

Module 1. Household characteristics

H0	GPS coordinates: Longitude( <i>automatic from PDA</i> )	_ _  :  _ _ _ _ _
H0a	GPS coordinates: Latitude( <i>automatic from PDA</i> )	_ _  :  _ _ _ _ _
H1	State( <i>PDA drop down list</i> )	_ _ _ _ _ _ _ _
H2	LGAname ( <i>PDA drop down list</i> )	_ _ _ _ _ _ _ _ _ _ _ _ _
H2a	Ward name ( <i>PDA drop down list</i> )	_ _ _ _ _ _ _ _ _ _ _ _ _
H3	Village(EA) name( <i>PDA drop down list</i> )	_ _ _ _ _ _ _ _
H3a	EA code ( <i>automatic from PDA</i> )	_ _ _ _ _ _ _ _
H4	Household no <i>Enter the household number</i>	_ _ _
H5	Unique household ID ( <i>generated by PDA and to be copied onto all documents e.g. consent forms</i> )	_ _ _ _ _ _ _ _ _ _ _ _ _  LGA/EA/household
H6	Interviewer initials	_ _ _ _
H7	Date ( <i>dd/mm/yyyy, PDA format</i> )	_ _ / _ _ / _ _ _ _
H8	Name of household head Sunan Maigidan nan	_ _ _ _ _ _ _ _ _ _ _ _ _
H9	<b>Interviewer:</b> Have you read him/her the consent form? (1) yes (2) no-one is available to read it to  <b>Interviewer:</b> Ko ka /kin karanta wa maigidan takardar daukar izini? (1) yes (2) no-one is available to read it to	_
H10	<b>Interviewer:</b> Does the respondent agree? (1)Yes (2) No <b>IF NO END INTERVIEW HERE</b>  <b>Interviewer:</b> Maigidan ya/ta amince? (1)Yes (2) No <b>IF NO END INTERVIEW HERE</b>	_
H11	<b>Interviewer:</b> Who is the respondent? (1) Household head (2)Representative  <b>Interviewer:</b> Wanene mai amsa tambayoyin? (1) Household head (2)Representative	_
H12	What is the ethnic group of the household head? <i>PDA drop down list</i>  <i>Menene kabilar Maigidan?</i> <i>PDA drop down list</i>	_ _ _ _ _ _ _ _ _ _ _ _ _
H13	How many women who are married to	_ _

	the household head live in the house? <i>Write number</i>	
	<i>Matan aure nawa ne maigidan ke tare dasu a cikin wannan gidan?</i> <i>Write number</i>	

H14.Household listing

Please can I ask the names and some characteristics of all the people in your household?**START WITH THE HEAD OF HOUSEHOLD AND OLDER PEOPLE, THEN CHILDREN FROM OLDEST TO YOUNGEST**

Zan iya tambayar ka/ki sunaye da wasu bayanai game da dukkan mutanen dake gidan nan?

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ALL	ALL	ALL	ALL	PDA check:	If born before 2006:	If born before 2006:	ALL	ALL	ALL	ALL
Number of the person	Name of the person  Menene sunan?	Sex (1)M (2)F  Menene jinsin?  (1)M (2)F	Date of birth (dd/mm/yyyy) <i>don't know date</i> 01/01/2099)  Menene cikakken ranar haihuwar?	<b>Interviewer:</b> Is it a woman between 13 and 49 years? (1969-2005) (1)yes (2)no	What is the marital status? (1) <i>currently married</i> (2) <i>not currently married but in a union</i> (3) <i>not married</i>  <i>Tana da aure?</i> (1) <i>currently married</i> (2) <i>not currently married but in a union</i> (3) <i>not married</i>	How many completed years of education? (enter number of years)  <i>Wanne gurbin ilimi kika kammala?</i> enter number of years	Religion (1)Christian (2)Muslim (3)Other  <i>Menene addinin sa/ta?</i> 1)Christian (2)Muslim (3)Other	Did the person sleep in the household last night? (1) Yes (2) No <i>Shin ya/ta kwana a nan gidan jiya?</i> (1) Yes (2) No	Is this person a permanent resident of the household (1) yes (2) no	<i>Is there anybody else in the household</i> (1) Yes (2) No  <i>If No end the listing</i>
A	B	C	D	G	H	I	J	K	L	M

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Now I want to ask you some questions about the characteristics of your household

**Ina so in maka/ki tambayoyi akan wasu abubuwan da suka shafi gidan nan**

H15	<p>What is the main material of the walls? (1) <i>Natural materials or no walls (millet stalks/ woven thatch/mud)</i> (2) <i>Bamboo/Plywood/Stone with mud</i> (3) <i>Cement/bricks/planks</i> (4) <i>Other</i></p> <p>Da wanne irin abu aka kewaye gidan nan? (1) <i>Natural materials or no walls (millet stalks- Kara / Woven thatch – Zana ,/Mud – Katangar laka)</i> (2) <i>Bamboo/Plywood/Stone with mud</i> (3) <i>Cement/bricks/planks- katangar siminti</i> (4) <i>Other</i></p>	<input type="checkbox"/>
H16	<p>What is the main floor material? (1) <i>Natural floor (earth/sand/dung)</i> (2) <i>Rudimentary floor (wood/palm/bamboo)</i> (3) <i>Finished floor (Polished wood, vinyl, tiles, cement, carpet or other finished floor)</i></p> <p>Da wanne irin abu akayi daben gidan nan? 1) <i>Natural floor (earth/sand/dung)- daben Kasa</i> (2) <i>Rudimentary floor (wood/palm/bamboo)-Katako</i> (3) <i>Finished floor (Polished wood, vinyl, tiles, cement, carpet)-Daben Siminti,ko tiles</i></p>	<input type="checkbox"/>
H17	<p>What is the main material of the roof: (1) <i>Iron sheets/ tiles/cement;</i> (2) <i>Thatch/mat/cardboard/grass;</i> (3) <i>Other</i></p> <p>Da wanne irin abu akayi rufin/jinkar gidan nan? (1) <i>Iron sheets/ tiles/cement/decking;</i> (2) <i>Thatch/mat/cardboard/grass/mud;</i> (3) <i>Other</i></p>	<input type="checkbox"/>
H18	<p>What kind of toilet facilities does your household have? (1) <i>Flush toilet</i> (2) <i>Pit toilet/latrine</i> (3) <i>Bucket toilet</i> (4) <i>No facility/bush</i> (5) <i>Pour flush</i></p> <p>Wanne irin bandaki ake dashi a gidan nan? (1) <i>Flush toilet</i> (2) <i>Pit toilet/latrine</i> (3) <i>Bucket toilet</i> (4) <i>No facility/bush</i> (5) <i>Pour flush</i></p>	<input type="checkbox"/>
H19	<p>What is the main source of drinking water for members of your household? (1) <i>Piped water into dwelling;</i> (2) <i>Piped water into yard/plot;</i> (3) <i>Public tap;</i> (4) <i>Borehole/Borehole with tap;</i> (5) <i>Dug well;</i> (6) <i>Water from spring;</i> (7) <i>Tanker truck;</i> (8) <i>Surface water (river/dam/lake ect);</i> (9) <i>Bottled water;</i> (10) <i>Water vendor/satchets</i> (11) <i>other</i></p> <p>Menene hanyar samun ruwan sha a gidan nan? 1) <i>Piped water into dwelling;</i> (2) <i>Piped water into yard/plot;</i> (3) <i>Public tap;</i> (4) <i>Borehole;</i> (5) <i>Dug well;</i> (6) <i>Water from spring;</i> (7) <i>Tanker truck;</i> (8) <i>Surface water (river/dam/lake ect);</i> (9) <i>Bottled water;</i> (10) <i>Water vendor/satchets</i> (11) <i>other</i></p>	<input type="checkbox"/>
H20	<p>What type of fuel does your household mainly use for cooking (1) <i>Electricity;</i> (2) <i>Gas;</i> (3) <i>Kerosene;</i> (4) <i>Charcoal;</i> (5) <i>Firewood/straw;</i> (6) <i>Dung;</i> (7) <i>Other</i></p> <p>Da me aka fi yin girki dashi a gidan nan? (1) <i>Electricity;</i> (2) <i>Gas;</i> (3) <i>Kerosene;</i> (4) <i>Charcoal;</i> (5) <i>Firewood/straw;</i> (6) <i>Dung;</i> (7) <i>Other</i></p>	<input type="checkbox"/>
H21	<p>Is the house connected to electricity?(1) yes (2)no</p> <p>Akwai lantarki a wannan gidan? (1) yes (2)no</p>	<input type="checkbox"/>
	In this household is there anyone who owns the following: Akwai masu wadannan abubuwa a cikin gidan nan?	(1)yes (2)no
H22	Fridge: Firiji	<input type="checkbox"/>
H23	TV Talebijin	<input type="checkbox"/>
H24	Radio: Redito	<input type="checkbox"/>
H25	Bicycle: Keke	<input type="checkbox"/>
H26	Mobile phone: Wayar salula	<input type="checkbox"/>
H27	A bed: Gado	<input type="checkbox"/>
H28	A kerosene lamp/pressure lamp: Fitilar kwai/ fitilar ruwa	<input type="checkbox"/>

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H29	Wrist watch: Agogon hannu	_
H30	Motorcycle: Babur	_
H31	Generator: Janareta	_
H32	Fan: Fanka	_

H33	<p>In this house are there ducks or chickens/Guinea fowl? How many?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p> <p>Akwai agwagi ko kaji/<b>zabi</b>/ a gidan nan? Guda nawa ne?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p>	_ _ _
H34	<p>Do you have animals in this household like goat, sheep or cattle  How many? <i>(write the number; 0 if none, 999 if does not know)</i></p> <p>Ko kuna da dabbobi a gidan nan kamar su awaki, tumaki ko shanu? Guda nawa ne?<b>0 if none, 999 if does not know</b></p>	_ _ _
H35	<p>Do you have any horses, donkeys or mules? How many?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p> <p>Ko kuna da dawaki, jakuna ko alfadari a gidan nan? Guda nawa ne?  <i>(write the number; 0 if none, 999 if respondent does not know)</i></p>	_ _ _
H36	<p>How many mosquito nets does your household have?  <i>(Write total number; count those in use plus those not in use)</i></p> <p>Gidan sauro nawa kuke dasu a gidan nan?  <i>(Write total number; count those in use plus those not in use)</i></p>	_ _

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## Module 2: WOMENS MODULE: Health now

**All resident women aged 13-49 years**

**Interviewer:** When you have identified the next woman for interview you must first complete the consent procedure (to W6) before proceeding with interview.

W1	<b>PDA look up:</b> <i>Select name of the woman</i>	
W2	<b>PDA look up:</b> Confirm the ID number of the woman and write on her consent form (LGA/EA/household/person)	_ / _ / _ / _ / _
W3	<b>Interviewer:</b> Is it possible to interview the woman? 1 = yes ( <b>SKIP TO W5</b> ) 2 = No	_
W4	<b>Interviewer:</b> Why is it not possible to interview? 1 = Temporarily absent – call back 2 = Travelled away 3 = Sick 4 = Other <b>END OF PROCESS FOR THIS WOMAN – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD</b>	_
W5	<b>Interviewer:</b> Have you read her the consent form? (1) yes (2) no	_
W6	<b>Interviewer:</b> Does the woman agree? (1) yes (2) no <b>IF NO, END INTERVIEW HERE – CONTINUE TO OTHER WOMEN 13-49 IN THE HOUSEHOLD</b>	_

W52a	Are you a member of a mother's group organized by PACT? (1) yes (2)no  Kina <b>Kungiyar</b> iyaye mata da PACT su ka tsara? <b>If no skip to W530</b>	_
W52b	For how long have you been a member of a mother's group?  Tun yausha kika shiga kungiyar? <i>Enter number of completed months since membership began.</i> <b>If became a member less than 30 days before interview enter 0</b>	_ _
W52c	How many meetings have you attended so far?  Sau nawa kika halarci taron kungiyar mata iyaye ya zuwa yanzu? <i>Enter number of meetings attended</i>	_ _
W52d	What was the date of your last mother's group meeting?  Wace rana ce kungiyar iyaye mata sukayi taron karshe? <i>Enter dd/mm/yyyy.</i>	_ / _ / _ _
	What was discussed at the last mother's group meeting that you attended? <b>Do not probe, select all that are mentioned, probe – anything else?</b>  <b>Wane abubuwa aka tattauna a taron karshe da kika halarta?</b>	
W52e	Danger signs during pregnancy? (1)yes (2)no  <i>Wadanne ne alamu masu hadari lokacin goyon ciki ko juna biyu?</i>	_
W52f	Danger signs during labor and delivery? (1)yes (2)no <i>Wadanne ne alamu masu hadari lokacin nakuda da haihuwa?</i>	_
W52g	Danger signs in the post natal period? (1)yes (2)no <i>Wadanne ne alamu masu hadari bayan haihuwa?</i>	_
W52h	Learnings around improving members' capacity for generating income? (1)yes (2)no <i>Horarwar ta kunshi koyar da dabarun yadda za'a farfado da yadda ake samun kudi ?</i> (1)yes (2)no	_

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W52i	<p>Learnings around improving members literacy and numeracy skills? (1)yes (2)no</p> <p><i>Horarwar ta kunshi koyar da dabaru ga 'yan kungiyar. Ta hanyar karatu da lissafi?</i> (1)yes (2)no</p>	<input type="checkbox"/>
W52j	<p>Other things discussed? __Wadanne abubuwa kuka tattauna akai_____ Specify: Ki shaida mani</p>	
W52k	<p>Have you ever accessed funds from the mothers group? (1)yes (2)no</p> <p><i>Ko kin taba amsar kudi daga kungiyar iyaye mata?</i></p>	<input type="checkbox"/>
W52l	<p><b>If yes:</b> What was the money for? <i>Specify</i></p> <p><b>If yes: Menene dalilin amsar kudin?</b> <i>Specify</i></p>	_____
W52la	<p>Now thinking about who makes decisions in your household.</p> <p>Yanzu ina son kiya tunani gameda yadda kuke zartar da shawarwari a gidan nan?</p>	
W52m	<p>Who usually decides how the money you earn will be used: you, your husband/partner, or you and your husband/partner jointly, or someone else? (1) <i>Myself only</i> (2) <i>My husband/partner only</i> (3) <i>Myself and my husband/partner jointly</i> (4) <i>My parent</i> (5) <i>Another person in the household</i></p> <p><b>Select one</b></p> <p>Wanene yawanci yake yanke shawarar yadda za'a kashe kudaden da kuka samu /tara : <b>Select one</b></p> <p>(1) <i>Myself only</i> (2) <i>My husband/partner only</i> (3) <i>Myself and my husband/partner jointly</i> (4) <i>My parent</i> (5) <i>Another person in the household</i></p>	<input type="checkbox"/>
W52n	<p>Who usually makes decisions about health care for yourself: you, your husband/partner, you and your (husband/partner) jointly, or someone else? (1) <i>Myself only</i> (2) <i>My husband/partner only</i> (3) <i>Myself and my husband/partner jointly</i> (4) <i>My parent</i> (5) <i>Another person in the household</i></p> <p><b>Select one</b></p> <p>Wanene kullum (yawancin lokaci) ke baki shawara gameda kiwon lafiyar ki?</p> <p>(1) <i>Myself only</i> (2) <i>My husband/partner only</i> (3) <i>Myself and my husband/partner jointly</i> (4) <i>My parent</i> (5) <i>Another person in the household</i></p>	<input type="checkbox"/>
<p>Access to a mobile phone (1) yes (2) no</p> <p><i>Samun wayar salula</i></p>		
W52_1	<p>Do you own a mobile phone?</p> <p><i>Ko kin mallaki wayar salula</i></p>	<p>1. Yes GO TO <b>W52_7</b></p> <p>2. No CONTINUE</p>
W52_2	<p>Does anyone else in your family own a mobile phone?</p> <p><i>Ko akwai wani/wata daban a cikin iyalanki wanda ya/ta mallaki wayar salula?</i></p>	<p>1. Yes GO TO <b>W52_4</b></p> <p>2. No GO TO <b>W52_3</b></p>
W52_3	<p>If W52_1 is No and W52_2 No Why don't you or your family own a mobile phone?</p> <p><i>In baki/baku da wayar salula, menene dalilin da yasa baki/baku da</i></p>	<p>1. Don't know how to operate it (Ban san yadda ke amfani da shi ba)</p> <p>2. Don't have enough money to buy a mobile phone/ It is</p>

