerged between percentages among the other subgroups. Overall, the values observed from baseline to midline for most subgroups remained the same. Statistically significant differences were observed between baseline and midline Muslim children, as the coverage increased from 1.7% at baseline to almost 4% at midline ($P < 0.01$). The values for children of mothers between the ages of 20 and 24 years also slightly increased from 1% at baseline to 5% at midline ($P = 0.05$).

Figure 2.4 illustrates the percentage of children 0-23 months with febrile illness during the last two weeks who received anti-malarial treatment, the percentage of children 0-23 months with diarrhea episode during last two weeks who received oral re-hydration therapy (ORT), and the percentage of children 0-23 months with ARI during last two weeks who received the recommended antibiotic therapy. Figure 2.4 presents the five-state average (over all COMPASS LGAs in the respective states), as well as a three-state average (LGAs in Kano, Lagos, and Nasarawa states only) for the respective indicators described above. Given the small sample size for these indicators, as a result of few children reportedly having malaria,

Tabel 2.8 Percentage of Children 6-59 Months Old Who Received a Vitamin A Supplement in Past Six Months, According to Health Card or Recall

Characteristic of mother	2005		2007	
	%	n	%	n
COMPASS LGAs in ...				
Bauchi	8.1	174	12.2	196
FCT	35.6	132	27.0	174
Kano	6.5	261	12.8**	360
Lagos	37.0	249	26.6**	312
Nasarawa	36.1	133	18.7**	182
Residence				
Urban	30.4	457	23.6*	588
Semi-urban	32.4	86	22.3	173
Rural	8.7	406	10.6	463
Age				
15-19	16.0	92	12.4	85
20-24	20.0	179	17.0	234
25-29	25.8	260	21.8	341
30-34	20.3	185	26.0	238
35-39	33.7	119	24.1	153
40-44	23.1	42	9.4*	116
45-49	20.7	72	13.3	57
Marital Status				
Married	20.1	694	20.7	757
In-union	30.4	180	21.4	285
Not married or in-union	32.1	75	13.9	182
Education				
No formal schooling	9.3	413	11.1	466
Primary	22.5	210	20.2	261
Secondary or higher	37.4	326	25.9**	497
Religion				
Christian	31.6	371	23.4	432
Muslim	17.3	553	17.9	766
Other	—	25	—	26
KLN total	26.4	643	21.0*	854
Total	23.2	949	19.7	1,224

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

The symbol “—” denotes insufficient n -size.

KLN refers to Kano, Lagos, and Nasarawa.

Tabel 2.9 Percentage of Children under Five Years Old Who Slept under an ITN the Night before the Survey

Characteristic of mother	2005		2007	
	%	n	%	n
COMPASS LGAs in ...				
Bauchi	1.7	175	2.2	227
FCT	6.8	133	7.7	183
Kano	1.1	277	2.3	393
Lagos	3.3	270	4.1	341
Nasarawa	7.5	146	9.0	189
Residence				
Urban	3.1	483	4.2	659
Semi-urban	4.5	90	5.4	175
Rural	1.9	428	1.9	499
Age				
15-19	6.0	101	7.2	96
20-24	1.1	188	5.2*	262
25-29	3.6	277	3.4	375
30-34	3.5	196	3.4	260
35-39	1.3	119	1.3	160
40-44	0.0	48	4.4	120
45-49	1.8	72	0.0	60
Marital Status				
Married	2.7	728	4.0	832
In-union	2.1	188	2.6	302
Not married or in-union	5.1	85	3.7	199
Education				
No formal schooling	0.1	435	1.6	507
Primary	1.9	224	3.5	290
Secondary or higher	5.5	342	5.3	536
Religion				
Christian	4.1	392	3.6	568
Muslim	1.7	582	3.6*	836
Other	—	27	—	29
KLN total	2.9	693	3.8	923
Total	2.8	1,001	3.7	1,333

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

The symbol “—” denotes insufficient n -size.

KLN refers to Kano, Lagos, and Nasarawa.

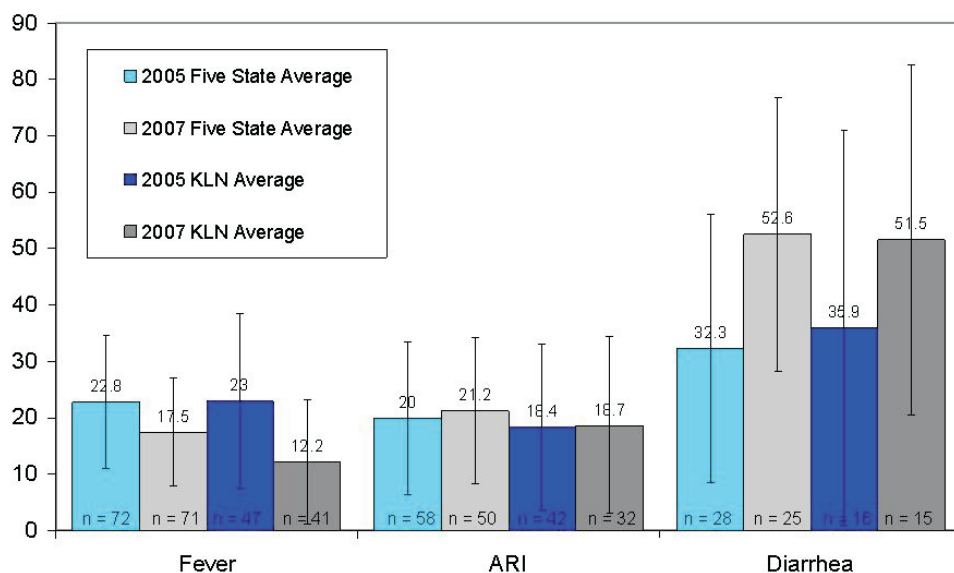


Figure 2.4 Percentage of children 0-23 months old with febrile illness episode during last two weeks who received anti-malarial therapy, with diarrhea episode during last two weeks who received ORT, and with ARI during last two weeks who received recommended antibiotic therapy (KLN refers to Kano, Lagos, Nasarawa average. Error bars represent 95% confidence interval): (χ^2): *P > 0.05 for all between survey round estimates.

diarrhea, or ARI, caution should be used when interpreting and extrapolating these results to areas or situations outside the scope of the COMPASS project. Overall, the averages were similar between the five-state estimates and three-state estimates. Approximately 18% of children 0-23 months with fever in last 2 weeks received anti-malaria treatment, an insignificant decrease from 23% at baseline (P = 0.48). Over 50% of children with diarrhea during the last two weeks received ORT, an insignificant increase from one-third at baseline (P = 0.21), and about 20% of children with ARI during last two weeks received the recommended antibiotic treatment, also similar to that observed at baseline (P = 0.97).

Table 2.10 shows the percentage of children 12-23 months old who received three doses of DPT before their first birthday, according to their health card. Overall, less than 6% of children 12-23 months old received three doses

of DPT before their first birthday, according to the health card, down from 12% at baseline (P < 0.05). For the Kano, Lagos, and Nasarawa total (KLN total) estimate, no statistical difference was detected between baseline and midline values (P = 0.07). Large variations exist among subgroups of the population. DPT coverage was highest in FCT (16%) and Nasarawa (16%), and lowest in Kano (0%) and Bauchi (0%). The only significant decrease from baseline was observed in LGAs in Lagos, where a baseline value of 21% decreased to a midline value of less than 10% (P < 0.05). Eight percent of children in urban areas reportedly received three doses of DPT before their first birthday, compared to 1% of rural children. Eleven percent of children with mothers reporting secondary or higher levels of education reportedly received three doses of DPT, compared to 0% of children with mothers having no formal education. Noteworthy however, is the significant reduction in DPT coverage among children of mothers with

Tabel 2.10 Percentage of Children Who Received Three Doses of DPT before Their First Birthday According to Health Card, among Children Ages 12–23 Months Old

Characteristic of mother	2005		2007	
	%	n	%	n
COMPASS LGAs in ...				
Bauchi	6.5	31	0.0	44
FCT	20.6	34	16.0	50
Kano	1.3	75	0.0	95
Lagos	21.3	61	9.3*	86
Nasarawa	3.7	27	15.6	32
Residence				
Urban	18.1	116	7.8	155
Semi-urban	—	14	3.5	51
Rural	0.4	98	1.4	101
Age				
15-19	—	25	—	21
20-24	7.5	40	1.4*	68
25-29	15.1	65	7.2	98
30-34	11.9	51	10.6	50
35-39	—	26	13.3	32
40-44	—	7	—	24
45-49	—	14	—	14
Marital Status				
Married	12.6	160	5.1*	192
In-union	7.4	48	9.4	73
Not married or in-union	—	20	5.1	42
Education				
No formal schooling	2.9	97	0.0	109
Primary	13.0	56	2.7**	73
Secondary or higher	21.1	75	11.0	125
Religion				
Christian	17.2	84	10.1	110
Muslim	9.5	138	3.2*	192
Other	—	6	—	5
KLN total	12.6	163	6.2	213
Total	12.1	228	5.8*	307

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

The symbol “—” denotes insufficient n -size.

KLN refers to Kano, Lagos, and Nasarawa.

primary school education ($P < 0.01$): coverage decreased from 13% at baseline to less than 3% at midline. Ten percent of children with Christian mothers received the required three doses of DPT, compared to 3% of children with Muslim mothers. Overall, decreases were observed from baseline values to midline values

for only a few of the subgroups. In general, the values at baseline were the same as values at midline ($P > 0.05$)

Table 2.11 shows the percent of children 12-59 months old who were fully immunized by their first birthday, according to the health card.

Table 2.11 Percentage of Children Who Are Fully Immunized by First Birthday According to Health Card, among Children 12-59 Months Old

Characteristic of mother	2005		2007	
	%	n	%	n
COMPASS LGAs in ...				
Bauchi	1.4	147	0.0	174
FCT	6.3	112	4.5	157
Kano	0.5	213	0.0	327
Lagos	6.1	215	2.9	276
Nasarawa	1.0	104	2.6	156
Residence				
Urban	5.2	392	2.3*	522
Semi-urban	4.1	68	1.2	148
Rural	0.1	331	0.2	420
Age				
15-19	3.5	76	0.0	73
20-24	2.1	145	0.5	206
25-29	4.3	222	2.2	312
30-34	3.9	156	2.8	208
35-39	3.3	104	3.0	136
40-44	—	34	0.0	106
45-49	4.1	54	0.0	49
Marital Status				
Married	3.6	576	1.5*	673
In-union	2.3	148	2.3	250
Not married or in-union	5.6	67	1.1	167
Education				
No formal schooling	0.9	335	0.0	427
Primary	3.8	176	0.9	228
Secondary or higher	5.7	280	3.1	435
Religion				
Christian	4.5	314	2.9	386
Muslim	2.9	456	0.9	683
Other	—	21	—	21
KLN total	3.9	532	1.8	759
Total	3.5	791	1.6*	1,090

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

The symbol “—” denotes insufficient n -size.

KLN refers to Kano, Lagos, and Nasarawa.

Less than 2% of children 12-59 months old reportedly received all vaccinations. The total percent decreased from 4% at baseline to 2% at midline ($P < 0.05$). Percentages were highest in FCT (5%), Lagos (3%), and Nasarawa (3%); and lowest in Kano and Bauchi (0%). Children with mothers residing in urban areas had higher vaccination coverage than children in rural areas: 2% compared to less than 1%. Three percent of children with mothers reporting secondary school or higher levels of education reported completed immunization compared to 0% of children with mothers reporting no formal education. No differences were observed between baseline values and midline values for the subgroups listed.

Primary School Education

This section describes the household's primary aged school children's attendance patterns, promotion and retention rates, and gender equity. The information contained in this section will serve as a midline for assessing improvements in access to education for both male and female children. Additional results are presented under Part IV. Primary School Survey Results.

Table 2.12 shows the attendance rates of primary school children ages 6-14 and ages 6-11, by state and gender. Because different programs use different age groups to define school-aged children, this table reports on both age groups: 6-11 and 6-14, which comprises all primary school students in this data set. Overall, slight increases in attendance rates were observed for both children ages 6-11 and children ages 6-14. As well, about the same percent of school aged (6-14) male and female children attended school: 40% of males and 36% of females. A similar pattern was observed when calculating the percent male and female children attending school when using the data from Kano, Lagos, and Nasarawa only: 42% of males and 38% of females. Both male and female attendance rates

were highest in FCT: 55% of males and 54% of females aged 6-14 attended school. Attendance rates were lowest in schools located in Bauchi, with male attendance rates below 33% and female attendance rates below 25%.

Figure 2.5 illustrates the gender parity index for male versus female students in schools located in each COMPASS Project state (gender parity = [gross female enrollment in primary school/total females of primary school age] / [gross male enrollment in primary school/total males of primary school age]). Using school children ages 6-14, the overall gender parity index was 0.90, down from 0.96 at baseline. The gender parity index was lowest in Nasarawa at 0.74 (down from 0.95 at baseline) and highest in FCT at 0.98. Using school children ages 6-11 the overall gender parity index was 0.92. The gender parity index was lowest in Bauchi schools for school children ages 6-11 (0.75). Overall, gender parity remained roughly the same for all states except Bauchi, where a slight decrease was detected ($P < 0.05$).

Table 2.13 reports on repeater rates of school children per grade, by state, and by gender. For males, repeater rates were lowest in primary 4 (3%) and highest in primary 1 (12%). For females, primary 1 and primary 6 had the highest rates (10%) and primary 4 and 5 had the lowest (5%). In general, repeater rates increased from 2005 baseline to 2007 midline, although reductions in repeater rates for both male and female students were observed in Kano only. Since this information was only used to calculate survival rates, no chi-square test statistics were calculated.

Table 2.14 reports on drop-out rates of school children per grade, by state and gender. More drop-outs were reported at midline than at baseline. The drop-out rate among males was highest in primary 3 (4%) primary 6 (3%); among female students the highest rates were

reported among primary 2 (4%) and primary 6 (5%). Since this information was only used to calculate survival rates, no chi-square test statistics were calculated.

Table 2.15 reports on parent's satisfaction with their son's or daughter's school experience in the last two weeks. Total satisfaction increased from 39% at baseline to 63% at midline ($P < 0.01$). Parent satisfaction of schools in Kano, Lagos, and Nasarawa combined increased from 39% at baseline to 64% at midline ($P < 0.01$). Most states had significant increases in parental satisfaction with schools for both male and female students. No change was detected in parental school satisfaction in Nasarawa for either male or female students ($P = 0.52$). Likewise, no change in parental school satisfaction was detected in rural areas ($P = 0.13$). Parents of female students reported higher levels of school satisfaction

than that for male students at both baseline and midline.

Figure 2.6 illustrates the survival rate of primary school students by cohort. This graph shows the proportion of pupils who move from one grade of primary school to the next. The numbers are based on promotion and retention rates applied to a hypothetical cohort of 1,000 children. Overall, survival was high among all grades at both baseline ($> 96\%$) and midline ($> 93\%$), with the lowest survival rate from primary 4 to primary 5 grade levels. The midline survival rates for Kano, Lagos, and Nasarawa combined per grade were as follows: P2 = 99.4%, P3 = 97.5%, P4 = 95.1%, P5 = 93.7% and P6 = 93.0% (P2 refers to surviving grade 1; P3 refers to surviving grade 2, etc.). Survival among female students was higher than male students from Primary 4 and up, opposite of the trend observed at



Table 2.12 Attendance Rate of Primary School Children Ages 6-14 and Ages 6-11 at Baseline and Midline, by State and Gender (Total Weighted by State)

	Bauchi % (n)	FCT % (n)	Kano % (n)	Lagos % (n)	Nasarawa % (n)	Total % (n)	KLN Total % (n)
Ages 6-14							
2005							
Male	28.6 (469)	47.8 (343)	34.9 (895)	46.9 (429)	53.6 (526)	39.4 (2,662)	41.9 (1,850)
Female	26.6 (436)	45.8 (341)	34.4 (913)	45.8 (417)	46.8 (477)	37.8 (2,584)	40.3 (1,807)
2007							
Male	33.0 (474)	55.1 (297)	43.9 (986)**	38.1 (443)**	50.3 (514)	40.9 (2,714)	42.3 (1,943)
Female	24.5 (442)	54.0 (277)*	42.0 (919)**	32.9 (409)**	40.5 (418)	36.0 (2,465)	38.2 (1,746)
Ages 6-11							
2005							
Male	28.7 (338)	52.2 (230)	37.3 (654)	56.7 (298)	54.7 (369)	43.4 (1,899)	47.0 (1,321)
Female	29.7 (306)	52.0 (229)	35.9 (644)	58.1 (267)	45.9 (353)	42.5 (1,799)	45.4 (1,264)
2007							
Male	38.0 (350)*	63.8 (219)*	51.3 (709)**	51.7 (303)	55.8 (377)	49.5 (1,958)**	52.0 (1,389)*
Female	28.6 (323)	64.8 (200)**	48.5 (677)**	46.7 (262)*	46.9 (300)	44.3 (1,762)	47.7 (1,239)

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. KLN refers to Kano, Lagos, and Nasarawa.

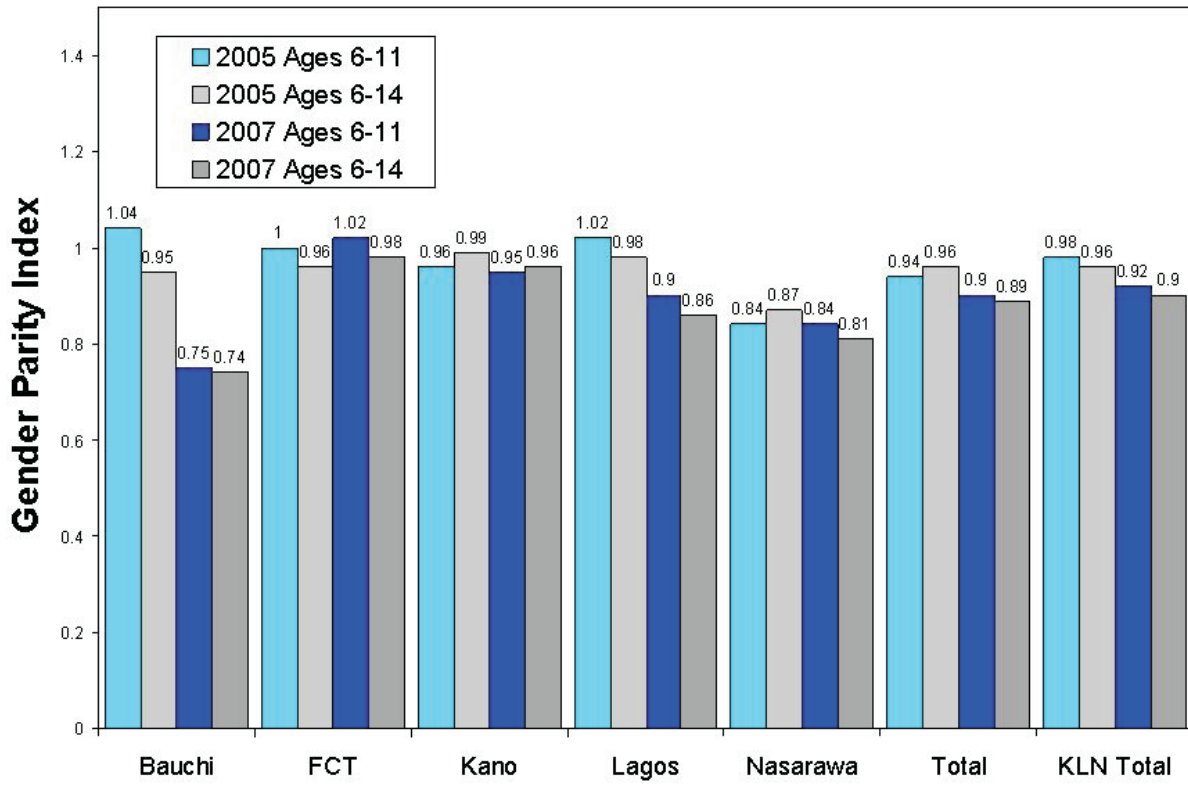


Figure 2.5 Gender parity index for primary school children ages 6-14 and ages 6-11, by state.

Table 2.13 Repeater Rates of Primary School Children per Grade, by State and Gender
(Totals Weighted by State)

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total	KLN Total
	%	%	%	%	%	%	%
2005							
Male							
Primary 1	5.3	0.0	4.0	0.0	7.0	2.9	2.6
Primary 2	0.0	22.2	11.3	4.4	8.2	7.2	7.7
Primary 3	6.5	3.3	13.9	0.0	6.8	7.3	7.7
Primary 4	0.0	8.6	12.5	4.0	4.0	6.6	7.9
Primary 5	10.0	4.9	15.4	2.8	3.9	7.0	6.9
Primary 6	4.8	0.0	6.0	2.8	5.3	4.0	4.0
Female							
Primary 1	0.0	6.7	9.1	3.1	5.0	4.9	5.6
Primary 2	8.0	7.9	15.4	0.0	9.3	8.1	8.1
Primary 3	6.7	14.8	8.0	0.0	3.3	5.0	4.2
Primary 4	0.0	11.1	13.1	12.1	3.6	10.2	11.9
Primary 5	0.0	13.1	12.5	0.0	9.1	6.7	6.6
Primary 6	5.9	5.0	13.3	5.9	5.0	7.6	8.1
2007							
Male							
Primary 1	22.2	15.6	13.0	11.1	11.9	14.5	12.1
Primary 2	15.2	6.1	9.0	9.1	13.7	10.6	9.7
Primary 3	0.0	3.0	7.3	16.1	8.8	8.4	10.3
Primary 4	0.0	0.0	0.0	3.1	13.5	2.4	2.8
Primary 5	11.8	0.0	2.3	4.8	22.2	6.6	5.6
Primary 6	11.7	3.6	4.4	3.9	10.3	5.5	4.6
Female							
Primary 1	0.0	10.7	7.7	12.5	14.3	8.5	10.1
Primary 2	11.5	6.9	4.2	5.0	20.0	7.1	6.0
Primary 3	12.5	17.2	1.0	15.6	20.0	8.6	7.8
Primary 4	0.0	8.7	2.1	6.7	15.8	4.3	4.9
Primary 5	0.0	25.0	2.9	7.7	7.1	5.3	5.0
Primary 6	6.7	12.5	7.9	10.3	24.1	10.1	10.4

Notes: KLN refers to Kano, Lagos, and Nasarawa.

For 2005, number size equals number of students enrolled in current school year: Primary 1 = 309, Primary 2 = 437, Primary 3 = 440, Primary 4 = 351, Primary 5 = 320, Primary 6 = 246.

For 2007, number size equals number of students enrolled in current school year (2007): Primary 1 = 425, Primary 2 = 394, Primary 3 = 460, Primary 4 = 300, Primary 5 = 203, Primary 6 = 336.

Table 2.14 Drop-Out Rates of Primary School Children per Grade, by State and Gender
(Totals Weighted by State)

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total	KLN Total
	%	%	%	%	%	%	%
2005							
Male							
Primary 1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 2	0.0	3.9	0.0	0.0	0.0	0.3	0.0
Primary 3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 4	0.0	0.0	3.6	0.0	0.0	1.1	1.3
Primary 5	0.0	0.0	4.4	0.0	0.0	1.5	1.8
Primary 6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Female							
Primary 1	0.0	0.0	0.0	5.6	0.0	1.9	2.4
Primary 2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2007							
Male							
Primary 1	6.7	0.0	1.7	0.0	0.0	2.0	0.9
Primary 2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 3	0.0	0.0	0.0	8.0	3.3	2.9	3.5
Primary 4	0.0	0.0	3.3	0.0	7.4	2.0	2.5
Primary 5	9.1	0.0	23.3	0.0	0.0	2.2	1.3
Primary 6	0.0	0.0	4.5	0.0	14.3	2.1	2.9
Female							
Primary 1	11.7	0.0	0.0	0.0	0.0	1.8	0.0
Primary 2	6.3	0.0	2.8	5.9	3.2	3.8	3.6
Primary 3	0.0	3.7	0.0	0.0	0.0	0.3	0.0
Primary 4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary 6	0.0	0.0	0.0	9.1	5.3	3.8	4.7

Notes: KLN refers to Kano, Lagos, and Nasarawa.

For 2005, number size equals number of students enrolled in current school year: Primary 1 = 225, Primary 2 = 253, Primary 3 = 209, Primary 4 = 215, Primary 5 = 155, Primary 6 = 66.

For 2007, number size equals number of students enrolled in current school year (2007): Primary 1 = 340, Primary 2 = 348, Primary 3 = 266, Primary 4 = 175, Primary 5 = 185, Primary 6 = 164.

Table 2.15 Percent of Parents Who Are Satisfied or Somewhat Satisfied with Their Child's School Experience in the Last Week

Characteristic	2005 Male		2005 Female		2005 Total		2007 Male		2007 Female		2007 Total	
	%	n	%	n	%	n	%	n	%	n	%	n
LGAs in ...												
Bauchi	21.2	156	54.7	75	28.7	195	36.8**	125	85.7**	91	56.6**	175
FCT	32.1	277	78.1	164	44.9	359	51.9**	160	92.5**	160	68.6**	239
Kano	43.1	452	80.8	260	48.9	552	49.0	361	89.1**	329	64.7**	532
Lagos	19.3	414	64.0	211	31.2	539	42.0**	174	86.1**	209	62.9**	334
Nasarawa	48.4	289	87.0	215	56.7	376	45.0	231	89.1	211	61.3	346
Residence												
Urban	23.7	810	67.0	440	33.9	1,040	45.2**	450	87.6**	451	63.3**	736
Semi-urban	51.2	166	87.4	118	59.7	217	50.8	159	87.7	156	65.8	243
Rural	36.6	612	75.6	367	43.9	764	41.7	442	88.0**	393	60.7**	647
KLN total	30.2	1,155	72.8	686	39.4	1,467	45.7**	766	87.7**	749	63.5**	1,212
Total	29.3	1,588	71.3	925	38.5	2,021	44.7**	1,051	87.7**	1,000	62.8**	1,626

Notes: KLN refers to Kano, Lagos, and Nasarawa.

Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.

Differences in n-size from total students in sample are the result of multiple students in household attending same school: treated as 1 parent response/exposure per school.

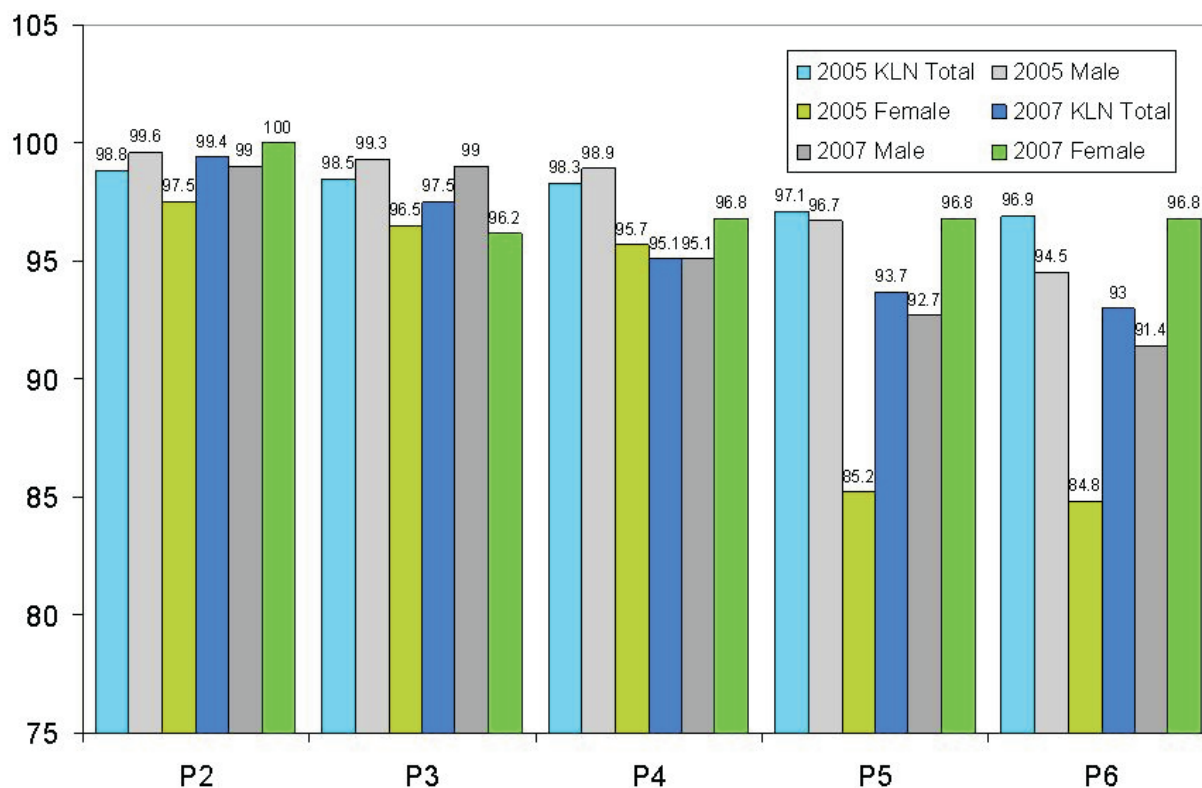


Figure 2.6 Survival rate of primary school pupils by cohort: the proportion of pupils who move from one grade of primary school to the next.

Part III. Health Facility Survey Results

Health Facility Characteristics

A total of 242 health facilities were included in the sample. About 16% of the health facilities were in Bauchi, 15% in FCT, 29% in Kano, 29% in Lagos, and 11% in Nasarawa. Most of the health facilities included in the sample were located in urban areas (51%); 22% were in semi-urban areas and 27% in rural areas. Over 33% of the sample was either PMV facilities or dispensaries. Forty percent of the sample was public health facilities and 27% was private health facilities. Throughout this report, the variable “public health facilities” refers to public teaching hospitals, public comprehensive health care centers, public primary health care centers, public health clinics and public health posts, whereas the variable “private health facilities” refers to private hospitals, missionary hospitals, and military hospitals. The variable “PMV” refers to all patent medicine vendors and dispensaries, unless otherwise stated. The variable “COMPASS” refers to health facilities that COMPASS reportedly worked with directly (i.e., were either on the list of health facilities provided by the COMPASS Project or the health facility cited working with COMPASS during the survey work). A total of 32 health facilities that COMPASS worked directly with were included in the baseline survey, representing approximately 27% of the sample, not including PMVs, which COMPASS reported not working with as intended at baseline. At midline, a total of 61 health facilities that reportedly worked directly with COMPASS were included in the sample, representing approximately 38% of the total sample, excluding PMVs unless the PMV reported working with COMPASS. Part III of this report describes health facility characteristics, service provisions, facility amenities, and outreach programs.

Table 3.1 shows the percentage of public and private health facilities with a general waiting

area, a separate waiting area for youth, electricity, and a water source on site. Most facilities have a waiting area, but less than 17% have a separate waiting area for youth. However, this is double the value observed at baseline ($P < 0.05$). Over 20% of facilities in Kano and Lagos have a separate waiting area for youth, and over 15% of facilities in FCT have a separate waiting area for youth. Although these percentages represent increases from baseline values, the increases were not statistically significant ($P > 0.05$). Eight percent of health facilities in Bauchi state have a separate waiting area for youth, a decrease from 17% at baseline, although not significantly different ($P > 0.05$). More public facilities have a separate waiting area for youth than do private facilities: 21% vs. 12%. Only 16% of health facilities have electricity always or often, whereas 74% have access to a water source on site. In general, significant decreases in the facilities with access to electricity were observed across subgroups from baseline to midline ($P < 0.05$).

Table 3.2 shows the percentage of facilities that sell or distribute insecticide treated nets (ITN) and the percentage that sell pre-packaged intermittent preventive therapy (IPT). Over 37% of all health facilities sell or distribute ITNs, an insignificant increase from 34% at baseline ($P > 0.05$). Over 40% of facilities in Lagos sell or distribute ITNs, whereas only 21% of facilities in FCT sell or distribute ITNs. Roughly 40% of health facilities in both rural and urban areas sell or distribute ITNs. Twice as many public health facilities sell or distribute ITNs as compared to private health facilities: 54% versus 25%. As well, twice as many health facilities in Nasarawa sell or distribute ITNs at midline as compared to baseline: 37% versus 74% ($P < 0.05$). About 60% of health facilities sell pre-packaged IPT. More urban facilities provide pre-packaged IPT than rural health facilities. Although the percent of health

Table 3.1 Percentage of Health Facilities with Waiting Area and a Separate Waiting Area for Youth; Percentage of All Health Facilities with Amenities

	Any Waiting Room for Clients (%)	Separate Waiting Area for Youth (%)	n	Electricity (Always or Often) (%)	Protected Water Source (%)	n
2005						
State						
Bauchi	78.3	17.4	23	13.2	81.6	38
FCT	88.4	0.0	26	37.7	91.8	61
Kano	100.0	12.5	24	44.0	84.0	50
Lagos	89.3	7.1	28	42.1	89.5	57
Nasarawa	90.5	0.0	21	18.5	44.4	27
Location						
Urban	91.4	8.6	58	41.9	90.3	124
Semi-urban	100.0	0.0	19	33.3	92.3	39
Rural	82.2	8.9	45	20.0	62.9	70
Facility type						
COMPASS	96.7	10.0	30	43.8	78.1	32
Non-COMPASS	87.0	6.5	92	32.3	83.1	201
Public sector	92.5	9.0	67	28.4	68.7	67
Private sector	85.7	4.1	49	42.9	85.7	49
PMV or dispensary	—	—	—	33.3	88.9	117
KLN Total	93.2	6.9	73	38.1	78.4	134
Total	89.3	7.4	122	33.9	82.4	233
2007						
State						
Bauchi	83.3	8.3	24	18.4	42.1**	38
FCT	92.3	15.4	26	28.6	82.9	36
Kano	95.7	21.7	46	4.2**	81.7	71
Lagos	97.8	22.2	45	22.1*	91.2	70
Nasarawa	92.0	8.0	25	11.1	40.7	27
Location						
Urban	97.3	21.9*	73	19.8**	88.4	123
Semi-urban	93.0	18.6*	43	21.1	69.2*	53
Rural	88.0	8.0	50	4.6**	50.0	66
Facility type						
COMPASS	96.7	21.7	60	8.2**	75.4	61
Non-COMPASS	91.2	14.2	106	18.6**	73.0*	178
Public sector	94.7	21.1*	95	9.5**	69.5	96
Private sector	93.7	12.7	63	23.4*	85.7	65
PMV or Dispensary	—	—	—	17.3*	69.1	81
KLN Total	95.7	19.0*	116	12.7**	78.9	168
Total	93.4	16.7*	166	15.9**	73.6*	242

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
The symbol “—” denotes PMV and dispensaries not included.
KLN refers to Kano, Lagos, and Nasarawa.

facilities that sell or distribute pre-packaged IPT in urban areas went up from baseline, the percent of health facilities that sell or distribute

pre-packaged IPT in rural and semi-urban areas declined: neither represents a significant increase over baseline values ($P > 0.05$).



