

**Health Results Based Financing Impact Evaluation  
Rwanda  
FOLLOW-UP SURVEY 2013  
Child Questionnaire**

HOUSEHOLD CODE	
Baseline household.....1	
New household.....2	

PROVINCE NAME	PROVINCE CODE

DISTRICT NAME	DISTRICT CODE	

SECTOR	SECTOR CODE	

GPS COORDINATES OF HOUSEHOLD									
ALTITUDE (meters)									
LATITUDE (SOUTH)			.						
LONGITUDE (EAST)			.						

CELL NAME	CELL CODE	

VILLAGE NAME	VILLAGE CODE	

NAME OF HEAD OF HOUSEHOLD	PHONE NUMBER OF HEAD OF HOUSEHOLD

NAME OF INTERVIEWER	CODE	

VISIT 1	DAY	MONTH	YEAR	

VISIT 2	DAY	MONTH	YEAR	

VISIT 3	DAY	MONTH	YEAR	

CORE RESPONDENT NAME		
CORE RESPONDENT PID		

RESULT OF THE INTERVIEW  <div></div>	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	REGISTERED PERSON REFUSED INTERVIEW	03
	HOUSEHOLD MEMBERS NOT PRESENT	04
	HOUSEHOLD VACATED	05
	HOUSE ADDRESS NOT FOUND	06
	HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	07
	HOUSEHOLD TEMPORARILY MOVED	08
OTHER, SPECIFY:		96

LANGUAGE	
KINYARWANDA	01
FRENCH	02
ENGLISH	03
OTHER, SPECIFY: 96	

INTERVIEW <div></div>	RESPONDENT <div></div>	TRANSLATOR USED? <div></div>	NEVER 01
			SOMETIMES 02
			ALWAYS 03

NAME OF SUPERVISOR	CODE	

DAY	MONTH	YEAR	

NAME OF DATA ENTRY OPERATOR	CODE	

DAY	MONTH	YEAR	

**CONTROL INFORMATION**

No. of children under 5 years old

## Section 14.1: Health Status and Utilization

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

[illegible]

## Section 14.1: Health Status and Utilization

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

	(14.09) Was ... given a fluid made from a special pack, called ORS?	(14.10) Where did ..... obtain the ORS from?	(14.11) In the last 4 weeks, how much did you spend for treatment on the following....?					
		GOVERNMENT HOSPITAL 01	<p>READ ALOUD EACH OPTION</p> <p>IF DOESN'T REMEMBER: INDICATE 98</p> <p>IF DIDN'T SEEK TREATMENT: INDICATE 99</p>					
		GOVERNMENT HEALTH CENTER 02						
		GOVERNMENT HEALTH POST 03						
		GOVERNMENT CLINIC 04						
		PRIVATE HOSPITAL 05						
		PRIVATE HEALTH CENTER 06						
		PRIVATE HEALTH POST 07						
		PRIVATE CLINIC 08						
		PHARMACY 09						
		TRADITIONAL HEALER 10						
		FAITH/CHURCH HEALER 11						
		COMMUNITY HEALTH WORKER 12						
	YES 01	HOME 13	Mutuelle Copayment	Registration Fees	Consultation Fees	Lab Fees	Transportation	Total expenditures
	NO 02 ► (14.11)	OTHER (SPECIFY) 96	RWF	RWF	RWF	RWF	RWF	RWF
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## Section 14.1: Health Status and Utilization

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

(14.12) list the medications taken to treat .....s illness:				(14.13) Where did you obtain the medication?											
				SP/FANSIDAR	AMODIAQUINE	QUININE	COARTEM	ASPIRIN	PARACETAMOL	IBUPROFEN	MEBENDAZOLE	AMOXICYCLINE	ORS	OTHER (SPECIFY)	
01															
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## Section 14.1: Health Status and Utilization

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

	(14.14) In the last 4 weeks, how much did you spend on each of the following in order to treat .....’s illness?										(14.15) <b>ADD AND CONFIRM</b> In the last 4 weeks, how much did you spend on medication in total?	(14.16) In the last 4 weeks, how many days was .... inactive due to illness?	(14.17) What was the outcome of .....’s illness?
	IF PAID BY INSURANCE COPAYMENT 9999												
	RFW	RFW	RFW	RFW	RFW	RFW	RFW	RFW	RFW	RFW			
	SPIFANSIDAR	AMODIAQUINE	QUININE	COARTEM	ASPIRIN	PARACETAMOL	MEBENDAZOLE	AMOXYCILINE	ORS	OTHER (SPECIFY)			
	IF PAID BY INSURANCE COPAYMENT RECORD 9999												
											Medication		FULL RECOVERY 01
											RWF	DAYS	PARTIAL RECOVERY 02
													NOT YET RECOVERED 03
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## Section 15: Vaccination

**RESPONDENT:** Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

(15.01) CONFIRM TOTAL NUMBER  
OF LIVING CHILDREN <5  
YEARS OLD.

