SET TWO: Mothers with Children less than 5 years old (0- 59 months)

Household Baseline Survey November 2007

Explanatory Letter

Hello my name is---------- I am working for the Hanan Project,

Which is a three year, Maternal, Child Health and Nutrition Project aiming to bring MCH and nutrition services to Palestinians in WBG close to their homes. The purpose of my visit is to assess the current situation related to MCHN, and against which the project's progress in the future will be measured. The project works closely with Palestinian NGOs and other local partners to improve the health of Palestinian children and mothers.

Integrated and coordinated efforts among the mothers and children, families, communities and healthcare facilities will ultimately improve the MCH and nutrition available to you and others within your community.

Participation in this survey is voluntary. You can choose not to answer any question and/or all the questions. We would very much appreciate your participation since your answers are important to us. I would like to ask you some questions about your home and family. The questionnaire will require around 20 minutes to be completed. Whatever information you provide will not be shared with anyone. It will be seen only by the assessment team.

In addition to the questionnaire, we will need to weigh, measure the height and take a blood sample of your child who is 5 years old or younger from his /her thumb by a trained person.

Signature of Interviewer: ---------- Date: / / 2007

Respondent agrees to be interviewed ☐

Respondent agrees to have her child/children participate in the clinical assessment ☐

Respondent does not agree to have her child/children participate in the Clinical assessment ☐

Respondent does not agree to be interviewed ☐

At this time, do you want to ask me anything about this exercise? May I begin the interview now?

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Interview Record			
IR1	**Questionnaire serial number**	☐☐☐☐	
IR2	**District:…….**	☐☐	
IR3	**Cluster Name and code:…….**	☐☐☐☐☐☐	
IR4	**Cluster area number**		
IR5	**LQAS number**		
IR6	**Date of visit**	☐☐/☐☐/☐☐☐☐	
IR7	**Interview Results**	Completed ☐	
		Refused ☐	
		Others, specify ……. ☐	
IR8	**Interviewer's name:**		
IR9	**Supervisor's name**		
IR10	**Data entry Name:**		
IR11	**Household number:**		

Demographic information			
DI1	**Name of Household's Head (income earner):**		
DI2	**Household Address:**		
DI3	**Phone No.:**	☐☐☐☐☐☐☐	

Household members

DI4	DI5	DI6	DI7	DI8	DI 9
Serial line number of individuals	**Name of all households members (3 character)**	**Relation to the interviewee**	**Is (name)?** **1. male** **2. female**	**1- What is Birth date of the (name)?** ***Interviewer: take it from formal cards***	***Interviewer*: calculate the age**
1. Mother			☐	☐☐/☐☐/☐☐	☐☐ Years
2. Child U5			☐	☐☐/☐☐/☐☐	☐☐ Months

DI 10	**Number of households members:**	☐☐
DI 11	**Number of children less than 5 year old:**	☐☐

Interviewer: This group of questions are for women and her husband if he is absent (dead or divorced) record: 99			
DI 12	**What is the main occupation of (name)?**		
	DI 12. Husband:……..		
	DI 12_1. Wife:……		

DI 13	**What is the highest educational attainment completed of your husband?**		
	1.Illiterate	☐	
	2.Can read and write	☐	
	3.Elementary	☐	
	4. Preparatory	☐	
	5. Secondary	☐	
	6. Lower diploma	☐	
	7.Bechelor	☐	
	8.Higher diploma	☐	
	9.Master	☐	
	10. PHD	☐	
	11. Other, specify	☐	

DI 13_1	**What is the highest educational attainment completed of you?**		
	1.Illiterate	☐	
	2.Can read and write	☐	
	3.Elementary	☐	
	4. Preparatory	☐	
	5. Secondary	☐	
	6. Lower diploma	☐	
	7.Bechelor	☐	
	8.Higher diploma	☐	
	9.Master	☐	
	10. PHD	☐	
	11. Other, specify	☐	

Management of Childhood Illness

DI 14	**What is the average income of households (NIS) per month?**		
	1. Don't know	☐	
	2. Refuse to answer	☐	
DI 15	**Are their any of the following available in the households?**		
	1. Electricity	Yes ☐ No ☐	
	2. Radio	Yes ☐ No ☐	
	3. TV	Yes ☐ No ☐	
	4. Phone (land line)	Yes ☐ No ☐	
	5. Refrigerator	Yes ☐ No ☐	
	6. Cooker	Yes ☐ No ☐	
	7. Mobile phone	Yes ☐ No ☐	
	8. Satellite	Yes ☐ No ☐	

