

**Evaluation of Interventions to Promote Safe Motherhood in Jimma Zone, Ethiopia**  
**QUESTIONNAIRE FOR INDEX WOMAN**

| INTERVIEWER: Complete this section before approaching household |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                |
|-----------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CP1                                                             | Interview date      | USE ETHIOPIAN CALENDAR<br><div> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>             D D M M Y Y Y Y           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | <b>CP16</b><br>Survey phase                                                                                                                                    |
| CP2                                                             | Interviewer ID      | <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>CP3</b><br>Screening ID      | 7-DIGITS<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| CP4                                                             | Woman's first name  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>CP5</b><br>Woman's last name |                                                                                                                                                                |
| CP17                                                            | District            | <sup>1</sup> <input type="radio"/> Gomma <sup>2</sup> <input type="radio"/> Seka Chekorsa <sup>3</sup> <input type="radio"/> Kersa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                |
| CP20                                                            | Survey site (PHCU)  | ENTER PHCU WHERE TEAM IS<br><div> <b>GOMMA</b><br/> <sup>1</sup><input type="radio"/> Beshasha<br/> <sup>2</sup><input type="radio"/> Chami Chago<br/> <sup>3</sup><input type="radio"/> Choche<br/> <sup>4</sup><input type="radio"/> Dhayi Kechene<br/> <sup>5</sup><input type="radio"/> Gembe<br/> <sup>6</sup><input type="radio"/> Kedemasa<br/> <sup>7</sup><input type="radio"/> Limu Shayi<br/> <sup>8</sup><input type="radio"/> Omo Gurude<br/> <sup>9</sup><input type="radio"/> Yachi           </div> <div> <b>SEKA CHEKORSA</b><br/> <sup>1</sup><input type="radio"/> Bake Gudo<br/> <sup>2</sup><input type="radio"/> Buyo Kechema<br/> <sup>3</sup><input type="radio"/> Detu Kersu<br/> <sup>4</sup><input type="radio"/> Geta Bake<br/> <sup>5</sup><input type="radio"/> Lilu Omoti<br/> <sup>6</sup><input type="radio"/> Seka<br/> <sup>7</sup><input type="radio"/> Setemma<br/> <sup>8</sup><input type="radio"/> Wokito           </div> <div> <b>KERSA</b><br/> <sup>1</sup><input type="radio"/> Adere Dika<br/> <sup>2</sup><input type="radio"/> Bala Wajo<br/> <sup>3</sup><input type="radio"/> Bulbul<br/> <sup>4</sup><input type="radio"/> Kusaye Beru<br/> <sup>5</sup><input type="radio"/> Kara Gora<br/> <sup>6</sup><input type="radio"/> Kellacha<br/> <sup>7</sup><input type="radio"/> Serbo           </div>                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                |
| CP6                                                             | Kebele of residence | <div> <b>SEKA CHEKORSA</b><br/> <input type="checkbox"/> Kusaro<br/> <input type="checkbox"/> Buyo Qacamaa<br/> <input type="checkbox"/> Andode Allaggee<br/> <input type="checkbox"/> Gibe Bosoo<br/> <input type="checkbox"/> Meexii<br/> <input type="checkbox"/> Ushane Koche<br/> <input type="checkbox"/> Gura Ula'ukke<br/> <input type="checkbox"/> Shashamanne<br/> <input type="checkbox"/> Magala Saqqaa<br/> <input type="checkbox"/> Dabo Yaya<br/> <input type="checkbox"/> D/Gibee<br/> <input type="checkbox"/> B/Rogee           </div> <div> <input type="checkbox"/> Ilke Tunjo<br/> <input type="checkbox"/> Wokito Medaaluu<br/> <input type="checkbox"/> Xeebo Waacho<br/> <input type="checkbox"/> Deto Qarssu<br/> <input type="checkbox"/> BidaruTuulii<br/> <input type="checkbox"/> Ushane Buyo<br/> <input type="checkbox"/> Qoraa Waacoo<br/> <input type="checkbox"/> Meti Ushaane<br/> <input type="checkbox"/> Gudoo Daakaa<br/> <input type="checkbox"/> Komo Haarri<br/> <input type="checkbox"/> Lili Ca'aa<br/> <input type="checkbox"/> Nasee           </div> <div> <input type="checkbox"/> Siba Qaqee<br/> <input type="checkbox"/> Budo Keraa<br/> <input type="checkbox"/> Ilke Togobee<br/> <input type="checkbox"/> Bake Gudo<br/> <input type="checkbox"/> Atro Sufaa<br/> <input type="checkbox"/> Dimtu Shekota<br/> <input type="checkbox"/> Gaxa Bakke<br/> <input type="checkbox"/> Geppa Sadan<br/> <input type="checkbox"/> Sakala Genefoo<br/> <input type="checkbox"/> Sogido<br/> <input type="checkbox"/> Sentema Goroo<br/> <input type="checkbox"/> Geshe Lucine           </div> |                                 |                                                                                                                                                                |
|                                                                 |                     | <div> <b>GOMMA</b><br/> <input type="checkbox"/> Beshasha<br/> <input type="checkbox"/> Bore dinsira<br/> <input type="checkbox"/> Keda maye<br/> <input type="checkbox"/> Omo Funtule<br/> <input type="checkbox"/> Kotta<br/> <input type="checkbox"/> Kedemasa<br/> <input type="checkbox"/> Getabore           </div> <div> <input type="checkbox"/> Bulado Choche<br/> <input type="checkbox"/> Koye Sejja<br/> <input type="checkbox"/> Limu Shaye<br/> <input type="checkbox"/> Limu Sapha<br/> <input type="checkbox"/> Keta Bero<br/> <input type="checkbox"/> Acha Afeta<br/> <input type="checkbox"/> Meti Koticha           </div> <div> <input type="checkbox"/> Gomma 2<br/> <input type="checkbox"/> Gembe<br/> <input type="checkbox"/> Omo Gobu<br/> <input type="checkbox"/> Belfo Konche<br/> <input type="checkbox"/> Keso Hiti<br/> <input type="checkbox"/> Yachi<br/> <input type="checkbox"/> Kilole           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                |

