MALAWI GOVERNMENT

NATIONAL STATISTICAL OFFICE, ZOMBA

2011 Welfare Monitoring Survey

Woman/Caretaker Questionnaire

CONFIDENTIAL

CLUSTER	HOUSEHOLD	QUESTIONNAIRE NUMBER	CONFIDENTIAL REFERENCE NUMBER

Important information for the interviewer:

Create a reference number by combining the cluster, household and questionnaire numbers. Write this number NOW on the top of all pages.

A – Interview Information

		NAME	NUMBER
WM1.	Interviewerôs name & Number		
WM2.	Supervisorôs name & Number		
WM3.	Child 1: Name & Number		
WM4.	Child 2: Name & Number		
WM5.	Child 3: Name & Number		
WM6.	Day/Month/Year of Interview		
WM7.	Woman/Caretaker Name *(12-49)* & Line No. from HH Form		
WM8.	Number of Women for interview in the household		
WM9	Number of children < 5 attached to the woman/caretaker		

Woman Questionnaire (to women aged 12-49)
This module is to be administered to all women aged 12 to 49 years, and mothers / care takers of childen aged under 5 years old

Antenatal care

TO WOMEN 12-49 YEARS IN THE HOUSEHOLD

AN1 **Name and line number of woman** (copy from section B)

AN2 ***Did you give birth during the last 24 months?***
1 Yes
AN10b ← 2 No

AN3 ***What was the date of your most recent birth (Day / month / year)***
Day
Month
Year

AN4 ***Did you see anyone for antenatal care for this pregnancy?***
1 Yes
AN10 ← 2 No

AN5 ***How many times did you receive antenatal care during this pregnancy?***
Number of times

AN6 ***Were you weighed at least once as a part of antenatal care for this pregnancy?***
1 Yes
2 No

AN7 ***Was your blood pressure measured at least once as a part of your antenatal care for this pregnancy?***
1 Yes
2 No

AN8 ***Did you give a urine sample as a part of your antenatal care for this pregnancy?***
1 Yes
2 No

AN9 ***Did you give a blood sample as a part of your antenatal care for this pregnancy?***
Yes
No

Month Year

AN10a ***When did you have your first birth? (month and year)***

AN10b ***How many years ago did you have your first birth? (completed years since first birth)***

AN10c ***If never given birth***
(END OF SECTION IF WOMAN/CARETAKER HAS NO UNDER 5 CHILD)

CHILDREN UNDER –FIVE FORM

I - Children under 5 years old, birth, weight and height

FOR EACH CHILD UNDER 5 YEARS OLD

		Child's name	Child's name	Child's name
I1a	*The child's name (copy from section B household list)*			
I1b	***The child's member number (copy from section B household list)***			
I1c	***The mother's member number (copy from section B. Enter 00 if the mother is deceased or not a member of the household)***			
I2a	***When was the child born?***			
	Day			
	Month			
	Year			
I2b	***Was the birth of the child recorded at the Hospital? (0-2 years)***			
	1 Yes	☐	☐	☐
	2 No	☐	☐	☐
I2c	***Was the birth registered in the village book? (0-2 years)***			
	1 Yes	☐	☐	☐
	2 No	☐	☐	☐
I3	***Ask respondent to show evidence of birth details?***			
	1 Recall from memory	☐	☐	☐
	2 Village book	☐	☐	☐
	3 Showed birth certificate	☐	☐	☐
	4 Church certificate/Family document	☐	☐	☐
	5 Health passport	☐	☐	☐
	6 Passport	☐	☐	☐
	7 Other	☐	☐	☐
I3a	***Was (Name) given a birth certificate issued by Registrar General's Office? (0-2years)***			
	1 Yes	☐	☐	☐
	2 No	☐	☐	☐
I4	***Where was child [Name] delivered?***			
	1 Hospital	☐	☐	☐
	2 Health clinic	☐	☐	☐
	3 Health centre	☐	☐	☐
	4 Health post	☐	☐	☐
	5 At home	☐	☐	☐
	6 Other	☐	☐	☐