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	wayar salula	expensive (Bani da isassun kudi da zan sayi wayar salula/ta yi tsada) 3. Any other (please specify) (wani abu daban- ambata)
W52_3A	If W52_1 is No and W52_2 is No If you had access to a mobile phone would you be willing to use your mobile phone for follow-up interviews?  <i>In kina/kuna da wayar salula, zamu iya tuntubar ki domin bibiyar tattaunawa/daukar alkaluma</i>	1.Yes 2.No ALL ANSWERS GO TO <b>W52_7</b>
W52_4	If W52_2 is yes, Who owns a mobile phone in your family?  <i>Select all that apply</i>  <i>Wa yake da wayar salular a cikin iyalan naki?</i>	1. Husband ( <i>Mijinki</i> ) 1. Son ( <i>Dan ki</i> ) 2. Daughter ( <i>Diyarki</i> ) 2. Co-wife ( <i>Kiciyar ki</i> ) 3. Mother in-law ( <i>Surkarki</i> ) 4. Father in-law ( <i>Surkinki</i> ) • Other (please specify) ( <i>Wani daban</i> )
W52_5	If W52_2 yes, Do you use the mobile phone of that family member?  <i>Kina amfani da wayar salular 'yan uwan ki?</i>	1. Yes CONTINUE 2. No GO TO <b>W52_7</b>
W52_6	If W52_5 yes, Do you/they use multiple SIM cards?  <i>Kina/suna amfani da katin SIM din da ya fi daya?</i>	1.Yes 2.No 3.Don't know
Knowledge of using a phone (1) yes (2) no  <i>Imin amfani da wayar salula</i>		
W52_7	Do you know how to send SMS/texts?  <i>Ko kin san yadda ake aika gajeren sako a rubuce ta hanyar wayar salula?</i>	1.Yes 2.No
W52_8	Do you know how to receive SMS/texts?  <i>Ko kin san yadda ake karbar gajeren sako a rubuce ta hanyar wayar salula?</i>	1.Yes 2.No
W52_9	Do you know how to make and receive calls on mobile phone?  <i>Ko kin san yadda ake kira da amsa kira ta hanyar amfani da wayar salula?</i>	1.Yes 2.No
W52_10	Do you have access to the internet on a mobile phone?  <i>Ko kina iya samun yanar gizo a wayar ki ta salula?</i>	1.Yes 2.No
W52_11	Do you know how to operate the internet on a mobile phone?  <i>Ko kina iya amfani da yanar gizo a wayar ki ta salula</i>	1.Yes 2.No
W52_12	Do you know how to check the airtime balance on a mobile phone?  <i>Ko kina da sanin yadda zaki duba yawan lokacin magana da ya rage a wayar salularki</i>	1.Yes 2.No
Following questions answered only if If W52_1 is Yes or W52_2 is Yes. If W52_5 is No Skip to <b>W93c</b>		
W52_13	How much airtime do you generally buy in a month? Please input the amount (in Naira)  <i>A wata daya, yawan lokacin magana na Naira nawa ne kike saya</i>	_ _ _ _ _ _ _ _ _
W52_14	If W52_1 is Yes or W52_2 is Yes Who is your network provider?  <i>In kina da wayar salula, ko iyalenki na da ita, Wane kamfanin wayar sadarwa ne kike amfani da shi</i>	1. MTN 2. Airtel 3. Globacom 5. Any other (please specify) 6. Don't know
W52_15	If W52_1 is Yes or W52_2 is Yes How reliable is the service from your mobile network operator?  <i>In kina da wayar salula, ko iyalenki na da ita. Yaya kyawun kamfanin wayar sadarwa da kike amfani da shi yake?</i>	1. Excellent ( <i>Ya na da kyawu matuka, za'a iya amfani da wayar ayi kira, ko a amshi kira, a ko wane lokaci</i> ) 2. Very good ( <i>Ya na da kyawu, amma akwai yan lokutan da ba</i>



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		<i>za'a iya amfani da wayar ayi kira, ko a amshi kira ba)</i> 3. Good ( <i>Ba laifi, amma akan samu lokaci mai tsawo da wayar sadarwar baya aiki</i> ) 4. Poor ( <i>Ba kyau, wayar sadarwar baya aiki, sai lokaci-lokaci</i> ) 5. Very poor ( <i>Ba kyau sosai, wayar sadarwar baya aiki, ba ki daya</i> )
W52_16	<i>If W52_1 is Yes or W52_2 is Yes</i> How long ago was the first time you used a mobile phone (input time in months)?  <i>In kina da wayar salula, ko iyalenki na da ita, Kamar watanni nawa kika yi kina amfani da wayar salula?</i>	_ _ _ _ _ _ _ _ _
Willingness to be contacted for follow up (1) yes (2) no  <i>Yarda don bibiyar tattaunawa/daukar alkaluma</i>		
W52_17	<i>If W52_1 is Yes or W52_2 is Yes</i> Can we contact you for follow-up interviews?  <i>In kina da wayar salula, ko iyalenki na da ita, za ki ba da damar a kira ki tawayar domin bibiyar tattaunawa/daukar alkaluma</i>	1. Yes CONTINUE 2. No GO TO End and continue TO <b>W93C</b>
W52_18	<i>If W52_1 is Yes</i> Your phone number for follow-up interviews (input number)?  <i>In kina da wayar salula, menee numbar ta, domin bibiyar tattaunawa/daukar alkaluma</i>	_ _ _ _ _ _ _ _ _
W52_19	<i>If W52_2 is Yes</i> Your family member phone number for follow-up interviews (input number)?  <i>In wani daga cikin iyalenki na da wayar salula, menee number domin bibiyar tattaunawa/daukar alkaluma</i>	_ _ _ _ _ _ _ _ _

	Now asking you about use of bednets Yanzu ina son in tambaye ki gameda amfani da gidan sauro.	
W93c	Did you sleep under a bednet last night? (1) yes (2) no (if no, skip to W93f)  Ko a daren jiya, kin yi barci a gidan sauro? (1) yes (2) no (if no, skip to W93f)	_
W93d	What kind of net was it? (select one) 1) LLIN (2) Ordinary net with no insecticide added (3) Ordinary net with insecticide added  Wanne irin gidan sauro ne? (1) Gidan sauro mai magani a cikin zaren tun daga kirkirowa (LLIN) (2) Gidan sauro marar magani (3) Gidan sauro wanda aka sa masa magani daga bayan kawowa	_
W93e	How many years ago did your household obtain that net? (enter number of years before survey date; if less than 1 year before survey enter 0; if don't know enter 99)  Yanzu shekaru nawa ne da karbar/samun gidan sauron? (enter number of years before survey date; if less than 1 year before survey enter 0; if don't know enter 99)	_ _ _

Now I would like to ask you some questions about any pregnancies that you have had

Yanzu, Ina so in yi miki yan tambayoyi game da **juna biyu** da kika yi a baya?

W94a	Just to ask you again, have you ever been pregnant even if that pregnancy did not lead to a live birth? (1) Yes ( <b>Continue</b> ) (2) No ( <b>End of interview</b> )  Bari dai in kara tambayarki, Kin taba samun juna biyu (ciki), ko irin wanda 'dan bai zo da rai ba? Yes ( <b>Continue</b> ) (2) No ( <b>End of interview</b> )	_
W94b	In total, how many times have you ever been pregnant, including those pregnancies that did not lead to a live birth? <i>Enter total number of pregnancies.</i>  Nawa ne jimlar juna biyu (ciki) da kika taba samu harda wadanda basu zo da rai ba? <i>Enter total number of pregnancies.</i>	_ _
W94c	Have you ever given birth? (1)Yes (2)No( <b>End of interview</b> )  Ko kin taba haihuwa? (1)Yes (2)No( <b>End of interview</b> )	_
W94d	How many times have you ever given birth even if the baby was not born alive? <i>Enter total number</i> Kamar sau nawa kika taba haihuwa ko da 'dan bai zo da rai ba? <i>Enter total number</i>	_ _
W94e	How many of your births ended with a live born baby? <i>Enter total number of live births</i>  'Ya'ya nawa kika haifa da ransu? <i>Enter total number of live births</i>	_ _
W94f	Have you ever given birth to a child who cried or showed signs of life but unfortunately died later? (1)yes (2) no – <b>skip to W94</b>  Kin taba haihuwar 'da wanda yayi motsi ko kuka, amma daga bayan haka ya rasu ko ya mutu? (1)yes (2) no – <b>skip to W94</b>	_
W94g	<b>If yes, a child died:</b> How many of your live born children have ever died? (write number)  <b>If yes, a child died:</b> Idan hakane, cikin 'ya'yan da kika haifa da rai nawa suka rasu? (write number)	_
W94	How many times have you had a birth since 2017 that ended in a live born baby (even if baby later died)? ( <i>Enter number; if 0, end of interview for this woman</i> )  Haihuwar yara masu rai nawa kika yi tun daga shekarar 2016 zuwa yau, (koda ace jaririn ya rasu daga baya)? ( <i>Enter number; if 0, end of interview for this woman</i> )	_
W95	What was the date of your last live birth since 2017? ( <i>Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year; ask for a birth certificate to verify date if one is available</i> )  A wane kwanan wata ne kika haifi 'da'ya mai rai tun daga shekarar 2016? ( <i>Enter date dd/mm/yyyy; don't know date enter 99 for dd, probe for month and year; ask for a birth certificate to verify date if available</i> )	_
W96	Was it a single or multiple birth? (1) single (2)twins (3)three or more babies  A haihuwar ki na kusa kusa,'da ko 'ya nawa kika haifa? (1) daya (2)tagwaye(3)'ya'ya uku ko fiye da haka	_
W97	What was the name of the child ( <b>first child to be born if not a singleton birth; enter name</b> )	_

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	Menene sunan 'dan ko 'yar ( <b>Idan fiye da daya ne, ki ambaci sunan wadda ya fara fitowa</b> )	
W98	What was the gender of the child ( <b>first child to be born if not a singleton birth</b> )(1) <i>male</i> (2) <i>female</i>  Macece ko namiji ?( <b>Idan fiye da daya ne, ki ambaci jinsin wadda ya fara fitowa</b> )(1) <i>male</i> (2) <i>female</i>	_
W98a	Is the child still alive today? (1) <i>yes</i> – <b>go to W100</b> (2) <i>no</i>  Ko 'Dan/'yar na da rai yanzu? (1) <i>yes</i> – <b>go to W100</b> (2) <i>no</i>	_
W99	<b>If the child died</b> How many days did the child live for? ( <i>write number of days; if less than 1 day write 0</i> )  Kwana nawa 'dan/'yar yayi/tayi a raye? ?( <i>write number of days; if less than 1 day write 0</i> )	_
W100	I just want to check, have you had any other live births after the one you just told me about? <b>(If the answer here is yes go back and check the responses from W94 onwards again</b>  Ina so in kara bincikawa, ko kin taba wata haihuwar bayan wadda kika fada mani? <b>(If the answer here is yes go back and check the responses from W94 onwards again</b>	_

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**MODULE 2 continued for women with a recent live birth**  
**Women aged 13-49 who had a live birth since July 2017**

Now I want to talk to you about the last birth you had that ended in [DATE], with the birth of [NAME]  
Yanzu inason mu tattauna dangane da juna biyun da kika haifa ranar [DATE], wadda aka samu [NAME]

M1	Do you have a health card with information about that pregnancy and birth? (1)yes (2)no  Kina da katin asibiti da ke dauke da bayanai game da wannan juna biyun da haihuwar? (1)yes (2)no	_
M2	May I see your health card? (1)yes (2)no because it isn't at home (3)no, refused permission  Ko zan iya ganin katin asibitin naki? 1)yes (2)no because it isn't at home (3)no, refused permission	_
M3	When pregnant with [NAME], did you receive any care during pregnancy? <b>Probe: care at the health facility, or visits at home from a village healthworker</b> (1)Yes (2)No <b>(SKIP TO M14d)</b>  Lokacin da kike da cikin[NAME], ko kin samu wata kulawa? <b>Probe: care at the health facility, or visits at home from a Ma'aikaciyar lafiya na karkara</b> (1)Yes (2)No <b>(SKIP TO M14d)</b>	_
M4	During that pregnancy, did you receive pregnancy care from a health facility (1)yes (2)no( <b>go to M9</b> )  Lokacin da kike da ciki ko kin samu kulawa daga asibiti? (1)yes (2)no( <b>go to M9</b> )	_
<b>For women who received pregnancy care at a health facility:</b>		
M5	How many times did you attend the health facility for pregnancy (antenatal) care <b>during</b> that pregnancy? <i>Enter the number of times</i>  Lokacin da kike da cikin sau nawa kika sami zuwa asibiti saboda awon ciki? <i>Enter the number of times</i>	_
M6	When did your first visit to the health facility take place? (enter date using PDA lookup) <b>Interviewer: record from health card if available</b>  Yaushe ne kika fara zuwa asibiti domin awon ciki ko kulawa? (enter date using PDA lookup) <b>Interviewer: record from health card if available</b>	_ _ / _ _ / _ _ _ _
M7	How old was your pregnancy at the first visit? (record no.weeks) <b>Interviewer: record from health card if available</b>  Cikinki na da wata nawa kika fara zuwa awo? (record no.weeks) <b>Interviewer: record from health card if available</b>	_ _
M8	Who attended/saw you at that first visit? (1)CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other  Wane irin ma aikacin kiwon lafiya ki ka gani a zuwan farko? (1)CHEW (2) CHO (3) Nurse/midwife (4) Doctor (5) other	_
M8a	The last time you visited the health facility for antenatal care, how did you travel there? (1)walked (2)bicycle (3)motorised vehicle (4)motorbike (5)other Zuwan ki asibiti na karshe, ta yaya ki ka je domin awon ciki? (1)Tafiya da kafa	_

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	(2)Keke (3)Mota (4)Babur (5)Wani abu dabam	
M8b	<p>The last time you visited the health facility for antenatal care, how many minutes did you spend there (including the waiting time and the time spent with a health worker)  <i>Enter number of minutes, e.g. if half an hour enters 30, if 1 hour and 10 minutes enter 70 minutes</i></p> <p>Zuwa awon ki na karshe, minti nawa ki ka yi gaba daya a asibitin (wanda ya hada da lokacin zaman jira da ganin jami'in kiwon lafiya)  <i>Enter number of minutes, e.g. if half an hour enters 30, if 1 hour and 10 minutes enter 70 minutes</i></p>	_ _
M8c	<p>When you attended antenatal care at the health facility, did you have to pay any cash there? (1) yes (2) no - <b>go to M8e</b></p> <p>Lokacinda kika je Asibiti domin awun ciki, ko kin biya wani kudi ne? (1) yes (2) no - <b>go to M8e</b></p>	_
M8d	<p>How much cash did you have to pay in total? <i>Enter the amount in Naira</i></p> <p>Tsabar Kudi nawa kika biya kafin yayi miki awo? <i>Enter the amount in Naira</i></p>	_ _ _ _ _ _ _
M8i	<p>When you were at the health facility for pregnancy care did the health worker talk to you about emergency transport in case you had a problem with your health?  (1)yes (2)no</p> <p><i>Lokacin da kika ziyarci Asibiti domin awon ciki/ko neman kulawa da ciki, ko wani jami'in kiwon lafiya yayi maki magana gameda Direban agaji na gaggawa da zaki iya kira idan baki da lafiya ko kina da matsalar kiwon lafiya?</i>  (1) yes (2) no</p>	_
M8j	<p>When you were at the health facility for pregnancy care did the health worker give you a telephone number to call for emergency transport in case you had a problem with your health?  (1) yes (2) no</p> <p><i>Lokacin da kika ziyarci Asibiti domin kulawar ciki, ko wani ma'aikacin kiwon lafiya ya baki lambar wayar da zaki iya amfani da ita domin tuntubar direban agaji na gaggawa?</i>  1)yes (2) no</p>	_
	<p>Did anyone specifically advise you to go to the health facility for pregnancy care?  (1)yes (2)no <b>Ask for each of the following</b></p> <p><b>Ko wani ko wata ya/ta baki shawarar ki je asibiti domin kulawa da ciki ko juna biyu da kike dauke?</b></p>	
M8k1	My husband told me	_
M8k2	My mother-in-law told me	_
M8k	My other family member told me (other than husband and mother in-law)	_
M8l	My neighbour/friend told me	_
M8m	I heard it on a radio programme	_
M8n	I heard it on a TV programme	_
M8n1	I heard it from a religious/ <b>community</b> leader	_
M8o	A Village Health Worker/Ma'aikaciyar lafiya na karkara told me	_
M8p	None of these	_
M8q	<p>How many different health facilities did you go to for antenatal care during that pregnancy?  <i>Write the number of facilities she went to</i>  <i>Asibiti Kala nawa ne kin Ziyarta domin awon ciki?</i></p>	_
M8r	What was the name of the first facility you went to? <i>Write the name of the facility</i>	_ _ _ _ _ _ _