|                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             |                                 | <b>GOMMA continued</b><br><input type="checkbox"/> Barsoma<br><input type="checkbox"/> Elbu<br><input type="checkbox"/> Dalecho<br><input type="checkbox"/> Chedero Suse<br><input type="checkbox"/> Bulbulo<br><input type="checkbox"/> Omo Gurude<br><input type="checkbox"/> Omo Beko                                                                                                                   | <input type="checkbox"/> Tesso Sadecha<br><input type="checkbox"/> Dedessa<br><input type="checkbox"/> Gomma 1<br><input type="checkbox"/> Choche<br><input type="checkbox"/> Choche Lemmi<br><input type="checkbox"/> Dinu<br><input type="checkbox"/> Gabene Abo                                                                                                                                            | <input type="checkbox"/> Dedo Ureche<br><input type="checkbox"/> Gogga Kamise<br><input type="checkbox"/> Dhayi kechene<br><input type="checkbox"/> Chami Chago<br><input type="checkbox"/> Jimate Deru<br><input type="checkbox"/> Odo Adami                                                                                                                                       |
| <b>CP6 cont.</b>                                                                            | Kebele of residence (continued) | <b>KERSA</b><br><input type="checkbox"/> Awaye Sebu<br><input type="checkbox"/> Babo<br><input type="checkbox"/> Tikur Balto<br><input type="checkbox"/> Tikur Abulo<br><input type="checkbox"/> Girma<br><input type="checkbox"/> Serbo<br><input type="checkbox"/> Toli Kersu<br><input type="checkbox"/> Adere Dika<br><input type="checkbox"/> Folla Gubeta<br><input type="checkbox"/> Mara Kebericho | <input type="checkbox"/> Ankeso<br><input type="checkbox"/> Gunju<br><input type="checkbox"/> Kombolcha<br><input type="checkbox"/> Merewa<br><input type="checkbox"/> Kojja Mujja<br><input type="checkbox"/> Bulbul<br><input type="checkbox"/> Gello<br><input type="checkbox"/> Kitimbile<br><input type="checkbox"/> Wadiko<br><input type="checkbox"/> Kusaye Beru<br><input type="checkbox"/> Kellacha | <input type="checkbox"/> Busa Bechane<br><input type="checkbox"/> Kersa sume<br><input type="checkbox"/> Bala wajo<br><input type="checkbox"/> Dogoso<br><input type="checkbox"/> Osso<br><input type="checkbox"/> Siba<br><input type="checkbox"/> Sinkulle<br><input type="checkbox"/> Kara Gora<br><input type="checkbox"/> Shewa Totoba<br><input type="checkbox"/> Gora Seriti |
| <b>INTERVIEWER: Introduce yourself and follow consent procedures before enrolling woman</b> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>CNST1</b>                                                                                | Woman eligible?                 | <i>INTERVIEWER: ask woman if she gave birth to a child, had a stillbirth or miscarriage/abortion during the past 12 months.</i><br><sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <b>SKIP TO END (Report to supervisor)</b>                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>CP8</b>                                                                                  | Consent obtained?               | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <b>SKIP TO END. Fill REFUSAL form</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>CP10</b>                                                                                 | Household ID                    | 5-DIGITS<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                       | <b>CP9</b><br>Index woman ID                                                                                                                                                                                                                                                                                                                                                                                  | 6-DIGITS<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1                                                                                                                                                                                                                                         |
| <b>CP11</b>                                                                                 | Is woman's name correct?        | <sup>1</sup> <input type="radio"/> Yes <b>SKIP TO CP12</b> <sup>0</sup> <input type="radio"/> No                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>CP11a</b>                                                                                | Woman's correct first name      |                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CP11b</b>                                                                                                                                                                                                                                                                                                                                                                                                  | Woman's correct last name                                                                                                                                                                                                                                                                                                                                                           |
| <b>CP12</b>                                                                                 | Husband's first name            |                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CP13</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Husband's last name                                                                                                                                                                                                                                                                                                                                                                 |
| <b>CP7</b>                                                                                  | Household GPS                   | Latitude <input type="text"/> <input type="text"/> <input type="text"/> <sup>o</sup> <input type="text"/> <input type="text"/> <sup>'</sup> <input type="text"/> <input type="text"/> <sup>''</sup> Longitude <input type="text"/> <input type="text"/> <input type="text"/> <sup>o</sup> <input type="text"/> <input type="text"/> <sup>'</sup> <input type="text"/> <input type="text"/> <sup>''</sup>   |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |

|             |                                     |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |
|-------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CP18</b> | Name of health centre woman attends | <b>GOMMA</b><br><sup>1</sup> ○ Beshasha<br><sup>2</sup> ○ Chami Chago<br><sup>3</sup> ○ Choche<br><sup>4</sup> ○ Dhayi Kechene<br><sup>5</sup> ○ Gembe<br><sup>6</sup> ○ Kedemasa<br><sup>7</sup> ○ Limu Shayi<br><sup>8</sup> ○ Meti Koticha<br><sup>9</sup> ○ Omo Gurude<br><sup>10</sup> ○ Yachi | <b>SEKA CHEKORSA</b><br><sup>1</sup> ○ Bake Gudo<br><sup>2</sup> ○ Buyo Kechema<br><sup>3</sup> ○ Dabo Yaya<br><sup>4</sup> ○ Detu Kersu<br><sup>5</sup> ○ Geta Bake<br><sup>6</sup> ○ Lilu Omoti<br><sup>7</sup> ○ Seka<br><sup>8</sup> ○ Setemma<br><sup>9</sup> ○ Wokito | <b>KERSA</b><br><sup>1</sup> ○ Adere Dika<br><sup>2</sup> ○ Bala Wajo<br><sup>3</sup> ○ Bulbul<br><sup>4</sup> ○ Kusaye Beru<br><sup>5</sup> ○ Kara Gora<br><sup>6</sup> ○ Kellacha<br><sup>7</sup> ○ Serbo |
| <b>CP19</b> | Husband present for interview       | <sup>1</sup> ○ Yes                                                                                                                                                                                                                                                                                  | <sup>0</sup> ○ No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |

Adapted from: Demographic and Health Surveys, JHPIEGO Birth preparedness/complication readiness tools for MNH & EQ-5D-3L Health Questionnaire Euro QoL Group 2009 (UK)

## SECTION 1: [DEM] SOCIODEMOGRAPHIC INFORMATION

Good morning/afternoon. My name is \_\_\_\_\_. Thank you for taking the time to speak with me. I would like to start by asking you some general questions about yourself and your family.

|               |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
|---------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>DEM1a.</b> | Do you know the year and month you were born in?                                                                               | <sup>1</sup> ○ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                        | <sup>0</sup> ○ No <a href="#">SKIP TO DEM3</a> |
| <b>DEM1.</b>  | What year were you born in?<br><i>INTERVIEWER: Use the Calendar of events if needed. Record answers in Ethiopian calendar.</i> | <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                       |                                                |
| <b>DEM2.</b>  | What month were you born in?<br><i>INTERVIEWER: Record answers in Ethiopian calendar.</i>                                      | <div> <input type="text"/> <input type="text"/> </div> <div>M M</div> <a href="#">SKIP TO DEM5 if complete</a><br><sup>99</sup> ○ Do not know                                                                                                                                                                                                                                                                                                             |                                                |
| <b>DEM3.</b>  | <b><i>If year of birth not known</i></b><br>What is your age?                                                                  | <div> <input type="text"/> <input type="text"/> </div> <div>years</div>                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| <b>DEM5.</b>  | Have you ever attended school?                                                                                                 | <sup>1</sup> ○ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                        | <sup>0</sup> ○ No <a href="#">SKIP TO DEM7</a> |
| <b>DEM6.</b>  | What is the highest level of education you have completed?                                                                     | <div> <sup>0</sup>○ None      <sup>6</sup>○ Grade 6      <sup>12</sup>○ Grade 12<br/> <sup>1</sup>○ Grade 1      <sup>7</sup>○ Grade 7      <sup>13</sup>○ Higher<br/> <sup>2</sup>○ Grade 2      <sup>8</sup>○ Grade 8      <sup>88</sup>○ Other (<i>specify</i>)<br/> <sup>3</sup>○ Grade 3      <sup>9</sup>○ Grade 9<br/> <sup>4</sup>○ Grade 4      <sup>10</sup>○ Grade 10<br/> <sup>5</sup>○ Grade 5      <sup>11</sup>○ Grade 11           </div> |                                                |