	Member line number	1	2	3
I5	***Who assisted] in the delivery of the child?***			
	1 Doctor/Clinical Officer	☐	☐	☐
	2 Midwife/nurse	☐	☐	☐
	3 Trained T.B.A	☐	☐	☐
	4 Patient attendant	☐	☐	☐
	5 Relative/Friend	☐	☐	☐
	6 No one/self			
	7 Other			
	FOR EACH CHILD UNDER 5 YEARS ENTER:			
I6a	The childôs member number from the household list			
I6b	Motherôs member number from the household list			
I7a	Weight in kilograms (2 decimal)			
I7b	Height in centimetres (2 decimal)			
I8	***Why was the child [Name] not weighed?***			
	1 Unwilling	☐	☐	☐
	2 Not at home	☐	☐	☐
	3 Too sick	☐	☐	☐
	4 Other	☐	☐	☐
I9	***Did [NAME] participate in a nutrition programme the last 12 Months?***			
	1 Yes	☐	☐	☐
	2 No	☐	☐	☐

Child – Breastfeeding

This module is to be administered to all children under 2 years of age. If the child is 2 years of age or older, skip to Immunization Module

BF1	***Has [NAME] ever been breastfed?***			
	1 Yes	☐	☐	☐
IM1 ←	*2 No*	☐	☐	☐
	3 Don't know	☐	☐	☐
BF2	***Is [NAME] still being breastfed?***			
IM1 ←	*1 Yes*	☐	☐	☐
	2 No	☐	☐	☐
	3 Don't know	☐	☐	☐
BF3	***Until what age was [NAME] breastfed? [Record age in months]***			

Child – Immunization

FOR EACH CHILD ONE YEAR OR OLDER BUT NOT YET 3YEARS OLD (12-35 MONTHS)

IM1 ***Do you have a card where [NAME]'s vaccinations are written?***

1 Yes seen ☐ ☐ ☐

IM4← *2 Yes seen but illegible* ☐ ☐ ☐

IM4← *3 No card* ☐ ☐ ☐

IM2 ***(a) Inter viewer, please copy dates for each vaccination from the card***
(b) Write '44' in day column if card shows that vaccination was given but no date recorded

			Day	*Month*	*Year*	*Day*	*Month*	*Year*	*Day*	*Month*	*Year*
IM2A	BCG	BCG									
IM2B	Polio0	OPV 0									
IM2C	Polio1	OPV 1									
IM2D	Polio2	OPV 2									
IM2E	Polio3	OPV 3									
IM2F	DPT-HepB + Hib: 1 (Pentavalent 1)	DPT 1									
IM2G	DPT-HepB + Hib: 1 (Pentavalent 2)	DPT 2									
IM2H	DPT-HepB + Hib: 1 (Pentavalent 3)	DPT 3									
IM2I	Measles (or MMR)	Measles									
IM2J	Vitamin A (1)	Vit A1									
IM2K	Vitamin A (2)	Vit A2									

IM3 ***In addition to the vaccinations and vitamin A capsules shown on this card, did [NAME] receive any other vaccinations – including vaccinations received in campaigns or immunization days?***
Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Measles or Vitamin A supplements.

IM12← *1 Yes* ☐ ☐ ☐

2 No ☐ ☐ ☐

3 Don't know ☐ ☐ ☐

IM4 ***Has [NAME] ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?***

1 Yes ☐ ☐ ☐

2 No ☐ ☐ ☐

3 Don't know ☐ ☐ ☐

IM5 ***Has [NAME] ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?***

1 Yes ☐ ☐ ☐

IM7← *2 No* ☐ ☐ ☐

3 Don't know ☐ ☐ ☐

IM6 ***Has [NAME] ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?***

1 Yes ☐ ☐ ☐

2 No ☐ ☐ ☐

3 Don't know ☐ ☐ ☐

IM7 ***How old was [NAME] when the first dose was given – just after birth (within two weeks) or later?***

1 just after birth (within two weeks)tg ☐ ☐ ☐

2 Later ☐ ☐ ☐

IM8 ***How many times has [NAME] been given these drops? [Number of times]***

IM9 ***Has [NAME] ever been given "DPT 1-3" – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria, Hepatitis & influenza ?***

