| | Di | seases in Ug | anda | | | | | | | | FORMUO |
|--|---|--------------------------|--------------------|----------|---------------------------|--------------|---------|------------------|-----------|-----------|-----------------|
| INSCALE ENDLINE CHILD QUESTIONNAIRE 2014 30032014 | | | | | [FORM ID LABEL HERE] | | | FORMNO | | | |
| | Child demograph PLETE THIS FORM ON | | | N FIVE | YEARS O | F AGE | | | | | |
| | the below details 1.1 a hold ID] | and 1.2 – cross c | heck against the | househ | old form | that you l | have ji | ust fille | ed for th | e correct | t |
| 1.1 | Household ID | | | | | | . [| | | | HHID |
| 1.2 | Child Code [give each | child under five ir | this household a u | unique n | umber fro | m 01-99] | | | | | CNO |
| CONF | IRM THAT THE RESPC | ONDENT IS THE | PRIMARY CARE | TAKER | FOR THI | S CHILD | | | | | |
| 1.3 | What the child's nam | ne? | | | | | | | | | CNAME |
| 1.4 | Is [NAME] less than 1 | L month of age? | | | | | | | 1 → 0 | 1.6 | CLESS5 |
| 1.5 | What is [NAME]'s ag | e? [write the age | e below in years a | and mor | n ths] YEARS [= | 00 if less t | han on | e year o MON1 | _ | | YEARS MONTHS |
| 1.6 | What is [NAME]'s da | te of birth? [DD/ | ММ/20ҮҮ] | | | / | | 20 | | | CDOB |
| - | ry child form MUST i taker is unsure, prob | | | | - | | - | | | - | he |
| 1.7 | Is [NAME] a boy or a | girl? | | | | | | · / | 1 2 | | CSEX |
| 1.8 | What is your relation | ship to [NAME] | 3 | | 4 | | | 5 | | | CRELATE |
| Moth | ner | Z Father | Sibling | | 4 Aunt/U | ncle | | | dmother, | /father | 2 |
| 88 Othe | r [SPECIFY BELOW] | | | | | | | _ | | | |

Integrated Community Case Management of Childhood

If 'Other' specify here ____

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

2

0

Say:

Now I would like to ask you whether [NAME] has been sick in the last month including today

In the past month including today, has [NAME] been sick? [READ OUT ALL OPTIONS] 1.9

[If the child has been sick more than once in the last month ONLY SURVEY ABOUT THE LAST (MOST RECENT) ILLNESS EPISODE] YES, in the past 2 weeks CESICK

YES, more than 2 weeks but up to 1 month ago

NO, child not sick at all in the last month

→end

If the child was NOT sick in the last month, CROSS THROUGH the following Sections 2-5 and END THE **INTERVIEW**

2 Illness

2.6

2.1 At this last time when [NAME] was sick did s/he have an illness with a cough?

| Yes | 1 | | COUGH |
|-----|---|-------|-------|
| No | 0 | → 2.4 | |

2.2 When [NAME] had the illness with a cough, did s/he have difficulty breathing or breathe faster than usual with short, rapid breaths?

| Yes | 1 |] | BREATHE |
|-----|---|-------|---------|
| No | 0 | → 2.4 | |

2.3 When [NAME] had difficulty breathing or fast breathing, was it a problem with the chest or with a runny or blocked

| nose? | | | | _ |
|------------------------|-----------------------|------|-----------------|----------|
| 1 | 2 | 3 | 4 | LBREATHE |
| Problem with the chest | Blocked or runny nose | Both | I couldn't tell | |
| 0 | | | | |
| Neither | | | | |

- At the time when [NAME] was sick, did s/he have a fever? 2.4
- 2.5 At that last time when [NAME] was sick did s/he have diarrhoea?

CDIARR Yes 1 0 → 2.8 No

Yes

No

1 0

| On the day when [NAME] was most sick, how many stools in a day and the following night did | |
|--|--|
| [NAME] pass? | |

CFEVER

CSTOOL

2.7 Was the diarrhoea: [PROBE]

Watery1Containing mucus2Bloody3

DIARRT

2.8 Did [name] have any of the following symptoms when s/he was sick that last time? [Read out list and circle yes or no. Explain symptoms as necessary] classic danger signs for which children referred

| 2.8.1 | Convulsions | 1. YES | 0. NO | CONVUL |
|--------------------|---|--------|-------|---------|
| <mark>2.8.2</mark> | Unconsciousness | 1. YES | 0. NO | UNCONS |
| <mark>2.8.3</mark> | Lethargy/abnormally sleepy | 1. YES | 0. NO | SLEEPY |
| <mark>2.8.4</mark> | Vomiting everything | 1. YES | 0. NO | VOMT |
| <mark>2.8.5</mark> | Not drinking/breastfeeding | 1. YES | 0. NO | NODRINK |
| 2.8.6 | Loss of appetite | 1. YES | 0. NO | NOEAT |
| 2.8.7 | Chest indrawing [Explain as 'whole chest pulling in'] | 1. YES | 0. NO | INDRAW |
| 2.8.8 | Chest pain | 1. YES | 0. NO | CHPAIN |
| 2.8.9 | Coughing up blood | 1. YES | 0. NO | CGBLOOD |
| 2.8.10 | Grunting | 1. YES | 0. NO | GRUNT |
| 2.8.11 | Wheezing | 1. YES | 0. NO | WHEEZE |
| 2.8.12 | Shortness of breath | 1. YES | 0. NO | SHORTB |
| 2.8.13 | Flaring of nostrils | 1. YES | 0. NO | FLARE |
| 2.8.14 | Continuous shaking | 1. YES | 0. NO | CHILLS |
| 2.8.15 | Restlessness | 1. YES | 0. NO | RESTLS |
| 2.8.16 | Irritability | 1. YES | 0. NO | IRRITA |
| | | | | |

3 Care seeking

SAY:

I would now like to ask you some questions about whether you sought care outside the home for this last illness that [NAME] had. If you did seek care, I would also like to know where or from whom you sought care and the cost and time it took.