|                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEM7.                                                                                                   | Now I'd like you to read these four sentences to me.<br><br><b>INTERVIEWER Show literacy card in preferred language to respondent.</b><br><br><i>Probe: Can you read any part of these sentences to me?</i> | <input type="radio"/> Cannot read at all<br><input type="radio"/> Able to read some parts of the sentences<br><input type="radio"/> Able to read all four sentences in full<br><input type="radio"/> Visually impaired literate<br><input type="radio"/> Visually impaired non-literate                                                                                                   |
| DEM8.                                                                                                   | What work do you mainly do?                                                                                                                                                                                 | <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student<br><input type="checkbox"/> Farmer<br><input type="checkbox"/> Trader<br><input type="checkbox"/> Government employee<br><input type="checkbox"/> Private organization employee<br><input type="checkbox"/> Domestic worker<br><input type="checkbox"/> Daily labourer<br><input type="checkbox"/> Other (specify) |
| DEM9.                                                                                                   | Have you worked in the last 12 months?                                                                                                                                                                      | <input type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                                                                                                                                     |
| DEM10.                                                                                                  | What is your marital status?                                                                                                                                                                                | <input type="radio"/> Never married<br><input type="radio"/> Married<br><input type="radio"/> Divorced<br><input type="radio"/> Separated<br><input type="radio"/> Widowed<br><input type="radio"/> Other (specify)                                                                                                                                                                       |
| <b>INTERVIEWER: Ask questions about husband if NOT PRESENT to be interviewed (see response in CP19)</b> |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |
| DEM11 a                                                                                                 | Do you know the year and month your husband was born in?                                                                                                                                                    | <input type="radio"/> Yes<br><input type="radio"/> No <b>SKIP TO DEM13</b>                                                                                                                                                                                                                                                                                                                |
| DEM11.                                                                                                  | What year was your husband born in?<br><br><i>INTERVIEWER: Record answers in Ethiopian calendar.</i>                                                                                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Y Y Y Y                                                                                                                                                                                                                                                                                            |
| DEM12.                                                                                                  | What month was your husband born in?<br><br><i>INTERVIEWER: Record answers in Ethiopian calendar.</i>                                                                                                       | <input type="text"/> <input type="text"/><br>M M<br><input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                     |
| DEM13.                                                                                                  | <b>If year of birth not known</b><br><br>How old is your husband?                                                                                                                                           | <input type="text"/> <input type="text"/> years<br><input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                      |
| DEM14.                                                                                                  | What <b>kind of work</b> does your husband mainly do?                                                                                                                                                       | <input type="checkbox"/> Student<br><input type="checkbox"/> Farmer<br><input type="checkbox"/> Trader<br><input type="checkbox"/> Government employee<br><input type="checkbox"/> Private organization employee<br><input type="checkbox"/> Domestic worker<br><input type="checkbox"/> Daily labourer<br><input type="checkbox"/> Other (specify)                                       |

|        |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEM15. | Has your husband <b>worked</b> in the last 12 months?                                                                                                                      | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM16. | Has your husband <b>ever attended school</b> ?                                                                                                                             | <input type="radio"/> Yes <input type="radio"/> No <b>SKIP TO DEM18</b> <input type="radio"/> Do not know <b>SKIP TO DEM18</b>                                                                                                                                                                                                                                                                                                                                                                                                              |
| DEM17. | What is the <b>highest level of education</b> your husband has completed?                                                                                                  | <input type="radio"/> None <input type="radio"/> Grade 9<br><input type="radio"/> Grade 1 <input type="radio"/> Grade 10<br><input type="radio"/> Grade 2 <input type="radio"/> Grade 11<br><input type="radio"/> Grade 3 <input type="radio"/> Grade 12<br><input type="radio"/> Grade 4 <input type="radio"/> Higher<br><input type="radio"/> Grade 5 <input type="radio"/> Do not know<br><input type="radio"/> Grade 6 <input type="radio"/> Other ( <i>specify</i> )<br><input type="radio"/> Grade 7<br><input type="radio"/> Grade 8 |
| DEM18. | How many individuals are part of your household?<br><br><i>(i.e. usually stay together and have shared arrangements for eating, cooking and pool their money together)</i> | <b>INTERVIEWER: DO NOT FORGET TO INCLUDE ALL CHILDREN</b><br><br><input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DEM19. | Of these, how many household members are <b>adults</b> (18 years or above)?                                                                                                | <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DEM20. | How many of the adults in the household have <b>jobs or are earning money</b> through work or trade?                                                                       | <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## SECTION 2: [IDM] INFORMATION SOURCES & HEALTH-RELATED DECISION MAKING

*I would now like to ask you some questions about your sources of information and how decisions are made in your household.*

|       |                                                                                                                   |                                                                                                                         |
|-------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| IDM1. | How often do you read a <b>newspaper or magazine</b> - not at all, at least once a week or more than once a week? | <input type="radio"/> Not at all <input type="radio"/> At least once a week <input type="radio"/> More than once a week |
| IDM2. | How often do you listen to the <b>radio</b> - not at all, at least once a week or more than once a week?          | <input type="radio"/> Not at all <input type="radio"/> At least once a week <input type="radio"/> More than once a week |
| IDM3. | How often do you watch <b>television</b> - not at all, at least once a week or more than once a week?             | <input type="radio"/> Not at all <input type="radio"/> At least once a week <input type="radio"/> More than once a week |

|               |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>IDM4.</b>  | Do you own a mobile phone?                                                                                                                             | <sup>1</sup> ○ Yes <sup>0</sup> ○ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>IDM5.</b>  | Where do you usually get health information from?<br><br><i>Probe: Any other place?</i>                                                                | <sup>1</sup> <input type="checkbox"/> Newspaper/Magazine <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Radio<br><sup>3</sup> <input type="checkbox"/> Television<br><sup>4</sup> <input type="checkbox"/> Nurse/doctor<br><sup>5</sup> <input type="checkbox"/> Health extension worker<br><sup>6</sup> <input type="checkbox"/> Husband<br><sup>7</sup> <input type="checkbox"/> Relative<br><sup>8</sup> <input type="checkbox"/> Friends/neighbours<br><sup>9</sup> <input type="checkbox"/> Traditional birth attendant<br><sup>10</sup> <input type="checkbox"/> Health Development Army member |
| <b>IDM6.</b>  | What were your main sources of advice/information about <b>where to deliver</b> your last child?<br><br><i>Probe: Any other place?</i>                 | <sup>1</sup> <input type="checkbox"/> Newspaper/Magazine <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Radio<br><sup>3</sup> <input type="checkbox"/> Television<br><sup>4</sup> <input type="checkbox"/> Nurse/doctor<br><sup>5</sup> <input type="checkbox"/> Health extension worker<br><sup>6</sup> <input type="checkbox"/> Husband<br><sup>7</sup> <input type="checkbox"/> Relative<br><sup>8</sup> <input type="checkbox"/> Friends/neighbours<br><sup>9</sup> <input type="checkbox"/> Traditional birth attendant<br><sup>10</sup> <input type="checkbox"/> Health Development Army member |
| <b>IDM7.</b>  | Has a health extension worker (HEW) ever visited your home?                                                                                            | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <a href="#">SKIP TO IDM11</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>IDM8.</b>  | How often does the HEW visit your home?                                                                                                                | <sup>0</sup> ○ Less than once a month<br><sup>1</sup> ○ 1-2 times a month<br><sup>2</sup> ○ 3-4 times a month (or every week)<br><sup>3</sup> ○ 5 or more times a month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>IDM9.</b>  | Does the HEW provide health information during her visits?                                                                                             | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <a href="#">SKIP TO IDM11</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>IDM10.</b> | What information does the HEW share with you during her visits to your home?<br><br><i><u>INTERVIEWER:</u> Do not read out. Select all that apply.</i> | <sup>1</sup> <input type="checkbox"/> Antenatal care at health facilities<br><sup>2</sup> <input type="checkbox"/> Care during pregnancy (diet, hygiene, rest, vaccinations, etc)<br><sup>3</sup> <input type="checkbox"/> Danger signs during pregnancy<br><sup>4</sup> <input type="checkbox"/> Birth/safe delivery planning<br><sup>5</sup> <input type="checkbox"/> Danger signs during labour                                                                                                                                                                                                                                                              |

|               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <b>Probe: Anything else?</b>                                                                                                                                                                                                                    | <input type="checkbox"/> <sup>6</sup> Postpartum danger signs in mother<br><input type="checkbox"/> <sup>7</sup> Danger signs in newborn<br><input type="checkbox"/> <sup>8</sup> Newborn care – feeding, immunizations, cord care, etc<br><input type="checkbox"/> <sup>88</sup> Other ( <i>Specify</i> ) |
| <b>IDM11.</b> | Did the HEW visit you after you delivered your last child?                                                                                                                                                                                      | <input type="radio"/> <sup>1</sup> Yes <input type="radio"/> <sup>0</sup> No <a href="#">SKIP TO IDM13</a>                                                                                                                                                                                                 |
| <b>IDM12.</b> | How many times did the HEW visit you in the 6 weeks (42 days) after you had given birth to your last child?<br><br><i>INTERVIEWER: Double check your numbers to ensure that they make sense.</i>                                                | <input type="text"/> <input type="text"/> <input type="radio"/> <sup>99</sup> Do not recall                                                                                                                                                                                                                |
| <b>IDM13.</b> | In the <b>last 12 months</b> , have you or anyone in your family participated in or joined a programme that promotes antenatal care, delivery at health facilities or after birth care for mother and baby at health facilities?                | <input type="radio"/> <sup>1</sup> Yes <input type="radio"/> <sup>0</sup> No <a href="#">SKIP TO IDM25</a>                                                                                                                                                                                                 |
| <b>IDM24</b>  | What programs have you or your family participated in, in the last 12 months?                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                            |
| <b>IDM25</b>  | Have you been interviewed before for the IMCHA study like we are doing today?<br><br><i>INTERVIEWER: You can remind the participant what this study is about and that researchers from Jimma University and Ottawa University in Canada are</i> | <input type="radio"/> <sup>1</sup> Yes <input type="radio"/> <sup>0</sup> No                                                                                                                                                                                                                               |