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M8s	Which ward/LGA is that facility in? <i>Write the name of the ward/LGA</i>	_____
M8t	What was the name of the second facility you went to? <i>Write the name of the facility or write NONE if only went to one facility</i>	_____
M8u	Which ward/LGA is that second facility in? <i>Write the name of the ward/LGA or write NONE if only went to one facility.</i>	_____
M9	During that pregnancy, did you receive pregnancy care from a Village Health Worker in your own home (1) Yes (2) No <b>(go to M14)</b>  Lokacin da kike da cikin, ko kin samu kulawa a gida daga <b>Ma'aikaciyar lafiya na karkara</b> (1) Yes (2) No <b>(go to M14)</b>	__
	<b>For women who received pregnancy care at home.</b>  <b>Domin matan da suka sami kulawar ciki a gida.</b>	
M10	How many times did the village health worker visit you at home for pregnancy care <b>during</b> that pregnancy? <i>Enter number of times</i>  Sau nawa ne <b>Ma'aikaciyar lafiya na karkara</b> ta ziyarce ki a gida domin kulawa da lafiyar cikinki lokacin da kike juna biyu? <i>Enter number of times</i> <i>Enter number of times</i>	__
M10a	Were you given a home visit card? <b>Ask to see the card; portion which has been torn off and left with the mother</b> (1) Yes (2) No	__
M10b	<b>IF M10a is "yes":</b> is card available? (1) Yes (2) No	__
	<b>Interviewer: verify the following questions with the home visit card if available</b>	
M11	When did the first visit to your home take place? (enter date using PDA look up)  Yaushe ne Ma aikaciyar Lafiya na karkara ta fara ziyartar ki a gida domin kulawa da lafiyar cikin ki? (enter date using PDA look up)	__ _ _ / _ _ _ / _ _ _ _
M12	How old was your pregnancy the first time the <b>health worker</b> /village health worker visited you at home for pregnancy care? <i>record number of weeks</i>  Wata nawane cikinki lokacinda <b>Ma'aikaciyar lafiya na karkara ko</b> ma'aikatan asibiti <b>suka ziyarce ki.</b> <i>record number of weeks</i>	__ _
M13	Who was it who came to visit you that first time? (1) FOMWAN (2) TBA (3) Village health worker (4) CHEW/CHO (5) Others, specify  Wanene ya ziyarce ki da farko dangane da wannan juna biyun a gida? (1) FOMWAN (2) TBA (3) Village health worker ( <b>Ma'aikaciyar lafiya na karkara</b> ) (4) CHEW/CHO (5) Others, specify	__
M13a	The last time the village health worker visited you at home for pregnancy care, how many minutes did she spend at your home? <i>Enter number of minutes, e.g. if half an hour enter 30, if 1 hour and 30 minutes enter 90</i>  A ziyarar na karshe da <b>Ma'aikaciyar lafiya na karkara</b> ta kawo ma ki gida, minti nawa ta/ yi a gidan? <i>Enter number of minutes, e.g. if half an hour enter 30, if 1 hour and 30</i>	__  __ _

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	<b>minutes enter 90</b>	
M13b1	<p>When you were visited at home for pregnancy care, did the person measure your blood pressure? (1)yes (2)no <b>(PROBE: when a strap was put around your upper arm and a measure taken)</b></p> <p>Lokacin ziyarar kulawa da ciki da aka kawo maki a gida ko an gwada hawan jinin ki? <b>(PROBE: when a strap was put around your upper arm and a measure taken)</b></p>	<input type="text"/>
M13b2	<p>When you were visited at home for pregnancy care, did the person talk to you about emergency transport in case you had a problem with your health? (1) yes (2) no</p> <p>Lokacin da aka kawo maki ziyarar domin kulawa da ciki, ko anyi miki magana gameda tuntuban direban agajin gaggawa lokacin kina da matsalar Lafiya ki? (1) yes (2) no</p>	<input type="text"/>
M13b3	<p>When you were visited at home for pregnancy care, did the health worker give you a telephone number to call for emergency transport in case you had a problem with your health? (1) yes (2) no</p> <p>Lokacin da aka kawo maki ziyarar don kulawa da ciki a gida, ko ma'aikaciyar lafiya ta baki lambar waya domin kiran direban agajin gaggawa idan kina da matsalar? (1) yes (2) no</p>	<input type="text"/>
M13b4	<p>When you were visited at home for pregnancy care, did the health worker give you iron tablets or iron syrup? (1) yes (2) no</p> <p>Lokacin da aka kawo maki ziyarar don kulawa da ciki a gida, ko ma'aikaciyar lafiya ta karkara ta baki kwayoyin Karin Jini?</p>	<input type="text"/>
M13b5	<p>Were you asked if you have a history of fever? (1) yes (2) no</p> <p>Ko an tambaye ki ko ki na da tarihin zazzabi cizon sauro?</p>	<input type="text"/>
M13b6	<p>Was your temperature measured? (1) yes (2) no</p> <p>Ko an gwada zafin jikin ki?</p>	<input type="text"/>
M13b7	<p>Were you checked for lower abdominal pain? (1) yes (2) no</p> <p>An duba ko ki na da ciwon mara?</p>	<input type="text"/>
M13b8	<p>Were you checked for purulent, foul-smelling discharge? (1) yes (2) no (2)</p>	<input type="text"/>
M13b9	<p>Were you checked for breast swelling or abscess? (1) yes (2) no</p>	<input type="text"/>
M13b10	<p>Were you checked for malaria? (1) yes (2) no</p> <p>An duba ko kin a da zazzabi cizon sauro?</p>	<input type="text"/>
M13b10a	<p><b>were you checked for swelling of the feet?</b> <b>(1) yes (2) no</b></p> <p><b>an duba ko kin a da kumburan kafofi?</b></p>	
M13b11	<p>Did you receive information about breastfeeding your baby? (1)yes (2)no</p> <p>Ko kin sami ilmantarwa gameda shayar da jaririn ki nono?</p>	<input type="text"/>
M13b12	<p>Did you receive information about danger signs for newborns? (1)yes (2)no</p> <p>Ko an ilmantar da ke game da alamomin hadurran da ke tattare da danyen goyo</p>	<input type="text"/>

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M13b1 3	Did you receive information about the things you need to prepare for your birth? (1)yes (2)no Ko an ilmantar da ke game da shirye-shiryen kaya ko abubuwan haihuwa kafin nakuda yazo?	<input type="checkbox"/>
M13b1 4	Did you receive advice about preparing for a safe birth? (1)yes (2)no Ko an baki shawara game da daukar matakan haihuwa cikin koshin lafiya?	<input type="checkbox"/>
M13b	When you were visited at home for pregnancy care, did you ever have to pay any cash to the village health worker? (1)yes (2)no - <b>go to M13d</b>  Ko kin taba biya ma'aikaciyar lafiya na kakara lokacin da ta ziyarce ki? (1) yes (2) no - <b>go to M13d</b>	<input type="checkbox"/>
M13c	How much cash did you have to pay to the village health worker/facility staff for your pregnancy care at home care in total? <i>Enter the amount in Naira</i>  nawa ki ka taba biya ma'aikaciyar lafiya na kakara/ ma'aikaciyar asibiti lokacin da ta/ ziyarce ki a gida domin kulawa da lafiyar cikin? <i>Enter the amount in Naira</i>	<input type="text"/>
M13d	When you were visited at home for pregnancy care, did you ever have to give any non-cash gifts to the home visitor? (1) yes (2) no- <b>go to M14d</b>  Lokacin da aka ziyarce ki a gida domin kulawa da lafiyar cikin ko kin ba wata 'yar kyauta? (1) yes (2) no- <b>go to M14d1</b>	<input type="checkbox"/>
	What non-cash gifts did you give? (mark all that apply):  Wace irin kyauta ki ka bayar? (mark all that apply)	(1) yes (2)no
M13e	Fuel: ManFetur	<input type="checkbox"/>
M13f	Food/livestock: Kayan abinci/dabbobi	<input type="checkbox"/>
M13g	Other gifts: Wata kyautar daban	<input type="checkbox"/>

	When you were pregnant that time, did you have the following at any time? (enter yes or no; <b>verify with health card if available</b> )  A cikin ki na baya-bayan nan ko kin sami daya daga cikin wadan nan abubuwan?(enter yes or no; <b>verify with health card if available</b> )	(1)yes (2)no
M14d	Was your weight measured? (1)yes (2)no Angwada nauyin ki? (1)yes (2)no	<input type="checkbox"/>
M14f	Was your height measured? (1)yes (2)no An gwada tsawonki? 1)yes (2)no	<input type="checkbox"/>
M14h	Did you receive information about breastfeeding your baby?(1)yes (2)no Ko kin sami ilmantarwa gameda shayar da jaririn ki nono?	
M14j	Did you receive information about danger signs for newborns? (1)yes (2)no Ko an ilmantar da ke game da alamomin hadurran da ke tattare da danyen goyo? 1)yes (2)no	<input type="checkbox"/>
M14l	Did you receive information about the things you need to prepare for your birth? (1)yes (2)no Ko an ilmantar da ke game da shirye-shiryen haihuwa?	<input type="checkbox"/>
M14n	Was your blood pressure tested <b>measured?</b> (1)yes (2)no (PROBE: when a strap was put around your upper arm and a measure taken)  Anyi maki awon bugawar jini(1)yes (2)no	<input type="checkbox"/>
M16	Did you give a urine sample for a test (1)yes (2)no Anyi maki gwajin fitsari? 1)yes (2)no	<input type="checkbox"/>
M18	Did you get information about babies getting HIV/AIDS from their mothers? (1)yes (2)no Ko an ilmantar da ke game da daukar kwayar <b>ciwo mai karya garkuwan jiki</b> (cutarKanjamau) daga uwa zuwa jariri?(1)yes (2)no	<input type="checkbox"/>



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M20	Did you receive information about things that you can do to prevent getting the HIV/AIDS virus? (1)yes (2)no <i>Ko an ilmantar da ke tun da farko game da hanyoyin kare kan ki daga kamuwa da kwayar <b>ciwo mai karya garkuwan jiki</b>? (cutar Kanjamau)(1)yes (2)no</i>	<input type="checkbox"/>
M22	Did you receive information about getting tested for the HIV/AIDS virus? (1)yes (2)no <i>Ko an ilmantar da ke game da gwajin kwayar <b>ciwo mai karya garkuwan jiki</b> (cutar Kanjamau)? (1)yes (2)no</i>	<input type="checkbox"/>
M24	Did you give blood for any test? (1)yes (2)no <i>Ko an debi jininki domin wani gwaji? (1)yes (2)no If no skip to M28</i>	<input type="checkbox"/>
M26	Did you receive a test result for syphilis? (1)yes (2)no <i>Bana son ki fadi mani sakamakon, amma ko kin amshi sakamakon gwajin ciwon sanyi? (1)yes (2)no</i>	<input type="checkbox"/>
M26a	Was the test result positive? (1)yes (2)no (3)don't know <b>If (2) or (3) skip to M27</b> <i>Ko sakamakon gwajin ya nuna akwai <b>ciwon sanyi</b> cutar Kanjamau? (1)yes (2)no (3)don't know If (2) or (3) skip to M27</i>	<input type="checkbox"/>
M26b	Did you receive treatment for syphilis? (1)yes (2)no (3)don't know <i>Gin ko kin amshi maganin <b>ciwon sanyi</b> (ciwon Tinjere)?</i>	<input type="checkbox"/>
M27	I don't want to know the result, but did you receive a test result for HIV? (1)yes (2)no <i>Bana son ki fadi mani sakamakon, amma ko kin amshi sakamakon gwajin kwayar <b>ciwo mai karya garkuwan jiki</b> (cutar Kanjamau)? (1)yes (2)no</i>	<input type="checkbox"/>
M28	Did you receive advice about preparing for a safe birth? (1)yes (2)no <i>Ko an baki shawara game da daukar matakan haihuwa cikin koshin lafiya? (1)yes (2)no</i>	<input type="checkbox"/>
M30	Were you told things to look out for that might suggest problems with the pregnancy and delivery? (1)yes (2)no <b>if no skip to M32</b> <i>Ko anfada ma ki abubuwan da zaki lura da su da zai iya nuna matsaloli yayin da kina da ciki ko renon ciki? (1)yes (2)no if no skip to M32</i>	<input type="checkbox"/>
	<b>If M30 is yes</b> What are all the places you got the information from? Daga wanne wuri aka samu wadannan bayanar? <b>Ask each place from the list below.</b>  <b>If M30 is yes:</b>	
M31a	From a village health worker in my own home <i>Daga wajen <b>Ma'aikaciyar lafiya na karkara</b> na wannan al'ummar a gida na</i>	<input type="checkbox"/>
M31aa	from a village health worker in the community <i>daga wajen <b>ma'aikaciyar lafiya na karkara</b> na wannan al'ummar</i>	<input type="checkbox"/>
M31b	From a health staff in a health facility <i>Daga wajen <b>JAMI'IN</b> kiwon lafiya a cibiyar kiwon lafiya ko asibiti</i>	<input type="checkbox"/>
M31c	From a CHEW/CHO <i>Daga jami'in kiwon lafiya mai matsayin CHEW/CHO</i>	<input type="checkbox"/>
M31d	From neighbours and relatives <i>Daga wawajen makwafu ko dangi</i>	<input type="checkbox"/>
M31e	On the radio	<input type="checkbox"/>

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	Daga gidan rediyo	
M31f	If radio, specify which programme Idan daga gidan rediyo ne, a wanne shirin	<input type="text"/>
M31g	From a sign in a shop/market place Daga wata alama a shago ko kasuwa	<input type="text"/>
M31h	Other place or person Daga wani wuri ko mutum	<input type="text"/>
M32	Did you receive medicine for intestinal worms? (1)yes (2)no Ko kin amshi maganin tsutsar ciki? (1)yes (2)no	<input type="text"/>
M34	Did you receive medicine to prevent malaria? (PROBE:medicine called <i>sulphadoxine pyrimethamine</i> ) <b>IF NO SKIP TO M37</b> Ko kin amshi maganin rigakafin zazzabin cizon sauro? (PROBE:medicine called <i>sulphadoxine pyrimethamine</i> ) <b>IF NO SKIP TO M37</b>	<input type="text"/>
M35	<b>If M34 is yes:</b> How many doses of medicine to prevent malaria were you given? (PROBE: How many times were you given the medicine?) <i>Write number of doses</i> <b>If M34 is yes:</b> Kwayoyin magani nawa aka baki domin kariyar zazzabin cizon sauro? (PROBE: How many times were you given the medicine?) <i>Write number of doses</i> <i>Sau nawa aka baki maganin?</i>	<input type="text"/>
M36a	Were you tested for anaemia? (1) yes (2) no (3) don't know Ko anyi maki gwajin tabbatar da karancin jini? 1) yes (2) no (3) don't know	<input type="text"/>
M37	Did you receive iron tablets or iron syrup? 1) yes (2) no (3) don't know <b>IF NO SKIP TO M39a</b> Ko kin amshi kwayoyin karin jini ko maganin karin jini na ruwa? <b>IF NO SKIP TO M39a</b>	<input type="text"/>
M38	<b>If M37 is yes:</b> For how many days did you take the tablets or syrup? <i>Write number of days, or write 99 if doesn't remember</i> <b>If M37 is yes:</b> Har kwana nawa kika yi kina shan maganin? <i>Write number of days, or write 99 if doesn't remember</i>	<input type="text"/>
M39a	Did you receive misoprostol (the drug to stop women bleeding after birth)? (1)yes (2)no (3)don't know Ko kin amshi kwayar miso da ke hana mata zubar jini bayan haihuwa? 1)yes (2)no (3)don't know	<input type="text"/>
M40	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? 1)yes (2)no (3)don't know <b>IF NO SKIP TO M43</b> Ko an yi miki allura a dantsen hannu domin kare jaririn ki daga cuta mai kawo sanderawa da taune-taune bayan haihuwa? 1)yes (2)no (3)don't know <b>IF NO SKIP TO M43</b>	<input type="text"/>
M41	<b>If yes:</b> How many times did you get a tetanus injection? ( <i>write number of times</i> ) <b>IF 2 or more times SKIP TO M45</b> <b>If yes:</b> Sau nawa aka yi maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <b>IF 2 or more times SKIP TO M45</b>	<input type="text"/>
M42	<b>If less than 2 times:</b> At any time before this pregnancy did you receive any tetanus injections? (1)yes (2)no - <b>SKIP TO M45</b> <b>If less than 2 times:</b> Kafin samun wannan juna biyun, ko an taɓa maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? (1)yes (2)no - <b>SKIP TO M45</b>	<input type="text"/>