MC1	**Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs immediate medical treatment by a qualified health care provider?** ***Interviewer: Do the "not prompted first" and then the "prompted" (reading the options), Check all that apply.***			
		1.Not Prompted	2.Prompted	**Any 2 or more "not prompted" signs is correct**
	1. Refuse to breast feed or drink	☐	☐	
	2. Lethargic or difficult to wake\ loss of consciousness	☐	☐	
	3. High fever	☐	☐	
	4. Rapid or difficult breathing	☐	☐	
	5. Vomits everything	☐	☐	
	6. Convulsions	☐	☐	
	7. Severe diarrhea\ dehydration	☐	☐	
	8. Blood in stool	☐	☐	
	9. Chest in drawing	☐	☐	
	10. Stridor at calm (wheezing while asleep)	☐	☐	
	11. Other, specify …..……	☐	☐	
	12. Don't Know	☐	☐	

MC3	**Did (name) suffer from cough and /or difficult breathing or fast breathing/ short quick breaths in the past two weeks?**	1. Yes	☐	
		2. No	☐	**→skip to Q MC 9**

MC2	**How did you learn about these danger signs? (check all that apply)**	
	1. Mother in law	☐
	2. Other family member	☐
	3. Physician	☐
	4. Nurse or midwife	☐
	5. health worker	☐
	6. Daya (traditional birth attendant)	☐
	7. Health education session	☐
	8. Brochures	☐
	9. Radio	☐
	10. TV	☐
	11. Other (specify) ……	☐

MC4	**When (NAME) had an illness with a cough , did he/she breath faster than usual with short, fast breaths?**	1. Yes	☐	
		2. No	☐	
		3. Don't know	☐	
MC5	**When (NAME) was ill , was the fast or difficult breathing due to a problem in the chest or a blocked nose?**			
	1. Blocked Nose		☐	
	2. Problem in chest		☐	
	3. Both		☐	
	4. Other (specify):……		☐	
	5. Don't Know		☐	
MC6	**Did you seek treatment for the cough/fast breathing?**	1. Yes	☐	
		2. No	☐	**→skip to Q MC 9**
		3. Don't know	☐	**→skip to Q MC 9**
MC7	**How long after you noticed (NAME) a cough and fast breathing did you seek treatment?**			
	1. Same day		☐	
	2. Next day		☐	
	3. Two days		☐	
	4. Three or more days		☐	
MC8	**Was (NAME) prescribed or given an antibiotic for the cough /fast breathing?**	1. Yes	☐	
		2. No	☐	
		3. Don't know	☐	
MC9	**In the past two weeks, has (NAME) suffered from diarrhea (three or more watery stools daily or blood in feces)?**	1. Yes	☐	
		2. No	☐	**→skip to Q MC17**
		3. Don't know	☐	**→skip to Q MC17**
MC10	**Did you seek treatment for Diarrhea?**	1. Yes	☐	
		2. No	☐	**→skip to Q** MC 14
		3. Don't know	☐	**→skip to Q** MC14
MC11	**When did you seek treatment?**			
	1. Same day		☐	
	2. Next day		☐	
	3. Two days		☐	
	4. Three or more days		☐	
MC12	**Where did you seek treatment? *(Check all that apply)***			
		Name of health facility		
	1. MOH		☐	
	2. UNRWA		☐	
	3. NGO		☐	
	4. Private physician		☐	
	5. Others, specify		☐	