|        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <i>conducting the study and visited the districts between October 2016 and January 2017.</i>                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |
| IDM14. | Who usually decides how the money <b>you</b> earn will be used?                                                             | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother<br><sup>5</sup> <input type="radio"/> Father<br><sup>6</sup> <input type="radio"/> Mother-in-law<br><sup>7</sup> <input type="radio"/> Father-in-law |
| IDM15. | <i>INTERVIEWER: Skip if woman not married.</i><br>Who usually decides how the money <b>your husband</b> earns will be used? | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother<br><sup>5</sup> <input type="radio"/> Father<br><sup>6</sup> <input type="radio"/> Mother-in-law<br><sup>7</sup> <input type="radio"/> Father-in-law |
| IDM16. | Who usually makes decisions about <b>health care</b> for <b>yourself</b> ?                                                  | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother<br><sup>5</sup> <input type="radio"/> Father<br><sup>6</sup> <input type="radio"/> Mother-in-law<br><sup>7</sup> <input type="radio"/> Father-in-law |
| IDM17. | Who usually makes decisions about <b>health care</b> for your <b>children</b> ?                                             | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother<br><sup>5</sup> <input type="radio"/> Father<br><sup>6</sup> <input type="radio"/> Mother-in-law<br><sup>7</sup> <input type="radio"/> Father-in-law |
| IDM18. | Who usually decides whether or not you will use <b>family planning</b> or birth spacing methods?                            | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother<br><sup>5</sup> <input type="radio"/> Father<br><sup>6</sup> <input type="radio"/> Mother-in-law<br><sup>7</sup> <input type="radio"/> Father-in-law |
| IDM19. | Who made the <b>final</b> decision about where you would give birth to your <b>last</b> child?                              | <sup>1</sup> <input type="radio"/> Self <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Husband<br><sup>3</sup> <input type="radio"/> Jointly with husband<br><sup>4</sup> <input type="radio"/> Mother                                                                                                                                                      |

|        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                 | <sup>5</sup> ○ Father<br><sup>6</sup> ○ Mother-in-law<br><sup>7</sup> ○ Father-in-law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| IDM20. | Who usually decides whether you can <b>leave the house</b> to visit family/friends, go out shopping, etc?                       | <sup>1</sup> ○ Self<br><sup>2</sup> ○ Husband<br><sup>3</sup> ○ Jointly with husband<br><sup>4</sup> ○ Mother<br><sup>5</sup> ○ Father<br><sup>6</sup> ○ Mother-in-law<br><sup>7</sup> ○ Father-in-law<br><sup>88</sup> ○ Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                          |
| IDM21. | Are you a member of any social group, organization or association?<br><br>For example, Women's Development Army, or iddir, etc? | <sup>1</sup> ○ Yes<br><sup>0</sup> ○ No <a href="#">SKIP TO REP1</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| IDM22. | What group are you a member of?<br><br><b>INTERVIEWER: Select all that apply</b>                                                | <sup>1</sup> <input type="checkbox"/> Farmers' group<br><sup>2</sup> <input type="checkbox"/> Women's group<br><sup>3</sup> <input type="checkbox"/> Youth group<br><sup>4</sup> <input type="checkbox"/> Kebele committee<br><sup>5</sup> <input type="checkbox"/> Credit/savings group like <i>iddir, ekub</i><br><sup>6</sup> <input type="checkbox"/> Community Conversation<br><sup>7</sup> <input type="checkbox"/> NGO-led group<br><sup>8</sup> <input type="checkbox"/> Health Development Army<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> ) |
| IDM23. | Are you a leader of the women's health development army?                                                                        | <sup>1</sup> ○ Yes<br><sup>0</sup> ○ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

### SECTION 3: [REP] REPRODUCTIVE HISTORY OF INDEX WOMAN

*I'd now like to ask you some questions about any pregnancies and births you have had during your life.*

|       |                                                                                                                                                                                                          |                                                 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| REP1. | How old were you when you first got married?<br><br><b>INTERVIEWER:</b> <i>If woman cannot remember, ask how long she has been married for and help her work out her age when she first got married.</i> | <input type="text"/> <input type="text"/> years |
| REP2. | How old were you when you first got pregnant?                                                                                                                                                            | <input type="text"/> <input type="text"/> years |
| REP3. | How many times have you been pregnant during your life?                                                                                                                                                  | <input type="text"/> <input type="text"/>       |

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|
| REP6                                                                                                                                                                     | How many <b>livebirths</b> have you <b>ever</b> had?                                                                                                                                                                                                                                                                            | <input type="text"/> <input type="text"/> | INTERVIEWER: Check against total pregnancies and other pregnancy outcomes |
| REP4                                                                                                                                                                     | How many times in your life have you had an <b>induced abortion</b> ?                                                                                                                                                                                                                                                           | <input type="text"/> <input type="text"/> | INTERVIEWER: Check against total pregnancies and other pregnancy outcomes |
| REP5                                                                                                                                                                     | How many times in your life have you had a <b>miscarriage</b> ?                                                                                                                                                                                                                                                                 | <input type="text"/> <input type="text"/> | INTERVIEWER: Check against total pregnancies and other pregnancy outcomes |
| REP7                                                                                                                                                                     | How many times in your life have you had a <b>stillborn child</b> ?                                                                                                                                                                                                                                                             | <input type="text"/> <input type="text"/> | INTERVIEWER: Check against total pregnancies and other pregnancy outcomes |
| <b>INTERVIEWER RESPONSE CHECK #1</b>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                 | <b>Total pregnancies (REP3)</b>           | <input type="text"/> <input type="text"/> COPY FROM REP3                  |
| <b>Do total pregnancies match total pregnancy outcomes?</b><br><br>Enter totals in columns to double check responses in REP3-REP7                                        |                                                                                                                                                                                                                                                                                                                                 | Total livebirths (REP6)                   | <input type="text"/> <input type="text"/> (1) COPY FROM REP6              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | Total abortions (REP4)                    | <input type="text"/> <input type="text"/> (2) COPY FROM REP4              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | Total miscarriages (REP5)                 | <input type="text"/> <input type="text"/> (3) COPY FROM REP5              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | Total stillbirths (REP7)                  | <input type="text"/> <input type="text"/> (4) COPY FROM REP7              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | <b>Total pregnancy outcomes</b>           | <input type="text"/> <input type="text"/> (1+2+3+4)                       |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | REP6check. Did the woman ever have twins? | <sup>1</sup> ○ Yes <sup>0</sup> ○ No                                      |
| REP8                                                                                                                                                                     | How many children have you delivered <b>at home</b> ?                                                                                                                                                                                                                                                                           | <input type="text"/> <input type="text"/> |                                                                           |
| REP9                                                                                                                                                                     | How many children have you delivered at a <b>health centre or hospital</b> ?                                                                                                                                                                                                                                                    | <input type="text"/> <input type="text"/> |                                                                           |
| REP10                                                                                                                                                                    | How many children have you delivered <b>en route</b> (ex: on the road, in the ambulance)?<br><br><i>INTERVIEWER: This is the number of deliveries that did not occur at the respondent's home or at the health facility but elsewhere. For example: on the way to the health centre, at a relative's home, TBA's home, etc.</i> | <input type="text"/> <input type="text"/> |                                                                           |
| <b>INTERVIEWER RESPONSE CHECK #2</b>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                 | <b>Total livebirths (REP6)</b>            | <input type="text"/> <input type="text"/> (1) COPY FROM REP6              |
| <b>Do total births match total delivery sites reported?</b><br><br><i>INTERVIEWER: Enter totals in columns to double check responses in REP8-REP10 against REP6-REP7</i> |                                                                                                                                                                                                                                                                                                                                 | <b>Total stillbirths (REP7)</b>           | <input type="text"/> <input type="text"/> (2) COPY FROM REP7              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | <b>Total births</b>                       | <input type="text"/> <input type="text"/> (1+2)                           |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | <b>Total home births (REP8)</b>           | <input type="text"/> <input type="text"/> (3) COPY FROM REP8              |
|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | <b>Total facility births (REP9)</b>       | <input type="text"/> <input type="text"/> (4) COPY FROM REP9              |

