

FEDERAL REPUBLIC OF NIGERIA  
NATIONAL POPULATION COMMISSION  
1999 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY  
SERVICE AVAILABILITY QUESTIONNAIRE

NDHS 01

| IDENTIFICATION                                    |   |
|---|---|
| STATE NAME .....                                  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| LOCAL GOVT.. AREA .....                           | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| LOCALITY NAME .....                               | <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> |
| ENUMERATION AREA .....                            | <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> |
| *URBAN/RURAL .....                                | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> |
| **LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE ..... | <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> |

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| DATE OF VISIT .....   | DAY    | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
|   | MONTH  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| INTERVIEWER'S NAME .....  | YEAR   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
|   | NAME   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| RESULT .....  | RESULT | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <p>RESULT CODES:</p> <p>1      COMPLETED</p> <p>2      UNABLE TO COMPLETE SPECIFY, REASON BELOW</p> <p style="text-align: center; margin-top: 10px;">_____</p> <p style="text-align: center;">(SPECIFY)</p> |        |   |

| SUPERVISOR    |   | FIELD EDITOR |   |
|---------------|---|--------------|---|
| NAME          | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | NAME         | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
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| OFFICE EDITOR |   | KEYED BY     |   |
| NAME          | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | NAME         | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
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\* Urban = 1, Rural = 2

\*\* (Large Town = 1, Medium Town = 2, Small Town = 3, Village = 4)

\*\*\* The questionnaire solicits information on the services available and nearest to the majority of the people in the community.


# SECTION 1A. COMMUNITY CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 101 | Type of Locality in which the EA is Located   | LARGE TOWN ..... 1<br>MEDIUM TOWN ..... 2<br>SMALL TOWN ..... 3<br>VILLAGE ..... 4  | → 106 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 102 | What is the name of the nearest urban centre?   |   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103 | How far is it in kilometers to the nearest urban centre?  | KM. TO NEAREST URBAN CENTRE ..... <table border="1"><tr><td></td><td></td><td></td></tr></table>  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 104 | What are the most commonly used types of transportation to go the nearest urban centre? (CIRCLE ALL APPLICABLE) | MOTORIZED ..... A<br>ANIMAL ..... B<br>WALKING ..... C<br>CYCLING ..... D<br>OTHER ..... X<br>(SPECIFY) _____   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 105 | What is the main access route to this (COMMUNITY)   | ALL WEATHER ROAD ..... 1<br>SEASONAL ROAD ..... 2<br>OTHER (RIVER/RAILWAY) ..... 3<br>PATH ..... 4<br>OTHER ..... X<br>(SPECIFY) _____  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 106 | What are the major economic activities of the (COMMUNITY) inhabitants?  | AGRICULTURE ..... A<br>LIVESTOCK ..... B<br>FISHING ..... C<br>TRADING/MARKETING ..... D<br>MANUFACTURING ..... E<br>MINING ..... F<br>COTTAGE INDUSTRY ..... G<br>OTHER ..... X<br>(SPECIFY) _____   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 107 | Is there telephone service in the (COMMUNITY)   | YES ..... 1<br>NO ..... 2   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 108 | Are the following things in the (COMMUNITY)?  | <div style="text-align: right;">KILOMETERS</div> PRIMARY ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>SECONDARY SCHOOL ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>POST OFFICE ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>LOCAL MARKET ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>CINEMA ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>BANK ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>HEALTH CENTRE/HOSPITAL ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>PUBLIC TRANSPORTATION ..... <table border="1"><tr><td></td><td></td><td></td></tr></table><br>If in Locality write "00". If not, write distance in kilometres, if you do not know, write "98". If more than 95 kms write "95" |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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SECTION 1C: HEALTH AND FAMILY PLANNING PROGRAM IN THE COMMUNITY

