



Health Results Based Financing Impact Evaluation

Lesotho

2015

Health Center Questionnaire

F3 - Exit Interview for Antenatal Care Visit

IDENTIFIER				
HC CODE			PATIENT NUMBER	

DISTRICT NAME	DISTRICT CODE

GPS COORDINATES OF HEALTH CENTER												
LATITUDE (NORTH)				.								
LONGITUDE (EAST)				.								

NAME OF HEALTH CENTER	LOCATION OF HEALTH CENTER

INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR

VISIT 2	DAY	MONTH	YEAR

VISIT 3	DAY	MONTH	YEAR

RESULT OF THE INTERVIEW	
INTERVIEW DONE	01
PARTIALLY COMPLETED	02
PERSON IN CHARGE REFUSED INTERVIEW	03
PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
FACILITY IS EMPTY (NO STAFF MEMBERS)	05
HEALTH FACILITY NOT FOUND	06
OTHER, SPECIFY:	96

LANGUAGE	
SESOTHO	01
ENGLISH	02
OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT

SUPERVISOR

CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR

CODE

DAY	MONTH	YEAR

(1)	Identification		RECORD RESPONSE
	INTERVIEWER: REPORT THE FOLLOWING ABOUT THE HEALTH WORKER WHO ATTENDED THE PATIENT.		
(1.01)	ENTER HEALTH WORKER ID CODE FROM THE FACILITY STAFF ROSTER	FROM THE STAFF ROSTER IN FORM F1	
(1.02)	GENDER OF THE HEALTH WORKER	<div>MALE 01</div> <div>FEMALE 02</div>	
(1.03)	POSITION AT THIS HEALTH CENTER	<div>DOCTOR OR MEDICAL OFFICER 01</div> <div>HEALTH CENTER ADMINISTRATOR / EXECUTIVE DIRECTOR 02</div> <div>NURSE CLINICIAN 03</div> <div>NURSE MIDWIFE 04</div> <div>GENERAL NURSE 05</div> <div>NURSE ASSISTANT 06</div> <div>HEALTH ASSISTANT 07</div> <div>SOCIAL WELFARE ASSISTANT 08</div> <div>PHARMACY ASSISTANT 09</div> <div>OTHER, SPECIFY: 96</div>	
	INTERVIEWER: ASK THE FOLLOWING QUESTIONS TO THE PATIENT.		
I am going to start the interview by asking you some questions about yourself.			
(1.04)	Can you tell me how old you are?	YEARS	
(1.05)	Can you read and write?	<div>YES 1</div> <div>NO 2</div>	
(1.06)	What is the highest level of education that you completed, and how many years (or grades) of school have you completed <u>within</u> that level?	<div>No school 00</div> <div>Preschool 01</div> <div>Primary School (STD 1-7) 02</div> <div>Secondary School (FORM A-C) 03</div> <div>High School (FORM D-E) 04</div> <div>Teacher Training/Education in Technical Subjects (YEAR 1-3) 05</div> <div>University Education 06</div> <div>Other, specify: 96</div>	
		GRADE (NUMBER OF YEARS) COMPLETED WITHIN THAT LEVEL	
(1.07)	What is your marital status?	<div>Single 01 ► (2.01)</div> <div>Married/Living together 02</div> <div>Widowed 03 ► (2.01)</div> <div>Divorced/separated 04 ► (2.01)</div>	

(1.08)	What is the highest level of education that your spouse / partner completed, and how many years (or grades) of school has your spouse / partner completed <u>within</u> that level?	No school	00	
		Preschool	01	
		Primary School (STD 1-7)	02	
		Secondary School (FORM A-C)	03	
		High School (FORM D-E)	04	
		Teacher Training/Education in Technical Subjects (YEAR 1-3)	05	
		University Education	06	
		Other, specify:	96	
		GRADE (NUMBER OF YEARS) COMPLETED WITHIN THAT LEVEL		