3.1 Did you seek advice or treatment for that last illness outside the home?

| Yes | 1 | →3.3 | RXTHOME |
|-----|---|------|---------|
| No | 0 | | |

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

NOERXT 1 2 3 4 **→**\$4 Health facility/health Did not want to attend a Had no time Could manage illness at provider too far health facility home 5 6 7 8 Could treat illness with Spouse did not **Spouse's** mother/my Illness was not drugs I had at home mother did not allow allow severe/illness got better by itself 88 Other [SPECIFY BELOW] **→**\$4 NOERXTO If 'Other' specify ____

3.2 Why did you not seek advice or treatment outside the home? [circle the MAIN reason only]

3.3 Where did you <u>FIRST</u> go to seek advice or treatment? **[IF A HEALTH FACILITY: Ask for the name of the facility and check the facility level using the list of facilities provided]**

| 1 | PUBLIC SECTOR: Village Health Team/CMD | 7 | PRIVATE SECTOR: Pharmacy/drug shop | RXTPLACEU |
|--------------------|---|----|---|-----------|
| 2 | PUBLIC SECTOR: Health Centre II (Health post) | 8 | PRIVATE SECTOR: Private health post/smaller clinic | |
| 3 | PUBLIC SECTOR: Health Centre III | 9 | PRIVATE SECTOR: Private hospital | |
| 4 | PUBLIC SECTOR: Health Centre IV | 10 | PRIVATE SECTOR: Private mobile/Outreach services | |
| 5 | PUBLIC SECTOR: Hospital | 11 | OTHER: General shop | |
| 6 | PUBLIC SECTOR: Mobile/Outreach services | 12 | OTHER: Traditional/herbal practitioner | |
| 88 | Other [SPECIFY BELOW] | | | |
| If 'Other' specify | | | | |

3.4 How many days after you first saw the child was sick did you seek help outside the home?

HDAYS

DAYS

3.5 How did you get to the first place from which you sought treatment or advice? [circle MAIN transport]

| 1 8 | | | | |
|-----------------------|------------------|----------------------------|---------------------------|-----------|
| 1 | 2 | 3 | 4 | GOTPLACE |
| Walking | Bicycling | Boda Boda (motorbike taxi) | Taxi (public minibus/car) | |
| 5 | 6 | 7 | 8 | |
| Bus | Special hire car | Lorry/pickup | Boat | |
| 88 | | | | |
| Other [SPECIFY BELOW] | | | | |
| If 'Other' specify | | | | GOTPLACEO |

3.6 How long did it take you to get from home to the <u>first place</u> you sought treatment/advice from? [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

| hrs | | DURHRS |
|------|--|--------|
| mins | | MINS |

In relation to the visit to the first place you sought advice or treatment from:

Did you spend money on any of the following:

3.7

| | | | [Example 5000 UG Shillings – 005000] [Fill in 000000 if no money was spent] [Fill in 999999 if amount unknown] |
|----------|---|-----|--|
| 3.7.1 | Transportation | UGX | t TRANS |
| 3.7.2 | Patient registration fees | UGX | REFGEES |
| 3.7.3 | Material costs (like gloves, IV, syringes, etc) | UGX | SYRINGES |
| 3.7.4 | Medicines | UGX | K MEDICINE |
| 3.7.5 | Charges for overnight stay/accommodation | UGX | C OVERNFEES |
| 3.7.6 | Monetary/non-monetary gifts, contributions | UGX | GIFTS |
| 3.7.7 | Sustenance costs (food, drinks) | UGX | scosts |
| 3.7.8 | Other financial expenditure [SPECIFY BELOW] | UGX | C OEXPENSE |
| If 'Othe | er' specify | | OCOSTS |

FORM ID:

3.8 How long did you spend at the first place you sought advice or treatment from? Please Incl time of consultation. [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

| hrs | | FACHRS |
|------|--|--------|
| mins | | FACMIN |
| | | |

3.9 How many ADULTS, including you, accompanied [NAME] to seek advice/treatment? [Just you=01]

3.11 [If yes:] Did you go to the second place you were referred to?

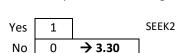
When you took [NAME] to this first place, were you referred to another location for further advice and/or treatment? 3.10

| 3.12 | [If answer to qn 3.10 is NO:] Even if you were not referred, did you seek advice or treatment anywhere else after going |
|------|---|
| | to this first place? |

No, I did not seek any further advice or treatment outside the home

| [In answer to quistion in NO.] Even in you were not referred, and you seek advice of the | aunei | int any | where |
|--|-------|---------|-------|
| to this first place? | | | |
| | Yes | 1 |] |

No, instead I sought advice or treatment at a different place to the one I was referred to



Yes

1

2

0

NUMACC

GOREF1

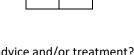
REFER1 Yes 1 0 → 3.12 No

→3.14

→3.13

→3.30

| 000010 | |
|-----------------------------|--|
| | |
| clude both waiting time and | |
| | |



| FORM ID: | | | | |
|--|-------|------|-----|------|
| | | | | |
| | | | | |
| 3.13 What was the reason you sought care at the second place? [circle the MAIN reason on | ly] | | | |
| No drugs at first pla | ace 1 | | REA | S2CS |
| I was not happy with advice/treatment given at first pla | ice 2 | | | |
| Other [SPECIFY BELO | W] 88 | | | |
| | | | | |
| If 'Other' specify | | | REA | S2CS |