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M43	<b>IF M40 WAS NO or M42 was yes</b> Before this pregnancy, how many times did you receive a tetanus injection? <i>(write number of times; if zero skip to M45)</i> <b>IF M40 WAS NO or M42 was yes</b> Kafin samun wannan juna biyun, sau nawa aka yi maki allurar rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <i>if zero skip to M45)</i>	<input type="text"/>
M44	<b>If M43 was &gt;0:</b> How many years ago did you receive the last tetanus injection before this pregnancy? <i>Write number of years ago</i> <b>If M43 was &gt;0:</b> Kafin samun wannan juna biyun, kamar shekaru nawa kenan yanzu da akayi miki rigakafin kare jariri daga cutar sandarewa da taune-taune bayan haihuwa? <i>Write number of years ago</i>	<input type="text"/>
	Can you tell me what are the problems in pregnancy that might need medical treatment? <b>(do not read out the list, select all mentioned, probe – anything else)</b>  Ko zaki iya fada mini matsalolin mace mai ciki waɗanda ke bukatar jinya? <b>(do not read out the list, select all mentioned, probe – anything else)</b>	(1)yes (2)no
M45	Severe headache: Ciwon kai mai tsanani	<input type="text"/>
M45a	Dizziness : Jiri (Juwa)	<input type="text"/>
M46	Blurry vision: Rashin gani sosai	<input type="text"/>
M47	Reduced or absent fetal movement: Karanci ko rashin jin motsin 'da	<input type="text"/>
M48	High blood pressure: Hawan jini	<input type="text"/>
M49	Edema of the face/hands/legs <b>(Probe – swelling):</b> Kumburin fuska ko kafa ko hannu <b>(Probe – swelling):</b>	<input type="text"/>
M50	Convulsions: Jijjiga ko taune-taune	<input type="text"/>
M51	Excessive vaginal bleeding: Zubad da jini mai yawa ta farji	<input type="text"/>
M52	Severe lower abdominal pain: Matsanancin ciwon mara	<input type="text"/>
M53	Anemia/Pallor/Pale Skin: Rashin isasshen jini/ fata ta yi fari	<input type="text"/>
M54	Fever: Zazzabi	<input type="text"/>
M55	Other: Wasu abubuwa daban	<input type="text"/>
M56	No problems in pregnancy mentioned	<input type="text"/>
	Where did you hear about problems in pregnancy from? <b>Interviewer: probe – read out each option on the list</b>  Did you hear from the:	(1)yes (2)no
M56a	Radio – Rediyo	<input type="text"/>
M56b	Television – Talebijin	<input type="text"/>
M56c	Newspaper – Jerida	<input type="text"/>
M56d	Village health worker - Ma'aikaciyar lafiya na karkara	<input type="text"/>
M56e	Facility health worker – ma'aikatan asibiti	<input type="text"/>
M56f	Relative – dan uwa	<input type="text"/>
M56g	WDC - <del>Ina kika ji wana so ko</del> <b>shugabanen cin gaban al'umma</b>	<input type="text"/>
M56h	None of these	<input type="text"/>
M57	Do you know where to go if you have any pregnancy-related health complications? (1)yes (2)no <b>(go to M59)</b>  Ko kin san inda zaki nemi taimako idan kin fuskanci haɗurra/Matsalolin da suka shafi juna biyu? (1)yes (2)no <b>(go to M59)</b>	<input type="text"/>
M58	<b>If yes, Where should you go first? Select one</b> (1) health facility (2) village health worker (3) MNH call centre (4) traditional healer/herbalist (5) Patent and Proprietary Medicine Vendors (chemist) shop (6) other  <b>If yes: Ina ne zaki fara neman taimako da farko? Select one</b> (1) Asibiti (2) <b>Ma'aikaciyar lafiya na karkara</b> (3) MNH call centre (4) boka (5) shago (6) other	<input type="text"/>
M59	During your last pregnancy did you make any preparations for your delivery? (1) yes (2) no	<input type="text"/>

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	<p><b>Probe for getting ready the things she would need to have a safe delivery, and to take care of herself at that time; ask first unprompted then ask again by prompting for each item;</b></p> <p>Lokacin da kike da cikin baya-baya nan ,ko kin yi wasu shirye-shirye domin samun Kayan haihuwa? (1) yes (2) no</p>	
	<p>What preparations did you make for the delivery? Wanne shirin kika yi domin haihuwa?</p> <p><b>FIRST UNPROMPTED: Do not read out the list, probe – anything else? – select all that apply</b> <b>SECOND PROMT: read out the list and check the prompted response</b></p>	<p>Unprompted response</p> <p>Prompted response</p>
M60 M60a	Money for the delivery: Tanadin kudi domin haihuwa	<input type="checkbox"/> <input type="checkbox"/>
M61 M61a	Transport: Tanadin abin hawa	<input type="checkbox"/> <input type="checkbox"/>
M62 M62a	Food: Tanadin abinci	<input type="checkbox"/> <input type="checkbox"/>
M63 M63a	Identification of birth attendant: Samun mai taimakawa wajen karbar haihuwa	<input type="checkbox"/> <input type="checkbox"/>
M64 M64a	Identification of facility: Gano asibitin da za'a je domin karbar haihuwa	<input type="checkbox"/> <input type="checkbox"/>
M65 M65a	Clean clothes: Tsabtattun kayan sawa	<input type="checkbox"/> <input type="checkbox"/>
M66 M66a	Cover to deliver on: Shimfida domin haihuwa	<input type="checkbox"/> <input type="checkbox"/>
M67 M67a	Gloves: Safar hannu	<input type="checkbox"/> <input type="checkbox"/>
M67b M67c	Antispectic/dettol: Sinadarai masu kashe kwayoyin cuta	<input type="checkbox"/> <input type="checkbox"/>
M68 M68a	Cotton gauze: Auduga da bandeji	<input type="checkbox"/> <input type="checkbox"/>
M68b M68c	Sanitary towels: Tsabtattun tawul	<input type="checkbox"/> <input type="checkbox"/>
M68d M68e	Razor or scissors: Reza ko almakashi	<input type="checkbox"/> <input type="checkbox"/>
M68f M68g	Bar of soap: Sandar sabulu	<input type="checkbox"/> <input type="checkbox"/>
	Other	<input type="checkbox"/> <input type="checkbox"/>
	<p>Where did you hear advice about preparing for pregnancy from? <b>Interviewer: probe – read out each option on the list</b></p> <p>Did you hear from the:</p>	<p>(1)yes (2)no</p>
M68h	Radio – Rediyo	<input type="checkbox"/>
M68i	Television – Talebijin	<input type="checkbox"/>
M68j	Newspaper – Jerida	<input type="checkbox"/>
M68k	Village health worker - Ma'aikaciyar lafiya na karkara	<input type="checkbox"/>
M68l	Facility health worker – ma'aikatan asibiti	<input type="checkbox"/>
M68m	Relative – dan uwa	<input type="checkbox"/>
M68n	wdc - i na kika ji wana so ko shugabanen cin gaban al'umma	<input type="checkbox"/>
M68o	None of these	<input type="checkbox"/>
M69c	Did you ever need to ask for transport in an emergency to take you to a facility because of an urgent health problem during that pregnancy?	<input type="checkbox"/>

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	(1) yes (2) no  Ko kin taba amfani da direban agajin gaggawa domin neman agaji lokacin waccan cikin? (1) yes (2) no	
M69d	Who transported you to the facility for that health emergency? (1) my family member; (2) my neighbour/friend; (3) taxi/paid driver; (4) NURTW driver; (5) CTV driver (6) other  Wanene ya dauke ki zuwa cibiyar kiwon lafiya wancan lokacin domin kulawar kiwon lafiyar gaggawa? (1) my family member; (2) my neighbour/friend; (3) taxi/paid driver; (4) deriban union; (5) deriban aggaji alumna (6) other	<input type="checkbox"/>
M69e	<b>If M69d (6) other,</b> <b>Explain who the driver was?</b> Yi bayanin ko wanene direban?	

**NOW, I WANT TO ASK YOU SOME QUESTIONS CONCERNING WHAT HAPPENS DURING PREGNANCY AND AT CHILD BIRTH**

Yanzu ina da wasu tambayoyi da zan yi maki gameda abinda ya faru lokacin daukar ciki ~~na~~Da bayan haihuwa

	First, I want to ask you about the complications in a woman during childbirth that need medical treatment. Can you tell me what these might be? <b>Do not read out the list, select all mentioned, ask – anything else?</b>  Da farko, Ina son in tambayeki gameda matsalolin da mace ke fuskanta lokacin haihuwa da zai bukaci kulawar Maaikacin kiwon lafiya. Zaki iya fada mani ko su menene? <b>Don't read the list, select all mentioned, ask – anything else?</b>	(1)yes (2)no
M70	Excessive vaginal bleeding: Kwararar jini ta farji	<input type="checkbox"/>
M71	Foul-smelling discharge: Zubar da ruwa mai wari ta farji	<input type="checkbox"/>
M72	High fever: Zazzabi mai zafi	<input type="checkbox"/>
M73	Baby's hand or feet come first: Fara fitowar hannu ko kafa yayin haihuwa	<input type="checkbox"/>
M74	Baby in abnormal position: Kwanciyar da ba daidai ba	<input type="checkbox"/>
M75	Prolonged labour >12 hours: Doguwar nakuda da tawuce sa'a 12	<input type="checkbox"/>
M76	Retained placenta: Rashin fitar mabiyi a cikin lokaci (fiye da minti 30)	<input type="checkbox"/>
M77	Ruptured uterus: Fashewar mahaifa	<input type="checkbox"/>
M78	Prolapsed cord: Fara fitowar cibiya ko sarkewa	<input type="checkbox"/>
M79	Cord around neck: Zargewar cibiya a wuya	<input type="checkbox"/>
M80	Convulsions: Jijiga ko taune-taune	<input type="checkbox"/>
M81	Other: Wani abun daban	<input type="checkbox"/>
M82	Don't know any complications during childbirth: Ban san wani matsala dangane da haihuwa ba	<input type="checkbox"/>
	Where did you hear advice about problems during childbirth from? <b>Interviewer: probe – read out each option on the list</b>  Did you hear from the:	(1)yes (2)no
M82x1	Radio – Redito	<input type="checkbox"/>
M82x2	Television – Talebiji	<input type="checkbox"/>
M82x3	Newspaper – Jerida	<input type="checkbox"/>
M82x4	Village health worker - Ma'aikaciyar lafiya na karkara	<input type="checkbox"/>
M82x5	Facility health worker – ma'aikatan asibiti	<input type="checkbox"/>
M82x6	Relative – dan uwa	<input type="checkbox"/>
M82x7	wdc - i na kika ji wana so ken <b>shugabanen cin gaban al'umma</b>	<input type="checkbox"/>
M82x8	None of these	<input type="checkbox"/>
M82x9	Before labour pains started, did you travel from your usual home to another city, town or community to give birth? (1)yes (2)no (if no go to M82a)	<input type="checkbox"/>

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M82x10	How many nights did you stay in this city, town, or community before you gave birth? <b>If less than 1 night, enter 0. If 1 night enter 1. Record number of nights</b>	<input type="text"/> <input type="text"/> <input type="text"/>
	Where did you stay? <b>(select all mentioned, probe – anywhere else)</b>	(1)yes (2)no
M82x11	Parent's home	<input type="text"/>
M82x12	Other relative's or inlaw's home	<input type="text"/>
M82x13	Hotel/hostel/guest house	<input type="text"/>
M82x14	Maternity waiting home	<input type="text"/>
M82x15	Patient hotel	<input type="text"/>
M82x16	Health facility	<input type="text"/>
M82x17	Other	<input type="text"/>
M82a	What gestation were you when you went into labour? <b>Probe for number of gestation weeks, ask whether she went into labour early or on time; check on health card if available; enter number of weeks or enter 99 if don't know</b>  Watannin cikin nawa ne, kafin kika fara nakuda? <b>Probe for number of gestation weeks, ask whether she went into labour early or on time; check on health card if available; enter number of weeks or enter 99 if don't know</b>	<input type="text"/> <input type="text"/> <input type="text"/>
M82b	Did anyone check your blood pressure when you were in labour? (1)yes (2)no (3) don't know  Ko anyi miki awon bugun jini lokacin da kike nakuda? (1)yes (2)no (3) don't know	<input type="text"/>
M82c	Did anyone give you an injection because your labour had started too early? (1)yes (2) no (3) don't know  Ko anyi miki wata allura domin nakudar ki ta fara da wuri (kafin sati 37 cikakku)? (1)yes (2) no (3) don't know	<input type="text"/>
M83	Now about your delivery: <i>Yanzu sai game da haihuwar da kika yi:</i>  Who assisted with the delivery? <b>Probe for most senior person present</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)No-one ( <b>go to M85</b> ) (8) Other (specify)  Wa ya taimaka maki wajen haihuwar? <b>Probe for most senior person present</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)No-one ( <b>go to M85</b> ) (8) Other (specify)	<input type="text"/>
M83a	Was anyone else present? (1)yes (2)no – <b>go to M83c</b>  Ko akwai wani kuma da yake wurin? (1)yes (2)no – <b>go to M83c</b>	<input type="text"/>
M83b	Who else was present at the delivery? (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)No-one ( <b>go to M85</b> ) (8) Other (specify) (9) Village health worker  Wanene kuma yake wurin haihuwar? (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)No-one ( <b>go to M85</b> ) (8) Other (specify) (9)Village health worker	<input type="text"/>
M83c	Did you have to pay any cash/money to the person/people assisting you at delivery? (1)yes (2)no – <b>go to M83e</b>  Ko sai da ki ka biya wani mutum ko mutane domin a taimaka maki yayin	<input type="text"/>

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	haihuwar? <i>1)yes (2)no – go to M83e</i>	
M83d	How much cash/money did you pay? <i>Enter the amount in Naira</i>  Har nawa kika biya? <i>Enter the amount in Naira</i>	_ _ _ _ _ _ _
M83e	Did you have to give any non-cash gifts to the person/people assisting you at delivery? <i>(1)yes (2)no – go to M83i</i>  Ko sai da ki kabada wata kyauta ga mutum ko mutane kafin a taimaka maki yayin haihuwar? <i>(1)yes (2)no – go to M83i</i>	_
	What non-cash gifts did you give? <b>(mark all that apply)</b>  Wacce irin kyauta kika bayar? <i>(mark all that apply)</i>	<i>(1)yes (2)no</i>
M83f	Fuel: Man Fetur	_
M83g	Food/livestock: Kayan abinci/dabbobi	_
M83h	Other gifts: Wata kyautar `daban	_
M83i	When you gave birth, did the person assisting you wear gloves during delivery? <i>(1)yes (2)no, don't remember</i> Yayin karbar haihuwar, ko wanda ya/ta taimaka maki ya/ta sa safar hannu? <i>(1)yes (2)no, don't remember</i>	_
M84	When you gave birth, did the person assisting you wash hands with soap before the delivery? <i>(1)yes (2)no, (3)don't remember</i>  Lokacin haihuwar ki, ko wanda ta taimaka maki ta wanke hannu <b>da sabulu Kafin haihuwa?</b> <i>(1)yes (2)no, (3)don't remember</i>	_
M84a	Immediately after you gave birth, did the person assisting you give you an injection or tablets to reduce your bleeding? <i>(1)yes (2)no (3)don't know</i> <b>Probe: use names of the injection/drug (Oxytocin, misoprostol etc), and show example of misoprostol packaging</b>  <i>Jim kadan bayar haihuwa ko wani ya taimaka miki da allura ko kwayoyin magani domin rage zubar jinni nan take!?</i>	_
M84i	Where did you give birth? <i>(1) home</i> <i>(2) health facility, hospital (secondary level care)</i> <i>(3) other (specify)</i>	_
	<b>If M84i== (1) home or (3) other, please go to M84i_1a</b>  <b>If M84i==(2) HEALTH FACILITY, please go to M84i_1</b>	
	I would like to ask you some questions about your experience during your most recent labour and childbirth in [name of health facility]  Yanzu ina son inyi maki tambayoyi gameda nakudar haihuwa da kika yi ta bayabayan nan da haihuwar ki a [name of health facility]  During the most recent childbirth in [name of health facility], did you experience any of the following?  Read out the list, select all that apply	