(2) Treatment and counseling		RECORD RESPONSE
(2.01)	During this visit to the health center, how many health workers provided care to you? This includes any doctors, nurses, pharmacist, lab technician, midwife, etc. who directly took care of you or provided you with advice or medicine.	
(2.02)	What is the name of the (first) health worker who provided care to you?	
(2.03)	INTERVIEWER: ENTER HEALTH WORKER ID CODE FROM THE HEALTH CENTER STAFF ROSTER	
	INTERVIEWER: CHECK IF PATIENT SAW MORE THAN ONE HEALTH WORKER	IF PATIENT SAW MORE THAN ONE PROVIDER, ASK NAMES OF ALL PROVIDERS. OTHERWISE, ► (002).
(2.04)	What is the name of the second health worker who provided care to you?	
(2.05)	INTERVIEWER: ENTER HEALTH WORKER ID CODE FROM THE FACILITY STAFF ROSTER	
(2.06)	What is the name of the third health worker who provided care to you?	
(2.07)	INTERVIEWER: ENTER HEALTH WORKER ID CODE FROM THE FACILITY STAFF ROSTER	
(2.08)	Do you have a bukana with you today? INTERVIEWER: IF YES: ASK TO SEE THE BUKANA.	<div>Yes, seen 01</div> <div>Yes, not seen 02 ► (2.12)</div> <div>No, bukana kept with facility 03 ► (2.12)</div> <div>No bukana used 04 ► (2.12)</div>
(2.09)	INTERVIEWER: CHECK BUKANA. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	<div>YES, 1 TIME 01</div> <div>YES, 2 OR MORE TIMES 02</div> <div>NO 03</div>
(2.10)	INTERVIEWER: HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE BUKANA?	# WEEKS
(2.11)	INTERVIEWER: DOES THE BUKANA MENTION THE CLIENT'S BLOOD GROUP?	<div>YES 1</div> <div>NO 2</div>

(2.12)	How long have you been pregnant? (INTERVIEWER: RECORD MONTHS <u>OR</u> WEEKS)	a. WEEKS	
		b. MONTHS	
(2.13)	Is this your first pregnancy?	YES 1	
		NO 2	
(2.14)	Is this your first antenatal visit at this health center for this pregnancy?	YES 1 ► (2.16)	
		NO 2	
(2.15)	Including this visit, how many antenatal care visits have you had for this pregnancy to this health center?		
(2.16)	How many antenatal care visits have you had for this pregnancy to other health facilities?		
(2.17)	During this visit, were you weighed?	YES 1	
		NO 2	
(2.18)	During this visit, was your height measured?	YES 1	
		NO 2	
(2.19)	During this visit, did someone measure your blood pressure? INTERVIEWER, EXPLAIN: This is when someone wraps a wide cloth around your arm above your elbow and you feel squeezing and pressure on your arm, which is then released after some time.	YES 1	
		NO 2	
(2.20)	During this visit, did you give a urine sample? INTERVIEWER, EXPLAIN: Did someone ask you to collect your urine in a small bottle or pot for some medical tests?	YES 1	
		NO 2	
(2.21)	During this visit, did you give a blood sample? INTERVIEWER, EXPLAIN: Did someone prick your finger or your arm with a needle to collect blood for some medical tests?	YES 1	
		NO 2	
(2.22)	During this visit, did you schedule your delivery in the facility?	YES 1	
		NO 2	
(2.23)	During this visit, did the provider palpate your tummy? INTERVIEWER, EXPLAIN: Did the health worker make you lie down on a table or couch and touch your tummy?	YES 1	
		NO 2	