|      |  |   |       |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| 109  | Does a community based family planning health Program cover this (COMMUNITY)?  | YES ..... 1<br>NO ..... 2   | → 110 |  |  |  |  |  |  |  |  |  |  |  |  |
| 109a | Are the following methods* available from the community based distribution centre?<br><br>a: Pill?<br><br>b: Condom?<br><br>c: Vaginals? | PILL:<br>YES ..... 1<br>NO ..... 2<br><br>CONDOM:<br>YES ..... 1<br>NO ..... 2<br><br>VAGINALS:<br>YES ..... 1<br>NO ..... 2  |       |  |  |  |  |  |  |  |  |  |  |  |  |
| 110  | Does a family planning service provider (Nurse) visit this Community?  | YES ..... 1<br>NO ..... 2   | → 111 |  |  |  |  |  |  |  |  |  |  |  |  |
| 110a | How often does the family planning service provider (Nurse) visit this community?  | NO. OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> PER (MONTH) .... 1<br>( YEAR) ..... 2  |       |  |  |  |  |  |  |  |  |  |  |  |  |
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|      |  |   |       |  |  |  |  |  |  |  |  |  |  |  |  |
| 110b | Does a family planning service provider (Nurse) make available family planning counselling?  | YES ..... 1<br>NO ..... 2   |       |  |  |  |  |  |  |  |  |  |  |  |  |
| 110c | Are the following methods available from the family service provider (Nurse)?<br><br>a: Pill?<br><br>b: Condom?<br><br>c: Vaginals?      | PILL:<br>YES ..... 1<br>NO ..... 2<br><br>CONDOM:<br>YES ..... 1<br>NO ..... 2<br><br>VAGINALS:<br>YES ..... 1<br>NO ..... 2  |       |  |  |  |  |  |  |  |  |  |  |  |  |
| 110d | How many family planning service provider (Nurse) in this Community?   | TOTAL<br>NO. OF FP PROVIDERS(WORKERS) .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>NO. OF GOVERNMENT WORKERS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>NO. OF NON-GOVT. WORKERS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |       |  |  |  |  |  |  |  |  |  |  |  |  |
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|      |  |   |       |  |  |  |  |  |  |  |  |  |  |  |  |
| 111  | Is the Community visited regularly by a mobile family planning clinic?   | YES ..... 1<br>NO ..... 2   | → 112 |  |  |  |  |  |  |  |  |  |  |  |  |
| 111a | How often does the mobile family planning clinic visit this Community?   | NO. OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> PER (MONTH) .... 1<br>( YEAR) ..... 2  |       |  |  |  |  |  |  |  |  |  |  |  |  |
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|------|--|---|-------|
| 111b | Are the following methods available from the mobile family planning clinic)?       |   |       |
|      | a: Pill?   | PILL:<br>YES ..... 1<br>NO ..... 2  |       |
|      | b: IUD?  | IUD:<br>YES ..... 1<br>NO ..... 2   |       |
|      | c: Female Sterilization?   | FEMALE STERILIZATION:<br>YES ..... 1<br>NO ..... 2  |       |
|      | d: Injectables?  | INJECTABLES:<br>YES ..... 1<br>NO ..... 2   |       |
| 112  | Have there been any family planning campaigns in the (COMMUNITY) in the last year? | YES ..... 1<br>NO ..... 2   | → 113 |
| 112a | What specifically was this campaign promoting?<br><br>(CIRCLE ALL APPLICABLE)      | CHILD SPACING ..... A<br>BENEFITS OF BIRTH CONTROL ..... B<br>USE OF FAMILY PLANNING ..... C<br>BREAST FEEDING ..... D<br>SPECIFY (METHOD(S) PROMOTION ..... E<br>WHERE METHODS ARE AVAILABLE ..... F<br>OTHER ..... X<br><br>(SPECIFY) |       |