|        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |
|--------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|        |                                                                                                                               | Total births en route<br>(REP10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> <input type="checkbox"/> (5) COPY FROM REP10                         |
|        |                                                                                                                               | Total delivery sites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <input type="checkbox"/> (3+4+5)                                     |
| REP14. | Did your <b>last pregnancy</b> result in a livebirth, stillbirth, miscarriage or abortion?                                    | <sup>1</sup> <input type="radio"/> Live birth – full term<br><sup>2</sup> <input type="radio"/> Live birth – preterm<br><sup>3</sup> <input type="radio"/> Still birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <sup>4</sup> <input type="radio"/> Miscarriage<br><sup>5</sup> <input type="radio"/> Abortion |
| REP15. | Have you ever given birth to a <b>premature baby</b> (i.e gave birth to a live baby before completing 37 weeks of pregnancy)? | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |
| REP16. | Did you plan your last pregnancy?                                                                                             | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |
| REP17. | During your <b>last pregnancy</b> , did you experience any <b>serious health problems</b> related to the pregnancy?           | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO REP22</a></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |
| REP18. | What SERIOUS health problems did you experience during your last pregnancy?<br><br><i>Select all that apply</i>               | <sup>1</sup> <input type="checkbox"/> Bleeding <span style="margin-left: 100px;"><sup>14</sup><input type="checkbox"/> Infection</span><br><sup>2</sup> <input type="checkbox"/> Severe headache <span style="margin-left: 100px;"><sup>15</sup><input type="checkbox"/> Mental health problems (ex: depression)</span><br><sup>3</sup> <input type="checkbox"/> Blurred vision <span style="margin-left: 100px;"><sup>88</sup><input type="checkbox"/> Other(<i>Specify</i>)</span><br><sup>4</sup> <input type="checkbox"/> Convulsions/fits<br><sup>5</sup> <input type="checkbox"/> Swollen face/hands<br><sup>6</sup> <input type="checkbox"/> High fever<br><sup>7</sup> <input type="checkbox"/> Loss of consciousness/fainting<br><sup>8</sup> <input type="checkbox"/> Breathing difficulty<br><sup>9</sup> <input type="checkbox"/> Severe weakness<br><sup>10</sup> <input type="checkbox"/> Severe abdominal pain<br><sup>11</sup> <input type="checkbox"/> More/less fetal movement<br><sup>12</sup> <input type="checkbox"/> Water breaks without labour<br><sup>13</sup> <input type="checkbox"/> Persistent vomiting |                                                                                               |
| REP19. | Did you <b>get help</b> /seek assistance for the problem(s)?                                                                  | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO REP21</a></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |
| REP20. | <a href="#">ASK THIS QUESTION IF REP19=Yes</a><br><a href="#">Then GO TO REP22</a><br><br>Where did you get help from?        | <sup>1</sup> <input type="checkbox"/> Husband <span style="margin-left: 100px;"><sup>88</sup><input type="checkbox"/> Other (<i>Specify</i>)</span><br><sup>2</sup> <input type="checkbox"/> Family/relative<br><sup>3</sup> <input type="checkbox"/> Friends/neighbours<br><sup>4</sup> <input type="checkbox"/> Health extension worker<br><sup>5</sup> <input type="checkbox"/> Doctor/nurse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |

|        |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <b>Select all that apply</b>                                                                                                                                                  | <input type="checkbox"/> Traditional birth attendant (TBA)<br><input type="checkbox"/> Health Development Army                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| REP21. | <p>ASK THIS QUESTION IF REP19=No<br/>Then GO TO REP22</p> <p>What was the <b>reason for not</b> seeking assistance for the problem (s)?<br/> <b>Select all that apply</b></p> | <div> <input type="checkbox"/> Didn't think it was necessary<br/> <input type="checkbox"/> Husband/family didn't think it was necessary<br/> <input type="checkbox"/> Facility too far<br/> <input type="checkbox"/> No transport<br/> <input type="checkbox"/> No childcare<br/> <input type="checkbox"/> Too expensive<br/> <input type="checkbox"/> Poor quality services<br/> <input type="checkbox"/> Used home remedy<br/> <input type="checkbox"/> Didn't know where to go<br/> <input type="checkbox"/> Had no time<br/> <input type="checkbox"/> Long wait times<br/> <input type="checkbox"/> Inconvenient hours           </div> <div> <input type="checkbox"/> Felt better<br/> <input type="checkbox"/> Health post usually closed<br/> <input type="checkbox"/> Other (<i>Specify</i>)           </div> |
| REP22. | <p>Did you suffer from any of these conditions during your last pregnancy?</p> <p><b>INTERVIEWER: Read out all the health conditions listed.</b></p>                          | <div> <input type="checkbox"/> No<br/> <input type="checkbox"/> High blood pressure<br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> HIV           </div> <div> <input type="checkbox"/> Malaria<br/> <input type="checkbox"/> Other infection           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| REP23. | <p>Have you experienced any health problems related to pregnancy during your <b>other previous pregnancies</b>?</p>                                                           | <input type="radio"/> Yes <input type="radio"/> No <b>SKIP TO HSU1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| REP24. | <p>What health problems did you experience during your other previous pregnancies?</p> <p><b>INTERVIEWER: Select all that apply</b></p>                                       | <div> <input type="checkbox"/> Bleeding<br/> <input type="checkbox"/> Severe headache<br/> <input type="checkbox"/> Blurred vision<br/> <input type="checkbox"/> Convulsions/fits<br/> <input type="checkbox"/> Swollen face/hands<br/> <input type="checkbox"/> High fever<br/> <input type="checkbox"/> Loss of consciousness/fainting<br/> <input type="checkbox"/> Breathing difficulty<br/> <input type="checkbox"/> Severe weakness           </div> <div> <input type="checkbox"/> Infection<br/> <input type="checkbox"/> Mental health problems (ex: depression)<br/> <input type="checkbox"/> Other(<i>Specify</i>)           </div>                                                                                                                                                                        |

|  |  |                                                                                                                                                                                                                                                                     |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <sup>10</sup> <input type="checkbox"/> Severe abdominal pain<br><sup>11</sup> <input type="checkbox"/> More/less fetal movement<br><sup>12</sup> <input type="checkbox"/> Water breaks without labour<br><sup>13</sup> <input type="checkbox"/> Persistent vomiting |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SECTION 4: [HSU] MATERNAL HEALTH CARE UTILIZATION

*I would now like to ask you some questions about health services that you may have used during your last pregnancy, during your delivery of your last child and after delivery.*