MC13	**What treatment was given to your child at the clinic? *(Check all that apply)***			
	1. ORS		☐	
	2. Tablets or syrup		☐	
	3. Injections		☐	
	4. Intravenous fluid		☐	
	5. Other, specify		☐	
MC14	**What kind of treatment did you give to your child at home? *(Check all that apply)***			
	1. ORS (CORRECT ANSWER FOR THE PMP INDICATOR)		☐	
	2. Tablets or syrup		☐	
	3. Home made remedies		☐	
	4. Increased fluids intake		☐	
	5. Other, specify:……..		☐	
MC15	**When (name) had diarrhea what was the amount of fluids/milk that you gave him\her?**	1. More than usual	☐	
		2. Same amount as usual	☐	
		3. Less than usual	☐	
		4. Don't know	☐	
MC16	**When (name) had diarrhea what was the amount of food that you gave him\her?**	1. More than usual	☐	
		2. Same amount as usual	☐	
		3. Less than usual	☐	
		4. Don't know	☐	
MC17	**Did you receive any advice/counseling on how to treat your child at home?**	1. Yes	☐	
		2. No	☐	**→skip to QNT1**
		3. Don't know	☐	**→skip to QNT1**
MC18	**From whom did you receive advice/ counseling about how to treat your child?**			
	1. Mother –in– law		☐	
	2. Other family member		☐	
	3. Physician		☐	
	4. Nurse or midwife		☐	
	5. Health worker		☐	
	6. Daya (traditional birth attendant)		☐	
	7. Health education session		☐	
	8. Brochures		☐	
	9. Radio		☐	
	10. TV		☐	
	11. Other		☐	

MC19	**What kind of instructions did you receive regarding diarrhea treatment?** ***(Check all that apply)***	
	1. To give ORS	☐
	2. To give Herbal tea	☐
	3. To increase fluid intake	☐
	4. To give home remedies	☐
	5. To give tablets or syrup	☐
	6. To stop breast feeding	☐
	7. Other , specify:……	☐

Nutrition				
NT 1	**Have you ever heard or has anyone talked with you about the kind of food children need to be healthy?**	1. Yes	☐	
		2. No	☐	→skip to QNT4
		3. Don't know	☐	→skip to Q NT4
NT 2	**How did you learn about these food needs?**			
	1. Through physician or health facility worker		☐	
	2. Through community health worker		☐	
	3. Through relative, friend or neighbor		☐	
	4. Media(Radio, Television/press)		☐	
	5. Other (Specify)		☐	

NT 3	**Do you know or remember what was said about feeding a child?** ***Interviewer: Do the "not prompted" first and then the "prompted" (read the options), Check all that apply.***		
		1. Not Prompted	2. Prompted
	1. The importance of breastfeeding	☐	☐
	2. Introducing other food in addition to breast milk (after 6 months).	☐	☐
	3. Number of times to feed	☐	☐
	4. Exclusive BF 6 months old	☐	☐
	5. Immediate Breastfeeding	☐	☐
	6. To breast feed child on demand	☐	☐
	7. Not to stuff the child with food(force feeding)	☐	☐
	8. Other (specify)	☐	☐

NT 4	**In your opinion, how should a baby be weaned?**		
	1. Gradually.	☐	
	2. Abruptly, by completely stopping Breastfeeding.	☐	
	3. Not breast feed the baby during the day and just to breast feed him during night.	☐	
	4. Put bitter things on the nipple of the breast	☐	
	5. Others specify, ----------	☐	
	6 .I do not know	☐	
NT 5	**Have you been advised on how to protect yourself or your children from dietary iron deficiency anemia?**	1. Yes ☐	
		2. No ☐	
		3. Don't Know ☐	

NT6	**Can you name practices that would help to prevent dietary iron deficiency anemia?** ***Interviewer: Check all that apply, start with not prompted and then move to prompted***			
		1. Not Prompted	2. Prompted	**Any 3 or more responses of "not prompted" are correct**
	1. Delay introduction of tea for two hours after meals	☐	☐	
	2. Not combining iron /folate tablets intake with coffee, tea, or milk.	☐	☐	
	3. Eating iron rich food	☐	☐	
	4. Eating citrus fruits or vitamin C rich foods in combination with iron rich food	☐	☐	
	5. Other, specify……	☐	☐	

NT7	**Would you give some examples of iron rich food?** ***Interviewer: Check all that apply, start with not prompted and then move to prompted***	1. Not Prompted	2.Prompted	**Any 3 or more responses of "not prompted" are correct**
	1. Beef, lamb, goat, other red meat	☐	☐	
	2. Chicken, turkey, other birds	☐	☐	
	3. Liver	☐	☐	
	4. Black honey	☐	☐	
	5. Eggs yolks	☐	☐	
	6. Dried fruit(raisin, figs , dates, apricots)	☐	☐	
	7. Lentil	☐	☐	
	8. Nuts	☐	☐	
	9. Green vegetables (Spinach)	☐	☐	
	10. Other (specify)_____	☐	☐	