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	A lokacin haihuwar ki ta bayabayan nan ko wasu daga cikin wadan nan abubuwan sun faru dake?	
M84i_1	Did the person BA hit or beat you during labour and delivery to facilitate the delivery? (e.g. <i>physical contact, beating with an intent to force/coerce a woman in labour to do something</i> ).	
M84i_2	Did the BA physically restrained or tied you during labour and delivery? (e.g. <i>restraining woman in labour not for any medical reason, but to force/coerce her to cooperate with the birth attendant</i> ).	<input type="checkbox"/>
M84i_3	Did the BA touched you inappropriately or act in a way that made you feel uncomfortable during labour and delivery? (e.g. <i>touching of sexual organs of a woman in labour (breast, vulva etc.) without obvious medical indication repeatedly; gestures suggestive of sexual interest towards a woman in labour; selective gifts and attention suggestive of sexual interest towards a woman in labour</i> ).	<input type="checkbox"/>
M84i_4	Did the BA shouted at you, use harsh or rude language, judgmental or accusatory comments during labour and delivery? (e.g. <i>use of verbal and non-verbal communication with an intent to force/coerce a woman in labour to do something</i> ).	<input type="checkbox"/>
M84i_5	Did the BA use threats of withholding treatment or poor outcomes, or blamed you for poor outcomes to facilitate labour and delivery? (e.g. <i>an intent or action aimed at denying a pregnant woman in labour required attention or treatment (i.e. ... "if you don't provide hand gloves you are on your own" "...if you will not cooperate and push this baby out I will be going home to leave you with the cleaners" AND/OR Use of verbal and non-verbal communication e.g. gestures suggestive of assigning blame of poor labour outcome to the woman in labour (i.e. ... "if you don't push you will kill your baby" "it is your fault for not coming to the hospital early")</i> ).	<input type="checkbox"/>
M84i_6	Did the BA discriminate against you because of your ethnicity/ race/ religion/ income/ HIV/ age during labour and delivery? (e.g. <i>an act or gesture that treats a woman in labor negatively because of her HIV status, tribe, religion, education, poor or from a village</i> ).	<input type="checkbox"/>
M84i_7	Did the BA refuse to ask for your consent? (e.g. <i>performing medical examination/treatment/procedure without providing information and getting permission from the woman in labour or her companion</i> ).	<input type="checkbox"/>
M84i_8	Did the BA breache your confidentiality? (e.g. <i>birth attendant or a health care worker inappropriately discussing or sharing information the woman provided in confidence with others not involved in the provision of care to the woman in labour (i.e. communicating HIV status, financial status, other medical conditions in a voice that will allow others to hear)</i> ).	<input type="checkbox"/>
M84i_9	Did the BA ignored your discomfort or pain or refuse to provide you with pain relief, when you needed pain relief, during labour (e.g. <i>birth attendant disregarding signs of pains displayed by the woman in labour during vaginal examination or episiotomy</i> ).	<input type="checkbox"/>
M84i_10	Did the BA neglected, ignored or abandoned you or delayed when help is needed during labour and delivery? (e.g. <i>deliberately ignoring a woman in labour despite her need for attention or woman delivering alone with no assistance of birth attendant or birth attendant taking longer time than necessary to respond to the need of a woman in labour</i> ).	<input type="checkbox"/>
M84i_11	Was the skilled attendant absent at time of delivery? (e.g. <i>absence of trained birth attendant i.e. doctors, nurse, midwife, CHW trained in Modified Life Saving Scheme, at the time of labour and delivery</i> ).	<input type="checkbox"/>
M84i_12	Did the BA perform of unconsented surgical operations (e.g. <i>performing surgical operations without providing information about the procedure and getting permission from the woman in labour or her companion</i> )?	<input type="checkbox"/>
M84i_13	Did you have poor communication with the BA that conducted your delivery during labour and delivery? (e.g. <i>lack or inadequate information about labour &amp; delivery (i.e. what would likely happen to her and the pregnancy or the baby during and after labour and delivery, what would likely be done to her or the baby during and after labour and delivery or not allowing a woman in labour and her</i>	<input type="checkbox"/>



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	<i>companion to ask questions or seek for clarification or inappropriate response to questions asked by a woman in labour and/or her companion).</i>	
M84i_14	Did the BA dismiss your concerns during labour and delivery? (e.g. ignoring the complains, suggestions and fears of a woman in labour regarding her care).	<input type="checkbox"/>
M84i_15	Did you have any language interpretation issues during labour and delivery? (e.g. inability of the birth attendant and the woman in labour or her companion to understand each other due to language barrier or absence of an interpreter that would facilitate communication between the birth attendant and woman in labour or her companion or birth attendant using culturally inappropriate words or phrases to communicate to a woman in labour).	<input type="checkbox"/>
M84i_16	Did you experience any poor staff attitudes during labour and delivery? (e.g. birth attendant displaying nonchalant attitude to woman in labour such as not responding to the need of a woman in labour (i.e. BA's sitting in nursing station to gist, while disregarding the needs for woman in labour))	<input type="checkbox"/>
M84i_17	Did you experience any lack of supportive care from health workers during labour and delivery? (e.g. not being supportive or encouraging or not talking to a woman in kind words, or not aiding the labour and delivery in an appropriate and supportive way).	<input type="checkbox"/>
M84i_18	Did the BA disallowed you to have a birth companions during labour and delivery? (e.g. birth attendant disallowing a birth companion to stay with a woman in labour).	<input type="checkbox"/>
M84i_19	Did you feel treated as a passive participant during labour and delivery? (e.g. birth attendant not involving a woman in labour in any decision making regarding her care and the care of her baby).	<input type="checkbox"/>
M84i_20	Did the BA disallowed you to eat food, drink water or any fluids, or disallowed you to move around without any medical reason during labour and delivery?	<input type="checkbox"/>
M84i_21	BA did not respect for your preferred birth positions (e.g. birth attendant denying a woman in labour her preferred birth position without medical reason i.e.. BA insisting the woman in labour to lie down during childbirth instead her preferred squatting position).	<input type="checkbox"/>
M84i_22	Did the BA disallowed you to perform any safe traditional practices (e.g. birth attendant denying a woman in labour or her companion the use of safe traditional, cultural practices i.e. prayers during labour, placing of religious symbols, use of amulet etc.)	<input type="checkbox"/>
M84i_23	Did the BA detained you in a facility for failure to pay for services? (e.g. the facility not allowing a woman to go home after delivery without any medical reason due to inability to pay hospital bills).	<input type="checkbox"/>
M84i_24	The facility you delivered in poor physical condition (e.g. crowded delivery room, dirty delivery room)? (e.g. unclean delivery room (e.g. littered floor, wet floor, stained and dirty walls, cracked walls, stained and dirty curtains, dusty walls, presence insect, rodents, reptiles, stained dirty beddings, cobwebs, torn mattress, soaked stained dirty mattress, bad smell) or unclean toilets (e.g. wet floor, stained and dirty walls, cracked walls, dusty walls, presence insect, rodents, reptiles, cobwebs, presence of visible excreta and urine, unavailability of water for sanitary needs in the toilet) or unclean surroundings of health facility (e.g. littered, bushy) or lack of light source (e.g. using candles to conduct delivery) or lack of running water in the health facility; smelling environment).	<input type="checkbox"/>
M84i_25	Did you experience staffing shortages (e.g. not enough staff) during labour and delivery? (e.g. absence of at least one skilled birth attendant and at least one support staff during labour and delivery or lack of staff in relevant untints to support labour, delivery and newborn care when in need).	<input type="checkbox"/>
M84i_26	Did you experience supply constraints (e.g. essential medicines and supply not available)? (e.g. lack of essential medicines, vaccines and consumables such as surgical gloves sutures during labour and delivery i.e. uterotonics, antiseptics, hand gloves, Hepatitis B).	<input type="checkbox"/>
M84i_27	Was there a lack of privacy for you during labour and delivery (e.g. feeling of being exposed, not screened, during labour and delivery)? (e.g. lack of / or non-utilization of a barrier/ shield to establish visual privacy between a woman in	<input type="checkbox"/>

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	<i>labour and others within and outside the labour room Or not covering the chest to knee of a woman in labour with a cloth Or bedding/ sitting arrangement allow others to listen to conversations between a woman in labour, birth attendant or companion.</i>	
M84i_28	Was there a lack of redress? (e.g. lack of mechanism that allows a woman or her companion to report or complain in case of any displeasure or grievance with services received or denied, or failure to address the concerns and complains of a woman in labour and her companion).	<input type="checkbox"/>
M84i_29	Did you have to give something of value to the BA in exchange for some kind of influence or action or service in return, that you would otherwise not offer? (e.g. requesting or receiving monetary or non-monetary incentives to facilitate the conduct of labour and delivery and or preferential care).	<input type="checkbox"/>
M84i_30	Did you have any feeling of unclear fee structures (e.g. lack of easily accessible price list for pharmaceutical products, hospital services related to labour and delivery or not providing information to a woman in labour and her companion of prices related to labour and delivery).	<input type="checkbox"/>
M84i_31	Did you have any feeling of unreasonable requests by health workers (e.g. requesting for unnecessary materials needed for labour and delivery i.e. requesting pampers for babies, requesting for antibiotics when there is no need or requesting for materials in excess of what is required for labour and delivery i.e. requesting for more than one tablet of soap).	<input type="checkbox"/>
	<p><b>If M84i== (1) home or (3) other)</b></p> <p>I would like to ask you some questions about your experience during your most recent labour and childbirth at home</p> <p>Yanzu ina son inyi maki tambayoyi gameda nakudar haihuwa da kika yi ta bayabayan nan da haihuwar ki a gida.</p> <p>Read out the list, select all that apply</p>	
M84i_1a	Did the person that conducted your delivery at home hit or beat you to facilitate labour and delivery? (e.g. physical contact, beating with an intent to force/coerce a woman in labour to do something).	<input type="checkbox"/>
M84i_2a	Did the person that conducted your delivery at home physically restrained or tied your legs to facilitate labour and delivery? (e.g. restraining woman in labour to force/coerce her to cooperate with the birth attendant).	<input type="checkbox"/>
M84i_3a	Did the person that conducted your delivery at home touched you inappropriately or act in a way that made you feel sexually abused during labour and delivery? (e.g. touching of sexual organs of a woman in labour (breast, vulva etc.); gestures suggestive of sexual interest towards a woman in labour; attention suggestive of sexual interest towards a woman in labour).	<input type="checkbox"/>
M84i_4a	Did the person that conducted your delivery at home shouted at you to facilitate labour and delivery? (e.g. use of verbal and non-verbal communication with an intent to force/coerce a woman in labour to do something).	<input type="checkbox"/>
M84i_5a	Did the person that conducted your delivery at home threatened you with poor birth outcomes, or blamed you for poor outcomes to facilitate labour and delivery? (e.g. "if you will not cooperate and push this baby out I will be going home to leave you" AND/OR Use of verbal and non-verbal communication e.g. gestures suggestive of assigning blame of poor labour outcome to the woman in labour (i.e. .... "if you don't push you will kill your baby" "it is your fault for not coming to the hospital early").	<input type="checkbox"/>
M84i_6a	Did the person that conducted your delivery at home treated you differently (discriminated against you) because of your ethnicity/ race/ religion/ income/ HIV/ age during labour and delivery? (e.g. an act or gesture that treats a woman in labor negatively because of her HIV status, tribe, religion, education, poor or from a village).	<input type="checkbox"/>
M84i_7a	Did the person that conducted your delivery at home refuse to ask for your permission before examining you? (e.g. checking your vagina to determine labour progress without providing information and getting permission from the woman in	<input type="checkbox"/>

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	<i>labour or her companion).</i>	
M84i_8a	Did the person that conducted your delivery at home ignored your discomfort or pain or refuse to provide pain relief during labour (painful vaginal exams)? (e.g. <i>disregarding signs of pains displayed by the woman in labour during vaginal examination</i> ).	<input type="checkbox"/>
M84i_9a	Did the person that conducted your delivery at home neglected or abandoned you or delayed when help is needed during labour and delivery? (e.g. <i>deliberately ignoring a woman in labour despite her need for attention or woman delivering alone with no assistance of birth attendant or birth attendant taking longer time than necessary to respond to the need of a woman in labour</i> ).	<input type="checkbox"/>
M84i_10a	Did you have poor communication or difficulty communicating with the person that conducted your delivery during labour and delivery? (e.g. <i>lack or inadequate information about labour &amp; delivery (i.e. what would likely happen to you and the pregnancy or the baby during and after labour and delivery, what would likely be done to you or the baby during and after labour and delivery or not allowing a woman in labour and her companion to ask questions or seek for clarification or inappropriate response to questions asked by a woman in labour and/or her companion</i> ).	<input type="checkbox"/>
M84i_11a	Did the person that conducted your delivery at home dismissed your concerns during labour and delivery? (e.g. <i>ignoring the complains, suggestions and fears of a woman in labour regarding her delivery</i> ).	<input type="checkbox"/>
M84i_12a	Did you have any language and interpretation issues during labour and delivery? (e.g. <i>inability of the person conducting delivery and the woman in labour or her companion to understand each other due to language barrier or absence of an interpreter that would facilitate communication or birth attendant using culturally inappropriate words or phrases to communicate to a woman in labour</i> ).	<input type="checkbox"/>
M84i_13a	Was there a lack of supportive care from the person that conducted your delivery during labour and delivery (e.g. <i>not being supportive or encouraging or not talking to you in kind words, or not aiding the labour and delivery in an appropriate and supportive way</i> ).	<input type="checkbox"/>
M84i_13a	Did the person that conducted your delivery at home disallowed you to have a birth companions during labour and delivery?	<input type="checkbox"/>
M84i_14a	Did the person that conducted your delivery at home disallowed you to eat food, drink water or any fluids, or disallowed you to move around during labour and delivery?	<input type="checkbox"/>
M84i_15a	Did the person that conducted your delivery at home disallowed you to deliver the way you wanted? (e.g. <i>insisting the woman in labour to lie down during childbirth instead her preferred squatting position</i> ).	<input type="checkbox"/>
M84i_16a	Did the person that conducted your delivery at home disallowed you to perform any safe traditional practices (pray, use of omulet) during labour and delivery? (e.g. <i>birth attendant denying a woman in labour or her companion the use of safe traditional, cultural practices i.e. prayers during labour, placing of religious symbols, use of amulets etc.</i> )	<input type="checkbox"/>
M84i_17a	Was the delivery environment you delivered in crowded or dirty or smelly or uncondusive?	<input type="checkbox"/>
M84i_19a	Did you feel exposed (lack of privacy) during labour and delivery?	<input type="checkbox"/>
M84i_20a	Did you feel the request of the person that conducted your delivery was unreasonable?	<input type="checkbox"/>
M85	<p>Now please can you remind me again: Where did you give birth? (1) <i>home</i> –<b>skip to M88a</b>(2)<i>primary health facility</i> (3) <i>hospital(secondary level care)</i>(4)<i>other (specify)</i></p> <p>A wane wuri kika haihu? (1) <i>home</i> –<b>skip to M88a</b>(2)<i>primary health facility</i> (3) <i>hospital(secondary level care)</i>(4)<i>other (specify)</i></p>	<input type="checkbox"/>