### 4.1 Antenatal care

|       |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HSU1. | Have you ever received antenatal care for any of your <b>previous pregnancies</b> ?                                                                                                                                                                                                        | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <a href="#">SKIP TO HSU3</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HSU2. | Where did you usually receive antenatal care during your previous pregnancies?<br><br><b>Select all that apply</b><br><br><i>INTERVIEWER: Select the place woman went most often for ANC care. Enter all sites mentioned in "Other" if it is not clear which site was used most often.</i> | <sup>1</sup> <input type="checkbox"/> Health post<br><sup>2</sup> <input type="checkbox"/> Health centre<br><sup>3</sup> <input type="checkbox"/> Maternity waiting home<br><sup>4</sup> <input type="checkbox"/> Hospital<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HSU3. | Did you see anyone for antenatal care during your <b>last pregnancy</b> ?                                                                                                                                                                                                                  | <sup>1</sup> <input type="radio"/> Yes <a href="#">SKIP TO HSU5</a> <sup>0</sup> <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HSU4. | <a href="#">SKIP TO HSU16 WHEN COMPLETE</a><br><br>What was the <b>reason for not getting antenatal care</b> during your last pregnancy?                                                                                                                                                   | <div> <sup>1</sup> <input type="checkbox"/> Didn't think it was necessary<br/> <sup>2</sup> <input type="checkbox"/> Husband/family didn't think it was necessary<br/> <sup>3</sup> <input type="checkbox"/> Facility too far<br/> <sup>4</sup> <input type="checkbox"/> No transport<br/> <sup>5</sup> <input type="checkbox"/> No childcare<br/> <sup>6</sup> <input type="checkbox"/> Too expensive<br/> <sup>7</sup> <input type="checkbox"/> Poor quality services<br/> <sup>8</sup> <input type="checkbox"/> Used home remedy           </div> <div> <sup>13</sup> <input type="checkbox"/> Felt better<br/> <sup>14</sup> <input type="checkbox"/> Health post usually closed<br/> <sup>88</sup> <input type="checkbox"/> Other (<i>Specify</i>)           </div> |

|        |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                                                                                                                                            | <sup>9</sup> <input type="checkbox"/> Didn't know where to go<br><sup>10</sup> <input type="checkbox"/> Had no time<br><sup>11</sup> <input type="checkbox"/> Long wait times<br><sup>12</sup> <input type="checkbox"/> Inconvenient hours                                                                                                                                                                                                                      |
| HSU5.  | SKIP IF HSU3=NO<br>How many times did you visit the health facility for antenatal care during your <b>last pregnancy</b> ?                                                                                                                                                 | <input type="text"/> <input type="text"/> <sup>0</sup> <input type="radio"/> Do not remember                                                                                                                                                                                                                                                                                                                                                                    |
| HSU6.  | SKIP IF HSU3=NO<br>During your <b>last pregnancy</b> , how many months pregnant were you when you went for your <b>FIRST</b> antenatal care visit at the health facility?                                                                                                  | <input type="text"/> <input type="text"/> months <sup>0</sup> <input type="radio"/> Do not remember                                                                                                                                                                                                                                                                                                                                                             |
| HSU7.  | SKIP IF HSU3=NO<br>How many months pregnant were you when you <b>LAST</b> received antenatal care for your <b>last pregnancy</b> ?                                                                                                                                         | <input type="text"/> <input type="text"/> months <sup>0</sup> <input type="radio"/> Do not remember                                                                                                                                                                                                                                                                                                                                                             |
| HSU8.  | SKIP IF HSU3=NO<br>Where did you <b>mainly</b> receive antenatal care from during your last pregnancy?<br><i>INTERVIEWER: Select the place woman went most often for ANC care. Enter all sites mentioned in "Other" if it is not clear which site was used most often.</i> | <sup>1</sup> <input type="radio"/> Own home <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Someone's home<br><sup>3</sup> <input type="radio"/> Government hospital<br><sup>4</sup> <input type="radio"/> Government health centre<br><sup>5</sup> <input type="radio"/> Government health post<br><sup>6</sup> <input type="radio"/> Private hospital<br><sup>7</sup> <input type="radio"/> Private clinic |
| HSU12. | SKIP IF HSU3=NO<br>Did you receive <b>counselling</b> as part of the antenatal care visit during your last pregnancy?                                                                                                                                                      | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <b>SKIP TO HSU16</b> <sup>99</sup> <input type="radio"/> Do not remember <b>SKIP TO HSU16</b>                                                                                                                                                                                                                                                                                      |
| HSU13. | SKIP IF HSU3=NO<br>Can you tell me <b>what information</b> you were provided with during the counselling session?<br><b>Do not prompt.</b>                                                                                                                                 | <sup>1</sup> <input type="checkbox"/> Antenatal care at health facilities <sup>9</sup> <input type="checkbox"/> Newborn care – feeding, immunizations<br><sup>2</sup> <input type="checkbox"/> Care during pregnancy (diet, hygiene, rest, vaccinations, etc) <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>3</sup> <input type="checkbox"/> Danger signs during pregnancy                                                            |

|               |                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |
|---------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <b>Select all that apply</b>                                                                           | <sup>4</sup> <input type="checkbox"/> Birth/safe delivery planning<br><sup>5</sup> <input type="checkbox"/> MWH services<br><sup>6</sup> <input type="checkbox"/> Danger signs during labour<br><sup>7</sup> <input type="checkbox"/> Postpartum danger signs in mother<br><sup>8</sup> <input type="checkbox"/> Danger signs in newborn |
| <b>HSU14.</b> | SKIP IF HSU3=NO<br><br>Did the health worker recommend where you should consider delivering your baby? | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No SKIP TO HSU16 <sup>98</sup> <input type="radio"/> Do not remember SKIP TO HSU16                                                                                                                                                                             |
| <b>HSU15.</b> | SKIP IF HSU3=NO<br><br>Where did the health worker recommend you should deliver your baby?             | <sup>1</sup> <input type="radio"/> Health post <sup>88</sup> <input type="radio"/> Other (Specify)<br><sup>2</sup> <input type="radio"/> Health centre<br><sup>3</sup> <input type="radio"/> Hospital<br><sup>4</sup> <input type="radio"/> Home<br><sup>98</sup> <input type="radio"/> Do not remember                                  |

## 4.2 Intrapartum care

|               |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HSU16.</b> | Where have you <b>usually</b> given birth to your children in the past?<br><br><i>INTERVIEWER: Select the place where most deliveries occurred. Enter all sites mentioned in "Other" if it is not clear which site was used most often.</i> | <sup>1</sup> <input type="radio"/> Own home <sup>88</sup> <input type="radio"/> Other (Specify)<br><sup>2</sup> <input type="radio"/> Someone else's home (ex: relative, TBA)<br><sup>3</sup> <input type="radio"/> Government hospital<br><sup>4</sup> <input type="radio"/> Government health centre<br><sup>5</sup> <input type="radio"/> Government health post<br><sup>6</sup> <input type="radio"/> Private hospital<br><sup>7</sup> <input type="radio"/> Private clinic               |
| <b>HSU17.</b> | SKIP to WDK1 IF REP14=miscarriage or abortion<br><br>Where did you give birth to your <b>last</b> child?                                                                                                                                    | <sup>1</sup> <input type="radio"/> Own home SKIP TO HSU19 <sup>88</sup> <input type="radio"/> Other (Specify)<br><sup>2</sup> <input type="radio"/> Someone else's home (ex: relative, TBA)<br><sup>3</sup> <input type="radio"/> Government hospital<br><sup>4</sup> <input type="radio"/> Government health centre<br><sup>5</sup> <input type="radio"/> Government health post<br><sup>6</sup> <input type="radio"/> Private hospital<br><sup>7</sup> <input type="radio"/> Private clinic |