Table 3.2 Percentage of Health Facilities that Sell or Distribute ITNs, and Percent that Have Prepackaged Treatment Drugs for Malaria

	Sell or Distribute ITN (%)		Prepackaged IPT (%)		n	
	2005	2007	2005	2007	2005	2007
State						
Bauchi	47.4	23.7*	57.9	55.3	38	38
FCT	21.3	22.9	57.4	60.0	61	36
Kano	28.0	33.8	62.0	56.3	50	71
Lagos	42.1	42.6	75.4	75.0	57	70
Nasarawa	37.0	74.1**	11.1	40.7*	27	27
Location						
Urban	34.7	40.5	68.5	74.4	1247	123
Semi-Urban	30.8	26.9	59.0	48.1	39	53
Rural	34.3	40.9	37.1	43.9	70	66
Facility type						
COMPASS	65.6	49.2	53.1	52.5	32	61
Non-COMPASS	28.9	33.7	58.2	62.9	201	178
Public Sector	64.2	53.7	49.3	54.7	67	96
Private Sector	18.4	25.4	53.1	61.9	49	65
PMV or Dispensary	23.1	28.4	64.1	65.4	117	81
KLN Total	35.8	44.0	57.5	61.5	134	166
Total	33.9	37.7	57.5	60.3	233	242

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
KLN refers to Kano, Lagos, and Nasarawa.

Family Planning Services

This section presents information on facilities that provide family planning services and the availability of family planning products and educational material.

Figure 3.1 shows the percentage of facilities that provided family planning services on the day of the survey, among those facilities that provide any family planning services. Overall, about seven out of 10 health facilities report providing family planning services or products at midline; about eight out of 10 reported provided family services at baseline. About half (47%) of public health facilities were providing family planning services on the day of the survey at baseline in 2005 and at midline in 2007 (46%); there was no difference in the percent of public facilities providing family planning services between baseline and midline ($P > 0.05$). Approximately 22% of private health facilities at baseline and 38% of private health facilities at midline provided family planning services on the day of the survey. Although the midline value

represents a 16% increase, the difference was not significant ($P > 0.05$). Roughly four out of 10 PMVs or dispensaries were providing family planning services on the day of the survey at baseline and midline. Overall, about four out of 10 facilities providing any family planning services were providing family planning services on the day of the survey; 38% at baseline and 42% at midline ($P > 0.05$).

Figure 3.2 shows the percentage of facilities that provide three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers. Overall, 13% of the facilities surveyed met the definition at baseline and 19% at midline; no statistical difference was detected between the two values ($P > 0.05$). At baseline, 25% of public facilities, 18% of private facilities, and 3% of PMVs provided three or more contraceptive methods with at least one provider to offer each and had completed standard registers. At midline, about one in three (34%) public health facilities provided

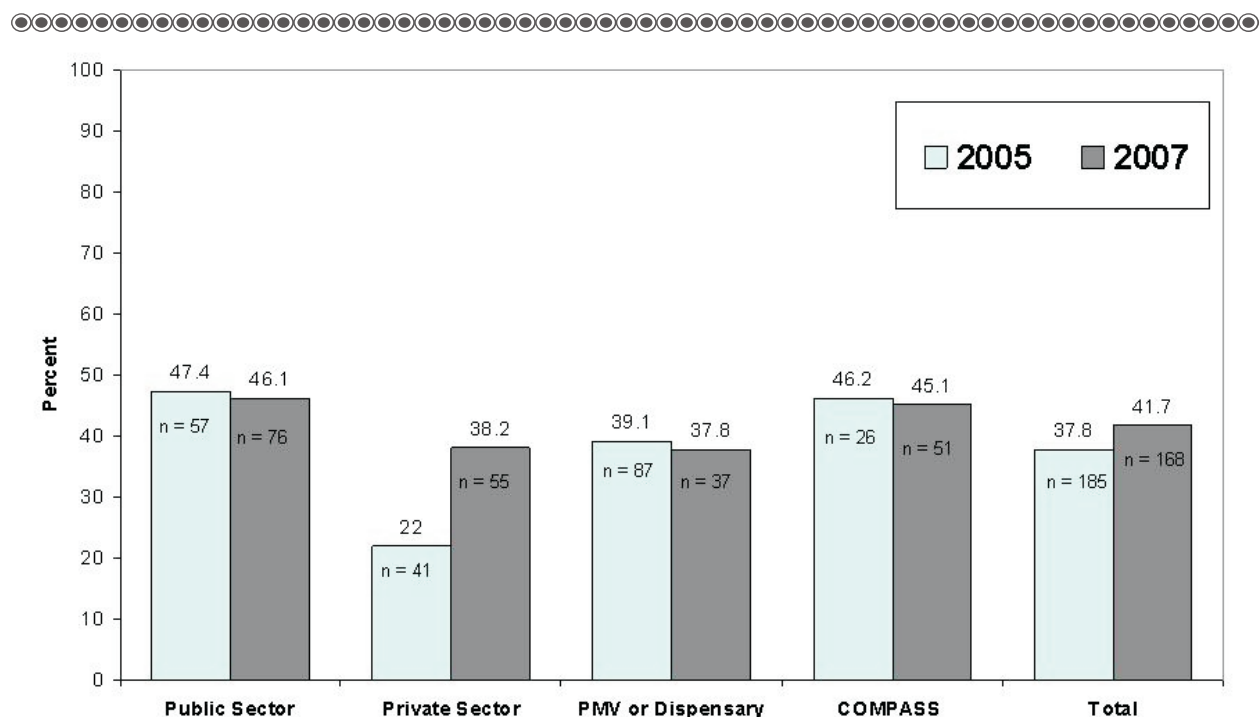


Figure 3.1 Percentage of health facilities that provided family planning services on the day of the survey, among those that provide any family planning services.

three or more modern contraceptive methods. No statistical differences were detected between baseline and midline values for the subgroups of health facility type. Fifteen percent of facilities provided two or more modern contraception methods, had a trained provider to offer each and maintained family planning records at baseline (Figure 3.3); at midline, 21% provided two or more modern contraceptive methods ($P > 0.05$). Because questions about when (e.g. on the day of the survey vs. in general) modern contraception methods are provided were not asked, these calculations include no stock-outs of the respective methods as an indicator of commodity availability within the facility. Statistical differences between baseline and midline values were detected for PMVs only: 5% at baseline and 0% at midline ($P < 0.05$).

16% of private facilities, and 27% of PMVs provided condoms to youth; whereas 38% of public health facilities, 23% of private facilities, and 14% of PMVs or dispensaries provided condoms to youth at midline. Only PMVs reported a statistically significant decrease over baseline values ($P < 0.05$). Figure 3.5 shows the percentage of facilities that offer family planning that have visual aids or books/pamphlets on family planning and reproductive health. Overall, 45% of family planning health facilities had visual aid or books and pamphlets on family planning or reproductive health at baseline and 67% reported having family planning visual aids at midline, a 22% increase ($P < 0.05$). Sixty-five percent of public family planning health facilities offered visual aids and 46% of private family planning health facilities offered visual aids at baseline, and 74% of public health facilities, 73% of private health facilities, and 43% of PMVs had family planning visual aids or pamphlets at midline. The greatest increase was observed among private facilities ($P < 0.05$).

Figure 3.4 shows the percentage of facilities that provide male condoms to youth, by health facility type. Overall, 26% of facilities provided male condoms to youth at both baseline and midline. At baseline, 31% of public facilities,

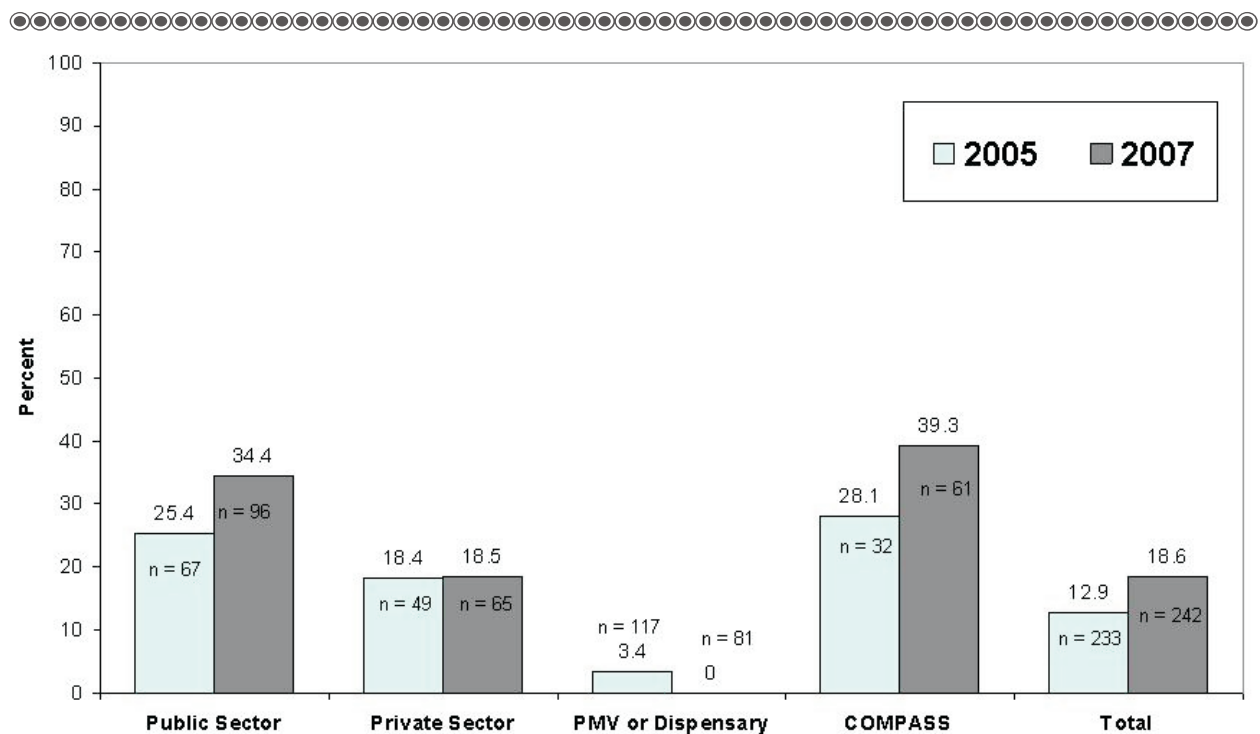


Figure 3.2 Percentage of health facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers.

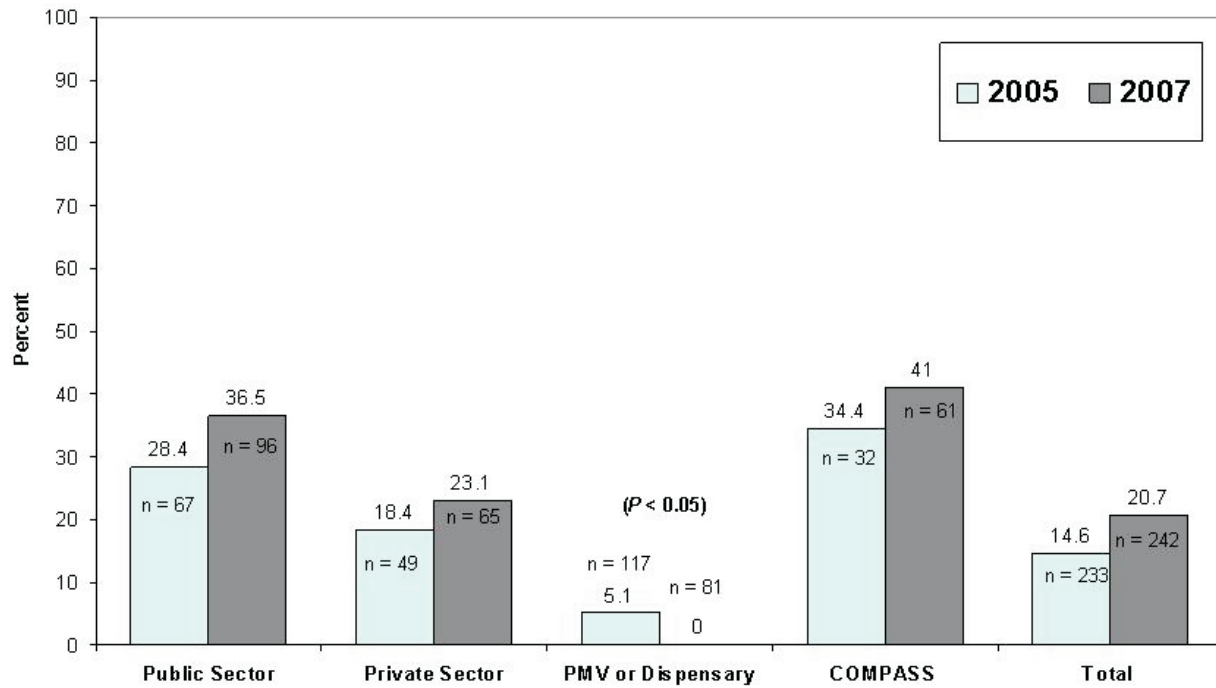


Figure 3.3 Percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training, to administer each, and completed family planning records.

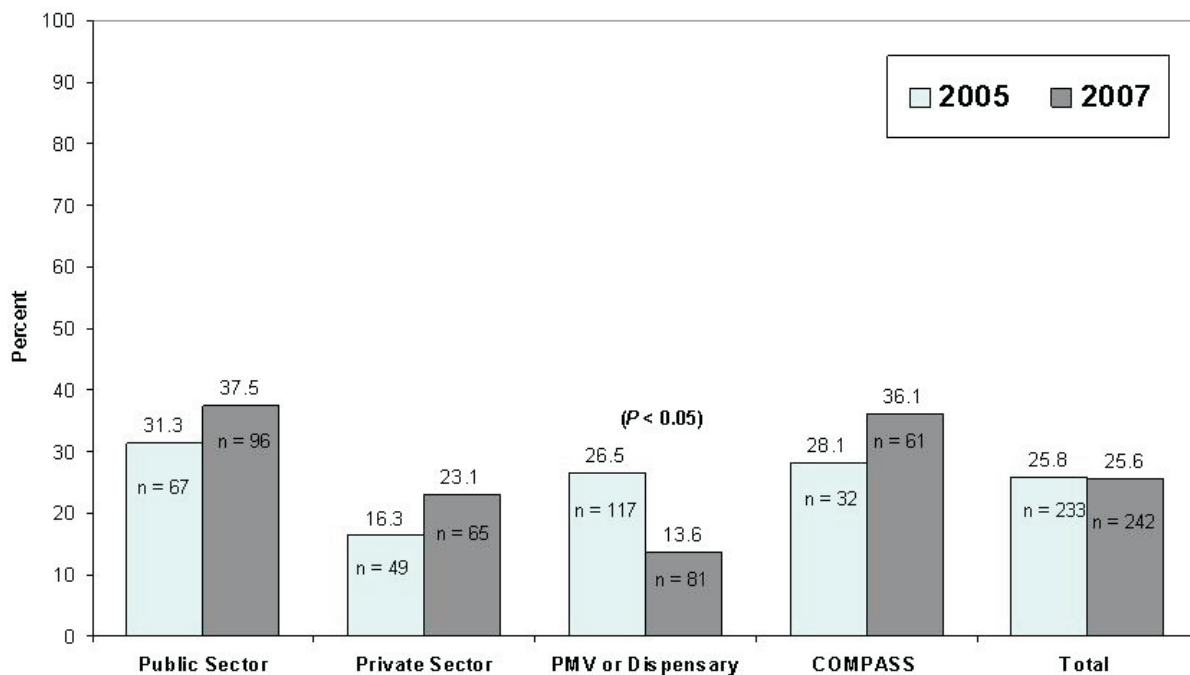


Figure 3.4 Percentage of health facilities that make condoms available to youth.

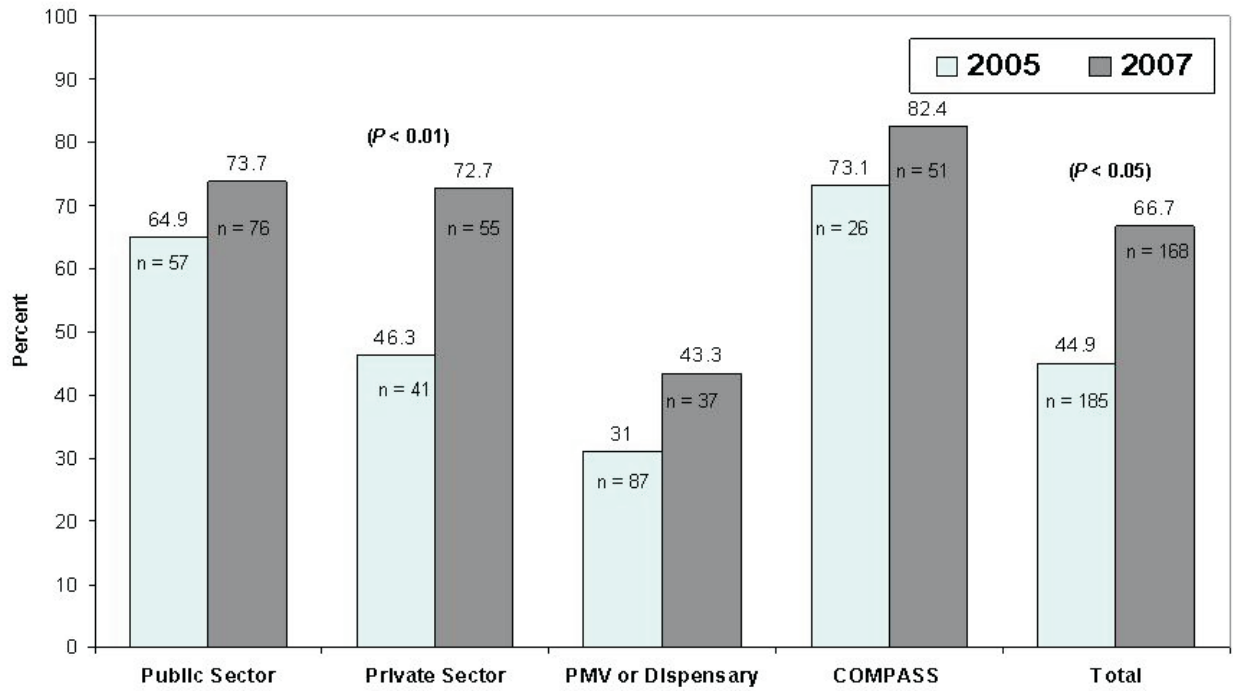


Figure 3.7 Percentage of family planning health facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS.

Antenatal and Postpartum Care

This section describes antenatal care (ANC) services and postpartum care (PPC) services offered at health facilities. Information is provided on available services for ANC or PPC and available commodities for ANC or PPC.

A total of 151 (64%) health facilities provided any ANC/PPC services at baseline: 64 (96%) public health facilities; 44 (90%) private health facilities; and 43 (37%) PMVs. At midline, 148 (61%) of health facilities provided ANC/PP care. Figure 3.6 illustrates the percentage of ANC/PPC health facilities that offered ANC services on the day of the survey. A total of 47% facilities that offer any ANC/PPC services offered ANC/PP services on

the day of the survey at baseline; 45% of health facilities offering any ANC/PPC services provided ANC/PPC care on the day of the survey at midline. No statistical difference between baseline and midline values was detected. More private facilities offered ANC/PPC services (57%) than did public facilities (47%) or PMVs (37%) at baseline; whereas at midline, more public health facilities (52%) offered ANC/PPC services on the day of the survey compared to private health facilities (41%) or PMVs (24%). Among COMPASS Health facilities, 42% provided ANC/PPC services on the day of the survey at baseline and 59% reported offering ANC/PP services at midline, although no difference was detected statistically.

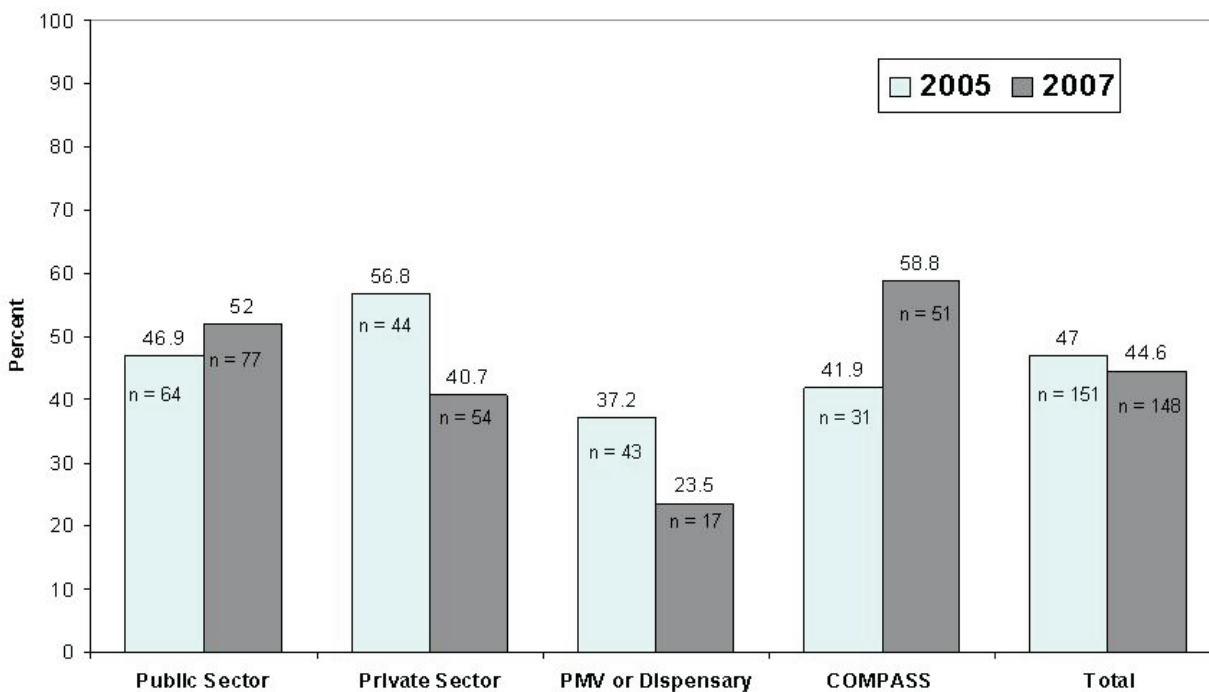


Figure 3.6 Percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey.

Child Health Services

This section describes child health services provided at surveyed health facilities. Information on the immunization services offered and outreach programs at health facilities are provided. A total of 143 (59%) health facilities offered child health services at midline.

Figure 3.7 illustrates the percentage of facilities that offer any vaccine or immunization services. At baseline, the percentages were high, with over 97% of all facilities providing vaccines or immunization services. Ninety-six percent of private facilities, 97% of public facilities, and 98% of PMVs provide any vaccine or immunization services. Significantly lower values were observed at midline among private, public, PMV, and COMPASS health facilities ($P < 0.01$).

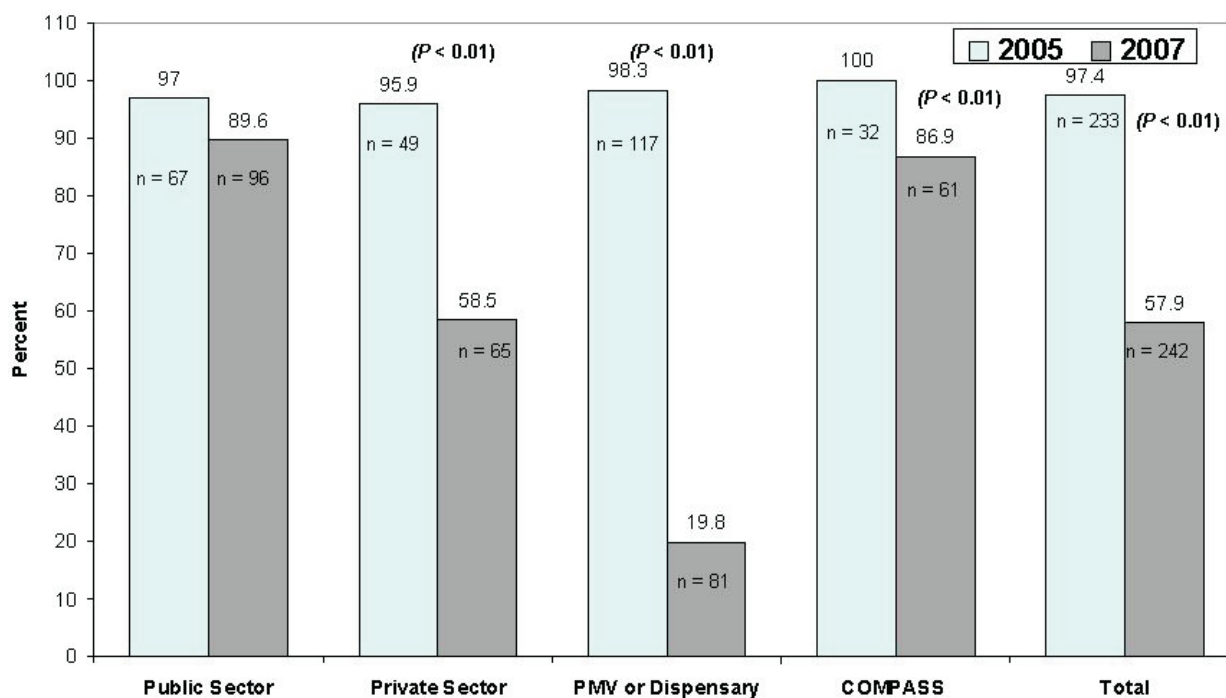


Figure 3.7 Percentage of health facilities that offer any vaccine or immunization services.

Figure 3.8 shows the percentage of health facilities offering all the six essential antigens for child immunization (DPT1-3, measles, OPV, and BCG) and in possession of completed immunization records. Great variations exist among public, private, and PMV facilities in the percentage offering all six essential antigens and possessing completed immunization records at baseline and midline. Over 20% of public facilities offered all six antigens and possessed immunization records at baseline, whereas 16% of public health facilities offered all six antigens and possessed immunization records at midline. At baseline, 8% of private facilities had all six antigens and possessed immunization records; at midline only 3% offered all six antigens and had completed immunization records. Six percent of PMVs or dispensaries offered all six antigens at baseline, but none offered this service at midline. Overall, less than 11% of all facilities had all six antigens and possessed completed immunization records at baseline and only 7% offered all six antigens and completed

immunization records at midline. No statistical differences were observed between baseline and midline values ($P > 0.05$).

Figure 3.9 illustrates the percentage of health facilities offering any vaccine or immunization services that also offer immunization outreach programs in the community. Overall, less than 14% of facilities offering any vaccine or immunization services also offered immunization outreach services in the community at baseline; this number increased to over 37% at midline ($P < 0.01$). Over 44% of public facilities offered outreach programs at baseline and almost 50% of public health facilities offered outreach programs at midline. Although lower at both baseline and midline, improvements were observed for private facilities and PMV facilities; 2% and 1% of private and PMV facilities, respectively, offered immunization outreach services within the community at baseline. At midline, 20% and 13% of private and PMV facilities offered immunization outreach programs ($P < 0.01$).

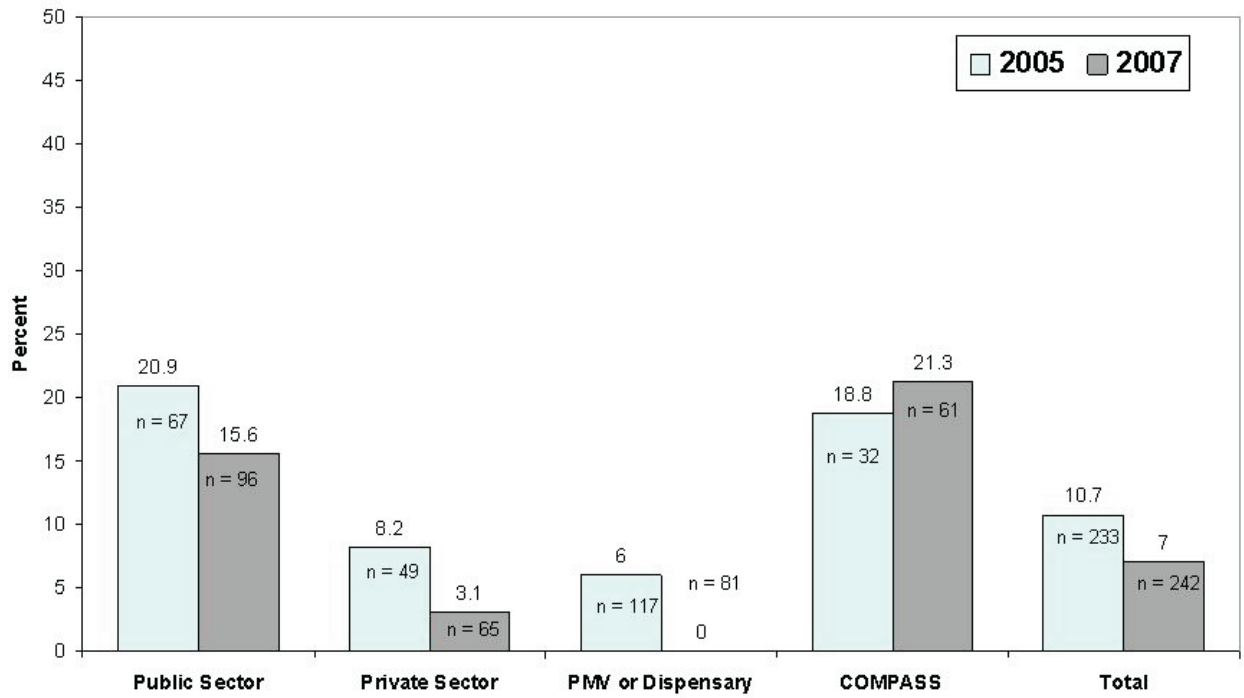


Figure 3.8 Percentage of all health facilities offering all the six essential antigens for child immunization (DPT1-3, measles, OPV, and BCG) and possessing completed immunization records.

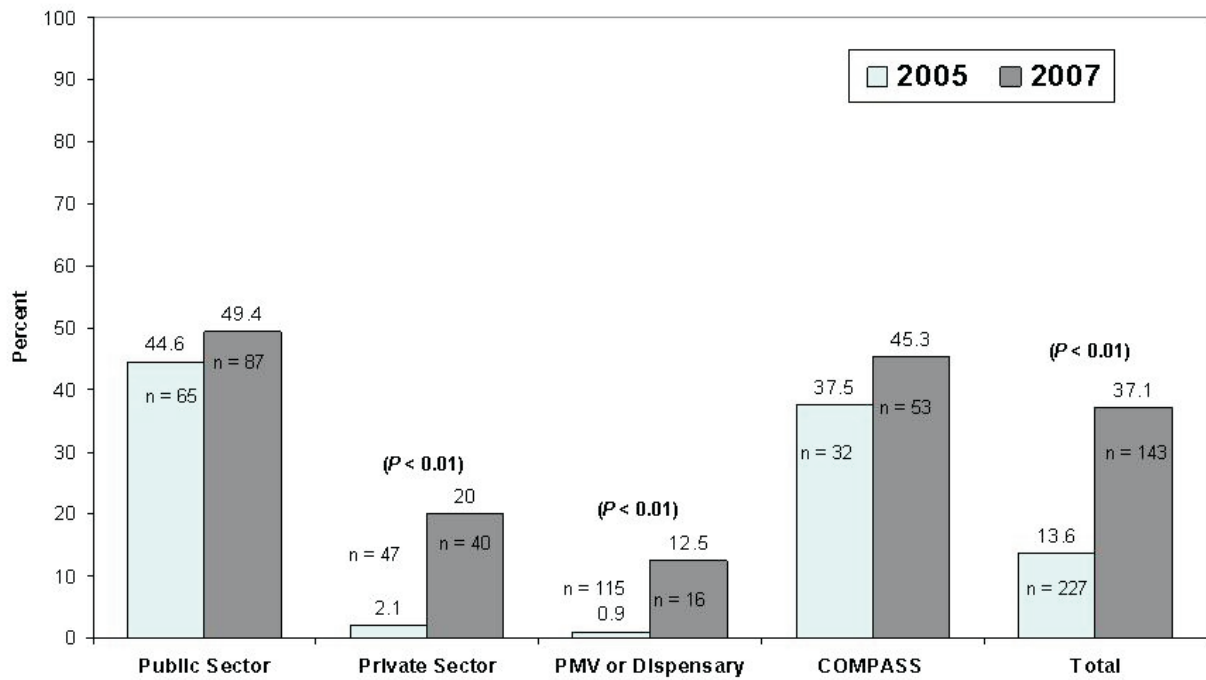


Figure 3.9 Percentage of health facilities that offer vaccination outreach programs, among facilities offering any vaccine or immunization services.

Part IV. Primary School Survey Results

Primary School Characteristics

This section describes the services provided, amenities, infrastructure, materials and resources, and health education at sampled primary schools. Table 4.1 provides the percentage of public and private or military primary schools sampled in the COMPASS Project LGAs in each state. A total of 776 schools were surveyed at midline. There were 3,923 teachers interviewed from within the selected primary schools at midline. Sixty-nine

percent of the primary schools sampled were public; 31% were either private or military schools. In urban areas, a higher percentage of private or military primary schools were sampled (42%), as compared to rural or semi-urban areas (9% and 25%, respectively). Consistent with this finding is the higher percentage of private or military primary schools sampled in FCT and Lagos states, both of which are highly urban, as compared to the other states included in the COMPASS Project.



Table 4.1 Percentage of Primary School Headmasters Sampled in the COMPASS Project LGAs, by Type of School

	School Type		<i>n</i>
	Public (%)	Private or Military (%)	
COMPASS LGAs in ...			
Bauchi	70.7	29.3	164
FCT	41.5	58.5	53
Kano	75.6	24.4	308
Lagos	60.2	39.8	206
Nasarawa	82.2	17.8	45
KLN	70.5	29.5	559
COMPASS schools	90.4	9.6	135
Non-COMPASS schools	64.2	35.8	424
Location			
Rural	91.1	8.9	168
Semi-urban	75.0	25.0	152
Urban	58.1	41.9	456
Total	68.6	31.4	776

Note: KLN refers to Kano, Lagos, and Nasarawa.