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M85a	Specify: Ambata	
M85b	<b>All women who delivered in a facility</b> What was the name of the facility you gave birth in?  <i>Menene sunan asibitin da kika haihu?</i> <i>Enter name of facility</i>	
M85c	<b>All women who delivered in a facility</b> What LGA is that facility in?  <i>A wane karamar hukuma asibitin yake?</i>  <i>Enter name of LGA</i>	
	Did anyone specifically advise you to go to the health facility for delivery?  <i>Ko akwai wani wanda ya baki shawara ta musamman domin zuwa wannan asibiti domin haihuwa?</i>  (1)yes (2)no <b>Ask for each of the following</b>	
M85d1	My husband told me	
M85d2	My mother-in-law told me	
M85d	My other family member told me ( <i>Wani daga cikin 'yan uwai</i> )	
M85e	My neighbour/friend told me ( <i>Wani daga cikin makwabci</i> )	
M85f	I heard it on a radio programme ( <i>Naji daga shirin gida rediyo</i> )	
M85g	I heard it on a TV programme ( <i>Naji daga shirin gida telebishon</i> )	
M85g1	I heard it from a religious/ <b>community</b> leader	
M85h	A village health worker told me ( <i>Naji daga Ma'aikaciyar lafiya na karkara</i> )	
M85i	None of these ( <i>ba daya daga cikin dalilan da suka gababata</i> )	
M86	<b>If (2)(3)(4)</b> - After giving birth, for how many nights did you stay at the health facility in total? <i>Enter number of nights she spent at the facility after the birth</i>  <b>If (2)(3)(4)</b> -Bayan kin haihu, jimillar kwana nawa kika yi a asibitin kafin a sallameki? <i>Enter number of nights she spent at the facility after the birth</i>	
	<b>When you left the facility, did you have the following items?</b>	
M86a	Sanitary pad to catch your bleeding? ( <i>Audugar mata ta tare zubar jini</i> )	
M86b	Cord clamp had been put on baby cord? ( <i>Abin daure cibiyar jariri</i> )	
M86a	What means of transport did you use to reach the health facility to give birth? <b>Select one</b>  (1) walked (2)bicycle (3)own motorised transport (4)emergency transport scheme (5)community member gave transport (6)other(7)donkey/horse cart  Wace irin abun hawa kika yi amfani da ita? <b>Select one</b> (1 )walked (2)bicycle (3)own motorised transport (4)emergency transport scheme (5)community member gave transport (6)other (7)donkey/horse cart	
	Who accompanied you? <b>Do not read out the list, select all mentioned, probe – anyone else</b>  Waye ne ya raka ki? <b>Do not read out the list, select all mentioned, probe – anyone else</b>	
M86b	No-one Ba wanda ya raka ni	
M86c	My husband Mijina	
M86d	A female relative or friend	

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	'Yar uwa ko abokiya	
M86e	A male relative or friend (not husband) Dan uwa ko aboki (ba miji ba)	<input type="checkbox"/>
M86f	A community volunteer: Mai aikin sa kai na al'umma	<input type="checkbox"/>
	(1)	
M86g	Other person: Wani mutum daban	<input type="checkbox"/>
M87	Was [NAME] delivered by caesarean <b>section</b> , that is, did they cut your belly open to take the baby out? (1)yes (2)no  Ko an haifi [NAME] ta hanyar tiyata ne, wato an buɗe cikin ki aka ciro shi/ta? (1)yes (2)no	<input type="checkbox"/>
	<b>ALL:</b> During the delivery of [NAME] did you experience any of the following? <b>Read out the list, select all that apply.</b>  <b>ALL:</b> Lokacin haihuwar [NAME] ko kin yi fama da ɗaya daga cikin waɗannan abubuwan? <b>Read out the list, select all that apply</b>	(1)yes (2)no
M88a	Heavy bleeding: Zubarda jini mai tsanani	<input type="checkbox"/>
M88b	Labour more than 12 hours: Nakudar da ta wuce awa 12	<input type="checkbox"/>
M88c	Loss of consciousness: Suma	<input type="checkbox"/>
M88d	Premature labour: Nakuda kafin cikan watannin haihuwa (wato sati 37 zuwa sama)	<input type="checkbox"/>
M88e	Foul discharge: Zubar da ruwa mai wari ta farji	<input type="checkbox"/>
M88f	Baby in abnormal position: Kwanciyar da ba daidai ba	<input type="checkbox"/>
M88g	Other: Wani abun daban	<input type="checkbox"/>
M88h	None of these: Ba daya daga cikin waɗannan da aka ambata a sama	<input type="checkbox"/>
M89	During delivery were you advised to go to a facility to get special care (a health facility if it was a home birth, a different facility if it was a health facility birth)? (1)yes (2)no— <b>SKIP TO M94</b>  A lokacin haihuwa ko an baki shawarar ki je asibiti domin samun kulawa ta musamman (Zuwa asibiti idan haihuwar gidace, daga asibiti zuwa wani asibitin daban idan haihuwar asibiti ce) (1)yes (2)no— <b>SKIP TO M94</b>	<input type="checkbox"/>
M90	<b>If yes:</b> Did you go to that different facility to get the special care (referral)? (1)yes ( <b>go to M92</b> ) (2)no( <b>go to M91</b> )  <b>If yes:</b> Ko kin je asibitin da aka turakin ne, domin samun kulawa ta musamman? (1)yes ( <b>go to M92</b> ) (2)no( <b>go to M91</b> )	<input type="checkbox"/>
M91	<b>If no:</b> Why not? <b>Probe for the most important reason and select one. Now go to M93</b> (1) facility was too far (2) cost too much money (3) don't like going to different facility (4) no permission to go (5) other <b>If no:</b> Me dalilin rashin zuwa wani asibiti domin samun kulawa ta musamman?? <b>Probe for the most important reason and select one. Now go to M93</b> 1) facility was too far (2) cost too much money (3) don't like going to different facility (4) no permission to go (5) other	<input type="checkbox"/>
M92a	<b>If M90 = yes:</b> What was the different facility that you went to? (1) I went from home to a PHC; (2) I went from home to a hospital; (3) I went from home to a private/other facility; (4) I went from PHC to a hospital; (5) I went from hospital to another hospital; (6) Other	<input type="checkbox"/>
M92	<b>If M90 = yes:</b> What transport did you take to get there? (1) own transport (2) public transport (3) hired transport (4) district/ambulance (5) bike (6) walked (7) NURTW (8) CTV (9) donkey/horse cart  <b>If M90 = yes:</b> Wane irin direba kika yi amfani dashi domin zuwa asibitin don samun kulawa ta musamman?	<input type="checkbox"/>

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	1)own transport (2)public transport (3)hired transport (4)district/ambulance (5) bike (6) walked (7) Direban Agajin gaggawa na NURTW; (8) Direban agaji na gaggawa na karaka (9) deriban union	
M92b	<b>If M90 = yes AND M92a = 4 or 5:</b> Did a health worker go with you when you moved to the different facility? (1)yes (2)no	__
M94	Did you ever use the emergency transport scheme for help during that labour? (1)yes (2)no – <b>go to M98</b>  Ko kin taba amfani da shirin direban agaji gaggawa domin neman taimako lokacin nakuda? (1)yes (2)no – <b>go to M98</b>	__
M94a	Who transported you to the facility for that health emergency? (1) my family member; (2) my neighbour/friend; (3) taxi/paid driver; (4) ) <i>Direban Agajin gaggawa na NURTW</i> (5) other	__
M94b	<b>If M69d (5) other,</b> Explain who the driver was	
	<b>Now I want to ask you about any post-natal health checks you had after the birth</b>	
M98	In the first month after birth, did anyone check on your health? <b>Probe for health checks sometime after birth, not during the delivery</b> (1)yes (2)no – <b>SKIP TO M111</b>  A cikin watan farko bayan haihuwar ki, ko akwai wanda ya duba lafiyar ki? <b>Probe for health checks sometime after birth, not during the delivery</b> 1)yes (2)no – <b>SKIP TO M111</b>	__
M99	How many times did anyone check on your health in the first month after delivery? <i>Write number</i>  Kamar sau nawa wani ya duba lafiyarki a cikin watan farko bayan haihuwarki? <i>Write number</i>	__
M100	How many days after delivery did the first check take place? <i>Record number of days; if same day as delivery enter 0</i>  Bayan haihuwa, yausha ne ko kwana nawa ya dauka kafin wani ya duba ki? <i>Record number of days; if same day as delivery enter 0</i>	__
M101	Who checked on your health for the first time after you gave birth to [NAME]? <b>Probe for most qualified person, select one</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)Others (8) Village health worker  Bayan haihuwar [NAME] wane Ma aikacin Lafiya ne ya fara duba lafiyarki? <b>Probe for most qualified person, select one</b> (1)Doctor (2)Nurse/Midwife (3)CHEW/CHO (4) FOMWAN (5)Traditional birth attendant (6) Relative/friend (7)Others (8) Village health worker (Ma aikaciyar Lafiya na Karakara)	__
M102	Where did this check take place? (1)own home (2)health facility  A wane wuri ne aka duba ki? (1)own home (2)health facility	__
M103	<b>If her health was checked at least twice (see M99)</b> How long after delivery did the second check take place? <b>Record number of days</b>  <b>If her health was checked at least twice (see M99)</b>	__

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	Bayan haihuwar, wane lokaci ne ma'aikatan kiwon lafiya suka sake duba ki na biyu? <b>Record number of days</b>	
	During any of the health checks what was done to check on your health? <b>Do not read out the list, probe anything else? Mark all that apply</b>  Da kika je gwaji bayan kin haihu, wane irin bincikene a kayi miki domin duba lafiyarki? <b>Do not read out the list, probe anything else? Mark all that apply</b> <b>Note Remember to use Ma aikaciyar Lafiya na Karakara for Village Health Worker.</b>	(1)yes (2)no
M104a	Examined body for complications: Bincika lafiyar jiki gaba ɗaya	<input type="checkbox"/>
M104a1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104b	Checked breasts: Bincika lafiyar nono (mama)	<input type="checkbox"/>
M104b1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104c	Checked for heavy bleeding: Bincike akan zubar jini mai yawa daga farji	<input type="checkbox"/>
M104c1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104d	Counselled on danger signs: Shawara akan alamomin matsaloli da ke tattare bayan haihuwa	<input type="checkbox"/>
M104d1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104e	Counselled/informed of family planning: Shawara akan tazarar haihuwa	<input type="checkbox"/>
M104e1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104f	Counselled/informed on nutrition: Shawara akan abinci mai gina jiki	<input type="checkbox"/>
M104f1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104g	Referred to a health facility: Turawa zuwa asibiti	<input type="checkbox"/>
M104g1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104h	Counselled on immediate breastfeeding	<input type="checkbox"/>
M104h1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104j	Checked for fever	<input type="checkbox"/>
M104j1	<b>If yes:</b> Was this ever done by a Village Health Worker?	<input type="checkbox"/>
M104k	None of these: Babu ko daya daga cikin wadannan da aka ambata a sama	<input type="checkbox"/>
M105	The last time your health was checked after the birth, how many minutes did the person spend checking you? <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 30 minutes enter 90</i>  Gwajin da aka maki na baya-bayan nan bayan kin haihu, tsawon mintin nawa ko awa nawa ne ma aikacin lafiya ko ma'aikacin sa kai ya/ta ɗauka domin binciken lafiyar ki a ziyararki ta baya-bayan nan?  <i>Enter number of minutes, e.g.if half an hour enter 30, if 1 hour and 30 minutes enter 90</i>	<input type="text"/>
M106	When your health was checked on after the birth, did you ever have to pay any cash to the person doing the health check? (1)yes (2)no - <b>go to M108</b>  Lokacin da aka yi maki bincike bayan haifuwa, ko kin taba biyan ma'aikacin lafiya wanda ya dubaki wani kudi? (1)yes (2)no - <b>go to M108</b>	<input type="checkbox"/>
M107	How much cash did you have to pay to the person for your health checks after birth in total? <b>Enter the amount in Naira</b>  Jimlar kudi nawa ki ka biya jami'in kiwon lafiya ko ma'aikacin lafiya na sa kai domin duba lafiyar ki bayan kin haihu? <b>Enter the amount in Naira</b>	<input type="text"/>
M108	When your health was checked on after birth, did you ever have to give any non-cash gifts to the person? (1)yes (2)no- <b>go to M110a</b>  Ko kin bawa Ma'aikacin kiwon lafiya ko ma'aikacin lafiya sa kai wata kyauta domin duba lafiyar ki bayan kin haihu? (1)yes (2)no- <b>go to M110a</b>	<input type="checkbox"/>
	What non-cash gifts did you give? ( <b>mark all that apply</b> )	(1)yes (2)no

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	Menene kika bayar?(mark all that apply)	
M108a	Fuel: Man Fetur	<input type="checkbox"/>
M108b	Food/livestock: Kayan abinci/dabbobi	<input type="checkbox"/>
M108c	Other gifts: Wasu abubuwan daban	<input type="checkbox"/>
M110a	Have you ever used the emergency transport scheme for help for yourself or your baby after the delivery? (1)yes (2)no – go to M110d  Ko kin taba amfani da Direban agajin gaggawa domin neman taimako ma kan ki, ko na jaririn ki bayan kin haihu? (1)yes (2)no – go to M110d	<input type="checkbox"/>
M110b1	Who transported you or your baby to the facility for that health emergency? (1) my family member; (2) my neighbour/friend; (3) taxi/paid driver; (4) NURTW (5) CTV; (6) other  Lokacin agajin gaggawa zuwa Asibiti,wanene ya taimaka maki/ko yaron ki da agajin gaggawan?  (1) my family member; (2) my neighbour/friend; (3) taxi/paid driver; (4) deriban union (5) deriban aggaji alumna (6) other	<input type="checkbox"/>
M110b2	If M110b1 (6) other,  Explain who the driver was	

Now I have some questions about what happened to [NAME] at the birth and immediately after.

Yanzu ina da tambayoyi gameda abinda ya faru da [NAME]a lokacin haihuwa da kuma jim kadan bayan haihuwa.