|        |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HSU18. | How did you reach the place where you gave birth to your <b>last child</b> ?                                                                                                                                                                                                                       | <sup>1</sup> ○ By foot <sup>88</sup> ○ Other ( <i>Specify</i> )<br><sup>2</sup> ○ By taxi<br><sup>3</sup> ○ Bajaj (motorbike rickshaw)<br><sup>4</sup> ○ Local stretcher<br><sup>5</sup> ○ Ambulance<br><sup>6</sup> ○ By horse/mule<br><sup>7</sup> ○ By bicycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HSU19. | <p>SKIP TO HSU20 IF HSU17=hospital, health centre or clinic</p> <p><b>INTERVIEWER: Ask only if respondent did NOT deliver at a health facility</b></p> <p>What were the reasons why you did not give birth to <b>your last child</b> at a health facility?</p> <p><b>Select all that apply</b></p> | <sup>1</sup> □ Didn't think it was necessary <sup>15</sup> □ Not comfortable receiving services from male health care workers<br><sup>2</sup> □ Husband/family didn't think it was necessary <sup>16</sup> □ Preferred birthing position not allowed at health facility<br><sup>3</sup> □ Facility too far <sup>88</sup> □ Other ( <i>Specify</i> )<br><sup>4</sup> □ No transport<br><sup>5</sup> □ No childcare<br><sup>6</sup> □ Too expensive<br><sup>7</sup> □ Poor quality services<br><sup>8</sup> □ Unexpected/short labour<br><sup>9</sup> □ Didn't know where to go<br><sup>10</sup> □ Had no time<br><sup>11</sup> □ No privacy<br><sup>12</sup> □ Inconvenient hours<br><sup>13</sup> □ Fear of procedures<br><sup>14</sup> □ Wanted family present |
| HSU20. | Did you plan to give birth to your <b>last child</b> at this place?                                                                                                                                                                                                                                | <sup>1</sup> ○ Yes <sup>0</sup> ○ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HSU21. | Prior to the delivery of your <b>last child</b> did you or your family make ANY <b>arrangements for the birth</b> of the child?                                                                                                                                                                    | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <b>SKIP TO HSU47</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HSU22. | <p>What did you do? Did you.....</p> <p><b>INTERVIEWER: Read out options and select all that apply</b></p>                                                                                                                                                                                         | <sup>1</sup> □ Save money for delivery? <sup>9</sup> □ Identify a health facility to go to in case of emergency?<br><sup>2</sup> □ Organize transport to delivery location? <sup>88</sup> □ Other ( <i>Specify</i> )<br><sup>3</sup> □ Identify skilled delivery attendant?<br><sup>4</sup> □ Get an MWH referral?<br><sup>5</sup> □ Identify blood donor?                                                                                                                                                                                                                                                                                                                                                                                                      |

|        |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                                       | <sup>6</sup> <input type="checkbox"/> Identify someone to look after your home?<br><sup>7</sup> <input type="checkbox"/> Familiarize yourself with your estimated delivery date?<br><sup>8</sup> <input type="checkbox"/> Identify a birth companion?                                                                                                                                                                                                                                                                                                                                           |
| HSU47  | Prior to the delivery of your last child did you make a <b>plan for an emergency or complication</b> during pregnancy?                                                | <sup>1</sup> <input type="radio"/> Yes <span style="float: right;"><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO HSU23</a></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HSU48  | What did you do? Did you.....<br><br><b><i>INTERVIEWER: Read out options and select all that apply</i></b>                                                            | <sup>1</sup> <input type="checkbox"/> Save money for an emergency? <span style="float: right;"><sup>88</sup><input type="checkbox"/> Other (<i>Specify</i>)</span><br><sup>2</sup> <input type="checkbox"/> Identify someone to look after your home during the emergency?<br><sup>3</sup> <input type="checkbox"/> Identify a health facility to go to in case of emergency?<br><sup>4</sup> <input type="checkbox"/> Organize transport to a health facility in case emergency?                                                                                                               |
| HSU23. | Who assisted with the delivery of your last child?<br><br><b><i>INTERVIEWER: Do NOT prompt. Select all that apply</i></b>                                             | <sup>1</sup> <input type="checkbox"/> Husband <span style="float: right;"><sup>88</sup><input type="radio"/> Other (<i>Specify</i>)</span><br><sup>2</sup> <input type="checkbox"/> Family/relatives<br><sup>3</sup> <input type="checkbox"/> Friends/neighbours<br><sup>4</sup> <input type="checkbox"/> Health extension worker<br><sup>5</sup> <input type="checkbox"/> Doctor/nurse<br><sup>6</sup> <input type="checkbox"/> Traditional birth attendant<br><sup>7</sup> <input type="checkbox"/> Health Development Army member                                                            |
| HSU24. | During the delivery of your <b>last child</b> , did you experience any <b>serious health problems</b> related to BIRTH?                                               | <sup>1</sup> <input type="radio"/> Yes <span style="float: right;"><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO HSU26</a></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HSU25. | What <b>serious health problems</b> did you experience during the DELIVERY of your LAST child?<br><br><b><i>INTERVIEWER: Do NOT prompt. Select all that apply</i></b> | <sup>1</sup> <input type="checkbox"/> Bleeding <span style="float: right;"><sup>99</sup><input type="radio"/> Don't know</span><br><sup>2</sup> <input type="checkbox"/> Severe headache <span style="float: right;"><sup>88</sup><input type="checkbox"/> Other(<i>Specify</i>)</span><br><sup>3</sup> <input type="checkbox"/> Blurred vision<br><sup>4</sup> <input type="checkbox"/> Convulsions/fits<br><sup>5</sup> <input type="checkbox"/> High fever<br><sup>6</sup> <input type="checkbox"/> Loss of consciousness/fainting<br><sup>7</sup> <input type="checkbox"/> Labour >12 hours |

|        |                                    |                                                                                                                                                                                                                                                                                    |
|--------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                    | <sup>8</sup> <input type="checkbox"/> Placenta not delivered<br>30min after delivery                                                                                                                                                                                               |
| HSU26. | How was your last child delivered? | <sup>1</sup> <input type="radio"/> Caesarean section<br>(belly cut open and baby taken out)<br><sup>2</sup> <input type="radio"/> Forceps/vacuum extraction<br><sup>3</sup> <input type="radio"/> Vaginal delivery<br><sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> ) |

### 4.3 Postpartum care

#### FOR WOMEN WHO HAD A LIVEBIRTH OR STILLBIRTH

Now I'd like to ask you some questions about after you gave birth to your last child

|       |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HSU27 | <p>After you gave birth to your <b>LAST child</b>, did someone check on your health?</p> <p><i>For example, someone examining you or asking you questions about your health?</i></p> | <p><sup>1</sup><input type="radio"/> Yes</p> <p><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO HSU31</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HSU28 | <p>How long after delivery did the <b>first</b> check take place?</p>                                                                                                                | <p><input type="text"/> <input type="text"/> minutes</p> <p><input type="text"/> <input type="text"/> hours</p> <p><input type="text"/> <input type="text"/> days</p> <p><input type="text"/> <input type="text"/> weeks</p> <p><input type="text"/> <input type="text"/> months</p> <p><sup>0</sup><input type="radio"/> Do not remember</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| HSU29 | <p>Who checked on your health at that time?</p>                                                                                                                                      | <p><sup>1</sup><input type="radio"/> Doctor</p> <p><sup>2</sup><input type="radio"/> Nurse/midwife</p> <p><sup>3</sup><input type="radio"/> TBA</p> <p><sup>4</sup><input type="radio"/> Relative/friend</p> <p><sup>5</sup><input type="radio"/> HEW</p> <p><sup>88</sup><input type="radio"/> Other (<i>Specify</i>)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HSU30 | <p>Where did this <b>first</b> check-up take place?</p>                                                                                                                              | <p><sup>1</sup><input type="radio"/> Own home</p> <p><sup>2</sup><input type="radio"/> Someone else's home (ex: relative, TBA)</p> <p><sup>3</sup><input type="radio"/> Government hospital</p> <p><sup>4</sup><input type="radio"/> Government health centre</p> <p><sup>5</sup><input type="radio"/> Government health post</p> <p><sup>6</sup><input type="radio"/> Private hospital</p> <p><sup>6</sup><input type="radio"/> Private clinic</p> <p><sup>88</sup><input type="radio"/> Other (<i>Specify</i>)</p>                                                                                                                                                                                                                                                                                 |
| HSU31 | <p>During the <b>6 weeks after the birth</b> of your LAST baby, did you experience any <b>serious health problems</b> related to the birth?</p>                                      | <p><sup>1</sup><input type="radio"/> Yes</p> <p><sup>0</sup><input type="radio"/> No <a href="#">SKIP TO HSU35</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HSU32 | <p>What problems did you experience?</p> <p><b>INTERVIEWER: Do NOT prompt. Select all that apply.</b></p>                                                                            | <p><sup>1</sup><input type="checkbox"/> Bleeding</p> <p><sup>2</sup><input type="checkbox"/> Severe headache</p> <p><sup>3</sup><input type="checkbox"/> Blurred vision</p> <p><sup>4</sup><input type="checkbox"/> Convulsions/fits</p> <p><sup>5</sup><input type="checkbox"/> Swollen face/hands</p> <p><sup>6</sup><input type="checkbox"/> High fever</p> <p><sup>7</sup><input type="checkbox"/> Loss of consciousness/fainting</p> <p><sup>8</sup><input type="checkbox"/> Breathing difficulty</p> <p><sup>9</sup><input type="checkbox"/> Severe weakness</p> <p><sup>10</sup><input type="checkbox"/> Foul smelling vaginal discharge</p> <p><sup>11</sup><input type="checkbox"/> Inability to control urine/stool</p> <p><sup>88</sup><input type="checkbox"/> Other(<i>Specify</i>)</p> |