1 Yes ☐ ☐ ☐
2 No ☐ ☐ ☐
3 Don't know ☐ ☐ ☐

IM10 ***How many times has [NAME] been given these drops? [Number of times]***

IM11 ***Has [NAME] ever been given "Measles vaccination injections" or MMR – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?***

1 Yes ☐ ☐ ☐
2 No ☐ ☐ ☐
3 Don't know ☐ ☐ ☐

IM12 ***Has [NAME] taken any drug for intestinal worms in the last 6 months?***

1 Yes ☐ ☐ ☐
CO1 ← *2 No* ☐ ☐ ☐
CO1 ← *3 Don't know* ☐ ☐ ☐

IM13 ***Where did [NAME] get this last dose?***

1 On routine visit to health facility ☐ ☐ ☐
2 Sick child visit to health facility ☐ ☐ ☐
3 National Campaign ☐ ☐ ☐
4 Other (Specify) ☐ ☐ ☐
5 Don't know ☐ ☐ ☐

Children under Five – Cough and Fever

CO1 ***Has [NAME] been ill with fever at any time in the last 2 weeks?***

1 Yes ☐ ☐ ☐
2 No ☐ ☐ ☐
3 Don't know ☐ ☐ ☐

CO2 ***Has [NAME] had a cough at any time in the last 2 weeks?***

1 Yes ☐ ☐ ☐
CO5 ← *2 No* ☐ ☐ ☐
CO5 ← *3 Don't know* ☐ ☐ ☐

CO3 ***When [NAME] had cough, did he/she breathe faster than usual with short, fast breaths or have difficulty breathing?***

1 Yes ☐ ☐ ☐
CO5 ← *2 No* ☐ ☐ ☐
CO5 ← *3 Don't know* ☐ ☐ ☐

CO4 ***Was [NAME]'s fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?***

1 Problem in the chest ☐ ☐ ☐
2 Blocked nose ☐ ☐ ☐
3 Both ☐ ☐ ☐
4 Other (Specify) ☐ ☐ ☐
5 Don't know ☐ ☐ ☐

CO5 *For the interviewer: Check answers in C01 for fever and C02 for cough*

1 " No" for fever <u>AND</u> "No" for cough ☐ ☐ ☐
2 Yes" for fever and/or "Yes" for cough ☐ ☐ ☐

CO6 *Did you seek advice or treatment for the illness?*

1 Yes ☐ ☐ ☐

CO8➔ *2 No* ☐ ☐ ☐

CO8➔ *3 Don't know* ☐ ☐ ☐

CO7 ***From where did [NAME] seek care? Anywhere else?***
Tick all providers mentioned, but do NOT prompt with any suggestions.
(If source is hospital, health centre, or clinic, write the name of the place below.
Probe to identify the type of source and circle the appropriate code.)

PUBLIC SECTOR

1 Govt. Hospital ☐ ☐ ☐

2 Govt. health centre ☐ ☐ ☐

3 Govt. health post ☐ ☐ ☐

4 Village clinic/HSA ☐ ☐ ☐

5 Mobile/outreach clinic ☐ ☐ ☐

6 Other public (specify) ☐ ☐ ☐

PRIVATE MEDICAL SECTOR

1 Private hospital/clinic ☐ ☐ ☐

2 Private physician ☐ ☐ ☐

3 Private pharmacy ☐ ☐ ☐

4 Mobile clinic ☐ ☐ ☐

5 Other private medical (specify) ☐ ☐ ☐

OTHER SOURCE

1 Relative or friend ☐ ☐ ☐

2 Shop ☐ ☐ ☐

3 Traditional practitioner ☐ ☐ ☐

4 Other (specify) ☐ ☐ ☐

CO8 ***Did [NAME] take any drugs for the illness?***

1 Yes ☐ ☐ ☐

CO10➔ *2 No* ☐ ☐ ☐

CO10➔ *3 Don't know* ☐ ☐ ☐

+ + +

CO9 *What drugs did (NAME) take?*
Where did you collect these drugs? (source)