(2.24)	During this visit, did the health worker estimate your delivery or due date?	YES	1	
		NO	2	
(2.25)	During this visit, was your uterine height measured? INTERVIEWER, EXPLAIN: This is when the provider measures your tummy using a measurement tape.	YES	1	
		NO	2	
(2.26)	During this visit, did a health worker ask for your blood type?	YES	1	
		NO	2	
(2.27)	During this visit, did a health worker give you advice on your diet (this is, what to eat and drink) during pregnancy?	YES	1	
		NO	2 ► (2.29)	
(2.28)	What did the health worker advise you to eat during pregnancy? INTERVIEWER: DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. GREEN LEAFY VEGETABLES		
		b. MILK		
		c. MEAT AND POULTRY		
		d. FRUITS AND NUTS		
		e. OTHER, SPECIFY:		
(2.29)	During this visit, did a health worker give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? INTERVIEWER: SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES	1	
		NO	2 ► (2.33)	
(2.30)	INTERVIEWER: ASK TO SEE THE CLIENT'S IRON/FOLIC ACID/IRON WITH FOLIC ACID PILLS OR PRESCRIPTION FOR IT.	SAW PILLS	01	
		SAW PRESCRIPTION	02	
		NO PILLS OR PRESCRIPTION	03	
(2.31)	During this or previous visits, has a health worker discussed with you the side effects of the iron pill?	YES	1	
		NO	2	
(2.32)	Please tell me any side effect of the iron pill that you know of. INTERVIEWER: DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. NAUSEA		
		b. BLACK STOOLS		
		c. CONSTIPATION		
		d. OTHER, SPECIFY:		

(2.33)	During this visit or previous visits, has a health worker asked you whether you had ever received a tetanus toxoid injection?	YES 1	
		NO 2	
(2.34)	Have you ever received a tetanus toxoid injection, including one you may have received today?	YES 1	
		NO 2 ► (2.36)	
(2.35)	Including any Tetanus Toxoid injection you received today, how many times in total during your lifetime have you received a Tetanus Toxoid injection? (INTERVIEWER: INJECTION MAY HAVE BEEN RECEIVED EITHER AT THIS FACILITY OR ELSEWHERE.)		
(2.36)	During this visit or previous visits, has a health worker talked with you about any signs of complications (danger signs) that should warn you of problems with the pregnancy?	Yes, during this visit 01	
		Yes, during previous visit 02	
		No 03 ► (2.39)	
(2.37)	Please tell me any signs of complications (danger signs) during pregnancy that you know of. INTERVIEWER: DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. ANY VAGINAL BLEEDING	
		b. FEVER	
		c. SWOLLEN FACE, HANDS OR LEGS	
		d. TIREDNESS OR BREATHLESSNESS	
		e. SEVERE HEADACHE	
		f. BLURRED VISION	
		g. CONVULSIONS	
		h. LIGHTEADEDNESS/DIZZINESS/BLACKOUT	
		i. SEVERE PAIN IN LOWER BELLY	
		j. BABY STOPS MOVING OR REDUCED FETAL MOVEMENT	
		k. BAG OF WATER BREAKS OR LEAKS	
		l. DIFFICULTY BREATHING	
		m. FOUL SMELLING DISCHARGE OR FLUID FROM VAGINA	
		n. OTHER, SPECIFY:	
(2.38)	What did the health worker advise you to do if you experienced any of the warning signs during pregnancy? INTERVIEWER: DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. SEEK CARE AT FACILITY	
		b. DECREASE ACTIVITY	
		c. CHANGE DIET	
		d. OTHER, SPECIFY:	

(2.39)	During this visit, did a health worker talk with you about using family planning after the birth of your baby?	YES 1	
		NO 2 ► (3.01)	
(2.40)	During this visit, did the health worker discuss with you any specific method of family planning?	YES 1	
		NO 2 ► (3.01)	
(2.41)	Which family planning methods did the health worker discuss? INTERVIEWER: DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	a. FEMALE STERILIZATION	
		b. MALE STERILIZATION	
		c. CONTRACEPTIVE PILL	
		d. INTRAUTERINE DEVICE (IUD)	
		e. INJECTABLE CONTRACEPTIVES	
		f. IMPLANTS	
		g. MALE CONDOMS	
		h. FEMALE CONDOMS	
		i. DIAPHRAGM	
		j. FOAM / JELLY	
		k. LACTATIONAL AMENORRHEA	
		l. RHYTHM METHOD	
		m. WITHDRAWAL	