Variation exists in the percentage of primary schools that have a protected water source (tap, or covered borehole or well) or have access to latrines or toilets (Table 4.2). Overall, 48% of primary schools had a protected water source and 64% had toilets or latrines at baseline. Slight increases were observed at midline: 53% had a protect water source and 71% had latrines or toilets, although no statistical differences were detected. Only 40% of primary schools had both a protected water source and a toilet or latrine on the property at baseline, whereas 45% of headmasters reported having both toilets/latrines and a protected water source at midline, a 5% increase ($P < 0.05$). Over 60% of primary schools in Lagos had a clean water source at both baseline and midline; only one in four primary schools in Nasarawa had a clean water source at both

baseline and midline. An increase of almost 20% in primary schools with a clean water source was observed in FCT ($P < 0.01$). Eighty percent of private or military primary schools have latrines or toilets on the school grounds at baseline, compared to 54% of public primary schools; at midline, these numbers increased to 85% of private schools and 65% of public schools ($P < 0.01$). Less than 17% of primary schools in Nasarawa had toilets or latrines at baseline; 35% had toilets or latrines at midline, representing a 17% increase ($P < 0.01$). Headmasters of primary schools in urban areas reported the highest percentage that have both clean water and toilets or latrines at baseline (57%) and midline (57%); Headmasters of primary schools in Nasarawa report the lowest percentage (12% at baseline and 18% at midline).

Table 4.2 Percentage of Primary Schools That Have a Protected Water Source, Latrines or Toilets, or Both, as Reported by the Headmaster

	Covered Water Source and Latrines or Toilets			n
	Protected Water	Latrines or Toilets	Water and Latrines	
2005				
COMPASS LGAs in ...				
Bauchi	52.0	52.6	37.7	175
FCT	34.9	66.7	32.6	132
Kano	54.1	77.2	45.9	246
Lagos	62.3	84.9	56.8	199
Nasarawa	25.4	16.9	12.3	130
Type of School				
Public	40.4	53.5	30.6	550
Private or Military	61.8	80.4	55.1	332
COMPASS schools	57.9	75.0	51.3	76
Non-COMPASS	49.3	64.9	40.7	499
Location				
Rural	22.1	28.1	11.1	217
Semi-urban	34.9	56.2	25.4	169
Urban	64.5	81.7	57.3	496
KLN Total	50.4	66.3	42.1	575
Total	48.4	63.6	39.8	882
2007				
COMPASS LGAs in ...				
Bauchi	48.2	54.9	36.0	164
FCT	66.0**	86.8**	64.2**	53
Kano	50.6	76.3	44.2	308
Lagos	63.6	81.1	55.3	206
Nasarawa	24.4	35.6**	17.8	45
Type of school				
Public	48.7**	65.2**	39.5**	532
Private or Military	62.7	84.8	57.8	244
COMPASS schools	50.4	77.8	45.2	135
Non-COMPASS	54.2	73.8	46.5	424
Location				
Rural	29.2	37.5*	17.3	168
Semi-urban	48.0*	72.4**	40.8**	152
Urban	63.6	83.6	57.0	456
KLN total	53.3	74.8**	46.2	559
Total	53.1	71.4	45.2*	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
 COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only.
 KLN refers to Kano, Lagos, and Nasarawa.

Table 4.3 shows the percentage of primary schools that have a clean water source and allow free access to the students. Forty percent of all primary school headmasters reported having access to a clean water source and allowing free access to the students at baseline; 45% reported free access to clean water at midline ($P < 0.05$). Higher numbers of primary schools in urban areas met these criteria (55% at baseline and 54% at midline), as compared to primary schools in rural areas (17% at baseline and 24% at midline) or semi-urban areas (26% at baseline and 43% at midline). More private or military primary schools had clean water and free

access (55% at both baseline and midline) than did public primary schools (31% at baseline and 41% at midline), and public school headmasters reported an increase of almost 9% ($P < 0.01$). Sixteen percent of primary schools in Nasarawa had a clean water source and allowed free access to students at baseline; 22% reported having clean water and allowing free access to students at midline. This difference was not statistically significant. Over 54% of primary schools in Lagos had a clean water source and allowed free access to students at baseline compared to 52% at midline.



Table 4.3 Percentage of Primary Schools that Have Clean Water (Tap, Covered Well, or Borehole) and Allow Free Access to Students, as Reported by the Headmaster

	Covered Water and Access			
	2005	<i>n</i>	2007	<i>n</i>
COMPASS LGAs in ...				
Bauchi	45.1	175	43.9	164
FCT	28.0	132	60.4**	53
Kano	43.9	246	42.2	308
Lagos	54.3	199	51.9	206
Nasarawa	16.2	130	22.2	45
KLN	41.2	575	44.2	559
Type of school				
Public	31.3	550	40.8**	532
Private or Military	54.5	332	54.9	244
COMPASS schools	43.4	76	40.7	135
Non-COMPASS	40.8	499	45.3	424
Location				
Rural	17.1	217	24.4	168
Semi-urban	26.0	169	43.4**	152
Urban	54.8	496	53.5	456
KLN total	41.2	575	44.2	559
Total	40.0	882	45.2*	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Over 90% of all primary schools had a parent teacher association (PTA) at both baseline and midline; one in four schools had a library at both baseline and midline; and 14% of headmasters reported that interactive radio instruction (IRI) is practiced at the school at baseline and 35% at midline, representing a 21% increase ($P < 0.01$) (Table 4.4). Ninety-one percent of primary schools in urban and semi-urban areas had a PTA at baseline, compared with 90% in urban schools and 97% in semi-urban schools at midline; 89% of rural schools had a PTA at baseline and 94% had a PTA at midline. With the exception of schools in Nasarawa, over 90% of schools in other states had a PTA at baseline. At midline, over 97% of headmasters in primary schools in Nasarawa

reported having a PTA. Slight decreases were observed in the percent of schools having a library from baseline to midline. Over 76% of primary schools in semi-urban areas had a library at baseline, but only 24% had a library at midline; 66% of schools in urban areas had a library at baseline, but only 32% had a library at midline; this difference was not statistically significant. Only 9% of primary schools in rural areas reported having a library at baseline and 6% reported the same at midline; again, this slight difference was not statistically significant. Less than 10% of primary schools in Bauchi and 9% of primary schools in Nasarawa had a library at the school at baseline; these numbers were relatively unchanged at midline. Twenty-two percent of primary schools in Lagos practiced IRI,



Table 4.4 Percentage of Primary Schools that Practice IRI, Percentage that Have a Library, and Percentage that Have a Parent Teacher Association, as Reported by the Headmaster

	School Resources							
	Practice IRI		Library		PTA		<i>n</i>	
	2005	2007	2005	2007	2005	2007	2005	2007
COMPASS LGAs in ...								
Bauchi	4.0	7.9	9.1	12.2	92.6	93.3	175	164
FCT	9.9	5.7	37.1	30.2	95.5	92.5	132	53
Kano	18.7	51.3**	19.5	21.4	91.5	93.8	246	308
Lagos	21.6	34.0*	53.3	42.5*	93.5	87.0	199	206
Nasarawa	12.3	53.3**	8.5	13.3	76.9	97.8	130	45
Type of School								
Public	16.7	41.4*	22.7	23.7	91.6	92.7	550	532
Private or Military	9.9	19.7*	31.6	28.0	88.9	90.8	332	244
COMPASS schools	44.7	79.3*	32.9	32.6	86.7	97.0	76	135
Non-COMPASS	14.2	34.2*	32.6	27.0	89.2	90.0	499	424
Location								
Rural	7.8	22.6*	9.2	6.0	88.9	94.0	217	168
Semi-urban	10.1	39.5**	76.3	23.8	91.1	96.7	169	152
Urban	18.4	37.3**	65.7	32.6	91.1	89.8	496	456
KLN total	18.3	45.1**	28.7	28.4	88.9	91.7	575	559
Total	14.2	34.5**	26.1	25.1	90.6	92.1	882	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$.
 COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only.
 KLN refers to Kano, Lagos, and Nasarawa.

compared to 4% of primary schools in Bauchi, at baseline. At midline 34% reported practicing IRI in Lagos and 8% reported the same in Bauchi. Nineteen percent of schools in Kano, 10% of primary schools in the FCT, and 12% of primary schools in Nasarawa practiced IRI at baseline. At midline, 51% of primary schools in Kano, 6% of primary schools in FCT, and 53% of primary schools in Nasarawa practiced IRI. The biggest increases were observed in Nasarawa ($P < 0.01$). At baseline, 8% of rural primary schools practice IRI, compared to 18% of urban primary schools; at midline, 23% of rural schools ($P < 0.01$) and 37% of urban schools practiced IRI ($P < 0.01$).

Table 4.5 reports on the percentage of primary schools with a clean water source, latrines or toilets, health in curriculum, records of teachers' referrals of students to health facilities, and child health cards or records showing immunizations, supplementation of micronutrients, or de-worming given at school. Overall, only 6% of primary schools at baseline and 8% of primary schools at midline met these criteria. Fifteen percent of schools in Lagos met these criteria at baseline and midline, whereas less than 1% of schools in Nasarawa met these criteria at baseline and only 2% met the criteria at midline. No rural primary school headmasters reported meeting the criteria above at baseline but 2%

Table 4.5 Percentage of Primary Schools with Clean Water, Latrines, Health in Curriculum, Records of Teachers' Referrals of Children to Health Facilities, and Child Health Cards or Records Showing Immunization, Supplementation of Micronutrients, or De-worming Given at School, as Reported by the Headmaster

	2005	<i>n</i>	2007	<i>n</i>
COMPASS LGAs in ...				
Bauchi	3.4	175	1.8	164
FCT	7.6	132	18.9*	53
Kano	3.3	246	4.9	308
Lagos	14.6	199	14.1	206
Nasarawa	0.8	130	2.2	45
Type of school				
Public	4.7	550	7.3	532
Private or military	8.4	332	7.8	244
COMPASS schools	9.2	76	9.6	135
Non-COMPASS	6.4	499	7.5	424
Location				
Rural	0.0	217	1.8	168
Semi-urban	3.0	169	7.2	152
Urban	9.9	496	9.6	456
KLN total	6.6	575	8.1	559
Total	6.1	882	7.5	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

reported meeting the criteria at midline; 10% of urban primary schools meet these criteria at both baseline and midline. With the exception of schools in FCT ($P < 0.05$), no statistically significant increases were observed.

Quality of Education in Schools

Table 4.6 shows the percentage of classrooms with basic infrastructure and furniture by school type, as reported by the teachers. A classroom is considered to be equipped with basic infrastructure and furniture if all conditions are met: classroom has floor, roof, window, blackboard, seat and writing surface for each pupil, teacher's table and teacher's chair. Overall, 43% of classrooms satisfied the criteria at baseline, whereas 40% satisfied the criteria at midline ($P < 0.05$). Fifty-six percent of classrooms in

public schools in Lagos met all conditions, whereas 8% of classrooms in Nasarawa public schools have basic infrastructure and furniture at baseline. Increases were observed in FCT and Nasarawa public schools ($P < 0.01$). Over 45% of classrooms in public urban schools had basic infrastructure and furniture, compared to 19% and 21% of classrooms in public rural and semi-urban schools, respectively, at baseline. With the exception of public schools in semi-urban and rural areas, slight decreases were observed: semi-urban public schools increased from 21% to 34% ($P < 0.01$) and rural areas increased from 19% to 28% ($P < 0.01$). Private schools in Nasarawa increased from 49% to 58%. Classrooms in Nasarawa increased from 17% at baseline to almost 40% at midline, a 23% increase ($P < 0.01$).



Table 4.6 Percentage of Teachers Who Have Basic Infrastructure and Furniture in the Classroom: Floor, Roof, Window, Blackboard, Seat and Writing Surface for Each Pupil, Teacher's Table and Teacher's Chair, by Type of School

	Basic Infrastructure and Furniture											
	Public Schools		<i>n</i>		Private Schools		<i>n</i>		Total		<i>n</i>	
	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007
LGAs in ...												
Bauchi	34.6	33.0	564	451	50.9	37.5**	273	200	39.9	34.4*	837	651
FCT	32.5	44.3*	246	140	60.0	60.0	380	120	49.2	51.5	626	260
Kano	29.2	27.9	1,061	1,257	53.1	38.1**	277	391	34.2	30.3*	1,338	1,648
Lagos	55.7	52.8	583	685	74.0	57.9**	574	401	64.8	54.7**	1,157	1,086
Nasarawa	8.1	34.5**	418	226	49.1	57.7	114	52	16.9	38.8**	532	278
Location												
Rural	18.7	28.1**	802	679	49.4	61.5	87	52	21.7	30.5**	889	731
Semi-urban	20.6	33.9**	572	539	49.6	42.0	363	150	31.9	35.7	935	689
Urban	45.1	40.8*	1,498	1,541	66.1	48.1**	1,168	962	54.3	43.6**	2,666	2,503
COMPASS schools	34.8	33.5	422	1,127	64.1	38.7**	39	93	43.8	33.9	461	1,220
Non-COMPASS	31.8	39.7**	1,640	1,041	65.1	49.9**	926	751	37.3	44.0*	2,566	1,792
KLN Total	32.4	36.5*	2,062	2,168	65.1	48.7*	965	844	42.8	39.9*	3,027	3,012
Total	32.9	36.3**	2,872	2,759	61.5	47.9**	1,618	1,164	43.2	39.8*	4,490	3,923

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Table 4.7 shows the percent of teachers with basic instructional materials (e.g. wall-charts or posters, IRI Teacher guides, IRI pupil workbooks, textbooks, games, supplemental readers and other teacher guides) in their classroom, by type of school. Overall, 1.1% of teachers reported having access to

Table 4.7 Percentage of Classrooms with Basic Instructional Materials: Wall-Charts, Posters, IRI Teacher Guides, IRI Pupil Workbooks, Textbooks, Games, Supplemental Readers and Other Teacher Guides, by Type of School

	Basic Instructional Material					
	Public Schools	<i>n</i>	Private or Military Schools	<i>n</i>	Total	<i>n</i>
2005						
LGAs in ...						
Bauchi	0.5	564	1.1	273	0.7	837
FCT	0.8	246	1.1	380	1.0	626
Kano	2.2	1,061	0.7	277	1.9	1,338
Lagos	0.5	583	1.2	574	0.9	1,157
Nasarawa	0.0	418	0.9	114	0.2	532
Location						
Rural	0.9	802	0.0	87	0.8	889
Semi-urban	1.6	572	0.8	363	1.3	935
Urban	1.0	1,498	1.2	1,168	1.1	2,666
COMPASS	4.3	1,127	2.5	39	4.1	461
Non-COMPASS	0.5	1,041	1.0	926	6.6	2,566
KLN Total	1.3	2,062	1.0	965	1.2	3,027
Total	1.1	2,872	1.1	1,618	1.1	4,490
2007						
LGAs in ...						
Bauchi	1.6	451	3.5	200	2.2*	651
FCT	5.0**	140	2.5	120	3.8**	260
Kano	6.0**	1,257	2.3	391	5.2**	1,648
Lagos	0.7	685	2.2	401	1.3	1,086
Nasarawa	1.3*	226	21.2**	52	5.0**	278
Location						
Rural	2.7**	679	1.9	52	2.6**	731
Semi-urban	5.8**	539	8.0**	150	6.2**	689
Urban	3.2**	1,541	2.7*	962	3.0**	2,503
COMPASS schools	5.9	1,127	6.5	93	6.0	1,220
Non-COMPASS	1.6**	1,041	3.1**	751	2.2**	1,792
KLN Total	3.9**	2,168	3.4**	844	3.8**	3,012
Total	3.6**	2,759	3.4**	1,164	3.5**	3,923

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

basic instructional material at baseline, whereas 4% reported having access to basic instructional materials at midline ($P < 0.01$). Noteworthy is the low percentage of any classroom reporting access to basic instructional material, although slight increases were observed from baseline to midline. This is most likely explained by the low number of schools that practiced IRI at baseline and midline, which is also one of the conditions for having basic instructional material.

Table 4.8 and table 4.9 reports on the percent of teachers whose classrooms are equipped with materials to support English literacy and numeracy,

respectively, by state. Overall, 76% of teachers reported having materials to support English literacy at baseline, and 73% reported having materials to support numeracy in their classroom at baseline. At midline, the percent of classrooms with materials to support literacy was 68%; the percent of classrooms with materials to support numeracy equaled 61%. With the exception of classrooms in Kano, which showed no change from baseline to midline, classrooms in all other states reported decreases in the percent of classrooms with material to support literacy. A reduction in the percent of classrooms with materials to support numeracy was observed for all states.



Table 4.8 Percentage of Teachers with Any Basic Instructional Material that Have Materials to Support English Literacy, by Type of School

	Any Material to Support English Literacy											
	Public Schools		<i>n</i>		Private Schools		<i>n</i>		Total		<i>n</i>	
	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007
LGAs in ...												
Bauchi	60.7	59.2	229	211	68.7	51.2	163	121	64.0	56.3*	392	331
FCT	77.3	70.5	172	95	84.7	71.3**	313	101	82.1	70.9*	485	191
Kano	59.0	65.7*	522	728	67.7	58.7	195	201	61.4	64.2	717	921
Lagos	86.9	74.0**	497	508	92.3	81.1	521	306	89.7	76.7**	1,018	811
Nasarawa	64.5	55.7	203	110	87.6	64.7**	105	34	72.4	57.6**	308	141
Location												
Rural	78.3	63.2	358	329	89.2	76.3	74	38	68.5	64.6	432	361
Semi-urban	64.2	70.3	296	303	84.5	76.3	276	93	70.7	71.7	572	391
Urban	74.8	67.3**	969	1,020	63.5	66.8**	947	632	79.6	67.1**	1,916	1,651
COMPASS schools	73.0	66.5*	274	728	75.0	49.0*	32	49	73.2	65.4*	306	771
Non-COMPASS	70.8	69.7	948	618	86.3	74.0**	789	492	77.8	71.6**	1,737	1,111
KLN Total	71.3	68.0	1,222	1,346	85.9	71.7**	821	541	77.1	69.1**	2,043	1,881
Total	70.4	67.0*	1,623	1,652	83.4	68.4**	1,297	763	76.2	67.5**	2,920	2,411

Notes: Total *n* is equal to the number of teachers who report access to any basic instructional material. Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Table 4.9 Percentage of Teachers with Any Basic Instructional Material that Have Materials to Support Numeracy, by Type of School

	Any Material to Support Numeracy											
	Public Schools		n		Private Schools		n		Total		n	
	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007	2005	2007
LGAs in ...												
Bauchi	63.3	47.4**	229	211	73.0	49.6**	163	121	67.4	48.2**	392	33
FCT	75.0	72.6	172	95	72.5	74.3	313	101	73.4	73.5	485	19
Kano	55.0	58.1	522	728	67.7	51.2**	195	201	58.4	56.6	717	92
Lagos	87.9	66.7**	497	508	87.1	73.9**	521	306	87.5	69.4**	1,018	81
Nasarawa	59.1	52.7	203	110	76.2	73.5	105	34	64.9	57.6	308	14
Location												
Rural	64.5	60.8	358	329	82.4	84.2	74	38	67.6	63.2	432	36
Semi-urban	63.2	58.7	296	303	69.6	76.3	276	93	66.3	62.9	572	39
Urban	72.2	60.0**	969	1,020	80.2	61.1**	947	632	76.2	60.4**	1,916	1,65
COMPASS schools	70.1	58.5**	274	728	68.8	40.8*	32	49	69.9	57.4**	306	77
Non-COMPASS	68.7	63.8*	948	618	81.6	67.9**	789	492	74.6	65.6**	1,737	1,11
KLN Total	69.1	60.9**	1,222	1,346	81.1	65.4**	821	541	73.9	62.2**	2,043	1,88
Total	68.9	59.9**	1,623	1,652	78.0	64.1**	1,297	763	73.0	61.2**	2,920	2,41

Notes: Total n is equal to the number of teachers who report access to any basic instructional material. Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Table 4.10 reports on the percentage of schools that meet the following four national service standards: teacher and pupil attendance records kept and seen; pupil/toilet ratio of 40:1; separate female toilet with door; and at least one teacher trained in first aid. Overall, very few schools met the four national service standards (4.7%) at baseline and even fewer met the criteria at midline, representing a statistically significant decrease among all schools. No change was observed for most subgroups.

Gender Equity in Schools

Table 4.11 reports on the percentage of primary schools with a private latrine or toilet with a door for female students and greater than 40% female teachers on staff. Overall, 66% of primary school headmasters reported that the school has a private latrine or toilet with a door for female students and greater than 40% female teachers on staff at

baseline: the percent reporting gender equity at midline was equal to almost 82%, a 16% increase ($P < 0.05$). Headmasters in Kano and Lagos reported the highest percentage increase, while schools in Nasarawa showed a statistically significant decrease ($P < 0.05$). A higher percentage of rural school headmasters reported that the school has a private latrine or toilet with a door for female students and greater than 40% female teachers on staff than did urban or semi-urban schools at both baseline and midline. Overall, increases were observed among most subgroups of sampled schools; no increase was observed among COMPASS schools.

Table 4.10 Percent of Primary Schools that Meet the Following Four National Service Standards: Teacher and Pupil Attendance Records Kept, Pupil/Toilet Ratio of 40:1, Separate Female Toilet with Door, and a Teacher Trained in First Aid, by Type of School, as Reported by the Headmaster

	National Service Standards											
	Public Schools				Private Schools				Total			
	2005	2007	n		2005	2007	n		2005	2007	n	
LGAs in ...												
Bauchi	0.8	0.0	123	116	5.7	0.0	52	48	2.3	0.0	175	164
FCT	0	0.0	51	22	7.4	3.2	81	31	4.6	1.9	132	53
Kano	2.7	0.9**	186	233	6.7	0.0**	60	75	3.7	0.6	246	308
Lagos	8.7	0.0**	92	124	12.2	1.2	107	82	10.6	0.5	199	206
Nasarawa	0.0	0.0	98	37	3.1	0.0	32	8	0.8	0.0	130	45
Location												
Rural	0.0	0.7	193	153	4.2	0.0	235	15	4.6	0.6	217	168
Semi-urban	1.0	0.0	96	114	2.7	2.6	73	38	1.8	0.7	169	152
Urban	5.0	0.4**	261	265	10.2	0.5**	24	191	7.5	0.4	496	456
COMPASS schools	1.5	0.0	68	122	0.0	0.0	8	13	1.3	0.0	76	135
Non-COMPASS	3.9	0.0	308	272	9.4	0.0*	191	152	6.0	0.0*	499	424
KLN Total	3.5	0.5**	376	394	9.0	0.6**	199	165	5.4	0.5	575	559
Total	2.6	0.4**	550	532	8.1	0.8**	332	244	4.7	0.5**	882	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Table 4.11 Percentage of Schools that Have Private Latrine for Girls and Greater than 40% Female Teachers on Staff, as Reported by the Headmaster

	Girl Friendly Education			
	2005	n	2007	n
LGAs in ...				
Bauchi	68.6	175	80.5*	164
FCT	65.2	132	83.0*	53
Kano	61.3	246	75.0**	308
Lagos	59.3	199	95.6**	206
Nasarawa	81.5	130	66.7*	45
Type of School				
Public	71.8	550	80.5**	532
Private or Military	56.0	332	84.4**	244
COMPASS	61.9	76	70.4	135
Non-COMPASS	65.7	499	85.6**	424
Location				
Rural	71.4	217	68.5	168
Semi-urban	64.5	169	78.3**	152
Urban	63.9	496	87.7**	456
KLN total	65.2	575	81.9**	559
Total	65.9	882	81.7*	776

Notes: Significantly different between baseline and midline values (χ^2): * $P < 0.05$, ** $P < 0.01$. COMPASS and non-COMPASS schools refer to Kano, Lagos, and Nasarawa only. KLN refers to Kano, Lagos, and Nasarawa.

Appendix A. List of COMPASS and USAID Indicator Estimates and Definitions

	Indicator	Definition & Calculation	Data Source	Baseline Value (2005)	Midline Value (2007)
1	DPT3 immunization coverage	Percent of children ages 12-23 months who received 3 doses of DPT before their 1 st birthday, according to health card.	HH survey	12%	6%*
2	Contraceptive prevalence rate (CPR)	Percent of all women 15-49 years who report current use of a modern method of contraception at the time of the survey.	HH survey	9%	25%**
3		Percentage of in-union women of reproductive age, using, or whose partner is using a modern method of contraception	HH survey	9%	32%**
4	Birth interval	Median number of months separating successive births among women with two or more births.	HH survey	24	24
5		Proportion of births that are separated by 24 months and above among women with 2 or more births	HH survey	64%	71%
6	Pupil retention	The survival rate of primary school pupils by cohort (grade by grade, the proportion of pupils who move from one grade of primary schooling to the next)	School survey	P1 98.8% P2 98.5% P3 98.3% P4 97.1% P5 96.5%	P1 99.4 P2 97.5 P3 95.1 P4 93.7 P5 93.0
7	Schools meeting national service standards for priority interventions	Percent of schools that meet the following 4 standards: keep teacher and pupil attendance records, pupils/toilet (40:1), separate girls' toilet with door, trained first aid teacher.	School survey	5%	1%**
8	Public and private health facilities meeting national service standards for priority interventions	Percent of public and private facilities providing 3 or more modern contraceptive methods with at least one trained provider to administer each and maintaining accurate registers.	Health facility survey	13%	19%
9	Customers (client and community) that are satisfied with health services	Percent of women who were somewhat satisfied or very satisfied with health facility services at time of last visit	HH survey	65%	79%**
10	Schools implementing girl-friendly education services	Percent of schools with private latrine for girls and > 40% female teachers	School survey	66%	82%**
11	Facilities that offer family planning and reproductive health services	Percent of health facilities with at least two (2) modern contraceptive methods available at the time of the survey, a trained provider such as a physician, nurse-midwife, pharmacist, medical officer or community health extension worker (CHEW) who has undergone at least basic family planning training, and completed FP and ANC records	Health facility survey	15%	21%
12	Facilities that offer routine immunization	Percent of facilities offering all the six essential antigens for child immunization: DPT1 – 3, Measles, OPV, and BCG; and possess completed immunization records	Health facility survey	11%	7%
13	Gender parity in target schools	Gender Parity Index = (Girls gross enrollment/Girls of primary school age) ÷ (boys gross enrollment/Boys of primary school age)	School survey	0.96	.90

14	Classrooms equipped with basic instructional materials	Percent classrooms with basic instructional materials: wall charts, posters, IRI teacher guides, IRI pupil worksheets, text books, games, supplemental readers, and other teacher guides. Classrooms qualify as equipped if all of these 8 items are observed to be in the classroom	School survey	1%	4%**
15	Appropriate treatment of children with malaria	Percent of children 0-23 months with febrile episode during last 2 weeks who received the anti-malarial therapy recommended	HH survey	23%	12%
16	Appropriate treatment of children with diarrhea	Percent of children 0-23 months with diarrhea episode during last 2 weeks who received the recommended oral re-hydration therapy (ORT)	HH survey	36%	52%
17	Appropriate treatment of children with ARI	Percent of children 0-23 months with ARI episode during last 2 weeks who received the recommended anti-biotic therapy	HH survey	18%	19%
18	Skilled assisted delivery	Percent of last deliveries attended by a trained provider: midwife, nurse, CHEW, CHO, or doctor	HH survey	33%	35%
19	Pregnant women attending antenatal clinic	Percent of mothers who obtained ANC services at least 4 times during their last pregnancy from a trained provider at a hospital or clinic	HH survey	31%	37%*
20	Children who are fully immunized	Percent of children 12 – 59 months old who received BCG, DPT1-3, OPV 1-3, and measles by 1 st birthday, according to card	HH survey	4%	2%*
21	Rate of Vitamin A supplementation coverage	Percent of children 6 - 59 months old who received Vitamin A supplement in the past 6 months, card or recall	HH survey	23%	20%
22	Children under 5 who sleep consistently under ITNs	Percent of children under 5 years old who slept under an ITN last night	HH survey	3%	4%
23	Children who are exclusively breastfed	Percent of children 0 – 5 months who were exclusively breastfed in past 24 hours	HH survey	22%	23%
24	ANC clients immunized with TT	Percent of women who were given 2 doses of TT during ANC at last pregnancy, if needed.	HH survey	49%	48%
25	Women who receive IPT during pregnancy	Percent of women receiving IPT with Fansidar at least once during ANC visit	HH survey	9%	9%
26	Schools that provide health care for pupils	Percent of schools with: clean water, latrines, health in curriculum, records of teachers' referrals of children to health facilities, and child health cards or records showing immunizations, supplementation of micronutrients or de-worming given at school	School survey	6%	8%
27		Percent of schools with clean drinking water available on site, children have free access, source (well or borehole), clean covered storage/reservoir	School survey	40%	45%*
28	Classrooms with basic infrastructure and furniture	Percent of classrooms with floor, roof, window, blackboard, chair for each pupil, writing surface for each pupil, teacher's table, teacher's chair	School survey	43%	40%**
29	Parents that are satisfied with services: education (KLN total)	Percent of parents who are satisfied or somewhat satisfied with their child's school experience in the last week	HH survey	40%	64%**

Note: Statistically significant difference between 2005 baseline and 2007 midline survey indicator estimates (χ^2 – Chi-square test statistic): * $P < 0.05$; ** $P < 0.01$

Appendix B. List of COMPASS Project Local Government Areas (LGAs)

Bauchi	FCT	Kano	Lagos	Nasarawa
Alkaleri	Abaji	Ajingi	Ajeromi-If	Akwanga
Bauchi	Abuja Mun	Bebeji	Alimosho	Doma
Giade	Bwari	Bichi	Badagary	Karu
Kirfi	Gnagwala	Dala	Beju-Lek	Keana
Misau	Kuje	Gabasawa	Eti Osa	Keffi
Ningi	Kwali	Garko	Ikorodu	Kokona
Taf Bal	State Average	Gaya	Kosofe	Wamba
Zaki		Gwale	Lagos Isl	
		Gwarzo	Lagos Maini	
		Kabo	Mushin	
		Kano Mun	Ojo	
		Kibiya	Oshodi Is	
		Kura	Shomolu	
		Nasarawa	Surulere	
		Tsanyawa		
		Warawa		

Appendix C. Household Survey Questionnaire

MEASURE EVALUATION MIDLINE HEALTH AND EDUCATION SURVEY 2007 FOR COMPASS PROJECT INDIVIDUAL FEMALE/MALE QUESTIONNAIRE

QUESTIONNAIRE IDENTIFICATION NUMBER																									
Numbering of questionnaires: Bauchi 0001 – 0650 FCT 0651-1300 Kano 1301-2600 Lagos 2601-3900 Nasarawa 3901-4550																									
COMMUNITY NAME _____					<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																				
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER.....																									
HOUSEHOLD NUMBER.....																									
LGA																									
Bauchi :		FCT :		Kano :		Lagos:		Nasarawa:																	
Alkaleri	01	Abaji	09	Ajingi	15	Ajeromi-If	31	Akwanga	45																
Bauchi	02	Abuja	10	Bebeji	16	Alimosho	32	Doma	46																
Giade	03	Mun		Bichi	17	Badagary	33	Karu	47																
Kirfi	04	Bwari	11	Dala	18	IBeju-Lek	34	Keana	48																
Misau	05	Gnagwala	12	Gabasawa	19	Eti Osa	35	Keffi	49																
Ningi	06	Kuje	13	Garko	20	Ikorodu	36	Kokona	50																
Taf Bal	07	Kwali	14	Gaya	21	Kosofe	37	Wamba	51																
Zaki	08			Gwale	22	Lagos Isl	38																		
				Gwarzo	23	Lagos																			
				Kabo	24	Mainl	39																		
				Kano Mun	25	Mushin	40																		
				Kibiya	26	Ojo	41																		
				Kura	27	Oshodi Is	42																		
				Nasarawa	28	Shomolu	43																		
				Tsanyawa	29	Surulere	44																		
				Warawa	30																				
URBAN/SEMI-URBAN/RURAL (URBAN=1,SEMI-URBAN = 2, RURAL=3).....																									
SEX (FEMALE=1 MALE=2)																									
FIRST NAME OF WOMAN/MAN _____																									
INTERVIEWER VISITS																									
	1		2		3		FINAL VISIT																		
DATE	_____		_____		_____		DAY	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
INTERVIEWER'S NAME	_____		_____		_____		MONTH	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
RESULT*	_____		_____		_____		YEAR	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
NEXT VISIT: DATE	_____		_____				NAME	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
TIME	_____		_____				RESULT	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
							TOTAL NO. OF VISITS	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>																	
*RESULT CODES:																									
1 COMPLETED		4 REFUSED		7 OTHER _____		(SPECIFY)																			
2 NOT AT HOME		5 PARTLY COMPLETED																							
3 POSTPONED		6 INCAPACITATED																							

QUESTIONNAIRE IDENTIFICATION NUMBER

Numbering of questionnaires: Bauchi 0001 – 0650 FCT 0651-1300 Kano 1301-2600
Lagos 2601-3900 Nasarawa 3901-4550

--	--	--	--

HAUSA YORUBA

ENGLISH

LANGUAGE OF INTERVIEW 1 2 3

NATIVE LANGUAGE OF RESPONDENT 1 2 3

SUPERVISOR		OFFICE EDITOR		KEYED BY	
NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) as of last birthday?		CIRCLE LINE # OF ALL WOMEN 15-49	CIRCLE LINE # OF ALL MEN AGE 15-69	CIRCLE LINE 3 OF ALL CHILDREN UNDER 5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
03		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
04		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
05		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
06		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
07		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
08		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
09		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
10		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	
12		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	01	01	

13		<input type="checkbox"/>	M F	YES NO	YES NO	<input type="checkbox"/>	01	01	01
14		<input type="checkbox"/>	M F	YES NO	YES NO	<input type="checkbox"/>	01	01	01
15		<input type="checkbox"/>	M F	YES NO	YES NO	<input type="checkbox"/>	01	01	01

*** CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:**
01= HEAD
02=WIFE OR HUSBAND
03= SON OR DAUGHTER
04= SON-IN-LAW OR DAUGHTER IN-LAW
05=GRANDCHILD
06=PARENT
07=PARENT-IN-LAW
08= BROTHER OR SISTER
09=BROTHER OR SISTER-IN LAW
10=OTHER RELATIVE
11=ADOPTED/FOSTER STEPCHILD
12= NOT RELATED
98= DON'T KNOW