| NO.  | QUESTIONS   | CODING CATEGORIES   | SKIP |
|------|---|---|------|
| 113  | Where do most women give birth  | AT HOME ..... 1<br>AT HEALTH CENTRE/HOSPITAL ..... 2  |      |
| 114  | Is there a traditional birth attendant available to women here who regularly assists during delivery?   | YES ..... 1<br>NO ..... 2   | →115 |
| 114a | Does the traditional birth attendant provide Iron supplements?  | YES ..... 1<br>NO ..... 2   |      |
| 114b | Has the traditional birth attendant had any special training from the Government or Ministry of Health or other organization?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |      |
| 115  | Is the Community covered by a trained midwife?  | YES ..... 1<br>NO ..... 2   |      |
| 115a | Does the trained midwife provide iron supplements?  | YES ..... 1<br>NO ..... 2   |      |
| 116  | Is the Community covered by a Health worker?  | YES ..... 1<br>NO ..... 2   | →117 |
| 116a | Does the health worker provide?<br>a: Basic medication e.g for fever etc?<br><br>b: ORT Instruction or ORS packets?<br><br>c: Vitamin A capsules?<br><br>d: Growth Monitoring and promotion<br><br>e: Iron tablets?<br><br>f: Iodized Oil capsules/injections?<br><br>g: Antenatal care?<br><br>h: Immunizations?<br><br>f: Family planning services? | BASIC MEDICATIONS:<br>YES ..... 1<br>NO ..... 2<br><br>ORT/ORS:<br>YES ..... 1<br>NO ..... 2<br><br>VITAMIN A:<br>YES ..... 1<br>NO ..... 2<br><br>GROWTH MONITORING AND PROMOTION:<br>YES ..... 1<br>NO ..... 2<br><br>IRON TABLETS:<br>YES ..... 1<br>NO ..... 2<br><br>IODIZED OIL:<br>YES ..... 1<br>NO ..... 2<br><br>ANTENATAL CARE:<br>YES ..... 1<br>NO ..... 2<br><br>IMMUNIZATIONS:<br>YES ..... 1<br>NO ..... 2<br><br>FAMILY PLANNING?<br>YES ..... 1<br>NO ..... 2 |      |
| 116b | How often does the health worker visit?   | NO. Of TIMES  PER (MONTH) ..... 1<br>(YEAR) ..... 2  |      |
| 117  | Have there been any health campaigns in the (COMMUNITY)?  | YES ..... 1<br>NO ..... 2   | →201 |
| 117a | What was the health campaign promoting?<br>(CIRCLE ALL APPLICABLE)  | BENEFITS OF BREAST-FEEDING ..... A<br>IMMUNIZATION ..... B<br>DIARRHOEA DISEASE CONTROL ..... C<br>AIDS ..... D<br>DRUG ABUSE ..... E<br>GROWTH MONITORING AND PROMOTION ..... F<br>VITAMIN A ..... G<br>IODINE DEFICIENCY ..... H<br>SANITATION ..... I<br>OTHER ..... X<br>(SPECIFY)  |      |

**SECTION 2:**

**FACILITY IDENTIFICATION SECTION**

A. What is the name of the nearest doctor with a private clinic to this community?

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B. What is the name of the nearest pharmacy/patent medicine store (PMS) to this community?

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C. What is the name of the nearest health centre providing general health services to this community?

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D. What is the name of the nearest clinic providing general health services to this community?