(3)	Patient travel and expenditure	RECORD RESPONSE																
(3.01)	How long did it take you to reach this health center from home today, <u>one way</u> in minutes?	MINUTES																
(3.02)	What was your primary mode of transportation today? (<u>One way</u>)	<table border="1"> <tr> <td>By foot</td> <td>01 ► (3.04)</td> </tr> <tr> <td>Bicycle</td> <td>02</td> </tr> <tr> <td>Animal</td> <td>03</td> </tr> <tr> <td>Private car</td> <td>04</td> </tr> <tr> <td>Public car/bus</td> <td>05</td> </tr> <tr> <td>Private motorcycle</td> <td>06</td> </tr> <tr> <td>Taximoto</td> <td>07</td> </tr> <tr> <td>Other, Specify:</td> <td>96</td> </tr> </table>	By foot	01 ► (3.04)	Bicycle	02	Animal	03	Private car	04	Public car/bus	05	Private motorcycle	06	Taximoto	07	Other, Specify:	96
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Animal	03																	
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Public car/bus	05																	
Private motorcycle	06																	
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Other, Specify:	96																	
(3.03)	How much did it cost in Maloti for you to travel to the health center today, one way?	MALOTI																
(3.04)	How long did you wait in the health center before being seen in consultation by the health worker?	MINUTES																
(3.05)	Do you think the time you spent waiting was too long?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2												
YES	1																	
NO	2																	
(3.06)	How long did you spend with the health provider during the consultation?	MINUTES																
(3.07)	Are you currently covered under a health insurance scheme?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 ► (4.01)</td> </tr> </table>	YES	1	NO	2 ► (4.01)												
YES	1																	
NO	2 ► (4.01)																	
(3.08)	What type of health insurance is this? Is it Public, Private or both?	<table border="1"> <tr> <td>Public</td> <td>01</td> </tr> <tr> <td>Private</td> <td>02</td> </tr> <tr> <td>Both</td> <td>03</td> </tr> </table>	Public	01	Private	02	Both	03										
Public	01																	
Private	02																	
Both	03																	
(3.09)	In the last 12 months, how many months have you been enrolled in the insurance scheme that covers you now?	MONTHS. MAXIMUM 12.																

(4) Patient satisfaction			RECORD RESPONSE	
(4.01)	What was the two most important reason you chose this health center today instead of a different source of care?	LOCATION CLOSE TO HOME	01	
		LOW COST	02	
		TRUST IN PROVIDERS / HIGH QUALITY CARE	03	
	INTERVIEWER: DO NOT READ OPTIONS ALOUD. ONLY TWO ANSWERS ARE ALLOWED.	AVAILABILITY OF DRUGS	04	
		AVAILABILITY OF FEMALE PROVIDER	05	
		RECOMMENDATION OR REFERRAL	06	
		OTHER, SPECIFY:	96	

I'm going to read you a series of statements regarding this health center. Please tell me if you agree, neither agree nor disagree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND CIRCLE THE RESPONSE CODE FOR EACH QUESTION.

		Agree	Neither agree nor disagree	Disagree	Not applicable
(4.02)	It is convenient to travel from your house to the health center.	1	2	3	4
(4.03)	The health center is clean.	1	2	3	4
(4.04)	The health staff are courteous and respectful.	1	2	3	4
(4.05)	The health workers did a good job of explaining your condition.	1	2	3	4
(4.06)	It is easy to get medicine that health workers prescribe.	1	2	3	4
(4.07)	The transport fees for this visit to the health center were reasonable.	1	2	3	4
(4.08)	The amount of time you spent waiting to be seen by a health worker was reasonable.	1	2	3	4
(4.09)	You had enough privacy during your visit.	1	2	3	4
(4.10)	The health worker spent a sufficient amount of time with you.	1	2	3	4
(4.11)	The hours the health center is open are adequate to meet your needs.	1	2	3	4
(4.12)	The overall quality of services provided was satisfactory.	1	2	3	4