	First, I want to ask you about the complications for a newborn that might need medical treatment. Can you tell me what these might be? <b>Do not read out the list, select all mentioned, 'ask – anything else?'</b>  Ko za ki iya gaya mun matsalolin da ke iya samun jariri wadan da ke bukatar taimakon gaggawa? <b>Do not read out the list, select all mentioned, 'ask – anything else?'</b>	(1)yes (2)no
M110d	Fever: Zazzabin	<input type="checkbox"/>
M110e	Unable to suckle/feed: Kin shan nonon uwa	<input type="checkbox"/>
M110f	Difficult/fast breathing: Numfashi da kyar ko da sauri	<input type="checkbox"/>
M110g	Diarrhea: Gudawa	<input type="checkbox"/>
M110h	Convulsions: Jijjiga da Taune-taune	<input type="checkbox"/>
M110i	Persistent vomiting: Yin amai ko da yausha	<input type="checkbox"/>
M110j	Yellow palms/soles/eyes: Canjawa kalar tafi hannu, tafi kafa da idanu zuwa ruwan dorawa	<input type="checkbox"/>
M110k	Lethargy: Mutuwar jiki da Kasala	<input type="checkbox"/>
M110l	Unconscious :Suma	<input type="checkbox"/>
M110m	Red/discharging eyes: Jan idanu masu fidda ruwa	<input type="checkbox"/>
M110n	Skin pustules: Kuraje	<input type="checkbox"/>
M110o	Skin around cord was red: Fatar zagayen cibiya ta yi ja	<input type="checkbox"/>
M110p	Pus from cord: Fitar diwa daga cibi	<input type="checkbox"/>
M110q	Born low birth weight: An haife shida rashin cikakken nauyi	<input type="checkbox"/>
M110r	Born premature: Haihuwa kafin cika lokaci (kafin sati 37)	<input type="checkbox"/>
M110s	Infection: Kamuwa da kwayar cuta	<input type="checkbox"/>
M110t	Other: Wani abu daban da ba a ambata ba	<input type="checkbox"/>
M110u	None of these: Ba kodaya daga ciki	<input type="checkbox"/>
	Where did you hear advice about the complications for a newborn that	



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	might need medical treatment from? <b>Interviewer: probe – read out each option on the list</b>	(1)yes (2)no
	Did you hear from the:	
M110x1	Radio – Redito	<input type="checkbox"/>
M110x2	Television – Talebiji	<input type="checkbox"/>
M110x3	Newspaper – Jerida	<input type="checkbox"/>
M110x4	Village health worker - Ma'aikaciya lafiya na karkara	<input type="checkbox"/>
M110x5	Facility health worker – ma'aikatan asibiti	<input type="checkbox"/>
M110x6	Relative – dan uwa	<input type="checkbox"/>
M110x7	WDC - <del>I na kika ji wana so ke</del> <b>SHUGABANEN CIN GABAN AL'UMMA NA GUNDUMA.</b>	<input type="checkbox"/>
M110x8	None of these	<input type="checkbox"/>
M111	Can I see a card recording information about the birth? (1)yes (2)no , not available (3) no, refused permission <b>Interviewer – use the card to verify all information if possible</b>  Zan iya ganin katin da ke dauke da bayanai haihuwa? 1)yes (2)no , not available (3) no, refused permission <b>Interviewer – use the card to verify all information if possible</b>	<input type="checkbox"/>
M112	Was [NAME] weighed at birth? (1)yes (2)no – <b>SKIP TO M114</b>  Ko an gwada nauyin [NAME] bayan haihuwa? (1)yes (2)no – <b>SKIP TO M114</b>	<input type="checkbox"/>
M112a	Was [NAME] weighed in a health facility? (1) yes (2) no	<input type="checkbox"/>
M113	<b>If yes:</b> How much did [NAME] weigh at birth? <b>Enter weight in grammes e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999; use the weight recorded on the health facility card if possible)</b>  <b>If yes:</b> Nawa ne nauyin [NAME] bayan haihuwa? (enter weight in grammes) <b>e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999;use the weight recorded on the card if possible)</b>	<input type="text"/>
M113a	Was [NAME] weighed at home by a Village Health Worker? (1)yes (2) no	<input type="checkbox"/>
M113b	<b>If yes:</b> How much did [NAME] weigh when weighed by the VHW? <b>Enter weight in grammes e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999;use the weight recorded on the VHW card if possible)</b>	<input type="text"/>
M114	Did [NAME] have any difficulty breathing/crying at birth? (1)yes (2)no (3)don't know – <b>skip to M116</b>  Ko[NAME] ya samu matsalar shessheka ko rashin yin kuka bayan haihuwa sa/ta?(1)yes (2)no – <b>skip to M116</b>	<input type="checkbox"/>
	Did anyone do any of the following to [NAME] immediately at birth? <b>Read out the list, select all that apply</b> Ko akwai wanda yayi wa [NAME] daya daga cikin wadannan abubuwan jim kadan bayan haihuwa sa/ta? <b>Read out the list, select all that apply</b>	
M115a	Rubbing : Shafawa	<input type="checkbox"/>
M115b	Stimulating :Chakulkuli	<input type="checkbox"/>
M115c	Mouth-to-mouth : Bada numfashi baki da baki	<input type="checkbox"/>
M115d	Resuscitation using a bag and mask/equipment: Farfado da shi/ita	<input type="checkbox"/>
M115e	Don't know: Ban sani ba	<input type="checkbox"/>

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M116	<p>Where was [NAME] placed immediately after delivery?<b>Select one</b> (1)alone/on the floor; (2)on the mother's belly/chest (3)beside the mother; (4) with someone else; (5)other; (6) don't know</p> <p>Ko a ina aka ajiye ko dora [NAME] nan take bayan haihuwar sa/ta? <b>Select one</b> (1)shi kadai/kan siminti; (2)Kan cikin uwa ko kirji(3)Gefen uwar; (4) Da wani ko wata daban; (5)Wani/watar; (6) Baki sani ba</p>	<input type="text"/>
M116a	<p>After the birth, was [NAME] placed on the bare skin of your chest for any time before you were moved from the birth place? (1)yes (2)no (3) don't know</p> <p>Jim kadan bayan haihuwa, ko an dora [NAME] a kirjinki na wani tsawon lokaci?(1)yes (2)no (3) don't know</p>	<input type="text"/>
M117	<p>When [NAME] was born, was she/he dried/wiped? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M119)</b></p> <p>Ko an tsane ko kuma goge wa dan ruwan jikinsa [NAME] jim kadan bayan haihuwa? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M119)</b></p>	<input type="text"/>
M118	<p>How long after [NAME] was born was she/he dried/wiped? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p> <p>Tsawon wane lokaci a ka dauka kafin a tsane ko kuma goge/share masa jikinsa [NAME] bayan haihuwa? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p>	<input type="text"/>
M119	<p>When [NAME] was born, was she/he wrapped with a cloth? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M121)</b></p> <p>Lokacin da aka haifi [NAME], ko an lullube shi da zani ko shawul? (1)yes (2)no (3)don't know <b>(2 and 3 skip to M121)</b></p>	<input type="text"/>
M120	<p>How long after [NAME] was born was she/he wrapped with a cloth? (Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p> <p>Tsawon wane lokaci a ka dauka kafin a lullube [NAME] bayan haihuwa? Enter in minutes) <b>Check for time after the baby was born, not time after the placenta came out</b></p>	<input type="text"/>
M121	<p>What was used to tie the cord? (1)new string/thread (2)boiled string/thread (3)any string/thread (4)nothing (5)don't know (6)cord clamp from facility (7)other</p> <p>Da me aka yi anfani dashi somin daure cibiyarsa? (1)new string/thread (2)boiled string/thread (3)any string/thread (4)nothing (5)don't know (6)cord clamp from facility (7)other</p>	<input type="text"/>
M122	<p>What was used to cut the cord? (1)new razor blade (2)any razor blade (3)sterile scissors (4)don't know (5)other</p> <p>Corrected Da me aka yi anfani dashi domin yanke cibiyar? (1)new razor blade (2)any razor blade (3)sterile scissors (4)don't know (5)other</p>	<input type="text"/>
M123	<p>Was anything applied to the cord after cutting and tying? (1)yes (2)no (3)don't know – <b>(2) and (3) skip to M125</b></p> <p>Akwai abinda aka shafa wa cibiyar bayan an yanke an daure? 1)yes (2)no (3)don't know – <b>skip to M125</b></p>	<input type="text"/>

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	<p>What was applied to the cord just after cutting the cord? <b>Do not prompt, select all that apply, ask whether there was anything else</b></p> <p>Me aka shafa a cibin bayan an yanke an daure? <b>Do not prompt, select all that apply, ask whether there was anything else</b></p>	(1)yes (2)no
M124a	Ash : Toka	<input type="checkbox"/>
M124b	Ointment: Daskararren mai	<input type="checkbox"/>
M124c	Animal dung: Kashin dabbobi	<input type="checkbox"/>
M124d	Oil: Mai	<input type="checkbox"/>
M124e	Antisepctic/dettol: Sinadarin kashe kwayoyin cuta	<input type="checkbox"/>
M124f	Cold water: Ruwan sanyi	<input type="checkbox"/>
M124g	Other : Wani abin	<input type="checkbox"/>
M124h	Chlorhexidine: Sinadarin Kulohezidin	<input type="checkbox"/>
M124i	<p>Can I check, was chlorhexidine applied to the cord? (1)yes (2)no <b>Interviewer: show the respondent a chlorhexidine sample</b> <i>Ko zan duba ansa sinadarin chlorhexidine a cibiyar? (1)yes (2)no</i> <b>Prompt and show a sample of chlorhexidine to mothers to verify</b></p>	<input type="checkbox"/>
M125	<p>When [NAME] was born, how soon did you bathe him/her? (1)in the first hour –<b>CONTINUE TO M126</b> (2)after one hour–<b>SKIP TO M127</b> (3)after one day – <b>SKIP TO M128</b></p> <p>Tsawon wane lokaci aka dauka kafin yi wa[NAME] wanka bayan an haife shi/ta? (1)in the first hour –<b>CONTINUE TO M126</b> (2)after one hour–<b>SKIP TO M127</b> (3)after one day – <b>SKIP TO M128</b></p>	<input type="checkbox"/>
M126	<p><b>If in the first hour:</b>After how many minutes would you say? (<i>write number of minutes, enter 99 if don't know</i>) <b>Now go to M129</b></p> <p><b>If in the first hour:</b>A ganin ki bayan minti nawa aka yi ma sa/ta wanka? (<i>write number of minutes, enter 99 if don't know</i>)</p>	<input type="checkbox"/>
M127	<p><b>If after one hour:</b> After how many hours would you say? (<i>write number of hours; e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1, enter 99 if don't know</i>) <b>Now go to M129</b></p> <p><b>If after one hour:</b> A ganin ki bayan awa nawa da haihuwar [NAME] aka yi ma sa/ta wanka?  (<i>write number of hours; e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1, enter 99 if don't know</i>) <b>Now go to M129</b></p>	<input type="checkbox"/>
M128	<p><b>If after one day:</b> After how many days would you say? (<i>write number of days;e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1</i>)</p> <p><b>If after one day:</b> A ganin ki bayan kwana nawa da haihuwar [NAME] aka yi ma sa/ta wanka? (<i>write number of days; e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1</i>)</p>	<input type="checkbox"/>
M129	<p>In the first week of life, did you hold [NAME] skin to skin against your breasts during the daytime and nighttime? (1)yes always (2)yes very often (3)yes a few times (4)never (5)don't</p>	<input type="checkbox"/>

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	<p><i>know</i></p> <p>A kwanaki ko sati na farko bayan haihuwar [NAME], ko kin dora shi/ta a kirjin ki da ranada dare?  <i>(1)yes always (2)yes very often (3)yes a few times (4)never (5)don't know</i></p>	
M130	<p>In the first week of life, did you sleep with [NAME] against you at night, or did you lay him/her alone on the bed or elsewhere?  <i>(1)slept with mother (2)baby slept alone (3) baby slept with another person</i></p> <p>Akwanaki ko sati na farko,Ko [NAME] ya/ta kwana a kwanciye a jikinki ko dai shi/ita kaɗai ke kwana a shinfide can gefe guda?  <i>(1)slept with mother (2)baby slept alone (3) baby slept with another person</i></p>	<input type="text"/>
M131	<p>Did you ever breastfeed [NAME]?  <i>(1)Yes (2)No – <b>SKIP TO M138</b></i></p> <p>Ko kin taba shayar da [NAME] da nonon ki?  <i>(1)Yes (2)No – <b>SKIP TO M138</b></i></p>	<input type="text"/>
M132	<p>How long after birth did you first put [NAME] to the breast (even if the milk was not yet ready)?  <i>(1)in the first hour-CONTINUE TO M133</i>  <i>(2)after one hour but during the first day-GO TO M134</i>  <i>(3)after the first day of life-GOTO M135</i></p> <p>Bayan haihuwar [NAME], tsawon wane lokaci kika dauka kafin kika sa 'da/ya' a nono koda ace ba ruwan nono?  <i>(1)in the first hour-CONTINUE TO M133</i>  <i>(2)after one hour but during the first day-GO TO M134</i>  <i>(3)after the first day of life-GOTO M135</i></p>	<input type="text"/>
M133	<p><b>If in the first hour:</b> After how many minutes would you say? (<i>write number of minutes</i>, enter 99 if don't know)  <b>Now go to M136</b></p> <p><b>If in the first hour:</b> Bayan minti nawa da haihuwar sa/ta zaki iya cewa kin sa shi/ta a nono? (<i>write number of minutes</i>, enter 99 if don't know)</p>	<input type="text"/>
M134	<p><b>If after one hour but during the first day:</b> After how many hours would you say?  <i>(write number of hours</i>, enter 99 if don't know)<b>e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1; if response is 'after two and a half hours' enter 2.</b>  <b>Now go to M136</b></p> <p><b>If after one hour but during the first day:</b> Bayan sa'a (awa) nawa da haihuwar, zaki iya cewa kin sa shi/ta a nono?  <i>write number of hours</i>, enter 99 if don't know)<b>e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1; if response is 'after two and a half hours' enter 2.</b>  <b>Now go to M136</b></p>	<input type="text"/>
M135	<p><b>If after the first day of life:</b>After how many days did you first put [NAME] to the breast?  <i>Enter number of days</i></p> <p><b>If after the first day of life:</b> Bayan kwana nawa da haihuwar zaki iya cewa kin sa shi/ta a nono? <i>Enter number of days</i></p>	<input type="text"/>
M136	<p>Did you squeeze out and throw away the first milk?  <i>(1)yes (2)no</i></p>	<input type="text"/>

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	Ko kin matse ruwan nonon na farko (makauri ko ruwan dorawa) don zubar wa? (1)yes (2)no	
M137	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? (1)yes (2)no  A cikin kwana uku na farko bayan haihuwa, ko an bawa [NAME] ruwa ko wani abu da ba nonon uwa ba? (1)yes (2)no	<input type="checkbox"/>
	Can I check, Did you give any of the following things in the first three days of life? <b>Read out the list and select all mentioned</b>  <i>Zan iya dubawa, ko kin bayar da daya daga cikin wadannan abubuwan bayan kwana uku da haihuwa?</i> <b>Read out the list and select all mentioned</b>	
M137a	Other type of milk: Wata irin madara da ba nonon uwa ba	<input type="checkbox"/>
M137b	Plain water: Bakin ruwa	<input type="checkbox"/>
M137c	Sugar/glucose/salt water solution: ruwan sukari, gulukos ko ruwan gishiri	<input type="checkbox"/>
M137d	Juice: Ruwan 'ya'yan itace	<input type="checkbox"/>
M137e	Tea/infusions: Ruwan shayi ko Jiko/Tsumi	<input type="checkbox"/>
M137f	Others: Wani abin daban da ba'a ambata ba	<input type="checkbox"/>
M137g	None of these: Babu daya daga cikin wadanda aka amabata a sama	<input type="checkbox"/>
M137h	Is [NAME] still being breastfed? (1)yes, (2)no (3) child no longer alive - skip to M138  Har yanzu [NAME] ya/ta na shan nono? (1)yes, (2)no (3) child no longer alive - skip to M138	<input type="checkbox"/>
M137i	Have you started to give [NAME] other types of liquid to drink? (1) yes (2) no  Ko kin fara ba [NAME] wasu abubawa na sha?(1) yes (2) no	<input type="checkbox"/>
	Can I check.Did you give any of the following to [NAME] yesterday or today? <b>Read out the list, select all mentioned.</b>  ko kin baiwa [NAME] daya daga cikin wadannan <b>ABUBUWA JIYA KO YAU? Read out the list, select all mentioned</b>	
M137j	Breastmilk: Nonon uwa	<input type="checkbox"/>
M137k	Other type of milk: Wata irin madara da ba nonon uwa ba	<input type="checkbox"/>
M137l	Plain water: Bakin ruwa	<input type="checkbox"/>
M137m	Sugar/glucose/salt water solution: Ruwan sukari, gulukos ko ruwan gishiri	<input type="checkbox"/>
M137n	Juice: Ruwan 'ya'yan itace	<input type="checkbox"/>
M137o	Tea/infusions: Ruwan shayi ko Jiko/Tsumi	<input type="checkbox"/>
M137p	Others: Wani abin daban da ba'a ambata ba	<input type="checkbox"/>
M137q	None of these: Babu daya daga cikin wadanda aka amabata a sama	<input type="checkbox"/>
M137r	Have you started to give [NAME] any food to eat (either solid or soft food)?(1)yes (2)no  Ko kin fara ba [NAME] wani abinci ya/ta ci (mai karfi ko ruwa-ruwa)? (1)yes (2)no	<input type="checkbox"/>
	Now about care after the birth:Yanzu zamuyi maganar kulawar bayan haihuwa	
M138	In the month after [NAME] was born, did any health care provider/volunteer/home visitor check on his/her health? <b>Probe for</b>	<input type="checkbox"/>