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






E. What is the name of the nearest hospital providing general health services to this community?

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**A: PRIVATE DOCTOR**

| NO.                     | QUESTIONS  | CODING CATEGORIES   | SKIP TO          |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
|-------------------------|--|---|------------------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-------------------------|---|---|---|------------------------|---|---|---|--------|
| A201                    | NAME OF PRIVATE DOCTOR   | PRIVATE DOCTOR'S<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000   | → B201           |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A202                    | How far is the Doctor (in km) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                    | KILOMETERS ..... <input type="text"/> <input type="text"/>  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A203                    | What is the most common type of transport to the Doctor's clinic?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A204                    | How long does it take to get from here to (PRIVATE DOCTOR'S, NAME) using most common type of transport   | HOURS ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A205                    | Does this private doctor provide<br>antenatal care?<br>delivery care?<br>child immunization?<br>family planning services?  | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DELIVERY CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILD IMMUNIZATION? ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAMILY PLANNING? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |                  | YES | NO | DK | ANTENATAL CARE? ..... | 1 | 2 | 8 | DELIVERY CARE? ..... | 1 | 2 | 8 | CHILD IMMUNIZATION? ... | 1 | 2 | 8 | FAMILY PLANNING? ..... | 1 | 2 | 8 | → A210 |
|                         | YES  | NO  | DK               |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| ANTENATAL CARE? .....   | 1  | 2   | 8                |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| DELIVERY CARE? .....    | 1  | 2   | 8                |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| CHILD IMMUNIZATION? ... | 1  | 2   | 8                |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| FAMILY PLANNING? .....  | 1  | 2   | 8                |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A206                    | Who is the nearest doctor with a private practice who provide family planning services to this community?  | PRIVATE DOCTORS'S<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000<br>DON'T KNOW ..... 98   | → A210<br>→ A210 |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A207                    | How far is the private Doctor's clinic (in kms) from here?<br>(WRITE IN "00" IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN "95".) | KILOMETERS ..... <input type="text"/> <input type="text"/>  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A208                    | What is the most common type of transport to the Doctor's practice?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A209                    | How long does it take to get from here to (PRIVATE DOCTOR'S, NAME) using most common type of transport?  | HOURS ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |
| A210                    | How many practicing private Doctors are there within 30 kilometers?  | NO. OF PRIVATE DOCTORS<br>WITHIN 30 KM ..... <input type="text"/> <input type="text"/>  |                  |     |    |    |                       |   |   |   |                      |   |   |   |                         |   |   |   |                        |   |   |   |        |

**B: PHARMACY/PATENT MEDICINE STORES**

| NO.  | QUESTIONS   | CODING CATEGORIES  | SKIP TO        |
|------|---|--|----------------|
| B201 | NAME OF PHARMACY PATENT MEDICINE STORES   | PHARMACY /PATENT MEDICINE STORES<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000  | →C201          |
| B202 | Is that a government pharmacy/patent medicine stores or is it operated by a private organisation?   | GOVERNMENT ..... 1<br>PRIVATE ..... 2  |                |
| B203 | How far is the doctor (in km) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....    |                |
| B204 | What is the most common type of transport to the pharmacy/patent medicine stores?   | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)   |                |
| B205 | How long does it take to get from here to (PHARMACY/PATENT MEDICINE STORES) using most common type of transport?  | HOURS ..... <br>MINUTES .....      |                |
| B206 | Does this pharmacy/patent medicine stores sell family planning supplies?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | →B212          |
| B207 | What is the name of the nearest pharmacy/patient medicine stores which sells family planning supplies to the community?   | PHARMACY /PATENT MEDICINE STORES<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000<br>DON'T KNOW ..... 98   | →B212<br>→B212 |
| B208 | Is that a government pharmacy/patent medicine stores or is it operated by private Organization?   | GOVERNMENT ..... 1<br>PRIVATE ..... 2  |                |
| B209 | How far is it doctor (in km) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')  | KILOMETERS .....    |                |
| B210 | What is the most common type of transport to the pharmacy/patent medicine stores?   | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)   |                |
| B211 | How long does it take to get from here to (PHARMACY/PATENT MEDICINE STORES) using most common type of transport?  | HOURS ..... <br>MINUTES .....  |                |
| B212 | How many pharmacies/patent medicine stores in total are there within 30 kilometers?   | NO. OF PHARMACIES/PMS<br>WITHIN 30 KM .....   |                |