What was the SECOND place where you sought advice or treatment? [IF A HEALTH FACILITY: Ask for the name of the 3.14 facility and check the facility level using the list of facilities provided]

| 1 | PUBLIC SECTOR: Village Health Team/CMD | 7 | PRIVATE SECTOR: Pharmacy/drug shop | RXTPLAC2U |
|----------|---|----|---|-----------|
| 2 | PUBLIC SECTOR: Health Centre II (Health post) | 8 | PRIVATE SECTOR: Private health post/smaller clinic | |
| 3 | PUBLIC SECTOR: Health Centre III | 9 | PRIVATE SECTOR: Private hospital | |
| 4 | PUBLIC SECTOR: Health Centre IV | 10 | PRIVATE SECTOR: Private mobile/Outreach services | |
| 5 | PUBLIC SECTOR: Hospital | 11 | OTHER: General shop | |
| 6 | PUBLIC SECTOR: Mobile/Outreach services | 12 | OTHER: Traditional/herbal practitioner | |
| 88 | Other [SPECIFY BELOW] | | | |
| If 'Othe | er' specify | | | RXTPLACO2 |

3.15 How did you get to the <u>second place</u> from which you sought treatment or advice? [circle MAIN transport]

| 1 | 2 | 3 | 4 | GOTPLAC2 |
|-----------------------|------------------|----------------------------|---------------------------|-----------|
| Walking | Bicycling | Boda Boda (motorbike taxi) | Taxi (public minibus/car) | |
| 5 | 6 | 7 | 8 | |
| Bus | Special hire car | Lorry/pickup | Boat | |
| 88 | | | | |
| Other [SPECIFY BELOW] | | | | |
| If 'Other' specify | | | | GOTPLACO2 |

How long did it take you to get to the second place you sought treatment/advice from? [fill in both hours and minutes 3.16 e.g. 45 mins = 00hrs, 45mins]

| hrs | | DURHRS2 |
|------|--|---------|
| mins | | MINS2 |

GOREF2

How long did you spend at the second place you sought advice or treatment from? Please include both waiting time and 3.18 time of consultation. [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

| 3.19 | How many ADULTS, including you, accompanied [NAME] to seek advice/treatment at the |
|------|--|
| | second place? [Just you=01] |

3.20 When you took [NAME] to this second place, were you referred to another location for further advice and/or treatment?

| 3.21 | [If yes:] Did you go to the third place you were referred to? | |
|------|---|--|
|------|---|--|

No, instead I sought advice or treatment at a different place to the one I was referred to 2 →3.23 No, I did not seek any further advice or treatment outside the home 0 →3.30

3.22 Even if you were not referred, did you seek advice or treatment anywhere else after going to this second place?

| 3.17 | In relation to the visit to the second place you sought advice or treatment from: |
|-------|---|
| Did y | ou spend money on any of the following |

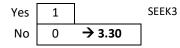
| | | I | Examp | le 500 |)0 UG | Shillir | ngs – 0 | 05000 | J | |
|----------|---|-----|-----------|--------|---------|---------|---------|--------|----|------------|
| | | 1 | Fill in C | 00000 | 0 if no | mone | ey was | s spen | :] | |
| | | 1 | Fill in 9 | 99999 | 9 if an | nount | unkno | own] | | |
| 3.17.1 | Transportation | UGX | | | | | | _ | | TRANS2 |
| 3.17.2 | Patient registration fees | UGX | | | | | | | | REFGEES2 |
| 3.17.3 | Material costs (like gloves, IV, syringes, etc) | UGX | | | | | | | | SYRINGES2 |
| 3.17.4 | Medicines | UGX | | | | | | | | MEDICINE2 |
| 3.17.5 | Charges for overnight stay/accommodation | UGX | | | | | | | | OVERNFEES2 |
| 3.17.6 | Monetary/non-monetary gifts, contributions | UGX | | | | | | | | GIFTS2 |
| 3.17.7 | Sustenance costs (food, drinks) | UGX | | | | | | | | SCOSTS2 |
| 3.17.8 | Other financial expenditure [SPECIFY BELOW] | UGX | | | | | | | | OEXPENSE2 |
| | | | | | | | | | | |
| lf 'Othe | r' specify | | | | | | | | | OCOSTS2 |

| Yes | 1 | | REFER2 |
|-----|---|--------|--------|
| No | 0 | → 3.22 | |

→3.24

Yes

1



| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

Example E000 LIC Shillings 00E0001

FACHRS2 hrs FACMIN2 mins

NUMACC2

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

2

88

Other [SPECIFY BELOW]

| 3.23 | What was the reason you sought care at the third place? [circle the MAIN reason only] |
|------|---|
| | No drugs at second place |

I was not happy with **advice/treatment** given at second place

REAS3CS

If 'Other' specify_____

REAS3CS

3.24 What was the <u>THIRD</u> place where you sought advice or treatment? [IF A HEALTH FACILITY: Ask for the name of the facility and check the facility level using the list of facilities provided]

| 1 | PUBLIC SECTOR: Village Health Team/CMD | 7 | PRIVATE SECTOR: Pharmacy/drug shop | RXTPLAC3U | |
|---------|---|----|---|-----------|--|
| 2 | PUBLIC SECTOR: Health Centre II (Health post) | 8 | PRIVATE SECTOR: Private health post/smaller clinic | | |
| 3 | PUBLIC SECTOR: Health Centre III | 9 | PRIVATE SECTOR: Private hospital | | |
| 4 | PUBLIC SECTOR: Health Centre IV | 10 | PRIVATE SECTOR: Private mobile/Outreach services | | |
| 5 | PUBLIC SECTOR: Hospital | 11 | OTHER: General shop | | |
| 6 | PUBLIC SECTOR: Mobile/Outreach services | 12 | OTHER: Traditional/herbal practitioner | 1 | |
| 88 | Other [SPECIFY BELOW] | | | 1 | |
| lf 'Oth | If 'Other' specify | | | | |