LINE NO.	EDUCATION									
	IF AGE 6-14									
	Is (NAME) currently attending school?		During the current school year, did (NAME) attend school at any time?		During the current school year, what level and class/year [is/was] (NAME) attending?*		During the previous school year, did (NAME) attend school at any time?		During that school year, what level and class/year did (NAME) attend?*	
	(10)		(11)		(12)		(13)		(14)	
01	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
02	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
03	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
04	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
05	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
06	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
07	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
08	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
09	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
10	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
11	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			
12	YES	NO	YES	NO	LEVEL	CLASS/YEAR	YES	NO	LEVEL	CLASS/YEAR
	1 →	2	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>	1	2 →	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO 12		GO TO 13				NEXT LINE			

13	YES 1→ GO TO 12	NO 2	YES 1	NO 2→ GO TO 13	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2→ NEXT LINE	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>
14	YES 1→ GO TO 12	NO 2	YES 1	NO 2→ GO TO 13	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2→ NEXT LINE	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>
15	YES 1→ GO TO 12	NO 2	YES 1	NO 2→ GO TO 13	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	LEVEL <input type="checkbox"/>	CLASS/YEAR <input type="checkbox"/> <input type="checkbox"/>

****CODES FOR Qs. 12 AND 14**

EDUCATION LEVEL:

0=PRE-PRIMARY

1= PRIMARY

2=SECONDARY

8=DON'T KNOW

EDUCATION CLASS:

00=LESS THAN 1 YEAR COMPLETED

98= DON'T KNOW

TABLE OF RANDOM NUMBERS

<u>SELECTION CRITERIA</u>			<u>SELECTION GRID</u>											
ELIGIBLE RESPONDENTS	SEX													
1.	-----	-----	8	6	0	2	7	0	6	5	9	9	0	
2.	-----	-----	6	5	5	1	5	0	5	3	2	1	9	
3.	-----	-----	1	6	8	1	8	2	5	4	4	3	9	
4.	-----	-----	4	4	2	8	8	0	9	9	5	6	2	
5.	-----	-----	7	2	9	0	5	5	6	0	4	3	0	
6.	-----	-----	1	2	2	3	4	9	0	5	1	1	3	
7.	-----	-----	3	7	0	3	9	8	3	2	2	0	9	
8.	-----	-----	9	4	2	9	9	3	9	6	9	5	2	
9.	-----	-----	6	3	6	9	2	7	3	7	8	8	9	
10.	-----	-----	7	4	3	3	4	5	8	3	3	3	2	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

READ INFORMED CONSENT FORM	
May I begin the interview now?	
Signature of interviewer: _____	Date: _____
RESPONDENT AGREES TO BE INTERVIEWED1	RESPONDENT DOES NOT AGREE TO BE INTERVIEWED2 →END
V	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME (START OF INTERVIEW).	HOUR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	
102	How long have you been living continuously in (NAME OF PRESENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ALWAYS 95 VISITOR 96	
103	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> DON'T KNOW 98	
105	Have you ever attended school?	YES 1 NO 2	→114
106	CHECK RESPONDENTS AGE IN 104	25-49 15-24 2	→112
107	Are you presently attending school?	YES 1 NO 2	→109
108	During the current school year, did you attend school at any time?	YES 1 NO 2	→110
109	During the current school year, what level of school and class are you attending? PROBE TO FIND OUT THE LEVEL. IF THE RESPONDENT SAYS THEY ARE ATTENDING A CONTINUING EDUCATION CENTRE, FIND OUT WHAT LEVEL THEY ARE ATTENDING AND CIRCLE THE APPROPRIATE CODE. IF THEY ARE ATTENDING AN ADULT LITERACY PROGRAM, CIRCLE THE APPROPRIATE PRIMARY CODE.	LEVEL: QU'RANIC PRIMARY 1 ISLAMIYA PRIMARY 2 PRIMARY 3 SOME PRIMARY 4 JUNIOR SECONDARY (JSS) 5 SENIOR SECONDARY (SSS) 6 SECONDARY SCHOOL (WAEC) 7 POST SECONDARY SCHOOL 8 CLASS/FORM <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	
110	During the previous school year, did you attend school at any time?	YES 1 NO 2	→112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	During that school year, what level and class were you attending? FOLLOW THE SAME PROBING DIRECTIONS AS IN Q109.	LEVEL: QU'RANIC PRIMARY 1 ISLAMIYA PRIMARY 2 PRIMARY 3 SOME PRIMARY 4 JUNIOR SECONDARY (JSS) 5 SENIOR SECONDARY (SSS) 6 SECONDARY SCHOOL (WAEC) 7 POST SECONDARY SCHOOL 8 CLASS/FORM..... <input type="checkbox"/>	
112	What is the highest level of school you attended: primary, secondary, or higher?	QU'RANIC PRIMARY 1 ISLAMIYA PRIMARY 2 PRIMARY 3 SOME PRIMARY 4 JUNIOR SECONDARY (JSS) 5 SENIOR SECONDARY (SSS) 6 SECONDARY SCHOOL (WAEC) 7 POST SECONDARY SCHOOL 8	
113	What is the highest class/form that you attended at that level?	CLASS/FORM..... <input type="checkbox"/>	
114	In the last 12 months have done any paid job?	YES 1 NO 2	
115	Are you presently working?	YES 1 NO 2	→117
116	Are you paid or do you earn in cash or in-kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND IN-KIND 2 IN-KIND ONLY 3 NOT PAID 4	
117	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or never at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you have any daughters whose age is for primary school?	YES 1 NO 2	→125
121	Are these girls presently attending primary school?	NO, NONE 1 SOME ONLY 2 ALL 3	→ 125
122	Do they attend the same primary school?	YES 1 NO 2	
123	What is(are) the name(s) of the school(s) the girls are attending?	School name(s) (specify): School 1: _____ School 2: _____ School 3: _____ School 4: _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	<p>How satisfied are you with the school(s) they are attending during the past week? Not satisfied, somewhat satisfied, very satisfied?</p> <p>IF MORE THAN ONE SCHOOL, ASK ABOUT THEIR SATISFACTION WITH EACH SCHOOL.</p>	<p>SCHOOL 1: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 2: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 3: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 4: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8</p>	
124a	<p>In your opinion, how happy was your child (GIRLS) to go to school(s) during the past week? Very happy, somewhat happy, not happy?</p> <p>IF MORE THAN ONE FEMALE CHILD, ASK ABOUT HAPPINESS FOR EACH CHILD.</p>	<p>Child 1: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 2: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 3: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 4: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8</p>	
125	<p>In your own opinion, how important is it that girls complete primary school? Not important, somewhat important, very important?</p>	<p>NOT IMPORTANT.....1 SOMEWHAT IMPORTANT.....2 VERY IMPORTANT.....3 DON'T KNOW.....8</p>	
126	<p>Do you have any sons whose age fit primary school?</p>	<p>YES 1 NO 2</p>	→ 131
127	<p>Are these boys presently attending primary school?</p>	<p>NO, NONE.....1 SOME ONLY.....2 ALL.....3</p>	→ 131
128	<p>Do they attend the same primary school?</p>	<p>YES 1 NO.....2</p>	
129	<p>What is(are) the name(s) of the school(s) the boys are attending?</p>	<p>School name(s) (specify): School 1: _____ School 2: _____ School 3: _____ School 4: _____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
130	<p>How satisfied are you with the school(s) they are attending during the past week? Not satisfied, somewhat satisfied, very satisfied?</p> <p>IF MORE THAN ONE SCHOOL, ASK ABOUT THEIR SATISFACTION WITH EACH SCHOOL.</p>	<p>SCHOOL 1: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 2: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 3: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8 SCHOOL 4: NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8</p>									
130a	<p>In your opinion, how happy was your child (BOYS) to go to school(s) during the past week? Very happy, somewhat happy, not happy?</p> <p>IF MORE THAN ONE MALE CHILD, ASK ABOUT HAPPINESS FOR EACH CHILD.</p>	<p>Child 1: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 2: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 3: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8 Child 4: NOT HAPY.....1 SOMEWHAT HAPPY.....2 VERY HAPPY.....3 DON'TKNOW.....8</p>									
131	<p>In your own opinion, how important is it that boys complete primary school? Not important, somewhat important, very important?</p>	<p>NOT IMPORTANT.....1 SOMEWHAT IMPORTANT.....2 VERY IMPORTANT.....3 DON'T KNOW.....8</p>									
132	<p>Have you or your partner attended a community meeting to discuss health or primary school education in the last 6 months?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>									
133	<p>Is there a local organization working on health or education in your community?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	<p>→135 →135</p>								
134	<p>Do you or your partner belong to that organization?</p>	<p>YES, BOTH BELONG.....1 YES, RESPONDENT BELONGS.....2 YES, PARTNER BELONGS.....3 NO, NEITHER BELONG.....4</p>									
135	<p>Do you or your partner belong to a local parent-teacher association (PTA)?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>									
136	<p>What is your religion?</p>	<p>CATHOLIC.....1 PROTESTANT.....2 OTHER CHRISTIAN.....3 ISLAM.....4 TRADITIONALIST.....5 OTHER.....96 (SPECIFY)</p>									
137	<p>What is your ethnic group?</p> <p>RECORD THE ETHNIC GROUP MENTIONED.</p>	<p>_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
138a -e	In your household do you have: a) A refrigerator? b) Electricity c) Piped water d) Well water (in residence/yard/plot) e) A flush toilet	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%; text-align: center;">YES</th> <th style="width: 45%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) PIPED WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) WELL WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) FLUSH TOILET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) REFRIGERATOR	1	2	b) ELECTRICITY	1	2	c) PIPED WATER	1	2	d) WELL WATER	1	2	e) FLUSH TOILET	1	2				
	YES	NO																						
a) REFRIGERATOR	1	2																						
b) ELECTRICITY	1	2																						
c) PIPED WATER	1	2																						
d) WELL WATER	1	2																						
e) FLUSH TOILET	1	2																						
139a -f	Do you or any member of your household own: a) A bicycle? b) A motorcycle? c) A car? d) A television? e) A radio? f) A telephone/cellular phone?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%; text-align: center;">YES</th> <th style="width: 45%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) MOTORCYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) TEL/CELL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) BICYCLE	1	2	b) MOTORCYCLE	1	2	c) CAR	1	2	d) TELEVISION	1	2	e) RADIO	1	2	f) TEL/CELL	1	2	
	YES	NO																						
a) BICYCLE	1	2																						
b) MOTORCYCLE	1	2																						
c) CAR	1	2																						
d) TELEVISION	1	2																						
e) RADIO	1	2																						
f) TEL/CELL	1	2																						

SECTION 2: REPRODUCTION

201	IF FEMALE RESPONDENT, ASK: Now I would like to ask you about all the births you have had during your life. Have you ever given birth? IF MALE RESPONDENT ASK: Do you have any children?	YES 1 NO 2 YES 1 NO 2	→214 →216
202	IF FEMALE RESPONDENT, ASK: How many sons have you given birth to? (INCLUDES LIVE BIRTHS AND STILL BORN)	NUMBER <input type="text"/> <input type="text"/>	
203	IF FEMALE RESPONDENT, ASK: How many daughters have you given birth to? (INCLUDES LIVE BIRTHS AND STILL BORN)	NUMBER <input type="text"/> <input type="text"/>	
FOR MALE RESPONDENTS, SKIP TO Q213.			MALES →213

Now I would like to record the names of your children born in the past five years, whether still alive or not, starting with the one who was born **last**. These are the births that you have had since July 2000. **IF THE RESPONDENT DOES NOT HAVE ANY CHILDREN THAT WERE BORN IN THE LAST FIVE YEARS, SKIP TO 213. RECORD NAMES OF ALL THE BIRTHS IN 204. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.**

204	205	206	207	208	209	210	211	212
What name was given to your baby? (NAME)	Were any of these births twins? CIRCLE CORRECT ANSWER	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive? CIRCLE CORRECT ANSWER	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01-LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 >204(02)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	
02 - SECOND TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 >212	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES1 NO2
03- THIRD TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 > 212	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES1 NO2
04 - FOURTH TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 > 212	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES1 NO2
05- FIFTH TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 > 212	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/>	YES1 NO2

06 - SIXTH TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2 > 212	DAYS.....1 MONTHS 2 YEARS....3	YES1 NO2
07 - SEVENTH TO LAST BORN	SING ...1 MULT ..2	BOY ..1 GIRL ..2	MONTH <input type="text"/> YEAR <input type="text"/>	YES1 NO2 V 211	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2 > 212	DAYS.....1 MONTHS 2 YEARS....3	YES1 NO2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	How old were you when your (first) child was born?	AGE IN YEARS..... <input type="text"/>	
FOR MALE RESPONDENTS, SKIP TO 216			MALE →216
214	Are you pregnant now?	YES1 NO2 UNSURE8	↙217
215	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
216	IF FEMALE RESPONDENT, ASK: At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? IF MALE RESPONDENT, ASK: Do you want any(more) children now/soon, do you want children later, or do you want to have any (more) children at all?	THEN/NOW/SOON1 LATER2 NOT AT ALL3	
FOR MALE RESPONDENTS, SKIP TO 218			MALE →218
217	In addition to the pregnancies that resulted in live births, did you have any pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES1 NO2	
218	Now, I would like to ask you some questions about a woman's fertility. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES1 NO2 DON'T KNOW8	↙301
219	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS....1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED.....3 HALFWAY BETWEEN TWO PERIODS....4 OTHER6 (SPECIFY) DON'T KNOW8	

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	<p>Which ways or methods did you have you hear about? RECORD ALL METHODS MENTIONED SPONTANEOUSLY. Any other one? KEEP ASKING THE RESPONDENT "ANYTHING ELSE?" UNTIL SHE/HE RESPONDS "NOTHING ELSE."</p>	302	<p>Have you or your partner ever used (METHOD)?</p>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES..... 1 NO 2</p>	<p>Have you/your partner ever had an operation to avoid having any more children? YES..... 1 NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES..... 1 NO 2</p>	<p>Have you/your partner had an operation to avoid having any more children? YES..... 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse to avoid pregnancy.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
07	<p>MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse to avoid pregnancy.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
09	<p>DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse to avoid pregnancy.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
10	<p>FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds exclusively, day and night, and that her menstrual period has not returned.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
12	<p>RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can try to avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
13	<p>WITHDRAWAL Men can be careful and pull out before climax to avoid pregnancy.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
14	<p>EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES..... 1 NO 2</p>	<p>YES..... 1 NO 2</p>
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES..... 1 NO 2</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO 2</p>	<p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> v</p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> _____</p>		<p>→304</p>
<p>315</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
305	CHECK 302 (01/02): CHECK 214: STERILIZED → 308B <input type="checkbox"/> GO TO 308B NOT STERILIZED AND NOT PREGNANT <input type="checkbox"/> → 307		
306	CHECK 214: - NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> → 315 - MALE RESPONDENTS V		→315
307	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→315
307a	Were you given the opportunity to choose your first method of contraception?	YES.....1 NO.....2	
308A	Which method are you currently using? CIRCLE ALL METHODS MENTIONED BUT FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION.....A MALE STERILIZATIONB PILL.....C IUD.....D INJECTABLES.....E IMPLANTS.....F MALE CONDOM.....G FEMALE CONDOM.....H DIAPHRAGM.....I FOAM/JELLY.....J LACTATIONAL AMEN. METHOD.....K PERIODIC ABSTINENCE.....L WITHDRAWAL.....M OTHER.....X (SPECIFY)	→310a →309a →310b →309b →310b →309c →310b
308B	CIRCLE 'A' FOR FEMALE STERILIZATION. CIRCLE 'B' FOR MALE STERILIZATION.		
309A	What brand of pills are you using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	DUO-FEM.....01 MICROGYNON.....02 MICROLUT.....03 EUGYNON.....04 LOGYNON.....05 NORDETTE.....06 OVRETTE.....07 NEOGYNON.....08 CONFIDENCE.....09 EXULTON.....10 OTHER.....96 (SPECIFY) PACKAGE NOT SEEN/DK.....98	→310b
309B	What brand of injectables are you using?	DEPO-PROVERA (EVERY 3 MONTHS).....01 NORISTERAT (EVERY 2 MONTHS).....02 OTHER.....04 DON'T KNOW.....98	→310b
309C	What brand of condoms are you using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	GOLD CIRCLE.....01 COOL.....02 TWIN LOTUS.....03 ROUGH RIDER.....04 DUREX.....05 ROMANTIC.....06 EXOTICA.....07 INTIMATE.....08 NO LOGO/FREE.....09 OTHER.....10 DON'T KNOW.....98	→310b

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
310a 310b	<p>IF STERILIZED, ASK: In what month and year were you sterilized?</p> <p>IF NOT STERILIZED, ASK: For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																													
311	Where did you obtain (CURRENT METHOD) when you started using it?	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....1</p> <p>GOVT. HEALTH CENTER2</p> <p>FAMILY PLANNING CLINIC3</p> <p>MOBILE CLINIC4</p> <p>COMMUNITY HEALTH WORKER5</p> <p>OTHER PUBLIC.....6</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....7</p> <p>PHARMACY8</p> <p>PRIVATE DOCTOR.....9</p> <p>MOBILE CLINIC10</p> <p>COMMUNITY HEALTH WORKER11</p> <p>OTHER PRIVATE MEDICAL12</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PMV.....13</p> <p>SHOP.....14</p> <p>CHURCH15</p> <p>FRIEND/RELATIVE16</p> <p>NGO.....17</p> <p>OTHER18</p> <p style="text-align: center;">(SPECIFY)</p>																													
312	<p>You first obtained (CURRENT METHOD FROM 308A) from (SOURCE OF METHOD FROM 311).</p> <p>During that visit, who did you see? That is, who did you spend the most time with when you first obtained your current method?</p> <p>CIRCLE THE TYPE OF PROVIDER THE RESPONDENT SPENT THE MOST TIME WITH</p>	<p>DOCTOR.....1</p> <p>NURSE.....2</p> <p>MIDWIFE.....3</p> <p>CHO.....4</p> <p>CHEW.....5</p> <p>PMV.....6</p> <p>OTHER.....7</p> <p style="text-align: center;">SPECIFY</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p>																													
313a-f	<p>During that visit, did the provider you saw (PERSON SEEN Q312) :</p> <p>a) Greet you?</p> <p>b) Respond to your questions/health concerns?</p> <p>c) Explain possible side effect or problems you might have with the method?</p> <p>d) Explain what to do about side effects?</p> <p>e) Tell you when to return for the next visit?</p> <p>f) Treat you with respect?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK/DR</th> </tr> </thead> <tbody> <tr> <td>a) GREET YOU.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) RESP TO CONCERN....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) EXPLAIN SIDE EFF...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) EXPLAIN WHAT TO DO FOR SIDE EFF.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) WHEN RETURN VISIT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f) TREAT WITH RESPECT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK/DR	a) GREET YOU.....	1	2	8	b) RESP TO CONCERN....	1	2	8	c) EXPLAIN SIDE EFF...	1	2	8	d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8	e) WHEN RETURN VISIT	1	2	8	f) TREAT WITH RESPECT				
	YES	NO	DK/DR																												
a) GREET YOU.....	1	2	8																												
b) RESP TO CONCERN....	1	2	8																												
c) EXPLAIN SIDE EFF...	1	2	8																												
d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8																												
e) WHEN RETURN VISIT	1	2	8																												
f) TREAT WITH RESPECT																															
314	How satisfied were you with the services during that visit? Not satisfied, somewhat satisfied, or very satisfied?	<p>NOT SATISFIED.....1</p> <p>SOMEWHAT SATISFIED.....2</p> <p>VERY SATISFIED.....3</p> <p>DON'TKNOW.....8</p>																													
315	In the last 12 months, have you visited a health facility for family planning information or services?	<p>YES.....1</p> <p>NO.....2</p>	—>320																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
316	What type of facility (facilities) did you visit? CIRCLE ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTERB FAMILY PLANNING CLINICC MOBILE CLINICD COMMUNITY HEALTH WORKERE OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACYH PRIVATE DOCTOR.....I MOBILE CLINICJ COMMUNITY HEALTH WORKERK OTHER PRIVATE MEDICAL _____ L PMV.....M																													
317	The <u>last</u> time you visited a facility for family planning information or services, who did you see? That is, who did you spend the most time with the <u>last</u> time you visited this facility for family planning information or services?	DOCTOR.....1 NURSE.....2 MIDWIFE.....3 CHO.....4 CHEW.....5 PMV.....6 OTHER.....7 SPECIFY DON'T KNOW/DON'T REMEMBER.....8																													
318a-f	During that visit, did the provider (PERSON SEEN IN 317): a) Greet you? b) Respond to your questions/health concerns? c) If medication was provided, did the provider explain common side effects? d) Explain what to do about side effects? e) Tell you when to return for the next visit? f) Treat you with respect?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DR</th> </tr> </thead> <tbody> <tr> <td>a) GREET YOU.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) RESP TO CONCERN.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) EXPLAIN SIDE EFF...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) EXPLAIN WHAT TO DO FOR SIDE EFF.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WHEN RETURN VISIT...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) TREAT WITH RESPECT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK/DR	a) GREET YOU.....	1	2	8	b) RESP TO CONCERN.	1	2	8	c) EXPLAIN SIDE EFF...	1	2	8	d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8	e) WHEN RETURN VISIT...	1	2	8	f) TREAT WITH RESPECT.....	1	2	8	
	YES	NO	DK/DR																												
a) GREET YOU.....	1	2	8																												
b) RESP TO CONCERN.	1	2	8																												
c) EXPLAIN SIDE EFF...	1	2	8																												
d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8																												
e) WHEN RETURN VISIT...	1	2	8																												
f) TREAT WITH RESPECT.....	1	2	8																												
319	How satisfied were you with the services? Not satisfied, somewhat satisfied, or very satisfied?	NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8																													
320	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	—322																												
321	Where is that? Any other place? RECORD ALL PLACES MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTERB FAMILY PLANNING CLINICC MOBILE CLINICD COMMUNITY HEALTH WORKERE OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACYH PRIVATE DOCTOR.....I MOBILE CLINICJ COMMUNITY HEALTH WORKERK OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE PMV.....M SHOP.....N CHURCHO FRIEND/RELATIVEP NGO.....Q OTHER _____ X (SPECIFY)																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
322	Were you visited by a fieldworker, a family planning provider, a traditional birth attendant (TBA) or volunteer health worker who talked to you about family planning in the last 12 months?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....3																													
323	Have you visited a health facility for any other health care for yourself in the last 12 months?	YES.....1 NO.....2	—>328																												
324	What type of facility (facilities) did you visit? CIRCLE ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B FAMILY PLANNING CLINIC.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.....K OTHER PRIVATE MEDICAL.....L PMV.....M																													
325	The <u>last</u> time you visited a facility, who did you see?	DOCTOR.....1 NURSE.....2 MIDWIFE.....3 CHO.....4 CHEW.....5 PMV.....6 OTHER.....7 OTHER DON'T KNOW/DON'T REMEMBER.....8																													
326a-f	During that visit, did the provider (PERSON SEEN IN 325): a) Greet you? b) Respond to your questions/health concerns? c) If medication was provided, did the provider explain common side effects? d) Explain what to do about side effects? e) Tell you when to return for the next visit? f) Treat you with respect?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DR</th> </tr> </thead> <tbody> <tr> <td>a) GREET YOU.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) RESP TO CONCERN...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) EXPLAIN SIDE EFF...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) EXPLAIN WHAT TO DO FOR SIDE EFF.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WHEN RETURN VISIT...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) TREAT WITH RESPECT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK/DR	a) GREET YOU.....	1	2	8	b) RESP TO CONCERN...	1	2	8	c) EXPLAIN SIDE EFF...	1	2	8	d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8	e) WHEN RETURN VISIT...	1	2	8	f) TREAT WITH RESPECT	1	2	8	
	YES	NO	DK/DR																												
a) GREET YOU.....	1	2	8																												
b) RESP TO CONCERN...	1	2	8																												
c) EXPLAIN SIDE EFF...	1	2	8																												
d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8																												
e) WHEN RETURN VISIT...	1	2	8																												
f) TREAT WITH RESPECT	1	2	8																												
327	How satisfied were you with the services? Not satisfied, somewhat satisfied, or very satisfied?	NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8																													
328	Have you visited a health facility for health care for your children in the last 12 months?	YES.....1 NO.....2	—>333																												
329	What type of facility (facilities) did you visit? CIRCLE ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B FAMILY PLANNING CLINIC.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.....K OTHER PRIVATE MEDICAL.....L PMV.....M																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
330	The <u>last</u> time you visited a facility for your children, who did you see? That is, who did you spend the most time with the last time you visited this facility for your children?	DOCTOR.....1 NURSE.....2 MIDWIFE.....3 CHO.....4 CHEW.....5 PMV.....6 OTHER.....7 SPECIFY DON'T KNOW/DON'T REMEMBER.....8																													
331a-f	During that visit, did the provider: a) Greet you? b) Respond to your questions/health concerns? c) If medication was provided, did the provider explain common side effects? d) Explain what to do about side effects? e) Tell you when to return for the next visit? f) Treat you and your child with respect?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DR</th> </tr> </thead> <tbody> <tr> <td>a) GREET YOU.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) RESP TO CONCERN..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) EXPLAIN SIDE EFF...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) EXPLAIN WHAT TO DO FOR SIDE EFF.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WHEN RETURN VISIT.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) TREAT WITH RESPECT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK/DR	a) GREET YOU.....	1	2	8	b) RESP TO CONCERN..	1	2	8	c) EXPLAIN SIDE EFF...	1	2	8	d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8	e) WHEN RETURN VISIT.	1	2	8	f) TREAT WITH RESPECT.....	1	2	8	
	YES	NO	DK/DR																												
a) GREET YOU.....	1	2	8																												
b) RESP TO CONCERN..	1	2	8																												
c) EXPLAIN SIDE EFF...	1	2	8																												
d) EXPLAIN WHAT TO DO FOR SIDE EFF.....	1	2	8																												
e) WHEN RETURN VISIT.	1	2	8																												
f) TREAT WITH RESPECT.....	1	2	8																												
332	How satisfied were you with the services? Not satisfied, somewhat satisfied, or very satisfied?	NOT SATISFIED.....1 SOMEWHAT SATISFIED.....2 VERY SATISFIED.....3 DON'TKNOW.....8																													
333	IF FEMALE RESPONDENT: CHECK Q201 & Q208. IF NO BIRTHS/DEAD, GO TO Q701. IF BIRTHS AND ALIVE, GO TO Q401. IF MALE RESPONDENT, SKIP TO 701																														

SECTION 4. PREGNANCY, ANTENATAL CARE AND BREASTFEEDING

401	<p>Now I am going to ask you some questions about the last child you had.</p> <p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?</p>	<p>THEN..... 1</p> <p>LATER..... 2</p> <p>NOT AT ALL..... 3</p>
402A	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>NURSE C</p> <p>MIDWIFE D</p> <p>AUXILIARY NURSE E</p> <p>CHO F</p> <p>CHEW G</p> <p>OTHER PERSON</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT H</p> <p>TRADITIONAL BIRTH ATTENDANT I</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y→411</p>
402B	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC H</p> <p>MOBILE CLINIC I</p> <p>OTHER PVT. MEDICAL _____ J (SPECIFY)</p> <p>CHURCH/SPIRITUAL HOME K</p> <p>OTHER _____ X (SPECIFY)</p>
403	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DR..... 98</p>
404	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NO. OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DR..... 98</p>
405	<p>CHECK 404:</p> <p>NUMBER OF TIMES RECEIVED ANTENATAL CARE</p>	<p>ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/></p> <p>(SKIP TO 407) V</p>
406	<p>How many months pregnant were you the last time you received antenatal care?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DR..... 98</p>

			YES	NO
407a-l	During this pregnancy, were any of the following done at least once? a) Were you weighed? b) Was your height measured? c) Was your stomach(belly) measured? d) Was your blood pressure measured? e) Did you give a urine sample? f) Did you give a blood sample? g) Were tested for HIV? h) Were you counseled on Voluntary Counseling Testing for HIV? i) Were you counseled on infant feeding options in case of HIV? j) Were counseled to only give your baby breastmilk only? k) Were you counseled on intermittent preventive therapy for malaria (IPT)? l) Were you counseled on how long to wait before bathing a newborn?	a) WEIGHED b) HEIGHT MEASURED c) STOMACH MEASURE d) BLOOD PRESSURE e) URINE SAMPLE f) BLOOD SAMPLE g) TESTED FOR HIV h) COUNS ON VCT i) COUNS INF FEED j) COUNS BREASTMILK k) COUNS IPT l) COUNS BATH NEWB	1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2
408	Were you told about the warning signs of pregnancy complications?	YES 1 NO 2→411 DON'T KNOW 8→411		
409	What are the warning signs of pregnancy complications? PROBE: Anything else? CIRCLE ALL MENTIONED	BLEEDING.....A FEVER.....B HEADACHE.....C ANAEMIA.....D SWOLLEN FEET/HANDS.....E FLUID LEAKAGE.....F OTHER _____ W SPECIFY		
410	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8		
411	During this pregnancy, were you given a tetanus toxoid injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1→413 NO 2 DON'T KNOW 8→414		
412	Why not?	NOT NEEDED.....1 NOT OFFERED.....2 REFUSED.....3 OTHER _____ 4 (SPECIFY) DK/DR.....8		
413	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW 8		
414	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1 NO 2→416 DON'T KNOW 8→416		
415	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
416	During this pregnancy, were you given intermittent preventive therapy (IPT) for malaria?	YES 1 NO 2→418 DON'T KNOW 8→418		
416a	During this pregnancy, how many times were you given intermittent preventive therapy (IPT) for malaria?	TIMES..... <input type="text"/> DON'T KNOW 8		
417	What drugs did you take? RECORD ALL MENTIONED.	DARAPRIM.....A PALUDRINE.....B FANSIDAR C CHLOROQUINE.....D OTHER DRUG _____ W (SPECIFY) OTHER TRADITIONAL.....Y DON'T KNOW.....X		

418	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/MIDWIFE.....B</p> <p>NURSE.....C</p> <p>MIDWIFE.....D</p> <p>AUXILIARY MIDWIFE.....E</p> <p>CHEW.....F</p> <p>CHO.....G</p> <p>OTHER PERSON</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT.....H</p> <p>TRADITIONAL BIRTH ATTENDANT.....I</p> <p>RELATIVE/FRIENDJ</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>
419	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 1</p> <p>OTHER HOME 2</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 3</p> <p>GOVT. HEALTH CENTER 4</p> <p>GOVT. HEALTH POST 5</p> <p>OTHER PUBLIC _____ 6</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 7</p> <p>OTHER PRIVATE MEDICAL _____ 8</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
420	<p>How long after giving birth was (NAME) put to the breast?</p>	<p>LESS THAN 1 HOUR..... 1</p> <p>WITHIN 24 HOURS..... 2</p> <p>MORE THAN 24 HOURS..... 3</p> <p>DID NOT PUT BABY TO BREAST...4</p> <p>DON'T KNOW/DR..... 8</p>
421	<p>How long after giving birth was (NAME) given a bath?</p>	<p>LESS THAN 1 HOUR..... 1</p> <p>WITHIN 24 HOURS..... 2</p> <p>MORE THAN 24 HOURS..... 3</p> <p>DON'T KNOW/DR..... 8</p>
422	<p>Within the first three days after delivery, was (NAME) given anything to eat or drink [including water] other than breast milk?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/DR 8</p>
423	<p>After (NAME) was born, did a health professional check on your health?</p>	<p>YES 1</p> <p>NO 2→428</p>
424	<p>How many days or weeks after the delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<p>DAYS AFTER DEL..... 1</p> <p>WEEKS AFTER DEL... 2</p> <p>DON'T KNOW 98</p>

425	Who checked on your health at that time? CIRCLE MOST QUALIFIED PERSON SEEN.	HEALTH PROFESSIONAL DOCTOR..... 1 NURSE/MIDWIFE.....2 NURSE.....3 MIDWIFE.....4 AUXILIARY MIDWIFE..... 5 CHO.....6 CHEW.....7 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT..... 8 TRADITIONAL BIRTH ATTENDANT.....9 OTHER _____ 7 (SPECIFY)		
426	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 1 OTHER HOME..... 2 PUBLIC SECTOR GOVT. HOSPITAL 3 GOVT. HEALTH CENTER..... 4 GOVT. HEALTH POST 5 OTHER PUBLIC _____ 6 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 7 OTHER PRIVATE MEDICAL _____ 8 (SPECIFY) OTHER _____ 96 (SPECIFY)		
427	When your health was checked, were you counseled on how to feed your baby?	YES 1 NO2 DON'T KNOW/DR.....8		
428	In the first two months after delivery, did you receive a vitamin A dose?	YES 1 NO 2 NOT YET (DELIVERY <3 MONTHS)...3 DONTKNOW/DR.....8		
429	Are you still breastfeeding (NAME)?	YES 1→430b NO 2 NEVER BREASTFED 1→430b		
430a	For how many months did you breastfeed (NAME)?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW/DR..... 98		
430b	CHECK Q207. IF BABY IS 6 MONTHS OR LESS, ASK Q431-435			
431a	Did (NAME) drink anything besides breastmilk from a bottle with a nipple, cup, or spoon yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		
431b	Did (NAME) eat semi-solid, solid foods other than liquids yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		
432	Was sugar added to any of the foods or liquids (NAME) ate yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		
433	Have you ever heard of the expression "exclusive breastfeeding?"	YES 1 NO 2 → 435 DON'T KNOW..... 8→ 435		
434	What does exclusive breastfeeding mean? CIRCLE ALL MENTIONED	GIVE BREASTMILK ONLY(NO WATER).A GIVE BREASTMILK ONLY.....B BREASTMILK ONLY FOR FIRST 6 MONTHS.....C BREASTFEED REGULARLY.....D GIVE BREASTMILK.....E OTHER _____ W (SPECIFY) DK/DR Z		