ANTIMALARIALS	*Yes*	*Source*	*Yes*	*Source*	*Yes*	*Source*
1 SP/Fansidar	☐		☐		☐	
2 Chloroquine	☐		☐		☐	
3 Amodiaquine	☐		☐		☐	
4 Quinine	☐		☐		☐	
5 Artemisinin-based combination (LA)	☐		☐		☐	
6 Other anti-malarial (specify)	☐		☐		☐	
ANTIBIOTIC						
1 Cotrimoxazole	☐		☐		☐	
2 Amoxicillin	☐		☐		☐	
3 Other antibiotic (specify)	☐		☐		☐	
OTHER						
1 Aspirin	☐		☐		☐	
2 Acetaminophen/	☐		☐		☐	
3 Paracetamol/ Panadol	☐		☐		☐	
4 Ibuprofen	☐		☐		☐	
5Other (specify)	☐		☐		☐	
6 Don't know	☐		☐		☐	

Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent
Codes for source
PUBLIC SECTOR
*Govt. Hospital..**01** Govt. health centre..**02** Govt. health post...**03** Village clinic/ (HSA)..**04** Mobile/outreach clinic..**05** Other public(specify)...**06***
PRIVATE MEDICAL SECTOR
*Private hospital/clinic..**07** Private physician..**10** Private pharmacy..**11** Mobile clinic..**12** Other private medical (specify)....**13***
OTHER SOURCE
Relative or friend...**14** Shop...**15** Traditional practitioner....**16** Other (specify)....**17** **IF LOCATION IS NOT KNOWN, RECORD '98'**

CO10 ***At any time during the illness, did [Name] have blood taken from his/her finger or heel for testing?***

1 Yes	☐	☐	☐
2 No	☐	☐	☐

M Children under Five – Diarrhea

DI1 *Has (NAME) had diarrhea in the last 2 weeks?*

	1 Yes	☐	☐	☐
ITN1 ←	*2 No*	☐	☐	☐
ITN1 ←	*3 Don't know*	☐	☐	☐

DI2 *Was there any blood in the stools?*

1 Yes	☐	☐	☐
2 No	☐	☐	☐
3 Don't know	☐	☐	☐

DI3 *Does (NAME) still have diarrhea?*

1 Yes	☐	☐	☐
2 No	☐	☐	☐

DI4 *Was he/she given any of the following to drink while he/she had the diarrhea:*

(If none to all options go to DI7)	*Yes*	*Yes*	*Yes*
1 A liquid made from a packet called [THANZI] or ORS (oral rehydration solution)	☐	☐	☐
2 Government recommended homemade fluid: Fresh juice	☐	☐	☐
3 Tea	☐	☐	☐
4 Porridge	☐	☐	☐
5 Fresh thobwa	☐	☐	☐

DI5 ***For the interviewer: Check DI4. Was THANZI / ORS given?***

1 Yes	☐	☐	☐
DI7 ← *2 No*	☐	☐	☐

DI6 *Where did you get the THANZI / ORS?*

PUBLIC SECTOR			
1 Govt. hospital	☐	☐	☐
2 Govt. health centre	☐	☐	☐
3 Govt. health post	☐	☐	☐
4 Village clinic/HSA	☐	☐	☐
5 Mobile/outreach clinic	☐	☐	☐
6 Other public (specify)	☐	☐	☐
PRIVATE MEDICAL SECTOR			
1 Private hospital/clinic	☐	☐	☐
2 Private physician	☐	☐	☐
3 Private pharmacy	☐	☐	☐
4 Mobile clinic	☐	☐	☐
5 Other private medical (specify)	☐	☐	☐
OTHER SOURCE			
1 Relative or friend	☐	☐	☐
2 Shop	☐	☐	☐
3 Traditional practitioner	☐	☐	☐
4 Other (specify)	☐	☐	☐

DI7 *Did you seek advice or treatment for the diarrhea from any source?*

1 Yes	☐	☐	☐
ITN1 ← *2 No*	☐	☐	☐

DI8 *Where did you get the advice or treatment?*

PUBLIC SECTOR			
1 Govt. hospital	☐	☐	☐
2 Govt. health centre	☐	☐	☐
3 Govt. health post	☐	☐	☐
4 Village clinic/HSA	☐	☐	☐
5 Mobile/outreach clinic	☐	☐	☐
6 Other public (specify)	☐	☐	☐