3.25 How did you get to the <u>third place</u> from which you sought treatment or advice? [circle MAIN transport]

| 1 | 2 | 3 | 4 | GOTPLAC3 |
|-----------------------|------------------|----------------------------|---------------------------|-----------|
| Walking | Bicycling | Boda Boda (motorbike taxi) | Taxi (public minibus/car) | |
| 5 | 6 | 7 | 8 | |
| Bus | Special hire car | Lorry/pickup | Boat | |
| 88 | | | | |
| Other [SPECIFY BELOW] | | | | |
| If 'Other' specify | | | | GOTPLACO3 |

How long did it take you to get to the <u>third place</u> you sought treatment/advice from? [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

| hrs | | DURHRS3 |
|------|--|---------|
| mins | | MINS3 |

| | | | | - 1 |
|----------|--|--|--|-----|
| FORM ID: | | | | |
| | | | | |

3.27 In relation to the visit to the <u>third place</u> you sought advice or treatment from:

Did you spend money on any of the following

| | | - | mple 5000 U | • | - | |
|-----------|---|-----------------|----------------|------------|------------|------------|
| | | | in 000000 if | | | |
| | | [<u>Fill</u> i | in 999999 if a | amount unk | nown] | |
| 3.27.1 | Transportation | UGX | | | | TRANS3 |
| 3.27.2 | Patient registration fees | UGX | | | | REFGEES3 |
| 3.27.3 | Material costs (like gloves, IV, syringes, etc) | UGX | | | | SYRINGES3 |
| 3.27.4 | Medicines | UGX | | | | MEDICINE3 |
| 3.27.5 | Charges for overnight stay/accommodation | UGX | | | | OVERNFEES3 |
| 3.27.6 | Monetary/non-monetary gifts, contributions | UGX | | | | GIFTS3 |
| 3.27.7 | Sustenance costs (food, drinks) | UGX | | | | SCOSTS3 |
| 3.27.8 | Other financial expenditure [SPECIFY BELOW] | UGX | | | | OEXPENSE3 |
| | | | | - I I | _ _ | |
| lf 'Other | ° specify | | | _ | | OCOSTS3 |

3.28 How long did you spend at the <u>third place</u> you sought advice or treatment from? Please include both waiting time, time of consultation, buying drugs, etc **[fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]**

| hrs | | FACHRS3 |
|------|--|---------|
| mins | | FACMIN3 |

3.29 How many ADULTS, including you, accompanied [NAME] to **seek advice/treatment** at the <u>third</u> <u>place</u>? [Just you=01]

NUMACC3

3.30 [Did the respondent seek care for this child <u>to the VHT?</u> -Check QUESTIONS 3.3 (first location), 3.14(second location) or 3.24 (third location). If the VHT is mentioned as a place where they sought advice or treatment in any of these questions, <u>GO STRAIGHT TO Question 3.32</u>

Otherwise If the VHT was NOT mentioned in any of the above questions, then ask:

| 3.31 | Why did you not visit | t the village health team | [circle the MAIN reason only] |
|------|-----------------------|---------------------------|-------------------------------|
|------|-----------------------|---------------------------|-------------------------------|

| 1 | 2 | 3 | 4 | VISITVHT |
|-----------------------|---------------------------|-------------------|-----------------------|----------|
| Don't know the VHT | VHT has no drugs | VHT too expensive | VHT too far | |
| 5 | 6 | 7 | 88 | |
| VHT was not available | VHT not good/do not trust | I was too busy | Other [SPECIFY BELOW] | |
| If 'Other' specify | | | | VISITO |

| | | | | |
|----------|------|------|------|--|
| FORM ID: | | | | |
| | | | | |

3.32 SAY: I would like to ask you some questions about the time you had to spend per day caring for [NAME's] illness

3.33 First tell me, is [NAME] still sick with this last illness or has he/she recovered?

| | YES, still sick | 1 | STILLSICK |
|------|---|------|-----------|
| | NO, recovered | 0 | |
| 3.34 | During this last illness, for how many days in total was [NAME] sick? [If still sick, enter the total number of days child has been sick SO FAR] | DAYS | DAYSILL |
| 3.35 | During these days when [NAME] was sick, how much time on average per day did you spend caring for [NAME] AT HOME? | HRS | HRSSILL |
| | | MINS | MINSILL |

3.36 During this last illness, by how much time per day on average have you had to REDUCE the time you spend on your other daily activities because of caring for [NAME] at home? [do not leave any blank: write hrs=00 mins=00 if no change in time spent on daily activities]

-PROBE and EXPLAIN that this is the amount of time by which the work is reduced:-