435	How long should an infant be given only breastmilk and nothing else, not even water? <4 WEEKS=0 MONTHS	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																											
436	During the last 6 months, did you hear or see any messages on breastfeeding: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a home visit by a Community Health Worker? e) At the clinic? f) From a PMV? w) From Anywhere or from anyone else?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) COMMUNITY HLTH WKR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CLINIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) PMV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>w) OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) RADIO.....	1	2	b) TELEVISION.....	1	2	c) NEWSPAPER OR MAGAZINE .	1	2	d) COMMUNITY HLTH WKR.....	1	2	e) CLINIC	1	2	f) PMV.....	1	2	w) OTHER.....	1	2	(SPECIFY)		
	YES	NO																											
a) RADIO.....	1	2																											
b) TELEVISION.....	1	2																											
c) NEWSPAPER OR MAGAZINE .	1	2																											
d) COMMUNITY HLTH WKR.....	1	2																											
e) CLINIC	1	2																											
f) PMV.....	1	2																											
w) OTHER.....	1	2																											
(SPECIFY)																													
437	What do you think is the best way a mother can increase the quantity or flow of her breastmilk? CIRCLE ALL MENTIONED	BREASTFEED MORE OFTEN.....A BREASTFEED LONGER.....B BREASTFEED MORE OFTEN &LONGER.C GIVE BREASTMILK ONLY.....D MOTHER DRINKS MORE.....E MOTHER EATS SPECIFIC FOODS.....F MASSAGE BREASTS.....G OTHER.....W SPECIFY DON'T KNOW/DR.....Z																											

SECTION 5. VACCINATION, VITAMIN A, MOSQUITO NETS

CHECK 204, 207 AND 209. IF NO CHILDREN UNDER 5 YEARS (0-59 MONTHS) ALIVE AT TIME OF SURVEY, GO TO 701. IF RESPONDENT HAS CHILDREN ALIVE 0-59 MONTHS, CONTINUE WITH 501.		
501	ENTER IN THE NAME OF THE LAST TWO CHILDREN BORN WHO ARE UNDER 5 YEARS AND ALIVE AT THE TIME OF THE SURVEY. BEGIN WITH THIS STATEMENT: I would now like to ask you questions about the vaccination history of your last two children less than 5 years old, starting with the youngest.	
502	LINE NUMBER FROM 204	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
		NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
503	FROM 204 AND 208	NAME _____
		NAME _____
		FILL IN THIS COLUMN FIRST (504-519), THEN PROCEED TO THE NEXT COLUMN FOR THE NEXT-TO-LAST CHILD.
		IF ONLY ONE CHILD UNDER 5 YEARS, LEAVE THIS COLUMN BLANK AND GO TO 601
504	Is it important for children 6-59 months to receive vitamin A?	YES 1 NO 2 DON'T KNOW 8
505	Did (NAME) ever receive a vitamin A dose?	YES 1 NO 2 → 508 DON'T KNOW 8 → 508
		YES 1 NO 2 → 508 DON'T KNOW 8 → 508
506	How long ago did (NAME) receive his/her last dose of vitamin A?	LESS THAN 4 WEEKS AGO 1 1-6 MONTHS AGO 2 MORE THAN 6 MONTHS AGO 3 DON'T KNOW 8
		LESS THAN 4 WEEKS AGO 1 1-6 MONTHS AGO 2 MORE THAN 6 MONTHS AGO 3 DON'T KNOW 8
507	Where did (NAME) receive his/her last dose of vitamin A? READ OPTIONS OUT LOUD	GOVT PHC/HC/HOSP 1 OUTREACH 2 HOME/SCHOOL DURING NID 3 PRIVATE HEALTH FAC 4 PHARMACY 5 PMV 6 OTHER 7 (SPECIFY) CAN'T REMEMBER/DK 8
		GOVT PHC/HC/HOSP 1 OUTREACH 2 HOME/SCHOOL DURING NID 3 PRIVATE HEALTH FAC 4 PHARMACY 5 PMV 6 OTHER 7 (SPECIFY) CAN'T REMEMBER/DK 8
508	Do you have a card where (NAME'S) vaccinations are written down? ² IF YES: May I see it please?	YES, SEEN 1 → 510 YES, NOT SEEN 2 → 512 NO CARD 3
		YES, SEEN 1 → 510 YES, NOT SEEN 2 → 512 NO CARD 3
509	Did you ever have a vaccination card for (NAME) ?	YES 1 → 512 NO 2 → 512
		YES 1 → 512 NO 2 → 512

510	<p>(1) ENTER THE NAME, OF EACH BIRTH UNDER AGE 5, AT THE TOP OF EACH COLUMN</p> <p>(2) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD AND RECORD IT IN THE APPROPRIATE COLUMN.</p> <p>(3) RECORD EACH YEAR IN 4 DIGITS</p> <p>(4) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>(5) WRITE IN '98' IN 'DAY' COLUMN IF ONLY MONTH & YEAR ARE RECORDED (E.G., JAN 2000 WOULD BE RECORDED AS '98' '01' 2000</p>	<p>LAST BIRTH NAME _____</p>	<p>NEXT-T0-LAST BIRTH NAME _____</p>
	<p>BCG</p> <p>POLIO 0 (POLIO GIVEN AT BIRTH)</p> <p>POLIO 1</p> <p>POLIO 2</p> <p>POLIO 3</p> <p>DPT 1</p> <p>DPT 2</p> <p>DPT 3</p> <p>MEASLES</p> <p>VITAMIN A (MOST RECENT)</p> <p>YELLOW FEVER</p>	<p style="text-align: center;">DAY MONTH YEAR</p> <p>BCG.....</p> <p>P0.....</p> <p>P1.....</p> <p>P2.....</p> <p>P3.....</p> <p>DPT1....</p> <p>DPT2....</p> <p>DPT3....</p> <p>MEA.....</p> <p>VIT. A....</p> <p>YF.....</p>	<p style="text-align: center;">DAY MONTH YEAR</p> <p>BCG.....</p> <p>P0.....</p> <p>P1.....</p> <p>P2.....</p> <p>P3.....</p> <p>DPT1....</p> <p>DPT2....</p> <p>DPT3....</p> <p>MEA.....</p> <p>VIT. A....</p> <p>YF.....</p>
511	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).</p>	<p>YES 1→ PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 510, THEN → 514 NO 2→514 DON'T KNOW 8→514</p>	<p>YES 1→ PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 510, THEN → 514 NO 2→514 DON'T KNOW 8→514</p>
512	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?</p>	<p>YES 1 NO 2→515 DON'T KNOW 8→515</p>	<p>YES 1 NO 2→515 DON'T KNOW 8→515</p>
513	<p>Please tell me if (NAME) received any of the following vaccinations:</p> <p>513A A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p> <p>513B Polio vaccine, that is, drops in the mouth?</p>	<p>LAST BIRTH NAME _____</p> <p>YES 1 NO 2 DON'T KNOW 8</p> <p>YES 1 NO 2→513E DON'T KNOW 8→513E</p>	<p>NEXT-T0-LAST BIRTH NAME _____</p> <p>YES 1 NO 2 DON'T KNOW 8</p> <p>YES 1 NO 2→513E DON'T KNOW 8→513E</p>

513C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH..... 1 LATER..... 2	JUST AFTER BIRTH..... 1 LATER..... 2
513D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/> DK/DR..... 8	NUMBER OF TIMES <input type="text"/> DK/DR..... 8
513E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2→513G DON'T KNOW 8→513G	YES 1 NO 2→513G DON'T KNOW 8→513G
513F	How many times?	NUMBER OF TIMES <input type="text"/> DK/DR..... 8	NUMBER OF TIMES <input type="text"/> DK/DR..... 8
513G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8
515	Did (NAME) sleep under a mosquito net last night?	YES..... 1 NO..... 2→519 DON'T KNOW..... 8→519	YES..... 1 NO..... 2→601 DON'T KNOW..... 8→601
516	What is the brand name of the mosquito net (NAME) slept under last night?	SUPANET..... 1 CYPERNET..... 2 NETMARK..... 3 OTHER..... 4 NO BRAND NAME/ROLL..... 5 DO NOT KNOW..... 8	SUPANET..... 1 CYPERNET..... 2 NETMARK..... 3 OTHER..... 4 NO BRAND NAME/ROLL..... 5 DO NOT KNOW..... 8
517	Was the mosquito net that (NAME) slept under last night ever treated with insecticide to repel mosquitoes or bugs?	YES..... 1 NO..... 2→519 DON'T KNOW..... 8→519	YES..... 1 NO..... 2→601 DON'T KNOW..... 8→601
518	How long ago was the mosquito net that (NAME) slept under last night treated with insecticide?	MONTHS AGO <input type="text"/> DON'T KNOW 98	MONTHS AGO <input type="text"/> DON'T KNOW 98
519		GO BACK TO Q503 IN NEXT COLUMN, IF NO MORE CHILDREN UNDER 5 YEARS, GO TO 601	GO TO 601

SECTION 6. CHILDHOOD ILLNESS

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES
	CHECK 204, 207, 209. IF NO CHILDREN 0-23 MONTHS ARE ALIVE, SKIP TO 701. IF RESPONDENT HAS ONLY 1 CHILD, FILL OUT THE COLUMN 'LAST CHILD' AND LEAVE THE SECOND COLUMN BLANK. IF THE RESPONDENT HAS 2 CHILDREN 0-23 MONTHS, FILL OUT BOTH COLUMNS. READ THE FOLLOWING:		
	I would like to ask you some questions about the health of your children less than two years old (0-23 months) during the past 2 weeks, starting with the youngest.		
		LAST CHILD NAME _____	NEXT-TO-LAST-CHILD NAME _____
601	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 603) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 603) _____ DON'T KNOW 8
602	Does (NAME) have a fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
603	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
604	CHECK 601 AND 603: HAD FEVER OR CONVULSIONS?	YES IN 601 OR 603 IF NO OR DK <input type="checkbox"/> <input type="checkbox"/> GO TO 605 SKIP TO 614	YES IN 601 OR 603 IF NO OR DK <input type="checkbox"/> <input type="checkbox"/> GO TO 605 SKIP TO 614
605	Did you seek advice or treatment for the fever/convulsions?	YES 1 NO 2→612	YES 1 NO 2→612
606	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE PMV M TRAD. PRACTITIONER N SPIRITUAL HEALER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE PMV M TRAD. PRACTITIONER N SPIRITUAL HEALER O OTHER _____ X (SPECIFY)
607	How long after you noticed the fever/convulsions was (NAME) taken for care?	SAME DAY (WITHIN 24 HOURS).... 1 NEXT DAY (25-48 HOURS)..... 2 MORE THAN 2 DAYS/48 HOURS... 3	SAME DAY (WITHIN 24 HOURS).... 1 NEXT DAY (25-48 HOURS)..... 2 MORE THAN 2 DAYS/48 HOURS... 3

608	Did the provider recommend any drugs for the fever/ convulsions?	YES 1 NO2→612 DON'T KNOW8→612	YES 1 NO 2→612 DON'T KNOW 8→612
-----	--	---	---

		LAST CHILD NAME	NEXT-TO-LAST-CHILD NAME
609	What drugs did the provider recommend? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN.	ANTI-MALARIAL NIVAQUINE/CHLOROQUINE.....A AMODIAQUINE/CAMOQUINE.....B QUININE.....C ARTEMISINE/COTECIN/COARTEM.....D AMALAR/FANSIDAR/VITADAR.....E OTHER DRUGS ASPIRIN.....F PANADOL.....G OTHER.....X (SPECIFY) DON'T KNOW.....Z	ANTI-MALARIAL NIVAQUINE/CHLOROQUINE.....A AMODIAQUINE/CAMOQUINE.....B QUININE.....C ARTEMISINE/COTECIN/COARTEM.....D AMALAR/FANSIDAR/VITADAR.....E OTHER DRUGS ASPIRIN.....F PANADOL.....G OTHER.....X (SPECIFY) DON'T KNOW.....Z
610	Did your child take any of those drugs?	YES.....1 NO.....2→612 DK/DR.....8→612	YES.....1 NO.....2→612 DK/DR.....8→612
611	Which drugs? RECORD ALL MENTIONED	ANTI-MALARIAL NIVAQUINE/CHLOROQUINE.....A AMODIAQUINE/CAMOQUINE.....B QUININE.....C ARTEMISINE/COTECIN/COARTEM.....D AMALAR/FANSIDAR.....E OTHER DRUGS ASPIRIN.....F PANADOL.....G OTHER.....X (SPECIFY) DON'T KNOW.....Z	ANTI-MALARIAL NIVAQUINE/CHLOROQUINE.....A AMODIAQUINE/CAMOQUINE.....B QUININE.....C ARTEMISINE/COTECIN/COARTEM.....D AMALAR/FANSIDAR.....E OTHER DRUGS ASPIRIN.....F PANADOL.....G OTHER.....X (SPECIFY) DON'T KNOW.....Z
612	Was anything [else] done about (NAME) 's fever/convulsions?	YES.....1 NO.....2→614 DON'T KNOW.....8→614	YES.....1 NO.....2→614 DON'T KNOW.....8→614
613	What was done about (NAME) 's fever/convulsions?	CONSULTED TRADITIONAL HEALER.....A GAVE TEPID SPONGING.....B GAVE HERBS.....C OTHER.....X (SPECIFY)	CONSULTED TRADITIONAL HEALER.....A GAVE TEPID SPONGING.....B GAVE HERBS.....C OTHER.....X (SPECIFY)
614	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES.....1 NO.....2→625 DON'T KNOW.....8→625	YES.....1 NO.....2→625 DON'T KNOW.....8→625
615	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
616	Did you seek advice or treatment for the cough/fast breathing?	YES.....1 NO.....2→623	YES.....1 NO.....2→623

624	What was done about (NAME) 's cough/fast breathing?	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGINGB GAVE HERBSC OTHERX (SPECIFY)	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGINGB GAVE HERBSC OTHERX (SPECIFY)
625	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO2→632 DON'T KNOW8→632	YES 1 NO2→632 DON'T KNOW8→632
626	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2→630	YES 1 NO 2→630
		LAST CHILD NAME	NEXT-TO-LAST-CHILD NAME
627	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITALA GOVT. HEALTH CENTERB GOVT. HEALTH POSTC MOBILE CLINICD COMM. HEALTH WORKER.....E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... G PHARMACYH PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER.....K OTHER PVT. MEDICAL L (SPECIFY) OTHER SOURCE PMV.....M SHOPN TRAD. PRACTITIONER.....O SPIRITUAL HEALERP OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTERB GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER.....E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR..... I MOBILE CLINIC J COMM. HEALTH WORKER.....K OTHER PVT. MEDICAL L (SPECIFY) OTHER SOURCE PMV.....M SHOPN TRAD. PRACTITIONER.....O SPIRITUAL HEALER.....P OTHER X (SPECIFY)
628a -b	Did the provider recommend any of the following to drink:	YES NO DK	YES NO DK
a	A fluid made from a special packet called [LOCAL NAME] ?	FLUID FROM ORS PKT..... 1 2 8	FLUID FROM ORS PKT..... 1 2 8
b	A government-recommended homemade fluid?	HOMEMADE FLUID..... 1 2 8	HOMEMADE FLUID..... 1 2 8
629	Did your child drink any of the recommended drinks?	YES, ORS PKT.....1 YES, HOMEMADE FLUID.....2 YES, BOTH ORS & HOMEFLUID.....3 NO, NEITHER..... 4	YES, ORS PKT.....1 YES, HOMEMADE FLUID.....2 YES, BOTH ORS & HOMEFLUID.....3 NO, NEITHER..... 4
630	Was anything [else] given to treat the diarrhea?	YES 1 NO 2→632 DON'T KNOW 8→632	YES 1 NO 2→632 DON'T KNOW 8→632

631	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUPA INJECTIONB (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINESD OTHER _____ X (SPECIFY)	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
632	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3	

633	<p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Knowing where to go.</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>The distance to a health facility.</p> <p>Having to take transport.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p>	<table border="1"> <thead> <tr> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> <th>NO PROBLEM</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	NO PROBLEM	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
BIG PROBLEM	NOT A BIG PROBLEM	NO PROBLEM																								
1	2	3																								
1	2	3																								
1	2	3																								
1	2	3																								
1	2	3																								
1	2	3																								
1	2	3																								

SECTION 7. AWARENESS OF MALARIA AND OTHER ILLNESS HOME-BASED MANAGEMENT AND PREVENTION

701	<p>When a child under 5 years of age is sick, what signs of illness would tell you that he/she should be taken to a health facility or health worker for immediate care?</p> <p>PROBE: Any other signs?</p> <p>DO NOT READ OUT THE OPTIONS BUT RECORD ALL MENTIONED</p>	<p>REPEATED WATERY STOOLS.....A</p> <p>BLOODY STOOL.....B</p> <p>REPEATED VOMITIING.....C</p> <p>FAST BREATHING.....D</p> <p>DIFFICULTY BREATHING.....E</p> <p>NOISY BREATHING.....F</p> <p>COUGH.....G</p> <p>FEVER/HIGH TEMP.....H</p> <p>CONVULSIONS.....I</p> <p>NOT EATING,NOT DRINKING/ NOT BREASTFEEDING WELL.....J</p> <p>GETTING SICKER/VERY SICK.....K</p> <p>DIFFICULT TO WAKE UP.....L</p> <p>OTHER _____.....W (SPECIFY)</p> <p>NOT SURE/DON'T KNOWX</p>
702	<p>How can a parent prevent malaria in children?</p> <p>DO NOT READ. RECORD ALL MENTIONED.</p> <p>PROBE: Anything else?</p>	<p>ANY MOSQUITO NET.....A</p> <p>TREATED MOSQUITO NET.....B</p> <p>MOSQUITO COILS.....C</p> <p>INSECT SPRAY.....D</p> <p>REMOVE WATER AROUND HOUSE...E</p> <p>CLEAR BUSH.....F</p> <p>CLOSE DOOR/WINDOWS EARLY.....G</p> <p>PERSONAL/HOUSEHOLD HYGIEN.....H</p> <p>OTHER _____.....W (SPECIFY)</p> <p>DON'T KNOW.....X</p>
703	<p>[IF TREATED MOSQUITO NETS WAS NOT MENTIONED IN THE QUESTION ABOVE, THEN ASK]</p> <p>Can the use of insecticide treated mosquito nets prevent malaria?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW/NOT SURE.....8</p>

CHECK PAGE 3. IF CHILDREN 6-11 LIVE IN THE HOUSEHOLD, ASK THE FOLLOWING FOR EACH CHILD? IF NO CHILDREN BETWEEN 6-11, SKIP TO 705			
Long waiting time	1	2	3

704A	Did (WRITE NAME _____) sleep under an insecticide treated mosquito net last night?	YES.....1 NO.....2 DON'T KNOW.....8																											
704B	Did (WRITE NAME _____) sleep under an insecticide treated mosquito net last night?	YES.....1 NO.....2 DON'T KNOW.....8																											
704C	Did (WRITE NAME _____) sleep under an insecticide treated mosquito net last night?	YES.....1 NO.....2 DON'T KNOW.....8																											
704D	Did (WRITE NAME _____) sleep under an insecticide treated mosquito net last night?	YES.....1 NO.....2 DON'T KNOW.....8																											
705	<p>During the last six months have you heard or seen any messages about insecticide treated mosquito nets:</p> <p>a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a home visit by a Community Health Worker? e) At the clinic? f) From a PMV? w) Anywhere or from anyone else?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) COMMUNITY HLTH WKR..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CLINIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) PMV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>w) OTHER _____ 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION.....	1	2	c) NEWSPAPER OR MAGAZINE. 1	2	2	d) COMMUNITY HLTH WKR..... 1	2	2	e) CLINIC	1	2	f) PMV.....	1	2	w) OTHER _____ 1	2	2	(SPECIFY)		
	YES	NO																											
a) RADIO	1	2																											
b) TELEVISION.....	1	2																											
c) NEWSPAPER OR MAGAZINE. 1	2	2																											
d) COMMUNITY HLTH WKR..... 1	2	2																											
e) CLINIC	1	2																											
f) PMV.....	1	2																											
w) OTHER _____ 1	2	2																											
(SPECIFY)																													
706	<p>During the last six months, have you heard or seen any messages about prepackaged malaria treatment:</p> <p>a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a home visit by a Community Health Worker? e) At the clinic? f) From a PMV? w) Anywhere or from anyone else?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE. 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) COMMUNITY HLTH WKR..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CLINIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) PMV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>w) OTHER _____ 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION.....	1	2	c) NEWSPAPER OR MAGAZINE. 1	2	2	d) COMMUNITY HLTH WKR..... 1	2	2	e) CLINIC	1	2	f) PMV.....	1	2	w) OTHER _____ 1	2	2	(SPECIFY)		
	YES	NO																											
a) RADIO	1	2																											
b) TELEVISION.....	1	2																											
c) NEWSPAPER OR MAGAZINE. 1	2	2																											
d) COMMUNITY HLTH WKR..... 1	2	2																											
e) CLINIC	1	2																											
f) PMV.....	1	2																											
w) OTHER _____ 1	2	2																											
(SPECIFY)																													

SECTION 8. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Are you presently married or living with a partner?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3	→804
802	Have you ever been married or lived with a partner?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	→805 →806
803	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→806
804	Is your spouse/partner living with you now or is he/she staying elsewhere?	LIVING WITH HER/HIM 1 STAYING ELSEWHERE 2	
805	How old were you when you started living with him/her?	AGE <input type="text"/> <input type="text"/>	
806	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH SPOUSE/PARTNER 95	→822
807	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. RECORD MONTHS ONLY IF 11 MONTHS OR LESS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→819
808	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→811
809	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	How often do you use a condom with this partner?	EVERY TIME.....1 SOMETIMES.....2 ONCE.....3 NOT AT ALL.....4	
811	What is your relationship to the person with whom you last had sex? FOR FEMALE RESPONDENT: IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? FOR MALE RESPONDENT: IF WOMAN IS 'GIRLFRIEND' OR 'FIANCEE', ASK: Was your girlfriend/fiancée living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 BOYFRIEND/GIRLFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE..... 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	—813
812	About how old would you say he/she was?	<15 1 15-19 2 20-24 3 25-29 4 30-34 5 35-39 6 40-44 7 45-49 8 50+ 9 DON'T KNOW 98	
813	Have you had sex with any other partner in the last 12 months?	YES 1 NO 2	—819
814	The last time you had sexual intercourse with another partner, was a condom used?	YES 1 NO 2	—817
815	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS..... 04 PARTNER REQUESTED/INSISTED..... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
816	How often do you use a condom with this partner?	EVERY TIME.....1 SOMETIMES.....2 ONCE.....3 NOT AT ALL.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	<p>What is your relationship to this partner?</p> <p>FOR FEMALE RESPONDENT: IF MAN IS "BOYFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiancé living with you when you last had sex?</p> <p>FOR MALE RESPONDENT: IF WOMAN IS 'GIRLFRIEND' OR 'FIANCEE', ASK: Was your girlfriend/fiancée living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER 01</p> <p>BOYFRIEND/GIRLFRIEND/FIANCÉ 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE..... 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 819
818	<p>About how old would you say he/she was?</p>	<p><15 1</p> <p>15-19 2</p> <p>20-24 3</p> <p>25-29 4</p> <p>30-34 5</p> <p>35-39 6</p> <p>40-44 7</p> <p>45-49 8</p> <p>50+ 9</p> <p>DON'T KNOW 98</p>	
819	<p>In the last 12 months, in total, how many different partners have you had sex with?</p>	<p>NUMBER OF PARTNERS <input type="text"/></p> <p><input type="text"/></p>	
820	<p>Have you ever exchanged/or-received money or gifts for sex?</p>	<p>YES 1</p> <p>NO 2</p>	→822
821	<p>The last time that you exchanged/received money or gifts for sex, was a condom used on that occasion?</p>	<p>YES 1</p> <p>NO 2</p>	
822	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→824
823	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>COMMUNITY HEALTH WORKER K</p> <p>OTHER PRIVATE _____ L</p> <p>MEDICAL _____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PMV M</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>NGO Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	Have you heard of female condoms?	YES 1 NO 2 DON'T KNOW/UNSURE.....3	—→901
825	Do you know of a place where a person can get female condoms?	YES 1 NO 2	—→901
826	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER..... B FAMILY PLANNING CLINIC..... C MOBILE CLINIC D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... G PHARMACY H PRIVATE DOCTOR..... I MOBILE CLINIC J COMMUNITY HEALTH WORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE PMV M SHOP..... N CHURCH O FRIENDS/RELATIVES P NGO..... Q OTHER _____ X (SPECIFY)	

SECTION 9. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
901	<p>CHECK 308A/308B:</p> <p align="center"> <input type="checkbox"/> NOT STERILIZED <input checked="" type="checkbox"/> </p> <p align="center"> <input type="checkbox"/> STERILIZED <input type="checkbox"/> </p>		—910								
902	<p>FOR FEMALE RESPONDENTS, CHECK 214: FOR MALE, CHECK 201:</p> <p align="center"> <input type="checkbox"/> -NOT PREGNANT OR UNSURE <input checked="" type="checkbox"/> </p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p align="center"> <input type="checkbox"/> PREGNANT <input checked="" type="checkbox"/> </p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE 2 —904</p> <p>SAYS SHE CAN'T GET PREGNANT..... 3 —910</p> <p>SAYS HE OR HIS PARTNER IS INFERTILE..... 4 —910</p> <p>UNDECIDED/DON'T KNOW: AND PREGNANT..... 5 →907</p> <p>UNDECIDED/DK AND NOT PREGNANT OR UNSURE..... 6 —904</p>									
903	<p>FOR FEMALE RESPONDENTS, CHECK 214:</p> <p align="center"> <input type="checkbox"/> -NOT PREGNANT OR UNSURE <input checked="" type="checkbox"/> </p> <p align="center"> <input type="checkbox"/> PREGNANT <input checked="" type="checkbox"/> </p> <p>- MALE RESPONDENTS</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>SOON/NOW 93</p> <p>AFTER MARRIAGE..... 95 —907</p> <p>OTHER 96 —906</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>									
904	<p>CHECK 307 & 308A/B: USING A CONTRACEPTIVE METHOD?</p> <p align="center"> <input type="checkbox"/> NOT ASKED <input checked="" type="checkbox"/> </p> <p align="center"> <input type="checkbox"/> NO, NOT CURRENTLY USING <input checked="" type="checkbox"/> </p> <p align="center"> <input type="checkbox"/> NO, NOT CURRENTLY USING & WANT CHILD SOON (CHECK 903) <input type="checkbox"/> </p> <p align="center"> <input type="checkbox"/> YES, CURRENTLY <input checked="" type="checkbox"/> </p>		—907 —910								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905	<p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIEDA</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWZ</p>	
906	In the next few weeks, if you discovered that you/your partner were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM..... 1</p> <p>SMALL PROBLEM..... 2</p> <p>NO PROBLEM..... 3</p> <p>SAYS CAN'T GET PREGNANT/ NOT HAVING SEX..... 4</p>	
907	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	909
908	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION..... 01</p> <p>MALE STERILIZATION..... 02</p> <p>PILL..... 03</p> <p>IUD..... 04</p> <p>INJECTABLES..... 05</p> <p>IMPLANTS..... 06</p> <p>CONDOM..... 07</p> <p>FEMALE CONDOM..... 08</p> <p>DIAPHRAGM..... 09</p> <p>FOAM/JELLY..... 10</p> <p>LACTATIONAL AMEN. METHOD..... 11</p> <p>PERIODIC ABSTINENCE..... 12</p> <p>WITHDRAWAL..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE..... 98</p>	910

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
909	What is the <u>main</u> reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 1 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 2 MENOPAUSAL/HYSTERECTOMY 3 SUBFECUND/INFECUND 4 WANTS AS MANY CHILDREN AS POSSIBLE 5 OPPOSITION TO USE RESPONDENT OPPOSED 6 HUSBAND OPPOSED 7 OTHERS OPPOSED 8 RELIGIOUS PROHIBITION 9 LACK OF KNOWLEDGE KNOWS NO METHOD 10 KNOWS NO SOURCE 11 METHOD-RELATED REASONS HEALTH CONCERNS 12 FEAR OF SIDE EFFECTS 13 LACK OF ACCESS/TOO FAR 14 COSTS TOO MUCH 15 INCONVENIENT TO USE 16 INTERFERES WITH BODY'S NORMAL PROCESSES 17 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
910	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
911	Do you think that a few, some, most or almost all the women/men in this community are in favor of the use of modern family planning?	NONE 1 A FEW 2 SOME 3 MOST 4 ALL 5	
912A	Have you ever encouraged someone to use a modern family planning method?	YES 1 NO 2 DON'T KNOW 8	
912B	Have you ever been encouraged by someone to use a modern family planning method?	YES 1 NO 2 → 913 DON'T KNOW 8 → 913	
912c	By whom? Anyone else? RECORD ALL PERSONS MENTIONED.	SPOUSE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I HEALTH CARE PROVIDER J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
913a-g	In the last 6 months have you heard or seen anything about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a home visit by a Community Health Worker? e) At the clinic? f) From a PMV? w) Anywhere or from anyone else?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) COMMUNITY HLTH WKR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CLINIC.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) PMV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>w) OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) COMMUNITY HLTH WKR	1	2	e) CLINIC.....	1	2	f) PMV.....	1	2	w) OTHER.....	1	2	(SPECIFY)			
	YES	NO																												
a) RADIO	1	2																												
b) TELEVISION	1	2																												
c) NEWSPAPER OR MAGAZINE	1	2																												
d) COMMUNITY HLTH WKR	1	2																												
e) CLINIC.....	1	2																												
f) PMV.....	1	2																												
w) OTHER.....	1	2																												
(SPECIFY)																														
914	CHECK 801: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES, CURRENTLY MARRIED <input type="checkbox"/> v </div> <div style="text-align: center;"> YES, LIVING TOGETHER <input type="checkbox"/> v </div> <div style="text-align: center;"> NO, NOT IN UNION <input type="checkbox"/> _____ </div> </div>		→1001																											
915	CHECK 308A/308B: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ANY CODE CIRCLED <input type="checkbox"/> v </div> <div style="text-align: center;"> NO CODE CIRCLED <input type="checkbox"/> _____ </div> </div>		→917																											
916	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your spouse's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY SPOUSE/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																												
917	Now I want to ask you about your spouse's/partner's views on family planning. Do you think that your spouse/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																												
918	How often have you talked to your spouse/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN..... 3																												
919	CHECK 308A/B: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT STERILIZED <input type="checkbox"/> v </div> <div style="text-align: center;"> STERILIZED <input type="checkbox"/> _____ </div> </div>		→1001																											
920	Do you think your spouse/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..... 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																												

SECTION 10. PARTNER'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																						
1001	CHECK 801 AND 802: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A PARTNER</p> <input type="checkbox"/> <p>V</p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A PARTNER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A PARTNER</p> <input type="checkbox"/> </div> </div>		<p>←1003</p> <p>←1007</p>																																																						
1002	How old was your spouse/partner on his/her last birthday?	AGE IN COMPLETED YEARS <input style="width: 40px; height: 20px;" type="text"/>																																																							
1003	Did your (last) spouse/partner ever attend school?	YES 1 NO 2	←1006																																																						
1004	What was the highest level of school he/she attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→1006																																																						
1005	What was the highest grade he/she completed at that level?	GRADE <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 98																																																							
1006	CHECK 1001: CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/> What is your spouse's/partner's main occupation? That is, what kind of work does he/she mainly do?	FORMERLY MARRIED/ LIVED WITH A PARTNER <input type="checkbox"/> What was your (last) spouse's/partner's main occupation? That is, what kind of work did he/she mainly do?	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																																																						
1007	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day? Your children's education? Your children's health?	RESPONDENT = 1 SPOUSE/PARTNER = 2 RESPONDENT & SPOUSE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">1</td><td style="width: 20%;">2</td><td style="width: 20%;">3</td><td style="width: 20%;">4</td><td style="width: 20%;">5</td><td style="width: 20%;">6</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>6</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td></td></tr> <tr> <td>6</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	6						1	2	3	4	5		6						
1	2	3	4	5	6																																																				
1	2	3	4	5	6																																																				
1	2	3	4	5	6																																																				
1	2	3	4	5	6																																																				
1	2	3	4	5	6																																																				
1	2	3	4	5	6																																																				
6																																																									
1	2	3	4	5																																																					
6																																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109 A-C	Can the virus that causes AIDS be transmitted from a mother to a child: A) During pregnancy? B) During delivery? C) By breastfeeding?	YES NO DK A) DURING PREG..... 1 2 8 B) DURING DELIVERY 1 2 8 C) BREASTFEEDING 1 2 8	
1110	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8	
1111	Have you ever talked with your partner about ways to prevent getting the virus that causes AIDS?	YES 1 NO 2	
1112	Have you ever encouraged someone to use a condom to avoid getting HIV or other sexually transmitted infections?	YES 1 NO 2 DON'T KNOW 8	
1113	Have you ever been encouraged by someone to use a condom to avoid getting HIV or other sexually transmitted infections?	YES 1 NO 2 DON'T KNOW 8	
1114 a-e	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: a) On the radio? b) On the TV? c) In newspapers? d) At home? e) In primary schools?	ACCEPTABLE NOT ACCEPTABLE a) ON THE RADIO 1 2 b) ON THE TV 1 2 c) IN NEWSPAPERS.... 1 2 d) AT HOME.....1.....2 e) IN PRIMARY SCHLS....1.....2	
1115	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8	
1116	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8	
1117	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→1119

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1118	<p>Where can you go for the test?</p> <p>RECORD ALL PLACES MENTIONED</p> <p>Anywhere else?</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC.....D</p> <p>DISPENSARYE</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY..... H</p> <p>PRIVATE DOCTORI</p> <p>MOBILE CLINIC.....J</p> <p>OTHER PRIVATE MEDICAL _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PMV.....L</p> <p>SHOP.....M</p> <p>CHURCH.....N</p> <p>FRIENDS/RELATIVES..... O</p> <p>OTHER _____ P (SPECIFY)</p>									
1119	<p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO2</p>									
1120	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table> <table style="display: inline-table; vertical-align: middle;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table></p>									

READ THE FOLLOWING THANK YOU STATEMENT:
Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the COMPASS Project and health services for your community. If you have any questions about anything I asked you about I will try and explain, otherwise please contact Prof. Adewuyi at 0803-719-3284 at the Center for Research, Evaluation and Resource Development.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

Appendix D. Health Facility Questionnaire

MEASURE EVALUATION MIDLINE SURVEY QUESTIONNAIRE FOR COMPASS PROJECT 2007 HEALTH FACILITIES

<div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>									
<p><i>QUESTIONNAIRE IDENTIFICATION NUMBER</i></p>									
<p><i>LOCAL GOVERNMENT AREA</i></p>									
BAUCHI		FCT		KANO		LAGOS		NASARAWA	
Alkaleri	01	Abaji	09	Bebeji	15	Badagary	31	Akwanga	45
Bauchi	02	Abuja Mun	10	Dala	16	Beji-Lek	32	Keffi	46
Misau	03	Gnagwala	11	Kabo	17	Lagos Is	33	Karu	47
Ningi	04	Kuje	12	Kano Mun	18	Lagos Mainl	34	Doma	48
Taf Bal	05	Bwari	13	Nasarawa	19	Mushin	35	Keana	49
Zaki	06	Kwali	14	Tsanyawa	20	Shomolu	36	Kokona	50
Giade	07			Kura	21	Surulere	37	Wamba	51
Kirfi	08			Warawa	22	Ajeromi-If	38		
				Ajingi	23	Kosofe	39		
				Gwale	24	Eti Osa	40		
				Garko	25	Alimosho	41		
				Kibiya	26	Ojo	42		
				Gaya	27	Oshodi Is	43		
				Bichi	28	Ikorodu	44		
				Gabasawa	29				
				Gwarzo	30				
COMMUNITY									