\* Patent medicine store => PMS

**C: HEALTH CENTRE/POST**

| NO.  | QUESTIONS   | CODING CATEGORIES  | SKIP TO |
|------|---|--|---------|
| C201 | NAME OF HEALTH CENTRE/POST  | HEALTH CENTRE/POST<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000 → D201   |         |
| C202 | Is that a government health centre/ post or is it operated by private organization?   | GOVERNMENT ..... 1<br>PRIVATE ..... 2  |         |
| C203 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....   |         |
| C204 | What is the most common type of transport to the health centre/post?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)   |         |
| C205 | How long does it take to get from here to (HEALTH CENTRE/POST) using most common type of transport?   | HOURS .....<br>MINUTES .....   |         |
| C206 | Does this health centre/post<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?           | YES NO DK<br>ANTENATAL CARE? ..... 1 2 8<br>DELIVERY CARE? ..... 1 2 8<br>GROWTH MONITORING AND<br>PROMOTION ..... 1 2 8<br>CHILD IMMUNIZATION? ..... 1 2 8<br>FAMILY PLANNING ..... 1 2 8<br>→ C213 |         |
| C207 | What is the name of the nearest health centre/post providing family planning service to this community?   | HEALTH CENTRE/POST<br>NAME _____<br>_____  |         |
| C208 | Is that a government health centre/post or is it operated by private Organization?  | GOVERNMENT ..... 1<br>PRIVATE ..... 2  |         |
| C209 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....   |         |
| C210 | What is the most common type of transport to the health centre/post?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)   |         |
| C211 | How long does it take to get from here to (HEALTH CENTRE/POST) using most common type of transport?   | HOURS .....<br>MINUTES .....   |         |
| C212 | Does this health centre/post<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?           | YES NO DK<br>ANTENATAL CARE? ..... 1 2 8<br>DELIVERY CARE? ..... 1 2 8<br>GROWTH MONITORING AND<br>PROMOTION ..... 1 2 8<br>CHILD IMMUNIZATION? ..... 1 2 8<br>FAMILY PLANNING ..... 1 2 8           |         |
| C213 | How many health centres/posts in total are there within 30 kilometers?  | NO. OF HEALTH CENTRES/POSTS<br>WITHIN 30 KM .....  |         |









**D: CLINIC**




| NO.  | QUESTIONS   | CODING CATEGORIES   | SKIP TO |
|------|---|---|---------|
| D201 | NAME OF CLINIC  | CLINIC NAME _____<br>NOT APPLICABLE ..... 000   | → E201  |
| D202 | Is that a government clinic or is it operated by a private organization?  | GOVERNMENT ..... 1<br>PRIVATE ..... 2   |         |
| D203 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS ..... <input type="text"/>   |         |
| D204 | What is the most common type of transport to the clinic?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |         |
| D205 | How long does it take to get from here to (CLINIC NAME) using most common type of transport?  | HOURS ..... <input type="text"/><br>MINUTES ..... <input type="text"/>  |         |
| D206 | Does this clinic provide?<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?              | YES NO DK<br>ANTENATAL CARE? ..... 1 2 8<br>DELIVERY CARE? ..... 1 2 8<br>GROWTH MONITORING AND PROMOTION ..... 1 2 8<br>CHILD IMMUNIZATION? ..... 1 2 8<br>FAMILY PLANNING ..... 1 2 8 | → D213  |
| D207 | What is the name of the nearest clinic providing family planning service to this community?   | CLINIC NAME _____   |         |
| D208 | Is that a government clinic or is it operated by private Organization?  | GOVERNMENT ..... 1<br>PRIVATE ..... 2   |         |
| D209 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS ..... <input type="text"/>   |         |
| D210 | What is the most common type of transport to the clinic?  | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |         |
| D211 | How long does it take to get from here to (CLINIC NAME) using most common type of transport?  | HOURS ..... <input type="text"/><br>MINUTES ..... <input type="text"/>  |         |
| D212 | Does this clinic provide?<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?              | YES NO DK<br>ANTENATAL CARE? ..... 1 2 8<br>DELIVERY CARE? ..... 1 2 8<br>GROWTH MONITORING AND PROMOTION ..... 1 2 8<br>CHILD IMMUNIZATION? ..... 1 2 8<br>FAMILY PLANNING ..... 1 2 8 |         |
| D213 | How many clinics in total are there within 30 kilometers?   | NO. OF CLINICS WITHIN 30 KM ..... <input type="text"/>  |         |