Example: if the respondent usually works for 10 hours/day on their farm, but because of caring for the child during the illness they only worked 2 hours/day on the farm, they have reduced their time by 8 hours: write hrs=08, mins=00 for QN 3.36.2 -If they don't usually do a particular type of work OR there was no change in time spent on a type of work, write hrs=00 and mins=00

| | 3.3 | 6.1 | Salaried employment | hrs | SALRHRS |
|--------|----------------------|-----|---------------------------------|------|----------|
| | | | | mins | SALRMIN |
| | | | | 1 | |
| | 3.3 | 6.2 | Agricultural or fishing work | hrs | AGRRHRS |
| | | | | mins | AGRRMIN |
| | | | | | |
| | 3.3 | 6.3 | Casual labourer work | hrs | LABRHRS |
| | | | | mins | LABRMIN |
| | | | | 1 | |
| | 3.3 | 6.4 | Working at my own business | hrs | SELFRHRS |
| | | | (including driver, trader, etc) | mins | SELFRMIN |
| | | | | 1 | |
| | 3.3 | 6.5 | Domestic work (household) | hrs | DOMRHRS |
| | | | | mins | DOMRMIN |
| | | | |] | |
| | 3.3 | 6.6 | Other work [SPECIFY BELOW] | hrs | OTHRHRS |
| | | | | mins | OTHRMIN |
| 3.36.7 | If 'other' [specify] | | | 1 | REDOTH |
| | | | | | |

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

3.37 During these days when [NAME] was sick, did anyone else apart from you spend time caring for [NAME] AT HOME?

| | No | 0 | →3.39 | REAS3CS |
|---------|--|------|-------|----------|
| | YES, father[or mother] of child | 1 | →3.38 | |
| | YES, sibling of child | 2 | | |
| | YES, grandparent of child | 3 | | |
| | Yes, other | 88 |] | |
| lf 'Oth | ner' specify | | | REAS3CS |
| 3.38 | During these days when [NAME] was sick, how much time on average per day did this person spend caring for [NAME] AT HOME? | HRS | | OHRSSILL |
| | | MINS | | OMINSILL |

3.40 [IF YES] Who counted the breaths of the child? [More than one answer possible - circle yes/no for each option (NO BLANKS)]

| | 3.40.1 | Village Health team/CMD | 1. YES | 0. NO | VCOUNT |
|-----------------|--------|----------------------------------|--------|-------|---------|
| | 3.40.2 | Staff in Health centre | 1. YES | 0. NO | HCCOUNT |
| | 3.40.3 | Staff in Hospital | 1. YES | 0. NO | HCOUNT |
| | 3.40.4 | Staff at private clinic/hospital | 1. YES | 0. NO | PCOUNT |
| | 3.40.5 | Staff at pharmacy/drug shop | 1. YES | 0. NO | SCOUNT |
| Other [specify] | | | | | WCOUNTO |

| 3.41 | At any point during the illness, did [NAME] have blood taken from his or her finger or heel f | for test | ing? | |
|------|---|----------|--------------|--|
| | Yes | 1 | | |
| | No | 0 | → \$4 | |
| | Don't know | 99 | | |

3.42 [IF YES] By whom? [More than one answer possible - circle yes/no for each option]

Other [specify] _____

| 3.42.1 | Village Health team/CMD | 1. YES | 0. NO | VBLOOD |
|--------|----------------------------------|--------|-------|---------|
| 3.42.2 | Staff in Health centre | 1. YES | 0. NO | HCBLOOD |
| 3.42.3 | Staff in Hospital | 1. YES | 0. NO | HBLOOD |
| 3.42.4 | Staff at private clinic/hospital | 1. YES | 0. NO | PBLOOD |
| 3.42.5 | Staff at pharmacy/drug shop | 1. YES | 0. NO | SBLOOD |
| | | | | WBLOODO |
| | | | | |

BLOOD

| | | FORM ID: | |
|------|---|--------------------------------|---------|
| 3.43 | Was the test an RDT like this? [SHOW RDT] | Yes 1 No 0 Don't know 99 | RDTTEST |
| 3.44 | Was the blood test positive for MALARIA? | Yes 1 No 0 | TESTPOS |

Don't know

99

4 Treatment

SAY:

I will now ask you some questions about any treatment that [NAME] received during this last illness.

| 4.1 | At any point during this last illness episode, did [NAME] take any drugs for the illness? | | | |
|-----|---|----|-------------|----------|
| | Yes | 1 | | TOOKDRUG |
| | No | 0 | →s 5 | |
| | Don't know | 99 | | |

| | respondent says YES, we want to find out exactly what drugs were taken. he respondent through ALL THREE options in this order: |
|----|---|
| 1. | Ask to see the balance of all treatment taken during last illness (e.g. blister pack, empty packet) |
| | THEN: |
| 2. | Ask to see the child health record, health record exercise book, or prescription, to verify or check if any other treatment given. |
| | THEN: |
| 3. | Show the respondent the drug posters one by one to VERIFY the above information, or to FIND OUT what treatment was given if no prescription or balance available. |
| |)T PROBE – let the respondent show or identify the drugs as they recall for this illness. |

[Circle YES for the drugs below that the respondent has identified as being used (whether they have shown the drug, the prescription or used the drug cards). Otherwise circle NO (do not probe).

We have included the corresponding codes from the drug cards next to each option to help prompt you to remember to use the drug cards to confirm all treatments.]