ENUMERATION AREA				<div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>					
NAME OF FACILITY _____									
TYPE OF FACILITY									
PUBLIC SECTOR					PRIVATE SECTOR				
Teaching Hospital 01					Prvt. Hospital08				
Hospital02					Military Hospital.....09				
Comprehensive Health Care Center.....03					Missionary Hospital.....10				
Primary Health Care Center/Maternity...04					Prvt. Health Center/Maternity.....11				
Health Clinic.....05					Prvt. Clinic.....12				
Health Post.....06					PMV.....13				
Dispensary.....07					Other Private.....14				
LOCALITY OF FACILITY		Urban 1							
		Semi-urban 2							
		Rural 3						<div style="float: right; border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div>	

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: DATE	_____	_____		NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NO ONE AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED										
SUPERVISOR		OFFICE EDITOR	KEYED BY							
NAME _____	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
DATE _____	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

**Facility Survey GPS Log
CHECKLIST**

- TURN GARMIN ON
- WAIT UNTIL ACCURACY AT LEAST WITHIN 15 METERS (NO MORE THAN 15 METERS)
- PRESS *PAGE* BUTTON UNTIL YOU REACH *MENU* SCREEN AND SELECT **MARK**
- SAVE WAYPOINT
- RECORD ALTITUDE
- COPY WAYPOINT POSITION FROM THE *WAYPOINT* PAGE
- PRESS *PAGE* BUTTON TO REACH *MENU* SCREEN AND SELECT *WAYPOINT*
- VERIFY THAT COORDINATE IS LISTED
- TURN UNIT OFF

POSITION																	
GPS UNIT NUMBER.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
WAYPOINT NUMBER	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
ALTITUDE (ELEV)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
LATITUDE (N/S)	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">N/S/W/E</td> <td style="width: 20px;"></td> <td style="text-align: center;">DEGREES</td> <td style="width: 20px;"></td> <td style="text-align: center;">DECIMAL DEGREES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table>	N/S/W/E		DEGREES		DECIMAL DEGREES	<input type="checkbox"/>		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
N/S/W/E		DEGREES		DECIMAL DEGREES													
<input type="checkbox"/>		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
LONGITUDE (W/E).....	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td></td> <td style="text-align: center;"><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table>	<input type="checkbox"/>		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
<input type="checkbox"/>		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											

CONSENT AND TYPE OF SERVICES PROVIDED AT FACILITY

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP				
100A	<p>FIND THE HEAD OF THE FACILITY OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. FOR PMV, FIND THE MOST SENIOR STAFF RESPONSIBLE FOR PROVIDING SERVICES. READ THE INFORMED CONSENT FORM.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p align="center">_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p align="center">_____ DATE</p>						
100B	May I begin the interview?	YES 1 NO 2	1 2 → STOP				
100C	<p>RECORD THE TIME (START OF INTERVIEW)</p> <p>USE MILITARY TIME</p>	HOUR MINUTES	<table border="1" style="width: 100px; height: 100px;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table>				
101A-C	A) Does this facility provide any of the following services or commodities?	B) Do you (HEAD OF FACILITY/SENIOR WORKER) personally provide SERVICE?	C) Which of the remaining services are provided by others ?				
	<table border="1" style="width: 100%;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> </table>		YES	NO			
	YES	NO					
	1) Vaccinations	1->B	2	1) Vaccinations	202	1) Vaccinations	200a
	2) Child Health	1->B	2	2) Child Health	305	2) Child Health	300a
	3) Family Planning	1->B	2	3) Family Planning	405	3) Family Planning	400a
	4) Antenatal	1->B	2	4) Antenatal	505	4) Antenatal	500a
	5) Post-partum care	1->B	2	5) Post-partum care	505	5) Post-partum care	500a
	6) Delivery & newborn care	1->B	2	6) Delivery & newborn care	605	6) Delivery & newborn care	600a
	7) STI &/or VCT	1->B	2	7) STI &/or VCT	705	7) STI &/or VCT	700a
ALL RESPONDENTS CONTINUE TO 102 AND FIRST COMPLETE ALL SECTIONS CIRCLED FOR HEAD OF THE FACILITY. THEN COMPLETE ANY OTHER SECTIONS THAT ARE CIRCLED. IF PMV, SKIP TO Q107							PMV → 107

SECTION 1. GENERAL INFORMATION

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP
102	Routinely, how many days each week is the facility open?	NUMBER OF DAYS <input type="text"/> DON'T KNOW 8	
103	What time is the facility scheduled to open and close? USE MILITARY TIME TO COMPLETE THE TIMES. IF OPEN 24 HOURS, RECORD 24:00 IN OPEN.	OPEN: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> CLOSE: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
104	Are there special hours that the facility is open to provide services for youth only?	YES1 NO2	→ 106
105	What are those hours?	OPEN: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> CLOSE: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
106	In what year did this facility open? IF THE RESPONDENT DOES NOT KNOW THE YEAR, PROBE TO FIND OUT HOW MANY YEARS OLD THE FACILITY IS.	YEAR OPENED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS OLD <input type="text"/> <input type="text"/> DON'T KNOW 9998	
ASK ALL RESPONDENTS			

107A- J Now I have some questions about the staff **who provide services**. How many regular staff of each type does this facility have?

QUALIFICATION	TOTAL NUMBER	
A) PHYSICIANS/SPECIALISTS (E.G., OB/GYN)	PHYSICIAN	<input type="text"/> <input type="text"/>
B) NURSE/MIDWIFE	NURSE/MIDWIFE	<input type="text"/> <input type="text"/>
C) NURSES	NURSE	<input type="text"/> <input type="text"/>
D) MIDWIVES	MIDWIFE	<input type="text"/> <input type="text"/>
E) AUXILLIARY NURSES	AUX NURSE	<input type="text"/> <input type="text"/>
F) COMMUNITY HEALTH OFFICER (CHO)	CHO	<input type="text"/> <input type="text"/>
G) COMMUNITY HEALTH EXTENSION WORKER (CHEW)	CHEW	<input type="text"/> <input type="text"/>
H) PHARMACISTS	PHARMACISTS	<input type="text"/> <input type="text"/>
I) PATENT MEDICINE VENDOR	PMV	<input type="text"/> <input type="text"/>
J) OTHER(S) _____ (SPECIFY)	OTHER	<input type="text"/> <input type="text"/>

108A	SUM THE NUMBER OF STAFF REPORTED IN 107A-J AND ENTER TOTAL.	TOTAL.....						
------	--	------------	--	--	--	--	--	--

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
108B	CHECK 108A: Just to make sure that I got this right: you have in TOTAL ____ Staff working at this facility who provide services. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 107A-J AS NECESSARY.				
IF PMV, SKIP TO Q132					PMV→132
109	Does this facility routinely admit inpatients for treatment?	YES 1 NO 2			→111
110	Does this facility have beds for overnight observation?	YES 1 NO 2			
111	Does this facility have any system for determining client opinion about the health facility or services?	YES 1 NO 2 DON'T KNOW 8			→115 →115
112a-d	Which of the following systems does the facility have for determining client opinion? a) Suggestions box b) Client survey form c) Client interview d) Other system		YES	NO	
		a) SUGGESTION BOX b) CLIENT SURVEY FORM c) CLIENT INTERVIEW d) OTHER	1 1 1 1	2 2 2 2	
113	Is there a procedure for reporting on client opinion?	YES 1 NO 2			
114	Have any changes been made in the program as a result of client opinion in the past 3 months? IF YES, DESCRIBE THE CHANGES MADE.	YES _____ 1 (SPECIFY) NO 2 DON'T KNOW 8			
115	Does this facility monitor quality of care? This refers to a <u>ROUTINE</u> program for quality assurance.	YES 1 NO 2 DON'T KNOW 8			→118 →118
116	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY 1 ONLY SPECIFIC SERVICES 2			
117a-h	Are any of the following methods for quality assurance used?		YES	NO	DON'T KNOW
	a) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records) based on Standards and Protocol		1	2	8
	b) Supervisory checklist for health service provision (e.g. Observation Check list) based on Standards and Protocol		1	2	8
	c) System for identifying and addressing quality of care that is implemented by staff or specific service level (e.g. not carried out facility wide)		1	2	8
	d) Facility-wide review of mortality		1	2	8
	e) Periodic audit of medical records or service registers		1	2	8
	f) Quality Assurance committee/team		1	2	8
	g) Regional/Dist. Health Management Teams		1	2	8
	h) Other (SPECIFY) _____		1	2	8
NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
118	Does this facility have an outreach program, that is a program where facility staff visit communities and/or schools on a regular basis to provide services?	YES 1 NO 2 DON'T KNOW 8			→ 124 → 124

			YES	NO	
119	Which of the following services are included in your outreach program? a) School-based health program? b) Peer health education? c) Information on insecticide treated nets (ITN)? d) Family planning counseling/provision? e) STI/HIV/AIDS prevention f) Immunization? g) Other services?	a) SCHOOL-BASED HEALTH b) PEER HEALTH EDUCATION c) INFO ON ITN d) FPCOUNSELING/PROVISION e) STI/HIV/AIDS PREVENTION f) IMMUNIZATION g) OTHER _____ (SPECIFY)	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
CHECK 119a, IF NO (DOES NOT HAVE A SCHOOL-BASED HEALTH PROGRAM), SKIP TO 124. IF YES, ASK THE FOLLOWING:					
120	In your outreach program, are primary schools included?	YES..... 1 NO 2 DON'T KNOW.....8			→124 → 124
121	What are the names of these schools?	_____ _____ _____ _____ WRITE IN SCHOOL NAMES			
122	In your program, which classes are included? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	PRIMARY 1.....A PRIMARY 2.....B PRIMARY 3.....C PRIMARY 4.....D PRIMARY 5.....E PRIMARY 6.....F			
123	In your school based health program, what topics are covered? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	NUTRITION.....A HYGIENE.....B INFO ON INSETICIDE TREATED NETS.....C FP COUNSELING.....D STI/HIV/AIDS PREVENTION.....E IMMUNIZATION.....F OTHER.....W SPECIFY			
124	Does this facility have a formal relationship with traditional birth attendants (TBAs) in which training or other types of support are provided to the TBAs?	YES..... 1 NO 2			→126
125	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN 1 YES, DOCUMENT NOT SEEN 2 NO DOCUMENTATION..... 3			
126	When was the last time a supervisor from OUTSIDE this facility visited the facility?	WITHIN THE LAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO 2 NEVER SUPERVISED FROM OUTSIDE FACILITY 3			→129 →129
127	The last time that a supervisor from outside the facility visited, did the supervisor: a) Check some registers/books? b) Discuss problems? c) Discuss policy/administrative issues? d) Discuss technical protocols/practices/issues? e) Hold an official staff meeting? f) Observe individual staff providing services? g) Meet with staff individually? h) Meet with clients? i) Do anything else?	a) CHECKED REGISTERS b) DISCUSSED PROBLEMS c) DISCUSSED POLICY d) DISCUSSED TECHNICAL MATTERS e) HELD STAFF MEETING f) OBSERVE SERVICE PROVISION g) MEET WITH STAFF INDIVIDUALLY h) MEET WITH CLIENTS i) OTHER _____ (SPECIFY)	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
128	Does this facility have an ongoing supervision plan?	YES 1 NO 2 DON'T KNOW 8	
129	Is there a standard form used for clients referred to other facilities?	YES 1 NO FORM USED 2 REFERRAL FACILITY 4 DON'T KNOW 8	→ 132 → 132 → 132
130	Does the referral form have a section requiring client information explaining the reason for the referral?	YES 1 NO 2 DON'T KNOW 8	
131	Does the referral form have a section explaining the treatment already provided to the client (prior to referral)?	YES 1 NO 2 DON'T KNOW 8	
ASK ALL RESPONDENTS			
132	How often does this facility have electricity? Always, often, sometimes, or never?	ALWAYS 1 OFTEN 2 SOMETIMES 3 NEVER 4	
133	Does this facility have a working generator and fuel for it?	YES 1 NO 2 DON'T KNOW 8	
134	What is the most commonly used source of water for the facility at this time?	TAP 1 PROTECTED WELL/BOREHOLE 2 UNPROTECTED WELL 3 RIVER/LAKE /POND 4 WATER VENDOR/WATER TANKER 5 OTHER 6 (SPECIFY) NO WATER SOURCE 0	
135	Is this water source available on-site?	YES, ON-SITE 1 NO 2	
136	Does the normal source of water for this facility vary seasonally?	YES 1 NO 2 NO NORMAL SOURCE 3	
IF PMV, SKIP TO 139			PMV → 139
137	Is there a waiting area for clients, where they are protected from sun and rain?	YES 1 NO 2	
138	Is there a separate waiting area for youth?	YES 1 NO 2	
ASK ALL RESPONDENTS			
139	Does this facility distribute or sell insecticide treated mosquito nets?	YES, DISTRIBUTE 1 YES, SELL 2 NO 3	
140	Does this facility have prepackaged treatment (PPT) drugs for malaria?	YES 1 NO 2 DON'T KNOW 8	
141	Under what circumstances do you dispense PPT? In other words, what symptoms would a person have (experience)? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	FEVER A HEADACHE B DIARRHEA C VOMITING D CONVULSIONS E FATIGUE/MALAISE F OTHER W SPECIFY DONT KNOW Z	

151	What is your present technical qualification	PHYSICIAN/SPECIALIST 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILLIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 NO TECHNICAL QUALIFICATION 9 OTHER 96 (SPECIFY)	→153
152	Which year did you graduate with this qualification?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO YEAR OF GRADUATION/NA.....9998	
153	Are continuing education activities offered at this facility for health staff?	YES.....1 NO.....2	→155
154	When was the last time a continuing education activity was offered?	LAST 3 MONTHS.....1 LAST 6 MONTHS.....2 LAST 12 MONTHS.....3 MORE THAN 12 MONTHS.....4 DON'T KNOW.....8	
155	Now, I would like to ask you what you think is the most important issue which you feel need to be addressed for you to improve your work? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)	
GO TO Q101			→101

2. VACCINE LOGISTIC SYSTEM

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO		
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q201				
200a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.				
	Do you have any questions for me? Do I have your agreement to participate?				
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE			
200b	May I begin the interview?	YES 1 NO 2	→ STOP		
201	Now I would like to find out information about immunization services provided to children or pregnant women either by or at your facility? Are immunization services provided to children only, pregnant women, or both?	YES, CHILDREN ONLY 1 YES, PREGNANT WOMEN ONLY 2 BOTH CHILDREN AND PREGNANT WOMEN 3			
202	Does this facility maintain records on immunizations given (completed immunizations records)?	YES, RECORDS SEEN 1 YES, RECORDS NOT SEEN 2 NO RECORDS KEPT 3 DON'T KNOW 8	→ 204 → 204 → 204		
203	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2			
204	Does this facility routinely store <u>all</u> vaccines, any vaccines or are all vaccines either picked up from another facility or delivered when providing services?	STORE ALL VACCINES 1 STORES SOME VACCINES 2 STORES NO VACCINES 3	→ 208		
205	ASK TO GO WHERE VACCINES ARE STORED AND EXPLAIN. I want to find out about your system for keeping vaccines. What type of equipment do you use to store your vaccines? RECORD ALL MENTIONED	REFRIGERATOR A COLD BOX B FREEZER C OTHER D (SPECIFY)			
206	IF MULTIPLE EQUIPMENT ARE USED TO STORE VACCINES, SELECT THE ONE THAT IS MOST USED OR CURRENTLY BEING USED AND WRITE IN THE TYPE OF EQUIPMENT IT IS (E.G., REGRIFERATOR, COLDBOX, FREEZER, OTHER) AND INDICATE THE TEMPERATURE INSIDE. CIRCLE "+ OR -" BY TEMPERATURE	TYPE OF EQUIPMENT: TEMPERATURE + / - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ° CENTIGRADE - NOT OBSERVED 88 NO THERMOMETER 99			
207	Do you have a cold chain temperature monitoring chart? IF YES: may I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO 3	→ 209 → 209		
208a	CHECK THAT THE TEMPERATURE RECORD IS COMPLETED FOR EACH OF THE LAST TWO WEEKS (10 BUSINESS DAYS)	YES, COMPLETED 1 PARTIALLY COMPLETED 2 NO, NOT COMPLETED 3	→ 209		
208b	COPY TEMPERATURES RECORDED FOR PREVIOUS 2 WEEKS. USING A CALENDAR, FILL IN THE DATES BELOW FOR THE 10 WORKDAYS (Mon-Fri) BEFORE TODAY. THEN WRITE DOWN THE TEMPERATURES FOR THE APPROPRIATE DATES & TIMES. DATE: DD-MM-YY	AM: 05:00 – 11:59am COLDBOX TEMPERATURE, Centigrade Indicate + or -	PM: 12 noon – 9pm COLDBOX TEMPERATURE, Centigrade. Indicate + or -		
	10 WORKDAYS BEFORE:				
	9:				
	8:				
	7:				
	6:				
	5:				
	4:				
	3:				
	2:				
	1 WORKDAY BEFORE:				

SECTION 3. CHILD HEALTH SERVICES

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO																																																											
IF INTERVIEWING THE SAME PERSON, SKIP TO Q305,																																																														
300a	<p>IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p align="center">_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p align="center">_____ DATE</p>																																																													
300b	May I begin the interview?	YES.....1 NO.....2	2 → STOP																																																											
301	In what year did you start working at this facility?	YEAR.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																											
302	In total how many years of primary and secondary education did you complete?	YEARS.....	<input type="text"/> <input type="text"/>																																																											
303	What is your present technical qualification?	PHYSICIAN/SPECIALIST.....1 NURSE/MIDWIFE.....2 NURSE.....3 MIDWIFE.....4 AUXILLIARY NURSE.....5 CHEW.....6 CHO.....7 PHARMACIST.....8 OTHER.....96 (SPECIFY)																																																												
304	Which year did you graduate with this qualification?	YEAR.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																											
ASK ALL RESPONDENTS																																																														
305	<p>For how many years in total have you provided child health care services or products? (May be from another facility)</p> <p>IF LESS THAN ONE YEAR, RECORD "00".</p>	YEARS.....	<input type="text"/> <input type="text"/>																																																											
306a-b	<p>ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months?</p> <p>1) EPI/cold chain? 2) ARI treatment? 3) Diarrhea treatment? 4) Malaria treatment? 5) Nutrition/micro-nutrient deficiencies? 6) Breastfeeding? 7) Mother to child transmission of HIV/AIDS? 8) Integrated Management of Childhood Illness (IMCI) 9) Other _____? (SPECIFY)</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">306a. EVER TRAINED</th> <th colspan="2">306b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) EPI/COLD</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) ARI</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3) DIARRHEA</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) MALARIA</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>5) NUTRITION</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>6) BREASTFEED</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>7) MTC TRANSM</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>8) IMCI</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>9) OTHER</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPECIFY</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		306a. EVER TRAINED		306b. LAST 24 MONTHS		YES	NO	YES	NO	1) EPI/COLD	1->B	2	1	2	2) ARI	1->B	2	1	2	3) DIARRHEA	1->B	2	1	2	4) MALARIA	1->B	2	1	2	5) NUTRITION	1->B	2	1	2	6) BREASTFEED	1->B	2	1	2	7) MTC TRANSM	1->B	2	1	2	8) IMCI	1->B	2	1	2	9) OTHER	1->B	2	1	2	SPECIFY					
	306a. EVER TRAINED			306b. LAST 24 MONTHS																																																										
	YES	NO	YES	NO																																																										
1) EPI/COLD	1->B	2	1	2																																																										
2) ARI	1->B	2	1	2																																																										
3) DIARRHEA	1->B	2	1	2																																																										
4) MALARIA	1->B	2	1	2																																																										
5) NUTRITION	1->B	2	1	2																																																										
6) BREASTFEED	1->B	2	1	2																																																										
7) MTC TRANSM	1->B	2	1	2																																																										
8) IMCI	1->B	2	1	2																																																										
9) OTHER	1->B	2	1	2																																																										
SPECIFY																																																														

307a-f	Now, I would like to ask you specifically about child health services. For each of the following services please tell me if the service is offered by your facility, and if yes, how many days per week the service is provided AT THE FACILITY			
	CHILD HEALTH SERVICE	# Days per week service provided <u>at facility</u>	Service only provided as outreach	Service not offered
	a) Consultation / curative services for the Sick Child?	# DAYS <input type="checkbox"/>	11	95
	b) GROWTH MONITORING or growth promotion (where the HEALTHY CHILD routinely weighed and charted on growth chart?)	# DAYS <input type="checkbox"/>	11	95
	c) Immunization services for children?	# DAYS <input type="checkbox"/>	11	95
	d) Food demonstration?	# DAYS <input type="checkbox"/>	11	95
	e) Health education?	# DAYS <input type="checkbox"/>	11	95
	f) Dispense drugs for treating child illness?	# DAYS <input type="checkbox"/>	11	95
IF PMV, SKIP TO Q318				PMV→318
308a	CHECK 307C AND INDICATE IF CHILD IMMUNIZATIONS ARE PROVIDED AT THE FACILITY	YES.....1 NO.....2		→315
308b	Does this facility provide outreach immunization services, i.e., visit communities to vaccinate children?	YES.....1 NO.....2		
309	Are immunization services being offered at the facility today?	YES.....1 NO.....2		
310a-g	Does the facility have the following items to provide immunizations?	YES	NO	DON'T KNOW
	a) Sharps box for needles	1	2	8
	b) 5 or more 1 ml syringes (w/needles).	1	2	8
	c) 5 or more 3 ml syringes (w/ 19 gauge needles)	1	2	8
	d) Hand-washing items (soap, towel)?	1	2	8
	e) Water for hand-washing?	1	2	8
	f) Blank, individual child immunization cards	1	2	8
	g) Immunization tally/register sheets	1	2	8
311	CHECK 307a: SICK CHILD CONSULTATIONS OFFERED AT FACILITY			
	SICK CHILD CONSULTATIONS <input type="checkbox"/>	NO SICK CHILD CONSULTATIONS <input type="checkbox"/>	→→→	→318
312a-i	Does this facility have the following items available and in working order to provide consultations for sick children?	YES	NO	DON'T KNOW
	a) Hand-washing Items (soap, towel)	1	2	8
	b) Water for hand-washing	1	2	8
	c) Infant Scale	1	2	8
	d) Child Scale	1	2	8
	e) Thermometer	1	2	8
	f) Timer/Watch with second hand	1	2	8
	g) Jar/Pitcher for ORS	1	2	8
	h) ORS treatment	1	2	8
	i) Cup and spoon	1	2	8

313a-e	Does this facility have the following protocols and materials?				
	a) Medical Protocols for treating CHILD ILLNESS	1	2	8	
	b) National Standing Orders	1	2	8	
	c) Integrated Management of Childhood Illness (IMCI) Chart Booklet	1	2	8	
	d) National Immunization policy guidelines	1	2	8	
	e) Visual aids for teaching caretaker	1	2	8	
314	Are immunizations offered in the facility on every day that sick child consultations are provided?	YES.....1 NO.....2 DON'T KNOW.....8			
315	Is there a patient register where information on each child consultation is written? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE CHILD AGE AND DIAGNOSIS TO BE VALID.	YES, REGISTER SEEN.....1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3			→317 →317
316	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....1 > 7 DAYS.....2			
317	Are individual child health cards /records maintained at this facility? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, OBSERVED CARD.....1 YES, CARD NOT SEEN.....2 NO INDIVIDUAL CARDS.....3			
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION					
318	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your child health work or observe your work?	YES.....1 NO.....2 DON'T KNOW.....8			→ 321 → 321
319	How many times in the last six months has your child health work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW.....98			
320A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else (SPECIFY)	1	2	8	
321	What is the most important issue that you feel needs to be addressed to improve your work in child health? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF.....1 BETTER STAFF TREATMENT.....2 BETTER PAY.....3 MORE TRAINING.....4 MORE FEEDBACK ON STAFF PERFORMANCE.....5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS.....7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)			
GO TO Q101					101

SECTION 4. FAMILY PLANNING SERVICES

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q405,		
400A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.		
	Do you have any questions for me? Do I have your agreement to participate?		
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE	
400B	May I begin the interview?	YES 1 NO 2	➔ STOP
401	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
402	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>	
403	What is your present technical qualification?	PHYSICIAN 1 NURSE/MIDWIFE..... 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE..... 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 (SPECIFY)	
404	What year did you graduate with this qualification?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ASK ALL RESPONDENTS			
405	For how many years in total have you provided family planning services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input type="text"/> <input type="text"/>	
406A-B	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you ever received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) Family planning counseling? 2) IUD insertion? 3) Mini-laparotomy? 4) No-scalpel vasectomy? 5) Implants (e.g., Norplant)? 6) STI Syndromic Management? 7) Other, STI diagnosis and treatment? 8) Postabortion Care (PAC)? 9) Other _____? (SPECIFY)		406A. EVER TRAINED YES NO YES NO 406B. LAST 24 MONTHS
		1) FP COUNS	1->B 2 1 2
		2) IUD	1->B 2 1 2
		3) MINI-LAP	1->B 2 1 2
		4) NSV	1->B 2 1 2
		5) IMPLANT	1->B 2 1 2
		6) STI SYND	1->B 2 1 2
		7) OTHER STI	1->B 2 1 2
		8) PAC	1->B 2 1 2
		9) OTHER	1->B 2 1 2
407	How many days in a week are family planning services or products provided at this facility?	# DAYS <input type="text"/>	

408	Are family planning services or products being provided today?	YES.....1 NO.....2								
NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION						SKIP		
409A	Which of the following methods of contraception are provided at this facility? READ ALL 1) Combined oral pill 2) Progesterone only pill 3) IUD/Coil 4) Injectable Depo Provera (1 every 3 months) 5) Injectable Noristerat (1 every 2 months) 6) Implant (e.g., Norplant) 7) Diaphragm/cap 8) Male condom 9) Female condom 10) Foaming tablets/spermicides 11) Emergency Contraception (e.g., after sex pill) 12) Counseling about natural family planning	YES	NO	DK	409B) Is this method in stock?		409C) Have you ever received training to provide this method		409D) Is there anyone else here that provides FP that has been trained in this method?	
					YES	NO	YES	NO	YES	NO
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→B	2	8	1	2	1	2>D	1	2
		1→C	2	8			1	2>D	1	2
IF 409A.8 (Condoms) IS NO, GO TO 411									IF 409A.8 IS NO → 411	
410	Are condoms made available to youth at this facility?	YES.....1 NO.....2 DON'T KNOW.....8								
IF PMV, SKIP TO Q412									PMV → 412	
411	Does this facility have a ROUTINE system for taking physical measurements for FP clients prior to the consultation (e.g., weight and blood pressure)?	YES.....1 NO.....2 DON'T KNOW.....8								
ASK ALL RESPONDENTS										
412a-f	Are any of the following visual aids for teaching available in the counseling or service provision area ?	YES	NO	DON'T KNOW						
	a) Different family planning methods	1	2	8						
	b) Visual aids for teaching about STIs	1	2	8						
	c) Visual aids for teaching about HIV/AIDS	1	2	8						
	d) Model for demonstrating use of condom	1	2	8						
	e) Posters on family planning	1	2	8						
	f) Visual aids for teaching about self-breast exams	1	2	8						
413a-f	Are any of the following information booklets/pamphlets available for clients to take home?	YES	NO	DON'T KNOW						
	a) On family planning?	1	2	8						
	b) On STIs?	1	2	8						
	c) On HIV/AIDS?	1	2	8						
	d) On breast cancer?	1	2	8						
	e) On cervical cancer?	1	2	8						
	f) Other SPECIFY	1	2	8						
414a-d	Are any of the following service delivery protocols available?	YES	NO	DON'T KNOW						
	a) National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice (SOP) for Family Planning Service in Nigeria	1	2	8						
	b) National Family Planning/Reproductive Health Service Protocols	1	2	8						
	c) Guidelines for Management of Syndromic Diagnosis and Treatment of STIs	1	2	8						
	d) Infection prevention wallchart	1	2	8						

415	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, REGISTER SEEN.....1	→417
		YES, REGISTER NOT SEEN2	
		NO8	
416	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS1	
		> 7 DAYS2	
417	Are individual client cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD.	YES, OBSERVED CARD1	
		YES, CARD NOT SEEN.....2	
		NO INDIVIDUAL CARDS3	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
418	Are clients routinely treated for STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS1 REFERS TO OTHER PROVIDER /LOCATION2 NO TREATMENT PROVIDED3 DON'T KNOW8			
419	Are antenatal care clients routinely counseled about family planning?	YES.....1 NO.....2 DON'T KNOW.....8			
420	Are postpartum clients routinely counseled about family planning	YES.....1 NO.....2 DON'T KNOW.....8			
IF PMV, GO TO 433				PMV→ 433	
421A-G	Does this facility have the following items to provide family planning services?	YES	NO	DON'T KNOW	
	a) A working spotlight source (flashlight or examination light accepted)	1	2	8	
	b) Table and stool for gynecological exam	1	2	8	
	c) Hand-washing items (soap and towel)	1	2	8	
	d) Water for hand-washing	1	2	8	
	e) Clean and sterilized gloves	1	2	8	
	f) Sharps container	1	2	8	
	g) Decontamination solution for clinical equipment	1	2	8	
422A-D	OTHER EQUIPMENT				
	A) Blood pressure gauge	1	2	8	
	B) Stethoscope	1	2	8	
	C) Weighing scale	1	2	8	
	D) Sterile needle and syringe	1	2	8	
423	Does this facility offer mini-laparotomy female sterilization under local anesthesia?	MINI LAP OFFERED.....1 MINI LAP NOT OFFERED.....2			→425
424A-O	Does this facility have the following equipment and supplies available and in working order for mini-laparotomies?	YES	NO	DON'T KNOW	
	a) Tubal hook	1	2	8	
	b) Uterine elevator	1	2	8	
	c) Forceps baby babcock	1	2	8	
	d) Retractor	1	2	8	
	e) Sponge holding forceps	1	2	8	
	f) Kocher forceps (long)	1	2	8	

	g) Straight artery forceps 5"	1	2	8	
	h) Vaginal speculum	1	2	8	
	i) Dissecting scissors	1	2	8	
	j) Blunt dissecting forceps	1	2	8	
	k) Toothed dissecting forceps	1	2	8	
	l) Needle holder	1	2	8	
	m) Kidney dish	1	2	8	
	n) Round body needle	1	2	8	
	o) Cutting needle	1	2	8	
425	Does this facility offer No Scalpel Vasectomy?	NO SCALPEL VASEC OFFERED.....1 NO SCALPEL NOT OFFERED.....2			→427
426A-D	Does this facility have the following equipment and supplies available and in working order for No Scalpel Vasectomy?	YES	NO	DON'T KNOW	
	a) Vas dissecting forceps	1	2	8	
	b) Extracutaneous ringed forceps	1	2	8	
	c) Small angled dissecting scissors	1	2	8	
	d) Needle and syringe (5cc)	1	2	8	
427	Does this facility offer the IUD or Norplant?	YES.....1 NO.....2			→433
428a-b	Does this facility have the following supplies for both procedures:	YES	NO	DON'T KNOW	
	a) Sterile gloves	1	2	8	
	b) Antiseptic solution (e.g.Iodine)	1	2	8	
429	Does the facility offer the IUD?	IUD OFFERED 1 IUD NOT OFFERED 2			→431

NO.	QUESTIONS AND FILTERS	CODE CLASSIFICATION			SKIP
		YES	NO	DON'T KNOW	
430a-f	Does this facility have the following materials for the IUD:				
	a) Speculum	1	2	8	
	b) Sponge holding forceps	1	2	8	
	c) Uterine sound	1	2	8	
	d) Tenacula	1	2	8	
	e) IUD forceps extractor (crocodile)				
	f) Sterile IUD kit which includes Tenacula and uterine sound	1	2	8	
431	Does this facility offer Norplant?	NORPLANT OFFERED..... 1 NORPLANT NOT OFFERED 2			→433
432A-E	Does this facility have the following materials for Norplant:	YES	NO	DON'T KNOW	
	a) Local anesthetic (e.g., lidocaine)	1	2	8	
	b) Sterile syringe and needle	1	2	8	
	c) Any forceps for grasping implant (artery forceps/ hemostat/ tweezers / mosquito forceps)	1	2	8	
	d) Scalpel with blade	1	2	8	
	e) Minor surgical kit with scalpel, blade, and some forceps for grasping implant	1	2	8	
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION					
433	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your family planning work or observe your work?	YES1 NO2 DON'T KNOW.....8			→ 436 → 436
434	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/>			
435A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else (SPECIFY)	1	2	8	
436	What is the most important issue that you feel needs to be addressed to improve your work in family planning? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT.....2 BETTER PAY3 MORE TRAINING4 MORE FEEDBACK ON STAFF PERFORMANCE5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)			
GO TO Q101					101

SECTION 5. ANTENATAL AND POSTPARTUM CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																													
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q505,																															
500A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.																															
	Do you have any questions for me? Do I have your agreement to participate?																															
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE																														
500B	May I begin the interview?	YES.....1 NO.....2	→ STOP																													
501	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																														
502	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>																														
503	What is your present technical qualification?	PHYSICIAN 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE..... 5 CHEW 6 CHO..... 7 PHARMACIST 8 OTHER 96 (SPECIFY)																														
504	Which year did you graduate with this qualification?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																														
ASK ALL RESPONDENTS																																
505	Do you currently personally provide either antenatal care services or products or postpartum care services or products or both?	YES,ANC 1 YES,POSTPARTUM 2 YES BOTH 3																														
IF PMV, ASK THE FOLLOWING. ALL OTHERS, SKIP TO 507			NON-PMV→507																													
506	What type of antenatal care or postpartum care products do you provide?	VITAMINS.....1 MEDICINES.....2 OTHER.....3 (SPECIFY)																														
ASK ALL RESPONDENTS																																
507	For how many years in total have you provided antenatal and/or postpartum care services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS <input type="text"/> <input type="text"/>																														
508a-b	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months? 1 Antenatal care? 2) Counseling/health education for maternity clients? 3) Management of risk pregnancies? 4) Mother to child transmission of HIV/AIDS? 5) Postnatal care? 6) Family Planning?	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">508a. EVER TRAINED</th> <th colspan="2">508b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) ANC</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) COUNSEL</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3) MGT PREG</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) MCT HIV/AIDS</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		508a. EVER TRAINED		508b. LAST 24 MONTHS		YES	NO	YES	NO	1) ANC	1->b	2	1	2	2) COUNSEL	1->b	2	1	2	3) MGT PREG	1->b	2	1	2	4) MCT HIV/AIDS	1->b	2	1	2	
	508a. EVER TRAINED			508b. LAST 24 MONTHS																												
	YES	NO	YES	NO																												
1) ANC	1->b	2	1	2																												
2) COUNSEL	1->b	2	1	2																												
3) MGT PREG	1->b	2	1	2																												
4) MCT HIV/AIDS	1->b	2	1	2																												