**E: HOSPITAL**

| NO.                                      | QUESTIONS  | CODING CATEGORIES   | SKIP TO |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
|--|--|---|---------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|--|---|---|---|---------------------------|---|---|---|-----------------------|---|---|---|-------|
| E201                                     | NAME OF HOSPITAL   | HOSPITAL<br>NAME _____<br>_____<br>NOT APPLICABLE ..... 000   | →214    |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E202                                     | Is that a government hospital or is it operated by a private Organization?   | GOVERNMENT ..... 1<br>PRIVATE ..... 2   |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E203                                     | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94<br>KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS ..... <input type="text"/> <input type="text"/>  |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E204                                     | What is the most common type of transport to the hospital?   | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E205                                     | How long does it take to get from here to (HOSPITAL NAME) using<br>most common type of transport?  | HOURS ..... <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>   |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E206                                     | Does this hospital provide?<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?               | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DELIVERY CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GROWTH MONITORING AND<br/>PROMOTION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILD IMMUNIZATION? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAMILY PLANNING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |         | YES | NO | DK | ANTENATAL CARE? ..... | 1 | 2 | 8 | DELIVERY CARE? ..... | 1 | 2 | 8 | GROWTH MONITORING AND<br>PROMOTION ..... | 1 | 2 | 8 | CHILD IMMUNIZATION? ..... | 1 | 2 | 8 | FAMILY PLANNING ..... | 1 | 2 | 8 | →E213 |
|  | YES  | NO  | DK      |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| ANTENATAL CARE? .....                    | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| DELIVERY CARE? .....                     | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| GROWTH MONITORING AND<br>PROMOTION ..... | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| CHILD IMMUNIZATION? .....                | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| FAMILY PLANNING .....                    | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E207                                     | What is the name of the nearest hospital providing family planning service<br>to this community?   | HOSPITAL<br>NAME _____<br>_____   |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E208                                     | Is that a government hospital or is it operated by a private Organization?   | GOVERNMENT ..... 1<br>PRIVATE ..... 2   |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E209                                     | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94<br>KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS ..... <input type="text"/> <input type="text"/>  |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E210                                     | What is the most common type of transport to the hospital?   | MOTORIZED (E.G. BUS) ..... 1<br>CYCLING ..... 2<br>ANIMAL ..... 3<br>WALKING ..... 4<br>OTHER ..... 6<br>(SPECIFY)  |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E211                                     | How long does it take to get from here to (HOSPITAL NAME) using<br>most common type of transport?  | HOURS ..... <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>   |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E212                                     | Does this hospital provide?<br><br>antenatal care?<br>delivery care?<br>growth monitoring and promotion?<br>child immunization?<br>family planning services?               | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DELIVERY CARE? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GROWTH MONITORING AND<br/>PROMOTION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILD IMMUNIZATION? .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAMILY PLANNING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |         | YES | NO | DK | ANTENATAL CARE? ..... | 1 | 2 | 8 | DELIVERY CARE? ..... | 1 | 2 | 8 | GROWTH MONITORING AND<br>PROMOTION ..... | 1 | 2 | 8 | CHILD IMMUNIZATION? ..... | 1 | 2 | 8 | FAMILY PLANNING ..... | 1 | 2 | 8 |       |
|  | YES  | NO  | DK      |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| ANTENATAL CARE? .....                    | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| DELIVERY CARE? .....                     | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| GROWTH MONITORING AND<br>PROMOTION ..... | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| CHILD IMMUNIZATION? .....                | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| FAMILY PLANNING .....                    | 1  | 2   | 8       |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |
| E213                                     | How many hospitals in total are there within 30 kilometers?  | NO. OF HOSPITALS<br>WITHIN 30 KM ..... <input type="text"/> <input type="text"/>  |         |     |    |    |                       |   |   |   |                      |   |   |   |  |   |   |   |                           |   |   |   |                       |   |   |   |       |

**CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION**

| NO.  | QUESTIONS  | CODING CATEGORIES  | SKIP TO |
|------|--|--|---------|
| 214  | What is the name of the nearest place where birth control (child-spacing) pill can be obtained?  | NEAREST PILL PROVIDER NAME<br>NAME _____   |         |
| 215  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....    |         |
| 216  | What is the name of the nearest place or provider to this community where condoms/femidom can be obtained  | NEAREST CONDOM/FEMIDOM PROVIDER NAME<br>_____  |         |
| 217  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....    |         |
| 218  | What is the name of the nearest place to this community where family planning injection can be obtained?   | NEAREST INJECTION PROVIDER NAME<br>_____   |         |
| 219  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....    |         |
| 220  | What is the name of the nearest facility or provider to this community where IUDs can be inserted?   | NEAREST IUD PROVIDER NAME<br>_____   |         |
| 221  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....   |         |
| 222  | What is the name of the nearest facility or provider to this community where female sterilization can be obtained?   | NEAREST STERILIZATION PROVIDER NAME<br>_____   |         |
| 222A | What is the name of the nearest facility or provider to this community where male sterilization can be obtained?   | NEAREST STERILIZATION PROVIDER NAME<br>_____   |         |
| 223  | How far is the female sterilization (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....  |         |
| 223A | How far is the male sterilization (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')   | KILOMETERS .....  |         |
| 224  | What is name of the nearest place to this community where immunizations for children can be obtained?  | NEAREST IMMUNIZATION PROVIDER<br>_____   |         |
| 225  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....  |         |
| 226  | What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?   | NEAREST ORS PLACE NAME<br>_____  |         |
| 227  | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94 KILOMETERS, WRITE DISTANCE IN KMS. IF 95 KILOMETERS OR MORE, WRITE IN '95')                       | KILOMETERS .....  |         |
| 228  | If child is sick with cough (respiratory disease), what is the name of the nearest place where treatment can be obtained   | NEAREST RESP. DISEASE TREATMENT PLACE<br>_____   |         |

| NO. | QUESTIONS  | CODING CATEGORIES  | SKIP TO |
|-----|--|--|---------|
| 229 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94<br>KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....  |         |
| 230 | What is the name of the nearest place to this community where antenatal<br>care can be obtained  | NEAREST ANTENATAL PROVIDER NAME<br>_____   |         |
| 231 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94<br>KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....  |         |
| 232 | If a woman has a complication in delivery, what is the name of the nearest<br>place she can be treated?  | NEAREST DELIVER PLACE NAME<br>_____  |         |
| 233 | How far is it (in kms) from here?<br>(WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 94<br>KILOMETERS, WRITE DISTANCE IN KMS.<br>IF 95 KILOMETERS OR MORE, WRITE IN '95') | KILOMETERS .....  |         |

|      |   |                           |
|------|---|---------------------------|
| 234. | COMMUNITY INFORMANT(S)  |                           |
|      | NAME  | POSITION/TITLE/OCCUPATION |
| 1.   | _____   | _____                     |
| 2.   | _____   | _____                     |
| 3.   | _____   | _____                     |
| 4.   | _____   | _____                     |
| 235. | TOTAL NUMBER OF INFORMANT(S) IN THE COMMUNITY .....  |                           |