SHOW CARD ONE:

4.3 [IF YES] Where did you get the ORS from?

| 1 | 2 | 3 | 4 | 5 | EGOTORS |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |

FORM ID:

Yes

No

1

0

→4.4

If 'Other' specify here ______

4.4 ZINC - D3 on card

4.5 **[IF YES]** Where did you get the **ZINC** from?

| 1 VHT/CMD | 2 Public Health Centre | 3 Public Hospital | 4 Private Clinic/hospital | 5 Pharmacy/drug shop | EGOTZINC |
|--------------------------------|---------------------------|----------------------|------------------------------|-------------------------|----------|
| 88 Other [SPECIFY BELOW] | | | | | |
| If 'Other' specify here | | | | | |

[If the respondent spontaneously mentions that they used Homemade ORS, circle Homemade ORS below. Again, DO NOT PROBE]

4.6 **HOMEMADE ORS**

4.7

METRONIDAZOLE - D1 on card

[IF YES] Where did you get the METRONIDAZOLE from? 4.8

| 1 | 2 | 3 | 4 | 5 | GOTMETR |
|----------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | • | I | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |

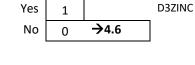
If 'Other' specify here ______

Yes HMORS 1

| Yes | 1 | | METRON |
|-----|---|------|--------|
| No | 0 | →4.9 | |

EGOTORSO

D2ORS



No 0

4.9 LEVAMISOLE - D4 on card

4.10 [IF YES] Where did you get the LEVAMISOLE from?

1 2 3 4 5 GOTLEVA VHT/CMD **Public Health Centre Public Hospital** Private Clinic/hospital Pharmacy/drug shop 88 Other [SPECIFY BELOW] GOTLEVAO

FORM ID:

If 'Other' specify here _____

4.11 ALBENDAZOLE- D5 on card

4.12 [IF YES] Where did you get the ALBENDAZOLE from?

| 1 VHT/CMD | 2 Public Health Centre | 3 Public Hospital | 4 Private Clinic/hospital | 5 Pharmacy/drug shop | GOTALBEN |
|--------------------------------|---------------------------|----------------------|------------------------------|-------------------------|----------|
| 88 Other [SPECIFY BELOW] | | <u> </u> | | | |
| If 'Other' specify here | | | | | |

4.13 MEBENDAZOLE- D6 on card

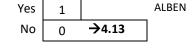
4.14 **[IF YES]** Where did you get the **MEBENDAZOLE** from?

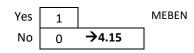
| 1 | 2 | 3 | 4 | 5 | GOTMEBE |
|-----------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | · | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| If 'Other' specify he | ere | | | | GOTMEBC |

SHOW CARD TWO:

4.15 AMOCYCILLIN – P1 or P2 on card

| Yes | 1 | | LEVA |
|-----|---|-------|------|
| No | 0 | →4.11 | |





| Yes | 1 | | AMOXY |
|-----|---|-------|-------|
| No | 0 | →4.17 | |

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

4.16 **[IF YES]** Where did you get the **AMOXYCILLIN** from?

| | | | | | _ |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| 1 | 2 | 3 | 4 | 5 | EGOTAMOX |
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |
| | | | | | 1 |

If 'Other' specify here ______

4.17 AMPICILLIN- P3 on card

4.18 [IF YES] Where did you get the AMPICILLIN from?

GOTAMP 2 4 5 1 3 VHT/CMD Public Health Centre Public Hospital Private Clinic/hospital Pharmacy/drug shop 88 Other [SPECIFY BELOW] GOTAMPO

If 'Other' specify here

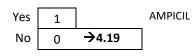
4.19 COTRIMOXAZOLE OR SEPTRIN- P4 on card

4.20 [IF YES] Where did you get the COTRIMOXAZOLE OR SEPTRIN from?

| 1 | 2 | 3 | 4 | 5 | GOTSEPT |
|-----------------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | • | | - |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |
| If 'Other' specify here GOT | | | | | |

4.21 CHLORAMPHENICOL- P5 on card

| Yes | 1 | | CHLORAM |
|-----|---|-------|---------|
| No | 0 | →4.23 | |



EGOTAMXO

| Yes | 1 | | SEPTRIN |
|-----|---|-------|---------|
| No | 0 | →4.21 | |

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

4.22 [IF YES] Where did you get the CHLORAMPHENICOL from?

| | | | • | | _ |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| 1 | 2 | 3 | 4 | 5 | GOTCHLOR |
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |
| | | | | | |

If 'Other' specify here ______

4.23 ERYTHROMYCIN-P6 on card

4.24 [IF YES] Where did you get the ERYTHROMYCIN from?

| 1 | 2 | 3 | 4 | 5 | GOTERYTH |
|-------------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |
| If 'Other' specify here | | | | | GOTERYTO |

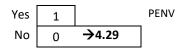
4.25 AZYTHROMYCIN-P7 on card

| Yes | 1 | | AZYTHRO |
|-----|---|-------|---------|
| No | 0 | →4.27 | |

4.26 [IF YES] Where did you get the AZYTHROMYCIN from?

| 1 | 2 | 3 | 4 | 5 | GOTAZY |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |
| If 'Other' specify here | | | | | GOTAZYO |

4.27 **PEN V**– P8 on card



| Yes | 1 | | ERYTHRO |
|-----|---|-------|---------|
| No | 0 | →4.25 | |

GOTCHLO

| 1 | | | | |
|----------|--|--|--|--|
| FORM ID: | | | | |
| | | | | |

4.28 [IF YES] Where did you get the PEN V from?

| <u> </u> | 1 8 | | | | |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| 1 | 2 | 3 | 4 | 5 | GOTPENV |
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | 1 | 1 | | |
| | | | | | |

If 'Other' specify here ______

4.29 CEPHALEXIN- P9 on card

4.30 [IF YES] Where did you get the CEPHALEXIN from?