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO	
	7) Sexually transmitted infections?	5) POSTNATAL	1->b	2	1	2
	8) Other _____? (SPECIFY)	6) FP	1->b	2	1	2
		7) STI	1->b	2	1	2
		8) OTHER	1->b	2	1	2
		SPECIFY _____				
509	How many days in a week are antenatal care services or products provided at the facility?	# DAYS <input type="text"/>				
510	Are antenatal care services or products being provided at the facility today?	YES 1 NO 2				
IF PMV, SKIP TO 522					PMV→522	
511	Does this facility have a ROUTINE system for measuring vital signs (e.g., weight, blood pressure) of ANC clients prior to the consultation?	YES 1 NO 2 DON'T KNOW 8				
512a-e	Does this facility offer the following services:	YES	NO	DON'T KNOW		
	a) Are tetanus toxoid vaccination services available each day ANC services are provided?	1	2	8		
	b) Is preventive anti-malarial medication routinely provided?	1	2	8		
	c) Are iron and folic acid routinely provided?	1	2	8		
	d) Are clients routinely counseled about family planning?	1	2	8		
	e) Does the facility routinely offer to provide voluntary counseling and testing for HIV/AIDS?	1	2	8		
513	Does the ANC provider(s) routinely treat STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS 1 REFERS 2 NO TREATMENT PROVIDED 3				
514a	Is there a register where client information from ANC visits is recorded? IF YES, ASK TO SEE REGISTER. ANC STATUS (1ST OR FOLLOW-UP) MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3			→515a	→515a
514b	How recent is the date of the most recent entry for ANC?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
515a	Is there a register where client information from postpartum visits is recorded? IF YES, ASK TO SEE REGISTER. DAYS PP AND INDICATION OF COMPLICATIONS OR NOT MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3			→516	→516
515b	How recent is the date of the most recent entry for postpartum care?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
516	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD?	YES, OBSERVED BLANK CARD 1 YES, NO BLANK CARD OBSERVED 2 NO INDIVIDUAL CARDS 3				
517a-g	Does this facility have the following items available and in working order to provide ANC/PP services?	YES	NO	DON'T KNOW		
	a) Spotlight source (flashlight or examination light accepted)	1	2	8		
	b) Table and stool for gynecological exam	1	2	8		
	c) Hand-washing items (soap and towel)	1	2	8		
	d) Water for hand-washing	1	2	8		
	e) Clean gloves	1	2	8		
	f) Sharps container	1	2	8		
	g) Decontamination solution for clinical equipment	1	2	8		
518a-g	Does this facility have the following equipment for ANC/PP services?	YES	NO	DON'T KNOW		
	a) Blood pressure gauge	1	2	8		
	b) Stethoscope	1	2	8		
	c) Fetal Stethoscope	1	2	8		
	d) Thermometer	1	2	8		
	e) Tape rule	1	2	8		
	f) Infant scale	1	2	8		
	g) Height scale	1	2	8		
519a-b	Does this facility have the following materials?	YES	NO	DON'T KNOW		
	a) Guidelines/protocols for maternal health care	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		1	2	8	
	b) Teaching aids for ANC				
520	Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?	YES.....1 NO.....2 DON'T KNOW.....8			→ 522 → 522
521	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN.....1 YES, DOCUMENT NOT SEEN.....2 NO DOCUMENTATION.....3			
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION					
522	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your ANC and/or PP work or observe your work?	YES.....1 NO.....2 DON'T KNOW.....8			→ 525 → 525
523	How many times in the last six months has your ANC and/or PP work been supervised?	NUMBER OF TIMES	<input type="text"/>	<input type="text"/>	
524A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else (SPECIFY)	1	2	8	
525	What is the most important issue that you feel needs to be addressed to improve your work in family ANC and/or PP? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF.....1 BETTER STAFF TREATMENT.....2 BETTER PAY.....3 MORE TRAINING.....4 MORE FEEDBACK ON STAFF PERFORMANCE.....5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS.....7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)			
GO TO Q101					101

SECTION 6.DELIVERY AND NEWBORN CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																		
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q605,																																				
600a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM. Do you have any questions for me? Do I have your agreement to participate? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) _____ DATE </div>																																				
600b	May I begin the interview?	YES..... 1 NO 2	→STOP																																		
601	In what year did you start working at this facility?	YEAR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
602	In total many years of primary and secondary education did you complete?	YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
603	What is your present technical qualification?	PHYSICIAN 1 NURSE/MIDWIFE..... 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE..... 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 <p style="text-align: center;">(SPECIFY)</p>																																			
604	Which year did you graduate with this qualification?	YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
ASK ALL RESPONDENTS																																					
605	Do you currently personally provide delivery care? By this, I mean conducting the actual delivery.	YES..... 1 NO 2	→609																																		
606	For how many years in total have you conducted deliveries? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
607	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months? 1) Care during labor or delivery? 2) Use of partograph? 3) Life saving skills/emergency complications? 4) Other _____? <p style="text-align: center;">(SPECIFY)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">607a. EVER TRAINED</th> <th colspan="2">607b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) DELIVERY CARE</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) PARTOGRAP</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3) LIFE SAV/EM</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) OTHER</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="5" style="text-align: center;">SPECIFY _____</td> </tr> </tbody> </table>		607a. EVER TRAINED		607b. LAST 24 MONTHS		YES	NO	YES	NO	1) DELIVERY CARE	1->b	2	1	2	2) PARTOGRAP	1->b	2	1	2	3) LIFE SAV/EM	1->b	2	1	2	4) OTHER	1->b	2	1	2	SPECIFY _____					
	607a. EVER TRAINED			607b. LAST 24 MONTHS																																	
	YES	NO	YES	NO																																	
1) DELIVERY CARE	1->b	2	1	2																																	
2) PARTOGRAP	1->b	2	1	2																																	
3) LIFE SAV/EM	1->b	2	1	2																																	
4) OTHER	1->b	2	1	2																																	
SPECIFY _____																																					
608	When was the last time you used a partograph?	NEVER 0 IN PAST WEEK 1 IN PAST MONTH..... 2 IN PAST 6 MONTHS 3 6 MONTHS AGO OR LONGER 4 DON'T KNOW..... 8																																			
609	Do you presently personally provide newborn care?	YES..... 1 NO 2																																			
610	For how many years in total have you provided these services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																			
611	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in (SUBJECT)? IF YES ,	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">612a. EVER TRAINED</th> <th colspan="2">612b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">SPECIFY _____</td> </tr> </tbody> </table>		612a. EVER TRAINED		612b. LAST 24 MONTHS		YES	NO	YES	NO	SPECIFY _____																									
	612a. EVER TRAINED			612b. LAST 24 MONTHS																																	
	YES	NO	YES	NO																																	
SPECIFY _____																																					

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
			YES	NO	YES	NO
	Did you receive this training in the last 24 months?					
	1) Neonatal resuscitation?	1) NEONATAL	1->b	2	1	2
	2) Mother to child transmission HIV/AIDS?	2) MTC HIV/AIDS	1->b	2	1	2
	3) Exclusive breast-feeding?	3) EX BREAST	1->b	2	1	2
	4) Other _____ ? (SPECIFY)	4) OTHER	1->b	2	1	2
612	Is a person skilled (e.g., Doctor, nurse, or midwife) in conducting deliveries present at the facility or on call 24 hours a day, including weekends, to provide delivery care?	YES PRESENT.....	1			
		YES ON-CALL.....	2			
		NO.....	3			→614
613	Is the person who conducts deliveries always a secondary or higher level staff (e.g., Doctor, nurse, midwife)?	YES, ALWAYS SECONDARY.....	1			
		NO, SOMETIMES PRIMARY/ AUXILIARY LEVEL.....	2			
614	Is there a register where client information from attended births is recorded? IF YES, ASK TO SEE REGISTER. BIRTH OUTCOME FOR MOTHER AND INFANT MUST BE INCLUDED TO BE VALID.	YES, REGISTER SEEN.....	1			
		YES, REGISTER NOT SEEN.....	2			
		NO REGISTER KEPT.....	3			
615	How recent is the date of the most recent entry for attended births?	WITHIN THE PAST 7 DAYS.....	1			
		> 7 DAYS.....	2			
616	Do midwives routinely provide home-deliveries or attend home delivery emergencies as a part of the facility service?	YES, ROUTINELY.....	1			
		YES, EMERGENCY ONLY.....	2			
		NO.....	3			→618a
617	Is there home delivery bag?	YES.....	1			
		NO.....	2			
618	Does this facility have the following protocols/educational materials?	YES	NO	DK		
	a) Guidelines for delivery?	1	2	8		
	b) Partographs?	1	2	8		
619a-h	Does this facility have the following items to provide delivery services?	YES	NO	DON'T KNOW		
	a) Spotlight source (flashlight or examination light accepted)	1	2	8		
	b) Table and stool for delivery	1	2	8		
	c) Hand-washing items (soap and towel)	1	2	8		
	d) Water for hand-washing	1	2	8		
	e) Clean gloves	1	2	8		
	f) Sharps container	1	2	8		
	g) Decontamination solution for clinical equipment	1	2	8		
	h) Delivery kit	1	2	8		
620a-i	Does this facility have the following equipment/supplies for delivery?	YES	NO	DON'T KNOW		
	a)24-hour functioning light source?(Lantern acceptable)	1	2	8		
	b) Skin antiseptic (e.g. chlorhexidine; savlon; detol)	1	2	8		
	c) Intravenous infusion set	1	2	8		
	e) Injectable ergometrine	1	2	8		
	f) Syringes and needles?	1	2	8		
	G) Suture material w/needle	1	2	8		
	H) Sterile scissors/blade	1	2	8		
	I) Needle Holder	1	2	8		
621a	Is this facility able to perform vacuum aspiration for a woman with retained products of conception?	YES.....	1			
		NO.....	2			→622
621b	Does this facility have the following equipment for removing retained products of conception:	YES	NO	DON'T KNOW		
	1) Manual vacuum aspirator	1	2	8		
	2) Dilate and curatage (D&C) kit	1	2	8		
622a-j	Does this facility have the following supplies for the baby?	YES	NO	DON'T KNOW		
	a) Bag and mask or tube and mask (baby) for resuscitation	1	2	8		
	b) Resuscitation table for baby	1	2	8		
	c) Heat source	1	2	8		
	d) Baby scale	1	2	8		
	e) Baby height scale	1	2	8		
	f) Tape rule	1	2	8		
	g) Mucous extractor	1	2	8		
	h) Cord ties or clamps	1	2			
	i) Towel/blanket to wrap baby	1	2			

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		YES	NO	DON'T KNOW	
623a-k	Now, I want to ask you about routine practices for the newborn for the newborn infant. That is, the activity occurs for essentially all newborns. Please indicate which of the following are done/provided routinely.				
	a) Suction newborn using catheter?	1	2	8	
	b) Score APGAR?	1	2	8	
	c) Weigh newborn ?	1	2	8	
	d) Measure newborn (height)?				
	e) Put baby to mother's breast within 1 hour of birth	1	2	8	
	f) Rooming-in with mother	1	2	8	
	g) Give pre-lacteal liquids?	1	2	8	
	h) Give first dose of OPV prior to discharge?	1	2	8	
	i) Give BCG prior to discharge?	1	2	8	
	j) Give Hep B (HbV1) prior to discharge?	1	2	8	
	k) Give full bath (immerse in water) within first 24 hours?	1	2	8	
	w) Other (specify)	1	2	8	
624	Is rooming-in the normal practice in this facility? That is, does the baby stay in the same room with the mother?	YES 1 NO 2 DON'T KNOW 8			
625	Does this facility routinely provide Vitamin A to the mother prior to discharge?	YES 1 NO 2 DON'T KNOW 8			
626	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS 1 YES, FOR NEWBORNS 2 YES, FOR BOTH 3 NO DO NOT PARTICIPATE 4			
627	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your delivery and/or newborn care work or observe your work?	YES 1 NO 2 DON'T KNOW 8			→ 630 → 630
628	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES		<input type="text"/>	
629A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else (SPECIFY)	1	2	8	
630	What is the most important issue that you feel needs to be addressed to improve your work in delivery and newborn care? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)			
GO TO Q101					101

SECTION 7. STI AND VCT

NO.	QUESTIONS AND FILTERS	CODE CLASSIFICATION	SKIP
IF INTERVIEWING THE SAME PERSON, SKIP TO Q805,			
IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.			
700A	Do you have any questions for me? Do I have your agreement to participate? _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE	
700B	May I begin the interview?	YES.....1 NO2	→STOP
701	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
702	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>	
703	What is your present technical qualification	PHYSICIAN1 NURSE/MIDWIFE.....2 NURSE3 MIDWIFE4 AUXILIARY NURSE.....5 CHEW6 CHO7 PHARMACIST8 OTHER.....96 (SPECIFY)	
704	Which year did you graduate with this qualification?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ALL RESPONDENTS			
705	First I want to ask specifically about services and products for STIs. Does this facility offer STI services or commodities to treat STIs?	YES.....1 NO2	→713
706	Do you currently personally provide either services or products for treating sexually transmitted infections (STIs)?	YES1 NO2	->708
707	For how many years in total have you provided STI services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00"	YEARS..... <input type="text"/> <input type="text"/>	
708	Are STI services/commodities being offered at the facility today?	YES.....1 NO2	
709	How many days in a week are STI services or products provided at the facility?	# DAYS..... <input type="text"/>	
IF PMV, GO TO 722			PMV → 722
710A-B	Does this facility have protocols on the following:	YES	NO
	a) Confidentiality Protocol for STI clients?	1	2
	b) Informed Consent Protocol for STI testing?	1	2
			DON'T KNOW
			8
			8

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
711	Is there a register where STI client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN	1		→713 →713
		YES, REGISTER NOT SEEN.....	2		
		NO REGISTER KEPT.....	3		
712	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....	1		
		> 7 DAYS.....	2		
713	Does this facility offer voluntary counseling and testing (VCT) for HIV?	YES.....	1		→722
		NO	2		
714	Do you presently personally provide VCT?	YES	1		->716
		NO.....	2		
715	For how many years in total have you provided VCT services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS	<input type="text"/>	<input type="text"/>	
716	Are VCT services being offered at the facility today?	YES	1		
		NO.....	2		
717	How many days in a week are VCT services offered at the facility?	# DAYS.....	<input type="text"/>		
718a-b	Does this facility have protocols on the following:	YES	NO	DON'T KNOW	
	a)) Confidentiality Protocol for VCT clients?	1	2	8	
	b) Informed Consent Protocol for VCT?	1	2	8	
719A-G	When a VCT client is found to be positive for HIV, indicate how often clients are referred elsewhere or services are provided by the facility for the following:	SERVICE PROVIDED	REFERRED	NO SERVICE/NO REFERRAL	DON'T KNOW
	a) Medical treatment and follow-up	1	2	3	8
	b) Diagnosis for TB	1	2	3	8
	c) Home-based care services	1	2	3	8
	d) Counseling on prevention of mother-to-child transmission	1	2	3	8
	e) Family planning service	1	2	3	8
	f) PLWHA (Persons Living With HIV/AIDS) support group	1	2	3	8
	g) Other social services	1	2	3	8
720	Is there a register where VCT client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN	1		→722 →722
		YES, REGISTER NOT SEEN.....	2		
		NO REGISTER KEPT.....	3		
721	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....	1		
		> 7 DAYS.....	2		
ALL RESPONDENTS					
722	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/VCT work or observe your work?	YES.....	1		→725
		NO.....	2		
723	How many times in the last six months has your STI/VCT work been supervised?	NUMBER OF TIMES	<input type="text"/>	<input type="text"/>	
724A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	

	e) Discuss problems you have encountered	1	2	8
	f) Discuss job expectations	1	2	8
	g) Anything else (SPECIFY)	1	2	8
725	<p>What is the most important issue that you feel need to be addressed to improve your work in STI/VCT?</p> <p>DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.</p>	<p>MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)</p>		
ALL RESPONDENTS GO TO 800				→ 800

SECTION 8. SELECT MEDICATIONS

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q801	
800A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.	
	Do you have any questions for me? Do I have your agreement to participate?	
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE

MEDICATIONS: ASK TO SEE THE FOLLOWING MEDICATIONS. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

No.	Medication				
		OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
ORAL MEDICATIONS					
801	Amalar				
802	Amodiaquine (Camoquine)				
803	Amoxicillin	1	2	3	8
804	Ampiclox	1	2	3	8
805	Ampicillin	1	2	3	8
806	Artemisine (Cotecin)	1	2	3	8
807	Aspirin	1	2	3	8
808	Chloroquine	1	2	3	8
809	Ciprofloxacin PO	1	2	3	8
810	Coartem				
811	Co-Trimatazole (Septrin)	1	2	3	8
812	Doxycycline PO (Vitadar)	1	2	3	8
813	Erythromycin oral	1	2	3	8
814	Ethambutol PO	1	2	3	8
815	Fansidar	1	2	3	8
816	ORT	1	2	3	8
817	Panadol	1	2	3	8

INJECTABLE MEDICATIONS

818	Benzathine benzyl pen Inj. (IM)	1	2	3	8
819	Benzyl Penicillin (Procaine) Inj (IM/IV)	1	2	3	8
820	Quinine	1	2	3	8
821	Streptomycin Injection	1	2	3	8
822	Xylocaine or lidocaine 1%	1	2	3	8

INTRAVENOUS SOLUTIONS

823	Normal Saline	1	2	3	8
824	Dextrose and saline	1	2	3	8
825	Ringers Lactate	1	2	3	8

826	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

READ THE FOLLOWING THANK YOU STATEMENT:

Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the COMPASS Project and health services for your community. If you have any questions about anything I asked you about, please contact Dr. Alfred Adewuyi at 0803-719-3284.

INTERVIEWER: CHECK TO MAKE SURE YOU HAVE COLLECTED A GPS COORDINATE FOR THE FACILITY.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE:

Appendix E. Headmaster School Survey Questionnaire

MEASURE EVALUATION MIDLINE HEALTH AND EDUCATION SURVEY 2007

for COMPASS PROJECT

HEADMASTER/HEAD TEACHER QUESTIONNAIRE

QUESTIONNAIRE IDENTIFICATION NUMBER																			
COMMUNITY NAME _____										<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
NAME OF SCHOOL _____																			
EA NUMBER																			
LGA.....																			
Bauchi :		FCT :		Kano :		Gwarzo		Lagos:		Nasarawa									
Alkali	01	Abaji	09	Ajingi	15	22		Ajeromi-	31	:	45								
Bauchi	02	Abuja	10	Bebeji	16	Kabo	23	If	32	Mainl	40								
Giade	03	Mun	11	Bichi	17	Kano Mun	24	Alimosho	33	Mushin	41								
Kirfi	04	Bwari	12	Dala	18	Kibiya	25	Badaga	34	Ojo	42								
Misau	05	Gnagwala	13	Gabasaw	19	Kura	26	Beju-Lek	35	Oshodi Is	43								
Ningi	06	Kuje	14	a	20	Nasarawa	27	Eti Osa	36	Shomolu	44								
Taf Bal	07	Kwali		Garko	21	Tsanyawa	28	Ikorodu	37	Surulere									
Zaki	08			Gaya	22	Warawa	29	Kosofe	38		51								
				Gwale				Lagos Isl											
SCHOOL CATEGORY: PRIMARY ONLY=1 PRE-PRIMARY & PRIMARY=2.....										<input type="checkbox"/>									
TYPE OF SCHOOL: QU'RANIC PRIMARY=1 ISLAMIYA PRIMARY=2 SECULAR PRIMARY=3. CATHOLIC PRIMARY=4 CHRISTIAN PRIMARY=5 OTHER RELIGIOUS PRIMARY=6										<input type="checkbox"/>									
SCHOOL CLASSIFICATION: PUBLIC=1 PRIVATE=2 MILITARY=3.....										<input type="checkbox"/>									
LOCATION OF SCHOOL: URBAN=1, SEMI-URBAN = 2, RURAL=3).....										<input type="checkbox"/>									
INTERVIEWER VISITS																			
			1			2			3		FINAL VISIT								
DATE											DAY MONTH YEAR								
INTERVIEWER'S NAME											NAME								
RESULT*											RESULT								
NEXT VISIT: DATE											TOTAL NO. OF VISITS <input type="checkbox"/>								
TIME																			
*RESULT CODES:																			
1 COMPLETED			4 REFUSED			7 OTHER _____			(SPECIFY)										
2 NO ONE AVAILABLE			5 PARTLY COMPLETED																
3 POSTPONED			6 INCAPACITATED																

QUESTIONNAIRE IDENTIFICATION NUMBER			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SUPERVISOR	OFFICE EDITOR	KEYED BY	
NAME _____ DATE _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

School Survey GPS Log

CHECKLIST

- TURN GARMIN ON
- WAIT UNTIL ACCURACY AT LEAST WITHIN 15 METERS (NO MORE THAN 15 METERS)
- PRESS *PAGE* BUTTON UNTIL YOU REACH *MENU* SCREEN AND SELECT **MARK**
- SAVE WAYPOINT
- RECORD ALTITUDE
- COPY WAYPOINT POSITION FROM THE *WAYPOINT* PAGE
- PRESS *PAGE* BUTTON TO REACH *MENU* SCREEN AND SELECT *WAYPOINT*
- VERIFY THAT COORDINATE IS LISTED
- TURN UNIT OFF

POSITION												
GPS UNIT NUMBER.....			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
WAYPOINT NUMBER			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
ALTITUDE (ELEV)			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
LATITUDE (N/S)	N/S/W/E	DEGREES	DECIMAL DEGREES									
LONGITUDE (W/E)	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

SECTION 1. GENERAL SCHOOL INFORMATION

INTRODUCTION AND CONSENT

READ INFORMED CONSENT FORM

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END
V

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
101	RECORD THE TIME (START OF INTERVIEW).	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
102	In what year did this school open?	YEAR OPENED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 9998							
103	Who is the proprietor of the school?	FEDERAL GOVT.....1 STATE GOVT.....2 LOCAL GOVT.....3 COMMUNITY.....4 RELIGIOUS GROUP.....5 GROUP OWNERSHIP (e.g., POLICE,NAA)..6 INDIVIDUAL OWNERSHIP.....7 NGO.....8 OTHER.....9 (SPECIFY)							
104	Is this school single sex or mixed (boys and girls)?	BOYS ONLY.....1 GIRLS ONLY.....2 BOYS AND GIRLS.....3	→106 →106						
105	How is the seating arrangement in mixed classes?	BOYS ONE SIDE/GIRLS ONE SIDE.....1 BOYS IN FRONT/GIRLS IN BACK.....2 GIRLS IN FRONT/BOYS IN BACK.....3 ACCORDING TO HEIGHT.....4 ONE GIRL, ONE BOY ON EACH SEAT.....5 NO ORGANIZED SEATING.....6 DON'T KNOW.....8							
106	What shifts are offered at this school? SHIFTS MEAN THAT DIFFERENT PUPILS ATTEND IN THE AM AND PM	MORNING SHIFT ONLY.....1 AFTERNOON SHIFT ONLY.....2 MORNING & AFTERNOON.....3	→108 →108						
107	Are these shifts taught by the same teachers?	YES1 NO.....2							

108 a-m	What subjects are offered at this school? ASK ABOUT EACH SUBJECT INDIVIDUALLY.		YES	NO
		a) Local language instruction	1	2
		b) English	1	2
		c) French	1	2
		d) Arabic	1	2
		e) Mathematics	1	2
		f) Science	1	2
		g) Physical and health education	1	2
		h) Religion	1	2
		i) Agriculture/home economics	1	2
		j) Social studies and citizenship educ	1	2
		k) Cultural and creative arts	1	2
		l) Computer education	1	2
m) Other _____	1	2		
		SPECIFY		
109	How many primary school teachers in this school have the following qualifications?	B.ED	<input type="text"/>	<input type="text"/>
		NCE (PES)	<input type="text"/>	<input type="text"/>
		NCE (OTHER SUBJECTS)	<input type="text"/>	<input type="text"/>
		TC II	<input type="text"/>	<input type="text"/>
		TC II REFERRED	<input type="text"/>	<input type="text"/>
		SSCE	<input type="text"/>	<input type="text"/>
		OTHER _____	<input type="text"/>	<input type="text"/>
		SPECIFY		
110	Are pupils taught in the local language during the first three years of school?	YES	1	
		NO	2	
111	Now, I would like to ask you some questions about this school's infrastructure. How many physical classrooms (arms) are there per grade? RECORD NUMBER OF ARMS PER GRADE IN BOXES	PRIMARY 1.....	<input type="text"/>	<input type="text"/>
		PRIMARY 2.....	<input type="text"/>	<input type="text"/>
		PRIMARY 3.....	<input type="text"/>	<input type="text"/>
		PRIMARY 4.....	<input type="text"/>	<input type="text"/>
		PRIMARY 5.....	<input type="text"/>	<input type="text"/>
		PRIMARY 6.....	<input type="text"/>	<input type="text"/>
		TOTAL # OF PRIMARY CLASSROOMS...	<input type="text"/>	<input type="text"/>
CHECK Q106. IF SCHOOL OFFERS SINGLE SHIFTS ONLY, SKIP TO Q113. IF SCHOOL OFFERS DOUBLE SHIFTS, ASK THE FOLLOWING				

112	How many class shifts are there per class? (THIS INCLUDES MORNING AND AFTERNOON CLASS SHIFTS)	PRIMARY 1..... PRIMARY 2..... PRIMARY 3..... PRIMARY 4..... PRIMARY 5..... PRIMARY 6..... TOTAL # OF CLASS SHIFTS...	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
113	Now, I would like to ask you some questions about this school's water source. What is the most commonly used source of drinking water available on-site at this school?	TAP 1 PROTECTED WELL/BOREHOLE 2 UNPROTECTED WELL 3 SPRING 4 RIVER/LAKE /POND 5 WATER VENDOR/TANKER 6 OTHER 7 (SPECIFY) NO WATER SOURCE ON SITE 0		→ 118																			
114	Is this source of water covered/protected from bugs?	YES 1 NO 2																					
115	Does this school perform any water treatment (e.g., disinfectant, boiling, iodine candle/filter/pills, other)?	YES 1 NO 2		→ 116																			
116	When was the last time any water treatment was performed?	# OF DAYS AGO <table border="1"> <tr><td></td><td></td></tr> </table> DON'T KNOW/DR.....98																					
117	Can pupils get a drink of water whenever they want to or need to?	YES 1 NO 2																					
118	Does this school have toilets or latrines? IF YES, ASK TO SEE THEM AND FILL IN 119 WITH THE RELEVANT NUMBER OF LATRINES/TOILETS	YES 1 NO 2		→ 120																			
119 a-b	TOILET TYPE	# OF TOILET/LATRINES FOR PUPILS ONLY	# OF TOILETS/LATRINES FOR TEACHERS ONLY	# OF SHARED TOILETS/LATRINES – PUPILS & TEACHERS																			
		MALE ONLY	FEMALE ONLY	SHARED (M&F)	MALE ONLY	FEMALE ONLY	SHARED (M&F)	MALE ONLY	FEMALE ONLY	SHARED (M&F)													
	a) LATRINE																						
	b) TOILET																						
120	What is the main means of waste disposal used by this school?	BURYING.....1 BURNING.....2 INCINERATOR.....3 REFUSE VENDOR.....4 OTHER 5 SPECIFY																					
121 a-e	Now, I would like to talk to you about whether this school has ever received an inspection/supervision visit from someone from outside this school. Has this school ever received an inspection/supervision from:			<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) FED MIN OF EDUCATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) STATE MIN OF EDUC</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) STATE PRIM EDUC BD</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LGA EDU AUTHORITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COMMUNITY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) FED MIN OF EDUCATION	1	2	b) STATE MIN OF EDUC	1	2	c) STATE PRIM EDUC BD	1	2	d) LGA EDU AUTHORITY	1	2	e) COMMUNITY	1	2	IF NO FOR Q.121a-E, SKIP TO Q.123
	YES	NO																					
a) FED MIN OF EDUCATION	1	2																					
b) STATE MIN OF EDUC	1	2																					
c) STATE PRIM EDUC BD	1	2																					
d) LGA EDU AUTHORITY	1	2																					
e) COMMUNITY	1	2																					

122 a-g	The <u>last</u> time that a supervisor/inspector visited, did he/she?		YES	NO
	a) Check school registers?	a) CHECK SCH REG	1	2
	b) Discuss problems?	b) DISCUSS PROB	1	2
	c) Discuss policy/administrative issues?	c) DISCUSS POL/AD	1	2
	d) Hold an official meeting with teachers and school staff?	d) HOLD MTG	1	2
	e) Observe individual teachers teaching?	e) OBS TEACHERS	1	2
	f) Meet with teachers individually?	f) MEET W/ TEACH	1	2
	g) Do anything else?	g) OTHER	1	2
		SPECIFY _____		
123	Did this school ever participate in any LEAP/USAID activities?	YES	1	
		NO.....	2	
		DON'T KNOW.....	8	

SECTION 2. RECORD KEEPING

201	Now I would like to ask you about record keeping. Does this school keep teacher attendance records? IF YES, ASK TO SEE THE TEACHER ATTENDANCE RECORD/REGISTER.	YES, RECORD OBSERVED..... 1 YES, NOT SEEN 2 NO RECORD MAINTAINED 3	→ 203 → 203
202	How recent is the date of the most recent entry?	TODAY..... 1 1 WORK DAY AGO..... 2 2 WORK DAYS AGO..... 3 > 3 WORK DAYS AGO..... 4	
203	Does this school keep a record of how many pupils were enrolled in each class at the beginning of each school year?	YES 1 NO 2	→ 207
204	Now, I would like to ask you some questions about student enrollment, drop-out and repeaters from the last school year. That is, from 2004-2005. Does this school have those records?	YES 1 NO 2	→ 207
ASK TO SEE THE PERTINENT RECORDS FROM THE LAST SCHOOL YEAR (2004-2005) AND RECORD THE SOURCE OF THAT INFORMATION IN 205, THEN FILL IN 206 A-F			
205	RECORD THE SOURCE(S) OF INFORMATION FOR #S OF PUPILS CIRCLE ALL SEEN	WALL CHART.....A REGISTER.....B OTHER.....W (SPECIFY)	

206 a-f	CLASS	NUMBER OF PUPILS ENROLLED AT THE BEGINNING OF LAST SCHOOL YEAR (2004-2005)		NUMBER OF DROP OUTS (PUPILS WHO WERE ENROLLED AT BEGINNING OF THE 2004-2005 YEAR BUT DROPPED OUT DURING THE SCHOOL YEAR. DO NOT INCLUDE STUDENTS WHO COMPLETED A GRADE IN 2004-2005 BUT DID NOT ENROLL IN THE SUBSEQUENT GRADE FOR 2005-2006.)		NUMBER OF REPEATERS (PUPILS WHO FAILED IN 2004-2005 AND ARE REPEATING THE SAME CLASS DURING THE CURRENT SCHOOL YEAR 2005-2006)	
		FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
	a) PRIMARY 1						
	b) PRIMARY 2						
	c) PRIMARY 3						
	d) PRIMARY 4						
	e) PRIMARY 5						
f) PRIMARY 6							
207	Do you have records on the current school year (2005-2006) enrollment for pupils and/or the number of teachers per class? IF YES, ASK TO SEE CURRENT ENROLLMENT RECORDS &/OR # OF TEACHERS PER CLASS AND RECORD THE SOURCE OF THAT INFORMATION IN Q208. THEN FILL IN Q209			YES..... 1 NO..... 2		→210	
208	RECORD THE SOURCE(S) OF INFORMATION FOR CURRENT ENROLLMENT CIRCLE ALL SEEN			WALL CHART.....A REGISTER.....B OTHER.....W (SPECIFY)			
FOR SCHOOLS WITH A MORNING SHIFT ONLY, FILL IN 209A-H. FOR SCHOOLS WITH DOUBLE SHIFTS, FILL IN 209 A-H FOR THE MORNING SHIFT AND 209 I-M FOR THE AFTERNOON SHIFT. FOR SCHOOLS WITH AFTERNOON SHIFT ONLY, FILL IN 209 I-O.							
209a a-o	CLASS	NUMBER OF PUPILS ENROLLED AT BEGINNING OF SCHOOL YEAR (2005-2006)			NUMBER OF TEACHERS EMPLOYED AT BEGINNING OF SCHOOL YEAR (2005-2006)		
	MORNING SHIFT	FEMALE	MALE	TOTAL	FEMALE	MALE	TOTAL
	a) PRIMARY 1						
	b) PRIMARY 2						
	d) PRIMARY 3						
	e) PRIMARY 4						
	f) PRIMARY 5						
	g) PRIMARY 6						
	h) TOTAL MORNING SHIFTS						
	AFTERNOON SHIFTS	FEMALE	MALE	TOTAL	FEMALE	MALE	TOTAL
	i) PRIMARY 1						
	j) PRIMARY 2						
	k) PRIMARY 3						
	l) PRIMARY 4						
	m) PRIMARY 5						
	n) PRIMARY 6						
	o) TOTAL AFTERNOON SHIFTS						