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	<p><b>checks done sometime after birth, and not immediately at the time of birth (1)yes (2)no – SKIP TO M147</b></p> <p>A cikin watan da aka haifi [NAME], ko wata ma'aikaciyar kiwon lafiya na karkara ko ma'aikacin sa kai ya ziyarce ku a gida domin duba lafiyar sa/ta? <b>Probe for checks done sometime after birth, and not immediately at the time of birth (1)yes (2)no – SKIP TO M147</b></p>	
M139	<p>In the month after [NAME] was born, how many times did a health care provider/volunteer/home visitor check on his/her health? <i>Write number of times</i></p> <p>A cikin watan da aka haifi [NAME], sau nawa wani jami'in kiwon lafiya ko ma'aikacin sa kai ya ziyarce ku a gida domin duba lafiyar sa/ta? <i>Write number of times</i></p>	<input type="text"/>
M140	<p>How long after delivery did the first check take place? <i>(Record number of days; if same day as delivery enter 0)</i></p> <p>Bayan haihuwa, tsawon wane lokaci aka dauka domin kawo ziyarar duba lafiyar [NAME]? <i>Record number of days; if same day as delivery enter 0)</i></p>	<input type="text"/>
M141	<p>Who checked on [NAME] for the first time after birth? <b>Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)village health worker (5)other (specify)</b></p> <p>Bayan haihuwa, wanene ya duba lafiyar [NAME] a karon farko? <b>Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)community volunteer health worker (5)other (specify)</b></p>	<input type="text"/>
M141a	<i>Specify: Ambata</i>	<input type="text"/>
M142	<p>Where did the first check on [NAME] take place? <i>(1)own home (2)primary health facility (3) hospital (secondary level or higher) (4) other</i></p> <p>A wane wuri ne aka fara duba lafiyar [NAME]? <i>(1)own home (2)primary health facility (3) hospital (secondary level or higher) (4) other</i></p>	<input type="text"/>
M143	<p><b>If M139&gt;1 ask M134, 144, 145, otherwise skip to M146</b></p> <p>How long after delivery did the second check take place? <i>(Record number of days)</i></p> <p>Bayan haihuwa, tsawon wane lokaci ne aka dauka kafin duba lafiyar [NAME] a karo na biyu? <i>(Record number of days)</i></p>	<input type="text"/>
M144	<p>Who checked on [NAME] for the second time after birth? <b>Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4)village health worker (5)other (specify)</b></p> <p>Bayan haihuwa, wanene ya duba lafiyar [NAME] a karo na biyu? <b>Probe for most qualified person (1)doctor (2)nurse/midwife (3)CHEW/CHO (4) Ma'aikaciyar lafiya na karkara (5)other (specify)</b></p>	<input type="text"/>
M144a	<i>Specify: Ambata</i>	<input type="text"/>
M145	<p>Where did the second check on [NAME] take place? <i>(1)own home (2)primary health facility (3) hospital (secondary level or higher)</i></p> <p>A ina aka duba lafiyar [NAME] a karo na biyu? <i>(1)own home (2)primary health facility (3) hospital (secondary level or higher)</i></p>	<input type="text"/>

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	<i>higher)</i>	
	At any of the health checks in the first month, what was done to check the health of baby? <b>Do not read out list, select all that apply, probe – anything else?</b>  Wane irin bincike akayi wa [NAME] yayin kowanne karon duba lafiyar shi/ta a watan haihuwar sa/ta na farko? <b>Do not read out list, select all that apply, probe – anything else?</b>	(1)yes (2)no
M146a	Generally examined/looked at baby's body: Duba jikin jariri/jaririya gaba daya	<input type="checkbox"/>
M146a1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146b	Weighed baby: gwada nauyin jariri/jaririya	<input type="checkbox"/>
M146b1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146c	Checked cord: Duba cibiya	<input type="checkbox"/>
M146c1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146d	Counselled on breastfeeding: Ilmantarwa da ba da shawara kan shayar da nonon uwa	<input type="checkbox"/>
M146d1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146e	Observed breastfeeding:	<input type="checkbox"/>
M146e1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146f	Counselled on skin-to-skin contact/warmth: An bada shawara d'ora 'da/ya jiki da jiki domin samundumin jikin uwa	<input type="checkbox"/>
M146f1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146g	Checked baby for danger signs: An duba jariri/jaririya ko akwai alamun wata matsalolin rashin lafiya?	<input type="checkbox"/>
M146g1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146h	Counselled on danger signs: An bada shawara kan alamun matsalolin rashin lafiya?	<input type="checkbox"/>
M146h1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146i	Referred to a health facility: Turawa zuwa wani babban asibiti	<input type="checkbox"/>
M146i1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146j	Checked the baby for swelling of the eyes or eye discharge	<input type="checkbox"/>
M146j1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146k	Checked the umbilicus (is it red or draining pus?)	<input type="checkbox"/>
M146k1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146l	Checked the baby for skin pustules	<input type="checkbox"/>
M146l1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146m	Checked the baby for yellowish discoloration (Jaundice)	<input type="checkbox"/>
M146m1	<b>If yes:</b> Did a Village Health Worker ever do this? (1)yes (2)no	<input type="checkbox"/>
M146n	Nothing: Ba komai	<input type="checkbox"/>
M148	Have you ever used the emergency transport scheme for help with your baby after the birth? (1)yes (2)no – <b>go to M151</b>  Ko kin taba amfani da direban agajin gaggawa domin neman taimako ga jariri/jaririya ki bayan haihuwa? (1)yes (2)no – <b>go to M151</b>	<input type="checkbox"/>
M149	<b>If yes:</b> Did you have to pay anything to use the emergency transport scheme? (1) yes (2) no – <b>go to M151</b>  <b>If yes:</b> Ko kin biya wani kudi domin anfani da direban agajin gaggawa? 1) yes (2) no – <b>go to M151</b>	<input type="checkbox"/>
M150	<b>If yes:</b> How much did you pay? Enter the amount in Naira, or enter 999 if doesn't know amount <b>If yes:</b> Nawa kika biya? Enter the amount in Naira, or enter 999 if doesn't know amount	<input type="text"/>
M151	Did [NAME] sleep under a bednet last night? (1)yes (2)no (if no, skip to M154)	<input type="checkbox"/>

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	Ko [NAME] ya/ta kwana a cikin gidan sauro jiya da dare? (1)yes (2)no (if no, skip to M154)	
M152	What kind of net was it? (select one) (1)LLIN (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added Wanne irin gidan sauro ne? (select one) (1)LLIN(Gidan Sauro mai magani a cikin zarensi) (2)Ordinary net with no insecticide added (3)Ordinary net with insecticide added	_
M153	How many years ago did your household obtain that net? (enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)  Tsawon shekara nawa kenan da gidan nan ya mallaki wannan gidan sauron? (enter number of years before survey date; if less than one year before survey enter 0; if don't know enter 99)	_ _
M154	Have you ever taken [NAME] for a vaccination? <b>PROBE – HEALTH FACILITY OR VACCINATION DAY</b> (1)yes (2)no – GO TO M174  Ko kin taba kai [NAME] wajen yin allurar rigakafi? <b>PROBE – HEALTH FACILITY OR VACCINATION DAY</b> (1)yes (2)no – GO TO M174	_
M155	If yes: Do you have any record/card where [NAME] vaccinations are written down? (1)yes (2)no  If yes: Ko kina da kati da ke dauke da tarihin rigagafin [NAME]? (1)yes (2)no	_
	Has [NAME] received the following vaccinations? Ko [NAME] ya karbi wadannan alluran rigakafin?	
M156	BCG	_
M157	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M158	Polio 0 (Polio given at birth and given in the mouth (oral))	_
M159	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M160	Polio 1	_
M161	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M162	Polio 2	_
M163	If yes: record date given, or 01/01/209 if date not available	_ _ / _ _ / _ _ / _ _
M164	Penta-1	_
M165	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M166	Penta-2	_
M167	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M168	Penta-3	_
M169	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M170	Measles or MMR	_
M171	If yes: record date given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M172	Vitamin A	_
M173	If yes: record date last dose given, or 01/01/2099 if date not available	_ _ / _ _ / _ _ / _ _
M174	<b>INTERVIEWER STOP FOR PDA CHECK: WAS THE BABY BORN 0-60 DAYS BEFORE DATE OF INTERVIEW?</b> (1)Yes (2)No IF YES - CONTINUE, IF NO – END	
	Now I want to talk to you about any sickness your child experienced in the first month of life.  Yanzu ina son nanyi maki magana gameda rashin lafiyar da ɗan ki/yar ya/ta samu cikin wata daya bayan haihuwa?	
M175	Has [NAME] ever been sick? (1)yes (2)no  Ko [NAME] ya/ta taba rashin lafiya? (1)yes (2)no	
	Can I just check, has [NAME] ever had any of the following	(1)yes (2)no



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	symptoms? <b>If yes to any continue, if no to all these symptoms skip to end</b> Ko [NAME] ya taba samun wadannan alamomin cuta? <b>If yes to any continue, if no to all these symptoms skip to end</b>	
M176	Stopped feeding well: Rashin cin abinci sosai	<input type="checkbox"/>
M177	Difficult or fast breathing: Sheshsheka	<input type="checkbox"/>
M178	Chest in-drawing: Fadawar awazu	<input type="checkbox"/>
M179	Unusually hot or cold body: Zafi ko sanyin jiki	<input type="checkbox"/>
M180	Baby less active than usual: Rashin kuzarin jaririn/jaririyar	<input type="checkbox"/>
M181	Body became yellow: Canjin launin jiki zuwa ruwan dorowa	<input type="checkbox"/>
M182	Other (specify) : Wasu alamomin daban	<input type="checkbox"/>
M183	(specify):	<input type="text"/>
M184	No symptoms <b>end:</b> Ba wasu alamun	<input type="checkbox"/>
M185	<b>If any sickness/symptom reported:</b> How old was [NAME] when sick for the first time? <i>Record number of days of age when [NAME] was first sick; if first day of life enter 0</i> Nawa ne shekarun [NAME] lokacin da yayi/tayi rashin lafiya na farko? <i>Record number of days of age when [NAME] was first sick; if first day of life enter 0</i>	<input type="text"/>
M186	When [NAME] was sick that first time what was the problem? <b>CHECK ALL the following symptoms, tick all that apply:</b> Lokacin da [NAME] ya/ta yi rashin lafiya na farko me ya same shi/ta? <b>CHECK ALL the following symptoms, tick all that apply:</b>	(1)yes (2)no
M187	Fever: Zazzabi	<input type="checkbox"/>
M188	Unable to suckle/feed: Kin shan nonon uwa	<input type="checkbox"/>
M189	Difficult/fast breathing: numfashi da kyar ko da sauri	<input type="checkbox"/>
M190	Diarrhea: Gudawa	<input type="checkbox"/>
M191	Convulsions: Jijjiga da Taune-taune	<input type="checkbox"/>
M192	Persistent vomiting: Yin amai ko da yausha	<input type="checkbox"/>
M193	Yellow palms/soles/eyes: Canjawa kalar tafi hannu, tafi kafa da idanu zuwa ruwan dorawa	<input type="checkbox"/>
M194	Lethargy: Mutuwar jiki da Kasala	<input type="checkbox"/>
M195	Unconscious: Suma	<input type="checkbox"/>
M196	Red/discharging eyes: Jan idanu/fidda ruwa ko kontsa	<input type="checkbox"/>
M197	Skin pustules: Marurai	<input type="checkbox"/>
M198	Skin around cord was red: Fatar da ke zagaye da cibiya yayi ja	<input type="checkbox"/>
M199	Pus from cord: Fitar diwa daga cibi	<input type="checkbox"/>
M200	Other: Wani abu daban	<input type="checkbox"/>
M203	Did you seek care for [NAME] outside the home at that time? (1)yes – <b>go to M206</b> (2)no  Ko kin nemi a kula da [NAME] a wani wurin da ba gida ba a wancan lokacin? (1)yes – <b>go to M206</b> (2)no	<input type="checkbox"/>
M204	<b>If no care sought at that time:</b> Why didn't you seek care for [NAME] outside the home during that first illness? <b>Select one</b> (1)expected him/her to get better (2) health facility too far (3) cost of treatment too expensive (4) don't trust/like the facility (5) no permission to go (6) village health worker ( <b>Ma aikaciyar Lafiya na Karakara</b> ) (7) TBA advised against it ( <b>NOW GO TO M212</b> ) (7) other  <b>If no care sought at that time:</b> Me ya hanaki nemawa [NAME] kulawa a wani wurin da bagida ba a lokacin da ba shi/ta da lafiya na farko? <b>Select one</b> (1)expected him/her to get better (2) health facility too far (3) cost of	<input type="checkbox"/>

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	<i>treatment too expensive (4) don't trust/like the facility (5) no permission to go (6) Ma'aikaciyar lafiya na karkara /TBA advised against it (NOW GO TO M212) (7) other</i>	
M206	<p><b>If M203=yes:</b> How many times did you seek care for that illness? <i>Write number of times</i></p> <p><b>If M203=yes</b> Har sau nawa kika nemawa [NAME] kulawa da wancan rashin lafiyan?</p>	<input type="text"/>
M207	<p>Where outside the home did you seek care from the first time? <b>Select one</b> (1)primary health care facility (2) hospital or secondary level care (3)health volunteer (4) shop/pharmacy(5) MNH call centre(6) traditional/community healer (7)other</p> <p><i>A wanne wurin ban da gida ba kika je neman kiwon lafiya da farko?</i> (1)primary health care facility (2) hospital or secondary level care (3)health volunteer (4) shop/pharmacy(5) MNH call centre(6) traditional/community healer (7)other</p>	<input type="text"/>
M209	<p>Do you have any medical record from when you went for health care outside the home the first time? (1)yes (2)no – <b>M211</b></p> <p>Lokacin da kika neman ma sa/ta kulawa da farko a wani wurin da ba gida ba, ko kina da wata takardar shaida? (1)yes (2)no – <b>M211</b></p>	<input type="text"/>
M210	<p>Can I see it? (1)yes (2)no <b>Interviewer use the card to verify responses where possible</b></p> <p>Ko zan iya ganin takardar shaidar? <b>Interviewer use the card to verify responses where possible</b></p>	<input type="text"/>
M211	<p>After how many days did you seek care the first time?<i>Write number of days from the onset of illness</i> <b>If first day of illness write 0</b></p> <p>Bayan kwana nawa ne kika nemawa [NAME] kulawa a karo na farko? <i>Write num days from onset of illness</i> <b>If first day of illness write 0</b></p>	<input type="text"/>
M212	<p><b>All:</b>At any time during the illness, did [NAME] take any drugs for the illness?(1)yes (2)no - <b>end</b> <b>Interviewer: use the card to verify if available; or ask the mother if she still has the drug wrapper</b></p> <p><b>All:</b>Duk tsawon lokacin rashin lafiyar, ko [NAME] ya/ta sha wasu magunguna domin samun lafiya? <b>Interviewer: use the card to verify if available; or ask the mother if she still has the drug wrapper</b></p>	<input type="text"/>
	<p>What drugs did [NAME] take? <b>Select all mentioned</b> Waddanne magunguna ne [NAME] ya/ta sha? <b>Select all mentioned</b></p>	
M213a	Malaria drug SP/Fansidar/Chloroquine (Maganin zazzabin cizon sauro - SP/Fansidar/Chloroquine)	<input type="text"/>
M213b	Other malaria drug (Wadansu magungunan zazzabin cizon sauro wadanda ba SP/Fansidar/Chloroquine ba)	<input type="text"/>
M213c	Antibiotic: Gentamicin or Ampicilin (maganin kwayoyin cututtuka allurar jenta ko kafso)	<input type="text"/>
M213d	Antibiotic: other antibiotic (Wadansu magungunan kwayoyin cututtuka wadanda ba allurar jenta ba ko kafso)	<input type="text"/>
M213e	Tetracycline eye ointment (Maganin ciwon ido mai kamar kwantsa)	<input type="text"/>
M213f	ORS (Ruwan gishiri da suga)	<input type="text"/>

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M213g	Vitamin A (Sinadarin bitamin mai kara karfin ido)	_
M213h	Traditional remedy (Magungunan gargajiya)	_
M213i	Herbs (yan Itatuwa)	_
M213j	Others (Wani abin daban da ba'a ambata ba)	
M214	For how many days did [NAME] take the drugs <i>Write number of days</i> Na kwana nawa [NAME] ya/ta yi yana/tana shan maganin lokacin rashin lafiyar? <i>Write number of days</i>	_

**End – thank the participant for their time. Check whether there is another woman aged 13-49 in the house.**

**Notes:**

Plain text: questions to be read out to the interviewee

*Italic text: coded responses*

**Bold text: instructions to interviewer or for programming**