1 2 3 4 5 VHT/CMD Public Health Centre Public Hospital Private Clinic/hospital Pharmacy/drug shop 88 Other [SPECIFY BELOW]

If 'Other' specify here _____

SHOW CARD THREE:

4.31 **COARTEM** or ARTEMETHER-LUMEFANTRINE – M1 on card

4.32 [IF YES] Where did you get the COARTEM or ARTEHETHER-LUMEFANTRINE from?

| 1 | 2 | 3 | 4 | 5 | EGOTCOAR |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |

If 'Other' specify here______

4.33 DUO-COTEXIN- M2 on card



| Yes | 1 |] | M1COART |
|-----|---|-------|---------|
| No | 0 | →4.33 | |

| Yes | 1 | | CEPHA |
|-----|---|-------|-------|
| No | 0 | →4.31 | |

GOTPENO

GOTCEPHO

EGOTCOAO

| 1 | _ | | | |
|----------|-------|--|--|--|
| FORM ID: | | | | |
| | | | | |

Yes

No

1 0

→4.37

M2DUOCGO

M3RECT

4.34 [IF YES] Where did you get the DUO-COTEXIN from?

| | | •••• | | | |
|----------------|----------------------|-----------------|-------------------------|--------------------|---------|
| 1 | 2 | 3 | 4 | 5 | M2DUOCG |
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |

If 'Other' specify here ______

4.35 RECTAL ARTESUNATE/ARTENAM/PLASMOTRIM – M3 on card

4.36 [IF YES] Where did you get the RECTAL ARTESUNATE/ARTENAM/PLASMOTRIM from?

| 1 | 2 | 3 | 4 | 5 | M3RECTG |
|-----------------------|----------------------|-----------------|-------------------------|--------------------|----------------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | ł | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |
| If 'Other' specify he | ere | | | | M3RECTGO |

4.37 ARTEMETHER - M4 on card

| Yes | 1 | | M4ARTM |
|-----|---|-------|--------|
| No | 0 | →4.39 | |

4.38 **[IF YES]** Where did you get the **ARTEMETHER** from?

| 1 | 2 | 3 | 4 | 5 | M4ARTMG |
|----------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | - |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| - | | | | | 1 |
| If 'Other' specify h | ere | | | | M4ARTMGO |

4.39 FANSIDAR OR SP - M5 on card

M5FANS Yes 1

→4.41

No

0

| | - | | | |
|----------|---|--|--|--|
| FORM ID: | | | | |
| | | | | |

4.40 [IF YES] Where did you get the FANSIDAR OR SP from?

| 1 | _ | |
|----------------------------|---------------------------------|---------|
| 4 | 5 | M5FANSG |
| Hospital Private Clinic/ho | spital Pharmacy/drug shop | |
| | | |
| | 4 Hospital Private Clinic/ho | |

If 'Other' specify here ______

4.41 AMODIAQUINE - M6 on card

4.42 [IF YES] Where did you get the AMODIAQUINE from?

| 1 | 2 | 3 | 4 | 5 | M6AMODG |
|-----------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| If 'Other' specify he | re | | | | M6AMODGO |

4.43 AMODIAQUINE-ARTESUNATE (or artesunate-amodiaquine) - M7 on card

4.44 [IF YES] Where did you get the AMODIAQUINE-ARTESUNATE from?

| 1 | 2 | 3 | 4 | 5 | M7AMTEG |
|----------------------|----------------------|-----------------|-------------------------|--------------------|----------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |
| If 'Other' specify h | ere | | | | M7AMTEGO |

4.45 QUININE - M8 on card

→4.45

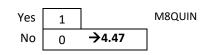
Yes

No

1

0

M7AMTE



| Yes | 1 | | M6AMOD |
|-----|---|-------|--------|
| No | 0 | →4.43 |] |

M5FANSGO

| FORM ID: | | | | |
|----------|------|--|--|--|
| | | | | |

Yes

No

1 0

→4.49

4.46 [IF YES] Where did you get the QUININE from?

| | | | | | _ |
|----------------|----------------------|-----------------|-------------------------|--------------------|---------|
| 1 | 2 | 3 | 4 | 5 | M8QUING |
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | |

If 'Other' specify here ______

4.47 **CHLOROQUINE** – M9 on card

4.48 **[IF YES]** Where did you get the **CHLOROOUINE** from?

| 1 | 2 | 3 | 4 | 5 | M9CHLOG |
|----------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | - |

If 'Other' specify here ______

4.49 ARTESUNATE- M10 on card

4.50 **[IF YES]** Where did you get the **ARTESUNATE** from?

| 1 | 2 | 3 | 4 | 5 | M10ARTG |
|--------------------------------|----------------------|-----------------|-------------------------|--------------------|---------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 Other [SPECIFY BELOW] | | | | | |
| If 'Other' specify here | | | | | |

4.51 **ARTESUNATE-FANSIDAR** – not on card

| Yes | 1 | | ART |
|-----|---|-------|-----|
| No | 0 | →4.53 | |



M8QUINGO

M9CHLO

| Yes | 1 | | M10ART |
|-----|---|-------|--------|
| No | 0 | →4.51 | |

| | - | | | |
|----------|---|--|--|--|
| FORM ID: | | | | |
| | | | | |

4.52 [[IF YES] Where did you get the ARTESUNATE-FANSIDAR from?

| 1 | 2 | 3 | 4 | 5 | GOTART |
|-------------------------|----------------------|-----------------|-------------------------|--------------------|--------|
| VHT/CMD | Public Health Centre | Public Hospital | Private Clinic/hospital | Pharmacy/drug shop | |
| 88 | | | | | |
| Other [SPECIFY | | | | | |
| BELOW] | | | | | |
| | | | | | - |
| If 'Other' specify here | | | | | |

FACILITY TREATMENT

[Check if child was taken to a public or private health facility for this illness (see previous questions 3.3, 3.14, and 3.24).