(5)	Security and Trust					
I'm going to read you a series of statements regarding security and trust in this health center. Please respond to the statements as you did above by confirming if you agree, neither agree nor disagree, or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.						
INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.						
		Agree	Neither agree nor disagree	Disagree	Not applicable	RECORD RESPONSE
(5.01)	The level of security in the health center area makes it difficult for people in the community to use available health services.	1	2	3	4	
(5.02)	The health workers in this facility are extremely thorough and careful.	1	2	3	4	
(5.03)	You trust in the skills and abilities of the health workers of this health center.	1	2	3	4	
(5.04)	You completely trust the health worker's decisions about medical treatments in this health center.	1	2	3	4	
(5.05)	The health workers in this health center are very friendly and approachable.	1	2	3	4	
(5.06)	The health workers in this health center are easy to make contact with.	1	2	3	4	
(5.07)	The health workers in this health center care about your health just as much or more than you do.	1	2	3	4	
(5.08)	The health workers in this health center act differently toward rich people than toward poor people.	1	2	3	4	
(5.09)	All in all, you trust the health workers completely in this health center.	1	2	3	4	

(6)	Questions about the household	RECORD RESPONSE																																																																	
(6.01)	Does your household own any land, including land where you have a house?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																																													
YES	1																																																																		
NO	2																																																																		
(6.02)	For your home, what is the main material used for the following: Wall, Rooftop and Floor? INTERVIEWER: DO NOT READ CHOICES ALOUD. RECORD THE RESPONSE FOR EACH SEPARATELY	<table border="1"> <tr> <td>BRICKS OR BLOCKS</td> <td>01</td> <td>a. Wall</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ASBESTOS</td> <td>02</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CORRUGATED IRON / METAL</td> <td>03</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLASTIC</td> <td>04</td> <td>b. Rooftop</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>POLES / REED</td> <td>05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TILES / SLATES</td> <td>06</td> <td></td> <td></td> <td></td> </tr> <tr> <td>THATCH / GRASS</td> <td>07</td> <td>c. Floor</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WOOD / BAMBOO</td> <td>08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EARTH / MUD</td> <td>09</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONCRETE (CEMENT)</td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COVERED CONCRETE</td> <td>11</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CARDBOARD</td> <td>12</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER, SPECIFY:</td> <td>96</td> <td></td> <td></td> <td></td> </tr> </table>	BRICKS OR BLOCKS	01	a. Wall	<input type="text"/>	<input type="text"/>	ASBESTOS	02				CORRUGATED IRON / METAL	03				PLASTIC	04	b. Rooftop	<input type="text"/>	<input type="text"/>	POLES / REED	05				TILES / SLATES	06				THATCH / GRASS	07	c. Floor	<input type="text"/>	<input type="text"/>	WOOD / BAMBOO	08				EARTH / MUD	09				CONCRETE (CEMENT)	10				COVERED CONCRETE	11				CARDBOARD	12				OTHER, SPECIFY:	96			
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(6.03)	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms? INTERVIEWER: DO NOT COUNT KITCHEN AND BATHROOM.																																																																		
(6.04)	How many people live in your household? INTERVIEWER: WRITE THE TOTAL NUMBER IN EACH CATEGORY.	<table border="1"> <tr> <td>a. Men 18 years and older</td> <td><input type="text"/></td> </tr> <tr> <td>b. Women 18 years and older</td> <td><input type="text"/></td> </tr> <tr> <td>c. Children & adolescents between 6 & 17 years</td> <td><input type="text"/></td> </tr> <tr> <td>d. Children 5 years and below</td> <td><input type="text"/></td> </tr> <tr> <td>e. Total</td> <td><input type="text"/></td> </tr> </table>	a. Men 18 years and older	<input type="text"/>	b. Women 18 years and older	<input type="text"/>	c. Children & adolescents between 6 & 17 years	<input type="text"/>	d. Children 5 years and below	<input type="text"/>	e. Total	<input type="text"/>																																																							
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(6)	Questions about the household (continued)	
(6.05)	How many [ASSET]s does your household own? ONLY INCLUDE <u>FUNCTIONING</u> ASSETS. IF ZERO, RECORD ZERO AND GO TO NEXT ASSET.	RECORD RESPONSE
a	Radio/CD/cassette player?	
b	Television?	
c	Clothes iron?	
d	Electric stove?	
e	Gas stove?	
f	Paraffin lamp?	
g	Bed?	
h	Mattress?	
i	Cameras?	
j	Refrigerator / freezer?	
k	Dishwashers?	
l	Fans?	
m	Sewing machine?	
n	Table? (for dining?)	
o	Sofa?	
p	Land line telephone?	
q	Mobile / Telephone?	
r	Motorcycle?	
s	Bicycle?	
t	Truck or car?	
u	Wheelbarrow?	
v	Plough?	
x	Hoes / harrows / axes ?	
(6.06)	How many [ANIMAL]s does your household own? IF ZERO, RECORD ZERO AND GO TO NEXT ANIMAL.	RECORD RESPONSE
a	Cattle?	
b	Goat?	
c	Sheep?	
d	Pig?	
e	Poultry (chicken, ducks, turkeys, etc.)?	
f	Game?	
g	Donkey?	
h	Horse?	
i	Oxen?	
j	Other, specify?	