10

[illegible]

## Section 15: Vaccination

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

[illegible]

## Section 15: Vaccination

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

	(15.17) Did [NAME] ever receive a vitamin A supplement during a national immunization campaign or child health week?	(15.18) How was the supplement provided?	(15.19) When was the last vitamin A supplement provided?	(15.20) Has [NAME] received any vaccination injection in the last 3 months?	(15.21) Where did you go for the last injection?	(15.22) Were the needle and syringe new or used?	
		TABLET 01	Last 0-6 months 01 Last 7-12 months 02 More than 12 months 03	YES 01 NO 02 ▶ NEXT CHILD	GOVERNMENT HOSPITAL 01	TRADITIONAL HEALER 10	NEW 01 USED 02 DONT KNOW 98
		CAPSULE 02			GOVERNMENT HEALTH CENTER 02	FAITH/CHURCH HEALER 11	
		INJECTION 03			GOVERNMENT HEALTH POST 03	COMMUNITY HEALTH WORKER 12	
	YES 01 NO 02 ▶ (15.20) DONT KNOW 03 ▶ (15.20)	OTHER (SPECIFY) 96			PRIVATE HOSPITAL 05 PRIVATE HEALTH CENTER 06 PRIVATE HEALTH POST 07 PRIVATE CLINIC 08 PHARMACY 09		
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## Section 16.1: Height and Weight

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

	(16.01) RECORD CHILD INDIVIDUAL'S AGE OF CORE WOMAN RESPONDENT FROM SECTION 1		(16.02) In the last 6 months, was [NAME] measured to determine [NAME]'s nutritional status?  YES 01 NO 02 ► (16.09)	(16.03) What was the date of the last measurement?	(16.04) For the last measurement, which method was used to determine nutritional status?  Height only 01 Weight only 02 Upper Arm Circumference only 03 Height and Weight 04 Upper Arm Circumference and Weight 05 Upper Arm Circumference and Height 06 Upper Arm Circumference, Height and Weight 07	(16.05) For the last measurement, where was [NAME] measured?  GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST 03 GOVERNMENT CLINIC 04 PRIVATE HOSPITAL 05 PRIVATE HEALTH CENTER 06 PRIVATE HEALTH POST 07 PRIVATE CLINIC 08 PHARMACY 09 TRADITIONAL HEALER 10 FAITH/CHURCH HEALER 11 COMMUNITY HEALTH WORKER 12 FRIENDS/NEIGHBORS 13 OTHER (SPECIFY) 96	(16.06) What was the result to the last measurement?  GREEN 01 ► (16.09) YELLOW 02 RED 03	(16.07) If detected as malnourished, where was [NAME] referred for care?  GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST 03 GOVERNMENT CLINIC 04 PRIVATE HOSPITAL 05 PRIVATE HEALTH CENTER 06 PRIVATE HEALTH POST 07 PRIVATE CLINIC 08 PHARMACY 09 TRADITIONAL HEALER 10 FAITH/CHURCH HEALER 11 COMMUNITY HEALTH WORKER 12 FRIENDS/NEIGHBORS 13 NOT REFERRED 14 REFERRED, BUT DIDN'T GO 15 OTHER (SPECIFY) 96
	YEARS	MONTHS						
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## Section 16.1: Height and Weight

RESPONDENT: Core Woman respondent who is the mother or primary caregiver of children under 5 years old (or 0-59 months)

(16.08) Were any of the following given to take care of [NAME]'s malnutrition?  READ EACH OPTION ALOUD AND RECORD YES OR NO						(16.09) READ ALOUD THE ANTHROPOMETRIC CONSENT FORM TO THE CORE WOMAN RESPONDENT	(16.10) RECORD DATE OF MEASUREMENT			(16.11) RECORD HEIGHT IN CENTIMETERS	(16.12) RECORD METHOD FOR	(16.13) RECORD WEIGHT IN KILOGRAMS	(16.14) ENUMERATOR: MEASURE UPPER ARM CIRCUMFERENCE ONLY FOR CHILDREN FROM 6-59 MONTHS OLD. RECORD RESULT OF UPPER ARM
YES 01 NO 02						MEASURED 01 NOT MEASURED, CHILD NOT PRESENT 02 ▶ NEXT CHILD NOT MEASURED, CHILD TOO ILL OR DISAB 03 ▶ NEXT CHILD REFUSED 04 TOO ILL OR DISABLED 05 OTHER (SPECIFY) 96	DD	MM	YYYY	CENTIMETERS	STANDIN 01 LYING 02	KILOGRAMS	GREEN 01 YELLOW 02 RED 03
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## Section 16.2 Anemia Tests

RESPONDENT: All children of Core Woman respondent who is aged 1 and < 5 years old (or 12-59 months)

	(16.15) READ ALOUD THE ANEMIA TEST CONSENT STATEMENT TO CORE WOMAN RESPONDENT WHO IS THE MOTHER OR PRIMARY CAREGIVER OF CHILDREN 1 and < 5 years old (or 12-59 months)			(16.16) Why did you not agree to have the tests done?			(16.17) RECORD HEMOGLOBIN LEVEL (g/dl)			(16.18) INTERVIEWER: IS THE LEVEL RECORDED BELOW THE CUT-OFF POINT FOR AGE AND ALTITUDE ?			(16.19) We detected a low level of hemoglobin in the blood of ..... This indicates that ..... has developed severe anemia, which is a serious health problem. We recommend you inform a health care provider about this condition. Do you agree that the information about the level of hemoglobin in the blood of ..... be given to the health care provider?		
	MEASURED 01 ► (16.17)			RESULTS UNRELIABLE 01											
	NOT MEASURED, CHILD NOT PRESENT 02 NEXT CHILD			CONCERN FOR BODILY HARM 02											
	NOT MEASURED, CHILD TOO ILL OR DISABLED 03 NEXT CHILD			RELIGIOUS BELIEFS 03											
	REFUSED 04			TRADITIONAL BELIEFS 04											
	OTHER (SPECIFY) 96			OTHER (SPECIFY) 96											
							g/dl			YES 01			YES 01 ► REFERRAL		
									NO 02 ► NEXT PERSON			NO 02			

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## Interview notes

PLEASE WRITE DOWN HERE YOUR NOTES (IF ANY) PER RESPONDENT

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