Children under Five – Diarrhea Contintued

PRIVATE MEDICAL SECTOR

1 Private hospital/clinic
2 Private physician
3 Private pharmacy
4 Mobile clinic
5 Other private medical (specify)

OTHER SOURCE

1 Relative or friend
1 Shop
2 Traditional practitioner
3 Other (specify)

Children under 5 years old – Malaria Indicators (ITN)

FOR EACH CHILD UNDER 5 YEARS OLD (Name and member number continued from previous section)

ITN1 ***Did [Name] sleep under a mosquito net last night?***
1 Yes
UM1 2 No

ITN2 ***How long ago was the net [Name] slept under acquired?(if less than one month recode '00' if more than 36 months recode '95'***

ITN3 ***When [Name] got that net, was it already treated with an insecticide to kill or repel mosquitoes?***
1 Yes
2 No

ITN4 ***Has the net [Name] slept under been treated with chemicals (soaked or dipped) during the last 12 months?***
1 Yes
2 No

Death of children under 5 years old (UNDER-FIVE MORTALITY)

UM 1 ***Did any child of this household pass away during the last 5 years before the survey?***
1 Yes
2 No (Go to next section)

UM 2 ***How many children passed away?***

Number of children

UM 3 **For each child who passed away:** ***Was he/she…***
1 Male
2 Female

UM 4 ***How old was the child at when he/she passed away?***

Age in Months (If less than one year)

Age in completed years (put response boxes)

EARLY CHILDHOOD DEVELOPMENT

For children aged 3-5 (CBCC)

J1 **Is there a Community based child care center in your community?**

1. Yes ☐

J5← **2. No** ☐

J2 **Does any of your children under you care attend the Community Based Child Care centers activities?**

1. Yes ☐

J4← **2. No** ☐

J3 ***If YES,* what are the benefits of attending a CBCC?**

1 Readiness to school ☐
2 Personal hygiene ☐
3 Access to supplementary feeding ☐
4 Parents free time to do economic related activities ☐
5 Other ï specify ☐

J4 *If No,* what are the reasons of not attending a CBCC?

1 Lack of quality care ☐
2 Not aware of CBCC services ☐
3 No perceived benefits of CBCC ☐
4 Fear of security ☐
5 High costs to access CBCC services ☐
6 Disability ☐
7 Other ï specify ☐

CHILD DEVELOPMENT (Under 5)

J5 ***Does [Name] have children's book?(folklore, ABC)***

1. Yes ☐☐☐

J7← **2. No** ☐☐☐

J6 ***If yes, How many children's books does [Name] have?***
Number of children books ☐☐☐

J7 ***Does [Name] have play things (toys, games)?***

1. Yes ☐☐☐

J9← **2. No** ☐☐☐

J8 ***If yes, How many playthings (toys, games) does [Name] have?***
Number of playthings ☐☐☐

J9 ***Did you do any of the following for [Name] in the last 3 days?***

1. Recite a fairy tale ☐☐☐
2. Read a story ☐☐☐
3. Singing ☐☐☐
4. Music and dancing ☐☐☐
5. Prayers ☐☐☐
6. Other ☐☐☐

J10	***Did you leave (Name) at home for more than one hour during last week?***			
	1. Yes	☐	☐	☐
	2. No	☐	☐	☐
J11	***If yes, who took care of [name] when you went out?***			
	1. Mother	☐	☐	☐
	2. Father	☐	☐	☐
	3. Other relative	☐	☐	☐
	4. Friend	☐	☐	☐
	5. Maid	☐	☐	☐
	6. Other	☐	☐	☐
	7. No one else	☐	☐	☐

M - Interview Completion Information

M1 ***Result***

1 Completed with selected household	☐
2 Incomplete	☐
4 Refusal	☐
5 Not found	☐
6 Too ill	☐

M2 ***Comments***