NT8	**Has (NAME) received a Vitamin A capsule (supplement) like this one that was squeezed into his /her mouth?** ***(Show capsule or dispenser)***	1. Yes, capsule	☐	→SKIP TO Q NT10
		2. Yes, drops	☐	
		3. No	☐	→SKIP TO Q NT11
		4. Don't know	☐	→SKIP TO Q NT11
NT9	**How many times has (name) received Vitamin A/D /drops (supplement) like this one in the last 3 days?** ***(show the capsule)***	1. 0	☐	
		2. once	☐	
		3. Twice	☐	
		4. Three	☐	

NT10	**Has (name) received Vitamin A/D capsule (supplement) like this one last in the last 6 months?** ***(show the capsule)***	1. Yes	☐
		2. No	☐
		3.Don't know	☐

NT11	**Has (NAME)'s height and weight been measured in the last six month?**	1.Yes	☐
		2. No	☐
		3. Don't know	☐
NT12	**May I take the measurement of (Name's) length?**	Yes	☐
		No	☐
NT13	**May I take a blood sample of (NAME)?**	Yes	☐
		No	☐
NT14	**May I weigh (NAME)?**	Yes	☐
		No	☐

NT15	**NT16**	**NT17**
Weight of (Name)	**Child's recumbent length/ height in CM**	**Results of Blood Examine: HEMOGLOBIN LEVEL**
		___ ___.___ g/dl

Exposure to Hanan Health Education Booklets			
HE 1	**Have you seen any of these booklets?** ***Interviewer: Show the 4 Hanan booklets to mother***		
	HE 1_1: ANC-PNC	Yes ☐	No ☐
	HE 1_2: BF-NC	Yes ☐	No ☐
	HE 1_3: CF-GM	Yes ☐	No ☐
	HE 1_4: ARI-DD	Yes ☐	No ☐
	If NO for all booklets, skip to Q HE 8		
HE 2	From where did you get the booklet(s)? 1. Clinic 2. Hospital 3. Community Health Worker 4. Local Society (CBO, women's organization) 5. Friend/Family 6. Other (specify)		
HE3	Have you read the booklet(s)? 1. Yes 2. No (skip to Q HE 8)		
HE4	Did you find the booklet(s) useful? 1. Yes 2. No		
HE5	Would you keep the booklet(s) as a reference? 1. Yes 2. No		
HE6	Did you share the information from the booklet(s) with anyone? 1. Yes 2. No		

HE7	Has your practice changed due to information given in the booklet(s)? 1. Yes 2. No	
HE8	Interviewer: For any booklet that the woman has not seen, show them to her again and ask her to rate on a scale of 1-5 (1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent) each of the booklets on the following attributes:	
	HE8_1: How do you rate ANC-PNC booklet in terms of:	
	HE8_1_a : Overall 1st impression 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_1_b: Size of booklet 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_1_c: Colors used 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_1_d: Cover design 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_1_e: Ease of reading (font style/size) 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_2: How do you rate BF-NC booklet in terms of:	
	HE8_2_a : Overall 1st impression 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_2_b: Size of booklet 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_2_c: Colors used 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_2_d: Cover design 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_2_e: Ease of reading (font style/size) 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_3: How do you rate CF-GM booklet in terms of:	
	HE8_3_a : Overall 1st impression 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_3_b: Size of booklet 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_3_c: Colors used 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_3_d: Cover design 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_3_e: Ease of reading (font style/size) 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_4: How do you rate ARI-DD booklet in terms of:	
	HE8_4_a : Overall 1st impression 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_4_b: Size of booklet 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_4_c: Colors used 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_4_d: Cover design 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	
	HE8_4_e: Ease of reading (font style/size) 1=Extremely Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent	

Interviewer Comments

Comments about the Interviewee:

……

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Comments about some questions:

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Any other comments:

……

……

Data Collectors Name:……. Date: / /

Supervisor Comments:

……

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Name of Supervisor:……. Date: / /