210 a-w	Does this school have any of the following documents:	YES, SEEN	YES,NO TSEEN	NO	DON'T KNOW
	ASK ABOUT EACH DOCUMENT INDIVIDUALLY. IF YES, ASK TO SEE THE DOCUMENT.				
	a) 2005-2006 Admission Register	1	2	3	8
	b) 2005-2006 School Calendar	1	2	3	8
	c) Promotion Records	1	2	3	8
	d) Transfer Records	1	2	3	8
	e) Retention rates	1	2→210f	3→201f	8→210f
	e.1) WRITE IN RETENTION RATE:				
	WRITE IN YEAR				
	f) Completion rates	1	2→210g	3→210g	8→210g
	f.2) WRITE IN COMPLETION RATE:				
	WRITE IN YEAR:				
	g) National Curriculum for Primary Education	1	2	3	8
	h) Weekly Scheme of Work	1	2	3	8
	i) Teacher attendance records for this school year	1	2	3	8
	j) Pupil attendance records for this school year	1	2	3	8
	k) Exams syllabus for this school year	1	2	3	8
	l) National Education Policy	1	2	3	8
	m) Continuous Assessment Register	1	2	3	8
	n) Individual teacher records	1	2	3	8
	o) Individual pupil records	1	2	3	8
	p) Immunization records for immunizations given at school	1	2	3	8
	q) Deworming records for deworming given at school	1	2	3	8
	r) Micronutrient records for supplementation given at school	1	2	3	8
	s) Teacher referrals for children sent to health facility	1	2	3	8
	t) Endemic Disease records	1	2	3	8
	u) Inspection report book	1	2	3	8
	v) Log book for IRI radio	1	2	3	8
	w) Visitors Log Book	1	2	3	8

SECTION 3. SCHOOL HEALTH ACTIVITIES AND HEALTH CURRICULA

301	Now, I would like to ask you some questions related to health activities at this school. Does this school have a sickbay?	YES1 NO2 DON'T KNOW.....8	
302	Does this school have a government-designated health facility to which the school is formally linked? IF YES, ASK IF IT IS IN THE SCHOOL COMPOUND.	YES,IN SCHOOL COMPOUND1 YES, OUTSIDE SCHL COMPOUND2 NO.....3 DON'T KNOW.....8	→306 →306
303	What is the name of the health facility?	NAME _____	
304	What type of health facility is it?	PUBLIC HEALTH CLINIC.....1 PRIVATE HEALTH CLINIC.....2 PUBLIC HEALTH POST.....3 PRIVATE HEALTH POST.....4 DISPENSARY.....5 OTHER PUBLIC.....6 SPECIFY _____ OTHER PRIVATE.....7 SPECIFY _____	

305 a-f	Do staff from the health facility provide any of the following services at this school or are students referred to the health facility for these services?	SERVICES	YES, PROVIDE AT SCHL	YES, REFER	NO	DON'T KNOW
		a) IMMUNIZATION				
		b) MICRONUTRIENTS				
		d) DEWORMING				
		d) FP COUNSELING				
		e) STI/HIV/AIDS PREVENTION INFO				
f) OTHER _____ SPECIFY						
306	How often are physical inspections conducted on the pupils?	DAILY.....1 WEEKLY.....2 MONTHLY.....3 ONCE A TERM.....4 NEVER.....5 OTHER.....6 SPECIFY				
307	Does this school have a first aid box?	YES 1 NO..... 2				
308	Is there at least one teacher on staff that is trained in first aid?	YES 1 NO..... 2				
309	Does the school integrate health into class activities?	YES 1 NO 2				
310	Does this school have the Family Life Health Education (FLHE) curriculum? IF YES, ASK TO SEE THE FLHE CURRICULUM.	YES, FLHE SEEN 1 YES, FLHE NOT SEEN.....2 NO.....3				
311	Does this school have a health curriculum? IF YES, ASK TO SEE CURRICULUM	YES, CURRICULUM SEEN.....1 YES, CURRICULUM NOT SEEN.....2 NO CURRICULUM.....3				

SECTION 4. SCHOOL MATERIALS AND RESOURCES

401	Now I would like to ask you some questions about materials available at this school. Have you ever heard of interactive radio instruction (IRI)?	YES 1 NO 2	→ 405						
402	Does this school practice IRI?	YES 1 NO 2	→ 405						
403	When did this school start practicing IRI?	DD/MM/YR <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW/DR.....999998							
404	How many IRI radios does this school have?	NUMBER OF RADIOS <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW...98							
405	Does this school have a library?	YES 1 NO 2	→501						
406	Approximately, how many books are in the library? WRITE IN NUMBER ON LINE	NUMBER OF BOOKS <hr style="width: 100%; border: 0.5px solid black;"/>							
407	Who provides books for the library? CIRCLE ALL MENTIONED.	STATE PRIM EDUC BOARD.....A EDUCATION TRUST FUND.....B NGOS/FBOS.....C PTA.....D COMMUNITY.....E OTHER.....W SPECIFY							

SECTION 5. PARENT TEACHER ASSOCIATION (PTA)

501	Now I would like to ask you some questions about parent teacher associations (PTA). Does this school have a PTA?	YES 1 NO 2	→ 509		
502	Do you participate in the PTA?	YES 1 NO 2			
503	How many times per year are PTA meetings held?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> AD/HOC/NO REGULAR SCHEDULE.....96 DON'T KNOW/DR.....98			
504	Do parents have access to their children's school books during PTA meetings?	YES 1 NO 2 DON'T KNOW.....8			
505	Is the community invited to be part of the PTA meetings?	YES 1 NO 2 DON'T KNOW.....8			
506	Has the PTA ever written a grant proposal or written a request for donation?	YES 1 NO 2 DON'T KNOW.....8			
507	Does the PTA raise funds for the school (either for school activities and/or for general repairs)?	YES 1 NO 2 DON'T KNOW.....8	→509 → 509		
508	How are funds raised to implement these activities? CIRCLE ALL MENTIONED	FUNDRAISING EVENTS.....A PTA MEMBERSHIP DUES.....B PTA SCHOOL LEVIES.....C PERSONAL DONATIONSD DONATIONS FROM BUSINESSES.....E DONATIONS FROM NGOS.....F OTHER.....W SPECIFY			
509	Are there any subjects that parents have advocated be included in the school curriculum?	YES 1 NO 2 DON'T KNOW.....8	→511 → 511		
510	Which ones? WRITE IN REPONSES	_____			
511	Are there any subjects that parents have advocated be expunged from the school curriculum?	YES 1 NO 2 DON'T KNOW.....8	→601 → 601		
512	Which ones? WRITE IN REPONSES	_____			

SECTION 6. HEADMASTER/HEADTEACHER BACKGROUND AND EXPERIENCE

601	Now, I would like to ask you some questions about your training and experience. In what year did you start working at this school?	YEAR BEGAN WORKING DON'T KNOW.....9998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

602	What is your present technical qualification?	B.ED.....1 NCE (PES).....2 NCE (OTHER SUBJECTS).....3 TC II.....4 TC II REFERRED.....5 OTHER.....6 SPECIFY	
603	Which year did you graduate with this qualification?	YEAR GRADUATED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	In total, how many years have you worked as a head teacher or head master in primary schools (including other schools besides this one)?	NUMBER OF YEARS <input type="text"/> <input type="text"/>	
605	Now I would like to ask you some questions regarding in-service training you may have received within the past two years. Have you participated in the Sandwich training course?	YES 1 NO 2	→ 609
606	Who planned the training?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8	
607	Who paid for your participation in this course?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8	
608 a-i	Were any of the following teaching methodologies featured at the training? a) Role play? b) Inquiry? c) Gaming? d) Demonstration? e) Experimentation? f) Discussion? g) Lecture? h) Practical exercises/fieldwork? i) Other.....(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1 NO 2 2 2 2 2 2 2 2 2
609	Have you participated in a Subject Panel Workshop/seminar in the past two years?	YES 1 NO 2	→613

610	Who planned the workshop/seminar?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8		
611	Who paid for your participation in this workshop/seminar?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8		
612 a-i	Were any of the following teaching methodologies featured at the workshop/seminar? a) Role play? b) Inquiry? c) Gaming? d) Demonstration? e) Experimentation? f) Discussion? g) Lecture? h) Practical exercises/fieldwork? i) Other.....(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2
613	Have you participated in the Annual Teacher's Conference in the past two years?	YES.....1 NO.....2		→ 617
614	Who planned the conference? READ POSSIBLE RESPONSES	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8		
615	Who paid for your participation in this conference?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8		

616 a-i	Were any of the following teaching methodologies featured at the conference? a) Role play? b) Inquiry? c) Gaming? d) Demonstration? e) Experimentation? f) Discussion? g) Lecture? h) Practical exercises/fieldwork? i) Other _____(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2	
617	Have you participated in the Cluster Teacher Training in the past two years?	YES 1 NO2			→621
618	Who planned the training?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8			
619	Who paid for your participation in this course?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8			
620 a-i	Were any of the following teaching methodologies featured at the training? a) Role play? b) Inquiry? c) Gaming? d) Demonstration? e) Experimentation? f) Discussion? g) Lecture? h) Practical exercises/fieldwork? i) Other _____(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2	
621	Have you ever received any school-based mentoring?	YES 1 NO2			

READ THE FOLLOWING THANK YOU STATEMENT:

Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the COMPASS Project and primary school and health services for your community. If you have any questions about anything I asked you about, please contact Prof. Adewuyi at 0803-719-3284 at the Center for Research, Evaluation and Resource Development.

INTERVIEWER: CHECK TO MAKE SURE YOU HAVE COLLECTED A GPS COORDINATE FOR THE SCHOOL

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

*RESULT CODES:

- | | | | | | |
|---|------------------|---|------------------|---|-------------|
| 1 | COMPLETED | 4 | REFUSED | 7 | OTHER _____ |
| 2 | NO ONE AVAILABLE | 5 | PARTLY COMPLETED | | (SPECIFY) |
| 3 | POSTPONED | 6 | INCAPACITATED | | |

SUPERVISOR		OFFICE EDITOR	KEYED BY
NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1. GENERAL INFORMATION

INTRODUCTION AND CONSENT

READ INFORMED CONSENT FORM	
May I begin the interview now?	
Signature of interviewer: _____	Date: _____
RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 →END V	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME (START OF INTERVIEW).	HOUR..... MINUTES.....	<table border="1" style="display: inline-table; width: 40px; height: 40px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
102	RECORD SEX OF RESPONDENT	MALE.....1 FEMALE.....2					
102	How long have you worked at this school? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS.....	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
103	What is your present technical qualification?	B.ED.....1 NCE (PES).....2 NCE (OTHER SUBJECTS).....3 TC II.....4 TC II REFERRED.....5 OTHER.....6 SPECIFY					
104	Whic year did you graduate with this qualification?	YEAR GRADUATED	<table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr></table>				
105	How many years in total have you been teaching (including other schools besides this one)?	NUMBER OF YEARS	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
106	What class(es) do you teach? CIRCLE ALL THAT APPLY.	PRIMARY 1.....A PRIMARY 2.....B PRIMARY 3.....C PRIMARY 4.....D PRIMARY 5.....E PRIMARY 6.....F					

107 a-m	What subjects do you teach?		YES	NO	
		a) Local language instruction	1	2	
		b) English	1	2	
		c) French	1	2	
		d) Arabic	1	2	
		e) Mathematics	1	2	
		f) Science	1	2	
		g) Physical and health education	1	2	
		H Religion	1	2	
		i) Agriculture/home economics	1	2	
		j) Social studies and citizenship educ	1	2	
		k) Cultural and creative arts	1	2	
		l) Computer education	1	2	
m) Other _____	1	2			
		SPECIFY			
108	Now I would like to ask you some questions regarding in-service training you may have received within the past two years. Have you participated in the Sandwich training course?	YES1 NO2			→ 112
109	Who planned the training?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8			
110	Who paid for your participation in this course?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8			
111 a-i	Were any of the following teaching methodologies featured at the training?	METHODOLOGY	YES	NO	
	j) Role play?	a) ROLE PLAY	1	2	
	k) Inquiry?	b) INQUIRY	1	2	
	l) Gaming?	c) GAMING	1	2	
	m) Demonstration?	d) DEMONSTRATION	1	2	
	n) Experimentation?	e) EXPERIMENTATION	1	2	
	o) Discussion?	f) DISCUSSION	1	2	
	p) Lecture?	g) LECTURE	1	2	
	q) Practical exercises/fieldwork?	h) PRAC EXER/FIELDWORK	1	2	
	r) Other _____ (SPECIFY)	i) OTHER	1	2	
112	Have you participated in a Subject Panel Workshop/seminar in the past two years?	YES1 NO2			→ 116

113	Who planned the workshop/seminar?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8		
114	Who paid for your participation in this workshop/seminar?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8		
115 a-i	Were any of the following teaching methodologies featured at the workshop/seminar?	METHODOLOGY	YES	NO
	j) Role play?	a) ROLE PLAY	1	2
	k) Inquiry?	b) INQUIRY	1	2
	l) Gaming?	c) GAMING	1	2
	m) Demonstration?	d) DEMONSTRATION	1	2
	n) Experimentation?	e) EXPERIMENTATION	1	2
	o) Discussion?	f) DISCUSSION	1	2
	p) Lecture?	g) LECTURE	1	2
	q) Practical exercises/fieldwork?	h) PRAC EXER/FIELDWORK	1	2
	r) Other.....(SPECIFY)	i) OTHER	1	2
116	Have you participated in the Annual Teacher's Conference in the past two years?	YES.....1 NO.....2	→ 120	
117	Who planned the conference?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8		
118	Who paid for your participation in this conference?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8		

119 a-i	Were any of the following teaching methodologies featured at the conference? j) Role play? k) Inquiry? l) Gaming? m) Demonstration? n) Experimentation? o) Discussion? p) Lecture? q) Practical exercises/fieldwork? r) Other _____(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2	
120	Have you participated in the Cluster Teacher Training in the past two years?	YES1 NO2			→124
121	Who planned the training?	NIGERIAN UNION OF TEACHERS (NUT)..1 CONFERENCE OF PRIMARY SCHOOL HEAD TEACHERS OF NIGERIA (COPSHON).....2 LGA AUTHORITY.....3 STATE MINISTRY OF EDUCATION.....4 COLLEGES OF EDUCATION.....5 NGO/CSO/FBO.....6 OTHER.....7 SPECIFY DON'T KNOW.....8			
122	Who paid for your participation in this course?	NUT.....1 STATE MINISTRY OF EDUCATION.....2 NGO/CSO/FBO.....3 SELF.....4 OTHER.....5 SPECIFY DON'T KNOW.....8			
123 a-i	Were any of the following teaching methodologies featured at the training? j) Role play? k) Inquiry? l) Gaming? m) Demonstration? n) Experimentation? o) Discussion? p) Lecture? q) Practical exercises/fieldwork? r) Other _____(SPECIFY)	METHODOLOGY a) ROLE PLAY b) INQUIRY c) GAMING d) DEMONSTRATION e) EXPERIMENTATION f) DISCUSSION g) LECTURE h) PRAC EXER/FIELDWORK i) OTHER	YES 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2	
124	Have you ever received any school-based mentoring?	YES1 NO2			
125	Has anyone internal to this school (either the Headmaster, Head teacher or a more experienced teacher) supervised your teaching in the last 6 months?	YES1 NO2 DON'T KNOW.....8			
126 a-e	Have you ever received an inspection visit from a) The Federal Ministry of Education? b) The State Ministry of Educations? c) The Local Government Education Authority? d) The State Primary Education Board? e) The Community?	a) FEDERAL MIN OF EDUC b) STATE MIN OF EDUC c) LGA EDUC AUTHORITY d) STATE PRIM EDU BOARD e)COMMUNITY	YES 1 1 1 1 1	NO 2 2 2 2 2	

127a	Did you ever participate in any LEAP/USAID activities?	YES1 NO2	→ 128
127b	If so, did you participate in a LEAP/USAID Inter-active Radio Instruction (IRI) training activity	YES1 NO2	
128	Does this school have a Parent Teacher Association (PTA)?	YES1 NO2	→201
129	Do you participate in the PTA?	YES1 NO2	

SECTION 2. RECORD KEEPING

201	Now I would like to ask you about record keeping and, if possible, I would like to see some the of the records and documents you have. Do you keep pupil attendance records? IF YES, ASK TO SEE THE PUPIL ATTENDANCE RECORD/REGISTER.	YES, RECORD OBSERVED.....1 YES, NOT SEEN.....2 NO RECORD MAINTAINED3				
202	How recent is the date of the most recent entry?	TODAY.....1 1 WORK DAY AGO.....2 2 WORK DAYS AGO.....3 > 3 WORK DAYS AGO.....4				
203 a-h	Do you have any of the following documents and, if so, may I see them?	YES, SEEN	YES, NOT SEEN	NO	DON'T KNOW	
	A) National Curriculum for Primary Education	1	2	3	8	
	B) Weekly Scheme of Work/Record of Work (Diary)	1	2	3	8	
	C) Lesson Plans (Notes of Lessons)	1	2	3	8	
	D) Exams syllabus	1	2	3	8	
	E) National Education Policy	1	2	3	8	
	F) Individual pupil records/Report Book	1	2	3	8	
	G) Teacher referrals for children sent to health facility (Log book)	1	2	3	8	
	H) Inspection report book	1	2	3	8	

SECTION 3. CLASSROOM INFRASTRUCTURE, MATERIALS AND RESOURCES

301 a-i	Now, I would like to ask you some questions about the infrastructure in the classroom where you teach. Does the classroom where you teach have the following: IF THE RESPONDENT TEACHES IN MORE THAN ONE CLASSROOM, ASK ABOUT THE CLASSROOM THEY MOST RECENTLY TAUGHT IN.	YES SEEN	YES, NOT SEEN	NO	DON'T KNOW	
	a) Cement floors?	1	2	3	8	
	b) A Corrugated iron roof?	1	2	3	8	
	c) A window with shutters (metal or wood frame)?	1	2	3	8	
	d) A chalkboard?	1	2	3	8	
	e) A seating place for each pupil?	1	2	3	8	
	f) A writing surface for each pupil?	1	2	3	8	
	g) A teacher's table?	1	2	3	8	
	h) A teacher's chair?	1	2	3	8	
	i) A trash bin?	1	2	3	8	
302	Is it possible to lock the classroom where you teach??	YES.....1 NO.....2				
303	Now I would like to ask you some questions about teaching materials and resources available to you in the classroom where you teach. Have you ever taught lessons using a radio program as an aid?	YES.....1 NO.....2				→ 308
304	What program was it?	IRI1 NOT IRI.....2 DON'T KNOW.....8				→ 308 → 308

305	Did you have a special IRI teacher's guide or pupil worksheets to help with the radio lesson?	TEACHER'S GUIDE ONLY.....1 PUPIL WORKSHEET ONLY.....2 BOTH GUIDE AND WORKSHEET.....3 NEITHER.....4												
306	Which class or classes did you use IRI in? CIRCLE ALL THAT APPLY	PRIMARY1.....A PRIMARY 2.....B PRIMARY 3.....C PRIMARY 4.....D PRIMARY 5.....E PRIMARY 6.....F												
307	When was the last time you used IRI?	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW.....98												
308	In the classroom where you teach, do you have basic instructional materials?	YES.....1 NO.....2 → 401												
309a -i	What basic instructional materials does the classroom have? ASK ABOUT EACH MATERIAL ONE-BY-ONE. IF YES, ASK TO SEE THE MATERIALS.	MATERIALS	YES, SEEN	YES, NOT SEEN	NO	DK								
		a) CHARTS/POSTERS	1	2	3	8								
		b) STUDENT WORKBOOKS												
		c) IRI TEACHER'S GUIDE	1	2	3	8								
		d) IRI PUPIL WORKSHT	1	2	3	8								
		e) OTHER TEACHER GUIDE	1	2	3	8								
		f) SUPPL READERS	1	2	3	8								
		g) TEXTBOOKS	1	2	3	8								
		h) GAMES	1	2	3	8								
		i) OTHER _____ SPECIFY	1	2	3	8								
310	What condition are the materials in?	GOOD OVERALL.....1 SOME GOOD, SOME BAD.....2 BAD OVERALL.....3												
311	In the classroom where you teach, do you have materials to support English literacy?	YES.....1 NO.....2 → 314												
312a -i	What materials does the classroom have to support English literacy? ASK ABOUT EACH MATERIAL ONE-BY-ONE	MATERIALS	YES, SEEN	YES, NOT SEEN	NO	DK								
		a) CHARTS/POSTERS	1	2	3	8								
		b) STUDENT WORKBOOKS	1	2	3	8								
		c) IRI TEACHER'S GUIDE	1	2	3	8								
		d) IRI PUPIL WORKSHT	1	2	3	8								
		e) OTHER TEACHER GUIDE	1	2	3	8								
		f) SUPPL READERS	1	2	3	8								
		g) TEXTBOOKS	1	2	3	8								
		h) GAMES	1	2	3	8								
		i) OTHER _____ SPECIFY	1	2	3	8								

313	What condition are the materials in?	GOOD OVERALL.....1 SOME GOOD, SOME BAD.....2 BAD OVERALL.....3				
314	In the classroom where you teach, do you have materials to support numeracy?	YES.....1 NO.....2				→ 401
315 a-i	What materials does the classroom have to support numeracy? ASK ABOUT EACH MATERIAL ONE-BY-ONE	MATERIALS	YES, SEEN	YES, NOT SEEN	NO	DK
		a) CHARTS/POSTERS	1	2	3	8
		b) STUDENT WORKBOOKS	1	2	3	8
		c) IRI TEACHER'S GUIDE	1	2	3	8
		d) IRI PUPIL WORKSHT	1	2	3	8
		e) OTHER TEACHER GUIDE	1	2	3	8
		f) SUPPL READERS	1	2	3	8
		g) TEXTBOOKS	1	2	3	8
		h) GAMES	1	2	3	8
		i) OTHER _____ SPECIFY	1	2	3	8
316	What condition are the materials in?	GOOD OVERALL.....1 SOME GOOD, SOME BAD.....2 BAD OVERALL.....3				

SECTION 4. SCHOOL HEALTH ACTIVITIES AND HEALTH CURRICULA (?)

401	Now, I would like to ask you some questions related to health activities at this school. Do you teach/cover health education in any of your classes?	YES1 NO2	→404
402	What topics do you cover? CIRCLE ALL THAT APPLY	PERSONAL HYGIENE.....A HOUSEHOLD/ENV HYGIENE.....B MICRONUTRIENTS/ NUTRITION..... C MALARIA PREV.....D FAMILY LIFE EDUC.....E STI/HIV/AIDS PREVENTION.....F PREVENTION OF FEMALE GENITAL CUTTINGG OTHERW (SPECIFY)	
403	Do you have a health curriculum to teach these topics? IF YES, ASK TO SEE CURRICULUM	YES, CURRICULUM SEEN.....1 YES, CURRICULUM NOT SEEN.....2 NO, NO CURRICULUM.....3	
404	If a child appears sick or in need of health services, what do you do?	REFER TO HEALTH CLINIC1 SEND HOME2 SEND TO HEADMASTER'S OFFICE.....3 DO NOTHING.....4 OTHER6 SPECIFY	
405	Have you ever been trained in first aid?	YES1 NO2	

SECTION 5. KEEPING PUPILS IN SCHOOL

IN THIS SECTION YOU MUST WRITE IN THE RESPONSES		
501	Now, I would like to ask you some questions related to keeping pupils in school. What does this school do to help boys stay in school?	 <hr/> <hr/> <hr/>
502	In your opinion, what (else) could schools do to help boys stay in school?	 <hr/> <hr/> <hr/>
503	What does this school do to help girls stay in school?	 <hr/> <hr/> <hr/>
504	In your opinion, what (else) could schools do to help girls stay in school?	 <hr/> <hr/> <hr/>

SECTION 6. FAMILY EDUCATION IN SCHOOLS

601	<p>I would like to ask you some questions about children's health and family education. Family education includes conception, family planning and hygiene.</p> <p>Where do children get information about family education in this community?</p> <p>PROBE: From any other source?</p> <p>CIRCLE ALL SOURCES MENTIONED</p>	PARENTS/GUARDIANS..... A BROTHERS/SISTERS..... B OTHER RELATIVES.....C FRIENDS..... D RELIGIOUS LEADERS.....E TEACHERS.....F NEWSPAPERS OR MAGAZINES.....H RADIO.....I TELEVISION OR MOVIES.....J HEALTH CENTRE/CLINIC.....K OTHERW SPECIFY	
602	Do you think primary school should teach pupils about family education?	YES 1 NO 2 DON'T KNOW8	→ 604 → 604
603	In which class of primary school should pupils first be taught about family education?	PRIMARY 1.....1 PRIMARY 2.....2 PRIMARY 3.....3 PRIMARY 4.....4 PRIMARY 5.....5 PRIMARY 6.....6	ALL RESPONDENTS GO TO Q605

604	Why do you think primary schools should NOT teach pupils about family education? PROBE: Any other reasons? CIRCLE ALL REASONS MENTIONED	NOT APPROPRIATE TO TEACH SEX ED IN SCHOOL.....A SEX EDUCATION IS PARENTS JOB...B CHILDREN ARE TOO YOUNG.....C CLASSES INCLUDE BOYS & GIRLS AND SEX ED SHOULD BE TAUGHT SEPARATELY TO EACH.....D AGAINST RELIGION.....E ENCOURAGES CHILDREN TO HAVE SEX.....F OTHER.....W SPECIFY	
605	At what age should boys start learning about family education?	AGE <input type="text"/> <input type="text"/>	
606	At what age should girls start learning about family education?	AGE <input type="text"/> <input type="text"/>	
607	RECORD THE TIME. HOUR..... <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		

READ THE FOLLOWING THANK YOU STATEMENT:

Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the COMPASS Project and primary school and health services for your community. If you have any questions about anything I asked you about, please contact Prof. Adewuyi at 0803-719-3284 at the Center for Research, Evaluation and Resource Development.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

Appendix G. List of Supervisors and Fieldworkers

Bauchi Survey Team

Supervisors

1. Prof Alfred Adewuyi
2. Bisiriyu, L
3. Olawole, M.O.
4. Akinjokun, A.A.
5. Agunbiade, O.M
6. Dr. Ajadi, S.O.
7. Alabi, Ayodele
8. Dami Anthony
9. Dr. Orimoogunje, O.O.

Data Collectors

1. Juliana Umar
2. Sarah Yakubu
3. Aremu Mufutau
4. Esther Gagara
5. Onitiju Olalekan
6. Adesina Femi
7. Asabe Lekwot
8. Adesina Mayowa
9. Naomi Yor'da
10. Abubakar Baraza
11. Aremu Margaret
12. Abigail Yusuf
13. Grace John
14. Iliya A. Ahmad
15. Michael Dami
16. Watah Jimmy
17. Engr. Fidelis Dami
18. Engr. Ben A. Eriemere
19. Rebecca Adamu
20. Charity Alabi
21. Stella Yusuf
22. Asabe Simon
23. Grace Usman
24. Amos E. Emmanuel
25. Moh. Salihu Bello
26. Paul D. Benjamin
27. Isty A. Yusuf
28. Lios E. Daniel
29. Hajara J. Moses
30. Saratu Bukar

FCT Survey Team

Supervisors

1. Prof Alfred A. Adewuyi
2. Dr. Benjamin Folorunso
3. Mrs. Opeyemi Fadeyibi
4. Osezua E. M.
5. Aregbesola (Mrs.)
6. Ojo Bukky (Mrs.)
7. Adeoye Nathaniel
8. Nicholas Ebehikhalu
9. Okoronkwu Humphrey

Data Collectors

1. Oshogbe Segun
2. Akhidenor Lawrence O.
3. Sunday Anieti Udo
4. Emmanuel I. Uzoanaya
5. Osemene Hilary O.
6. Mrs. Hadiza Aliyu
7. Mrs. Aishat Ladan
8. Mustapha Abdullahi
9. Mrs. Foluke Adejuyitan
10. Abdullahi Moses Akeem (Bwari)
11. Mohammed Yali Wando (Bwari)
12. Akaiku Adama (Kwali)
13. Gana Adamu (Abaji)
14. Femi Aderibigbe
15. Mercy Abang
16. Taiwo Titilope (FCT)
17. Ayinla Oludare O. (FCT)
18. Samuel Onofua (FCT)
19. Janet Adedeji O.
20. Seyi Ogunnupe
21. Okoh Ndubuisi C.
22. Aisha Adejo
23. Olumoko Olumakinde Samson
24. Ikotun Mercy Kehinde
25. Asa Folasade M
26. Adeyeye Omotunde
27. Fadeyibi Bukola
28. Friday Aguele
29. Toyin Aremu
30. Nwagbara O. Kenneth

Kano Survey Team

Supervisors

1. Prof Alfred Adewuyi
2. Dr. Akinyemi A.
3. Mr. Abegunde
4. Mr. Sunday Adedini
5. Mr. Adedokun
6. Mr. Adelodun
7. Dr. Dele Jegede
8. Mr. Opatola Mustapha
9. Mr. Aransiola
10. Mr. Adisa Titus
11. Mr. Lanre Ikuteyijo
12. Mr. Bebeji
13. Mr. Thomas Ajibola

Data Collectors

1. Habibat
2. Hawa Miko
3. AbdulRazak Suleiman
4. Hadiza Ali
5. Babaraza
6. Samira Mohamed
7. Shaawa Ibrahim
8. Hausa Bello
9. Ibrahim Aliyu
10. Modinat Ibrahim
11. Dauda Mohammed
12. Ummu sulleiman
13. Fatiman Sulleiman
14. Haruna Shaibu
15. Madina Fatima Sheu
16. Ramat Habib
17. Olatunde A. Olapeju
18. Emmanuel Umolo
19. Ahmed Abdulhakeem
20. Ahmed Abdulhakeem
21. Hafsat Mohammed
22. Abdul Hakeem
23. Abubakar Y.
24. Adeniyi A.A
25. Adisa

Data Collectors (cont)

26. Hafsat Mohammed
27. Gaji Abdullahi
28. Saphawu Jummai
29. Ado Ladabawa
30. Bunmi Adegoke
31. Zahra Suleiman
32. Emmanuel Umolo
33. Ado Abdulahi
34. Ado Adubakar
35. Dauda Moh'D
36. Emma Umoh
37. Famari
38. Fati Abhet
39. Fati A. Shet
40. Fatima Balal
41. Fausiyua M.
42. Hadiza Ado
43. Harana Shibu
44. Hassan Inuwa
45. Haukia
46. Hu'Ubani
47. Ibrahim Baba
48. Ihama Yakya
49. Ihhamato Tukar
50. Ihhamatu Jular
51. Tijani Adams
52. Ilahamatu
53. Immun
54. Ismael Tafida
55. Kadija S.
56. Kulu S.
57. Lu' Ubatu
58. Madina Fatima
59. Maima Yahuy
60. Maima Yaloya
61. Nuhu
62. Chanles Kakuma
63. Samira Tafida

Lagos Survey Team

Supervisors

- 1 Professor Alfred Adewuyi
- 2 Dr . J.O. Akande
- 3 Dr. Adegoke
- 4 Engr. Adetakun J.A
- 5 Dr. Adesina O.A
- 6 Mrs.Adeyemi V.A
- 7 Mr.Ahmed Inusa
- 8 Mr Ajayi
- 9 Dr P.O. Akintokun
10. Dr (Mrs) A.R. Akintokun
11. Mr. Anhony
12. Mrs. Funmi Banjo
13. Engr .Sunny Adeoye
14. Mr.Ambrose Akinlo
- 15 Dr. Adediji
16. Mr. Adetokunbo

Data Collectors

1. Adeboye O.
2. Adefioye I.
3. Adetakun M.W
4. Adeniji Olusope
5. Adeniji A.A
6. Adeogun A.A
7. Adeoye S.A
8. Adesina Tunde
9. Adesina Tunji
10. Adewolu T.
11. Adeyanju Tunji
12. Adeyemi S.A
13. Ajadi Ajisola
14. Ajao Ajisole
15. Ajayi Adekunle
16. Ajayi Michael
17. Akapo A.O
18. Akinlabi K.C
19. Akinlabi K.L
20. Alesanmi F.
21. Atijosan S.O
22. Babatunde Kemi

Data Collectors (cont)

23. Chinedu Adimor
24. Goke Omoyale
25. Ikotun P.B
26. Ipaye M.
27. Adeyemi J.A
28. Joshua V.
29. Kola Taiwo
30. Kolawole T.O
31. Ogundiran M.A
32. Mr Awogbade
33. Mr. I. Anipupo
34. Mrs Agunbiade
35. Mrs Anipupo
36. Mrs K.B. Oyebani
37. Mrs Ogundiran
38. Mrs Okoh
39. Mrs Oladipupo
40. Mrs Olusoji
41. Mrs Oyebanji B.
42. Mrs Agunbiade
43. Nanakumo T
44. Nike Elusoji
45. Nsikan J.S
46. Odeyemi E.A
47. Okotoso Funmi
48. Olanipekun O.E
49. Mrs Oluwatope
50. Omotoso Funmi
51. Shola Adewara
52. Sogunle Funke
53. Sola Adewara
54. Soyebo S.O
55. Sunday Fawobi
56. Sunny Adeoye
57. Bambi Tuakli
58. Tade Taiwo
59. Zekeri A. Paul
- 60 Omoworare Seyi
61. Olayinka Roseline

Nasarawa Survey Team

Supervisors

1. Prof Alfred Adewuyi
2. Prof F.A Adesina
3. Mr. Caleb Aborisade
4. Mr. M.A. Odunwole
5. Dr. T.O. Odekunle
6. Dr. (Mrs.) O. Obilade
7. Mrs. Sola Ologunde
8. Sola Asa
9. Dr. Dele Faleye
10. Engr. Ohis Adeoye

Data Collectors

1. Mrs. Esther Auta
2. Mrs. Hannah David
3. Miss. Adeuga Olasimbo
4. Mr. Gyang Dung
5. Mr. Aranilu Oloruntoba
6. Mr. Bako Tuta
7. Mr. Siyaka Itopa
8. Mrs. Theresa Kyagbe
9. Mrs. Mary A. Gogo
10. Miss. Doris Shade
11. Mr. Atsehe Tsebie
12. Mr. Akeem A. Raji
13. Mrs. Talatu Edom
14. Mr. Tanze Dauda S.
15. Mr. Mohammed Ismaila
16. Mrs. Esther Josiah
17. Mrs. Zaniab Y. Moah'd
18. Mrs. Salamatu Aliyu Oga
19. Mr. Angben A. Lucas
20. Mrs. Lois L. Ogah
21. Mr. Andrew Tahbi
22. Mr. Abraham M. Odeh
23. Miss. Esther Emmanuel
24. Mr. Muhammed Oga Emeshi
25. Mrs. Esther Yiga (JP)

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill
206 W. Franklin St., CB8120
Chapel Hill, NC 27516 USA

Telephone: 919-966-7482
<http://www.cpc.unc.edu/measure/>

This MEASURE Evaluation report, TR-07-63B, is made possible by support from the U.S. Agency for International Development under the terms of Cooperative Agreement GPO-A-00-03-00003-00.