(7)	Village Health Worker	RECORD RESPONSE			
(7.01)	Do you know of any village health workers (VHW) in your community?	YES	1		
		NO	2 ► (8.01)		
(7.02)	Do you have both male and female Village Health Worker in your community?	Male VHW only	01		
		Female VHW only	02		
		Both Male and Female	03		
(7.03)	In the last month, has any village health worker provided services to you while you were at the health post?	YES	1		
		NO	2		
(7.04)	In the last month, has any village health worker provided services to you while you were in your own home?	YES	1		
		NO	2		
(7.05)	In the last month, has any village health worker provided services to you while you were elsewhere in your community?	YES	1		
		NO	2		
(7.06)	INTERVIEWER: CHECK THE PREVIOUS 3 QUESTIONS TO SEE WHETHER RESPONDENT HAS USED SERVICES IN THE LAST MONTH	YES	1		
		NO	2 ► (7.08)		
(7.07)	What services did the VHW provide you?	a. PROVIDE IRON / FOLIC ACID TABLETS			
		b. PROVIDE TETANUS TOXOID IMMUNIZATION			
	INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.	c. INFORMATION ON DANGER SIGNS DURING PREGNANCY			
		d. ADVICE ON EXCLUSIVE BREASTFEEDING			
		e. HEALTH EDUCATION OR PROMOTION			
		f. REFERRAL TO HEALTH CENTER			
		g. OTHER, SPECIFY:			
I'm going to read you two statements in relation to work done by the Village Health workers. Please indicate if you agree, neither agree nor disagree, or disagree with each statement.					
		Agree	Neither agree nor disagree	Disagree	RECORD RESPONSE
(7.08)	Village Health Worker(s) provide a valuable service in my community.	1	2	3	
(7.09)	Village Health Worker(s) provide good quality service in my community	1	2	3	

(8)	Traditional Birth Attendant		RECORD RESPONSE
(8.01)	Do you know of any traditional birth attendant (TBA) in your community?	Yes 1 No 2 ► END	
(8.02)	Have you used Traditional Birth Attendant services in the last month, either in your own home, in the community or in the health post?	Yes, at own home 01 Yes, at health post 02 Yes, in the community 03 Yes, both at home and in the health post 04 Yes, both at home and in the community 05 Yes, both in the health post and in the community 06 Yes, both at home, in the health post and the community 07 No 08 ► (8.04)	
(8.03)	What services did the TBA provide you?	a. IDENTIFY YOUR PREGNANCY	
		b. BRING YOU FOR ANTENATAL CHECKUP	
	INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.	c. INFORMATION ON DANGER SIGNS DURING PREGNANCY	
		d. ESCORT TO HEALTH CENTER FOR DELIVERY	
		e. HEALTH EDUCATION OR PROMOTION	
		f. OTHER, SPECIFY:	

I'm going to read you two statements in relation to work done by the Traditional Birth Attendant (TBA). Please indicate if you agree, neither agree nor disagree, or disagree with each statement.

		Agree	Neither agree nor disagree	Disagree	RECORD RESPONSE
(8.04)	Traditional Birth Attendants provide a valuable service in my community.	1	2	3	
(8.05)	Traditional Birth Attendants provide good quality service in my community.	1	2	3	

THANK YOU FOR YOUR TIME