If the child was NOT taken to a health facility at any point during this illness, <u>GO STRAIGHT TO QUESTION 4.55.</u> If they WERE taken, ask:]

4.53 At any point during [NAME]'S illness was s/he admitted to a health facility?

4.55 How many days after you first saw [NAME] was ill this last time did you first start his/her treatment? [e.g. treatment received from the VHT/facility/pharmacy]

4.54 [IF YES:] When [NAME] was admitted, was [NAME] put on a drip, or maybe received medicine into his/her vein using a needle?

| Yes | 1 |
|------------|----|
| No | 0 |
| Don't know | 99 |

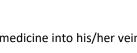
Yes

No

| PA | RE | -N | ΓЕ |
|----|----|----|----|

ADMIT

| DAYS | | TDAYS |
|------|--|-------|
| | | |



→4.55

1

0

| FORM ID: | | | | |
|----------|--|--|--|--|
| | | | | |

5 VHT Referrals

5.4

Did the VHT treat the child?

[This section is to be filled in for only those respondents who have mentioned that they sought advice or treatment <u>to the</u> <u>VHT</u> in QUESTIONS 3.3 (first location), 3.14 (second location) or 3.24 (third location). Check these three questions now. If the VHT option is NOT circled in any of them, draw a double line through the whole of this section 5, and END the interview.

If the VHT option IS circled in any of the care seeking questions, SAY:

I would now like to ask you in a bit more detail about the service you received when you visited the VHT to seek advice or treatment.

You may notice that some of the questions I am about to ask are similar to questions I have asked previously, but here I am interested in the service you received from the VHT ONLY:

5.1 You said that you took [name] to see a VHT. During your visit, did the VHT tell you that you needed to take [name] to get treatment at a health facility?

| Yes | 1 | | REFVHT |
|-----|---|-------------------|--------|
| No | 0 | \rightarrow END | |

5.2 What did the VHT say was the MAIN reason for this?

| Child was very sick and needed facility treatment | 1 | REFWHY |
|---|----|---------|
| VHT could treat child, but had run out of drugs | 2 | |
| The VHT did not tell me the reason | 3 | |
| The VHT told me the reason but I do not remember it | 4 | |
| Other [SPECIFY BELOW] | 88 | |
| IF 'other' specify | | REFWHYC |

5.3 Did the VHT give you a referral slip like this? [Show caretaker a copy of a VHT referral slip if you have one]

| Yes | 1 | REFSLIP |
|-----|---|---------|
| No | 0 | |

| | Yes, VHT gave first dose of medicine to the child at the visit | 1. YES | 0. NO | REFVMED |
|-----|---|--------|-------|----------|
| | Yes, VHT gave me treatment for the child to take before reaching the facility | 1. YES | 0. NO | REFCMED |
| | No treatment was given by the VHT | 1. YES | 0. NO | REFNOMED |
| 5.5 | Did the VHT call the facility to inform them that you were coming? | | | 1 |
| | | Yes | 1 | REFCALL |

Not

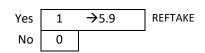
5.6 Did the VHT help you arrange for transport to go to the facility?

| 1 | |
|----|---------|
| T | REFTRAN |
| 0 | |
| 99 | |
| | 0 99 |

No

0

5.7 Did you take the child to the facility?



5.8 If not, why not? [DO NOT PROMPT]

| No money | 1. mentioned | 0. not mentioned | RNOCASH |
|---|--------------|------------------|---------|
| Could not get transport | 1. mentioned | 0. not mentioned | RNOTRAN |
| Spouse/family member would not allow | 1. mentioned | 0. not mentioned | RFORBID |
| Used home/herbal treatment/visited traditional doctor instead | 1. mentioned | 0. not mentioned | RHTERAT |
| Thought child was ok/child would get better on their own | 1. mentioned | 0. not mentioned | RNOSEVE |
| IF respondent gives another reason, specify | RNOTHERO | | |
| | | | |

IF THEY DID NOT TAKE THE BABY TO THE FACILITY, DRAW A DOUBLE LINE THROUGH THE REST OF THIS SECTION, THANK THE RESPONDENT AND END THE INTERVIEW.

5.9 How soon after the VHT referred [name] were you able to him/her to the facility?

| Within 1 hour | 1 | →5.11 | REFWHEN |
|---------------------------------------|---|-------|---------|
| After 1 hour but within 1 and 3 hours | 2 | | |
| After 3 hours but within a day | 3 | | |
| The following day | 4 | | |
| Two (2) or more days later | 5 | | |
| | | | |

5.10 If not within a day, why not? [DO NOT PROMPT]

| No money | 1. mentioned | 0. not mentioned | RNOCASH |
|---|--------------|------------------|----------|
| Could not get transport | 1. mentioned | 0. not mentioned | RNOTRAN |
| Spouse/family member would not allow | 1. mentioned | 0. not mentioned | RFORBID |
| Used home/herbal treatment/visited traditional doctor instead | 1. mentioned | 0. not mentioned | RHTERAT |
| Thought child was ok/child would get better on their own | 1. mentioned | 0. not mentioned | RNOSEVE |
| IF respondent gives another reason, specify | | · | RNOTHERO |
| | | | |

5.11 When you reached the (first) facility, how quickly were you attended by a health worker?

| In less than 30 minsMore than 30 mins but less than 1 hourMore than 1 hour but less than 3 hoursMore than 3 hours later | 1 | 2 | 3 | 4 | REFWAIT |
|---|----------------------|----------------------------|----------------------|-------------------------|---------|
| than 1 hour less than 3 hours | In less than 30 mins | More than 30 mins but less | More than 1 hour but | More than 3 hours later | |
| | | than 1 hour | less than 3 hours | | |

END OF FORM FOR THIS CHILD.

Check your form, then thank the respondent for their time.