|       |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HSU33 | Did you <b>get help/seek assistance</b> for the serious health problem(s) you experienced during the 6 weeks after the birth of your LAST child? | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <b>SKIP TO HSU35 if REP14=livebirth</b><br><b>SKIP to HSU27B if REP14=abortion or miscarriage</b>                                                                                                                                                                                                                                                                                                               |
| HSU34 | Where did you get help from?<br><b>INTERVIEWER: Select all that apply</b>                                                                        | <sup>1</sup> <input type="checkbox"/> Husband<br><sup>2</sup> <input type="checkbox"/> Family/relative<br><sup>3</sup> <input type="checkbox"/> Friends/neighbours<br><sup>4</sup> <input type="checkbox"/> Health extension worker<br><sup>5</sup> <input type="checkbox"/> Doctor/nurse<br><sup>6</sup> <input type="checkbox"/> Traditional birth attendant (TBA)<br><sup>7</sup> <input type="checkbox"/> Health Development Army<br><sup>88</sup> <input type="checkbox"/> Other (Specify) |

**FOR WOMEN WHO HAD A LIVEBIRTH ONLY**

|       |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HSU35 | <b>SKIP TO MWA1 IF REP14=miscarriage, abortion or stillbirth</b><br>Did anyone check on <b>your baby's</b> health?<br>For example, look at the cord to see if it was ok? | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <b>SKIP TO HSU40</b>                                                                                                                                                                                                                                                                                                                                                                                        |
| HSU36 | How long after delivery did the <b>first</b> check on your baby take place?                                                                                              | <div> <input type="text"/> <input type="text"/> minutes<br/> <input type="text"/> <input type="text"/> hours<br/> <input type="text"/> <input type="text"/> days         </div> <div> <input type="text"/> <input type="text"/> weeks<br/> <input type="text"/> <input type="text"/> months<br/> <sup>0</sup><input type="radio"/> Do not remember         </div>                                                                                                                           |
| HSU37 | Who checked on the baby's health at that time?                                                                                                                           | <sup>1</sup> <input type="radio"/> Doctor<br><sup>2</sup> <input type="radio"/> Nurse/midwife<br><sup>3</sup> <input type="radio"/> TBA<br><sup>4</sup> <input type="radio"/> Relative/friend<br><sup>5</sup> <input type="radio"/> HEW<br><sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )                                                                                                                                                                                     |
| HSU38 | Where did this first check on the baby's health take place?                                                                                                              | <sup>1</sup> <input type="radio"/> Own home<br><sup>2</sup> <input type="radio"/> Someone else's home (ex: relative, TBA)<br><sup>3</sup> <input type="radio"/> Government hospital<br><sup>4</sup> <input type="radio"/> Government health centre<br><sup>5</sup> <input type="radio"/> Government health post<br><sup>6</sup> <input type="radio"/> Private hospital<br><sup>6</sup> <input type="radio"/> Private clinic<br><sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> ) |
| HSU40 | During the <b>first 28 days after birth</b> , did the baby experience any <b>serious health</b>                                                                          | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <b>SKIP TO MWA1</b>                                                                                                                                                                                                                                                                                                                                                                                         |

|              |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <b>problems?</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>HSU41</b> | What serious health problems did <b>the baby experience</b> during the first 28 days after birth? | <sup>1</sup> <input type="checkbox"/> Difficulty/fast breathing<br><sup>2</sup> <input type="checkbox"/> Yellow skin/eyes<br><sup>3</sup> <input type="checkbox"/> Poor feeding<br><sup>4</sup> <input type="checkbox"/> Pus/blood around cord<br><sup>5</sup> <input type="checkbox"/> Very small baby<br><sup>6</sup> <input type="checkbox"/> Lesions or blisters<br><sup>7</sup> <input type="checkbox"/> Convulsions (fits)<br><sup>8</sup> <input type="checkbox"/> Loss of consciousness/weak<br><sup>9</sup> <input type="checkbox"/> Red/swollen eyes with pus<br><sup>10</sup> <input type="checkbox"/> Cold to touch<br><sup>11</sup> <input type="checkbox"/> Vomiting/diarrhoea<br><sup>12</sup> <input type="checkbox"/> Fever<br><sup>88</sup> <input type="checkbox"/> Other( <i>Specify</i> ) |
| <b>HSU42</b> | Did you get help/seek assistance for the baby's serious health problem(s)?                        | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <a href="#">SKIP TO MWA1</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>HSU43</b> | Where did you get help from for the baby's health problems?<br><b>Select all that apply</b>       | <sup>1</sup> <input type="checkbox"/> Husband<br><sup>2</sup> <input type="checkbox"/> Relative<br><sup>3</sup> <input type="checkbox"/> Friends/neighbours<br><sup>4</sup> <input type="checkbox"/> HEW<br><sup>5</sup> <input type="checkbox"/> Doctor/Nurse<br><sup>6</sup> <input type="checkbox"/> Traditional birth attendant<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                                                                                                         |

## FOR WOMEN WHO HAD A MISCARRIAGE OR ABORTION

Now I'd like to ask you some questions about the care you received after your last pregnancy ended

|               |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HSU27B</b> | After your <b>LAST pregnancy ended</b> , did someone check on your health?<br><br><i>For example, someone examining you or asking you questions about your health?</i> | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No <a href="#">SKIP TO HSU31B</a>                                                                                                                                                                                                      |
| <b>HSU28C</b> | How long after the LAST pregnancy ended did the <b>first</b> check take place?                                                                                         | <input type="text"/> <input type="text"/> minutes<br><input type="text"/> <input type="text"/> hours<br><input type="text"/> <input type="text"/> days<br><input type="text"/> <input type="text"/> weeks<br><input type="text"/> <input type="text"/> months<br><sup>0</sup> <input type="radio"/> Do not remember |
| <b>HSU29</b>  | Who checked on your health at that time?                                                                                                                               | <sup>1</sup> <input type="radio"/> Doctor<br><sup>2</sup> <input type="radio"/> Nurse/midwife<br><sup>5</sup> <input type="radio"/> HEW<br><sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )                                                                                                             |

|        |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                      | <sup>3</sup> ○ TBA<br><sup>4</sup> ○ Relative/friend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HSU30  | Where did this <b>first</b> check-up take place?                                                                                                     | <sup>1</sup> ○ Own home <sup>88</sup> ○ Other ( <i>Specify</i> )<br><sup>2</sup> ○ Someone else's home (ex: relative, TBA)<br><sup>3</sup> ○ Government hospital<br><sup>4</sup> ○ Government health centre<br><sup>5</sup> ○ Government health post<br><sup>6</sup> ○ Private hospital<br><sup>7</sup> ○ Private clinic                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HSU31B | During the <b>6 weeks after</b> your LAST pregnancy ended, did you experience any <b>serious health problems</b> related to the pregnancy?           | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <a href="#">SKIP TO MWA1</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HSU32B | What problems did you experience?<br><br><i>INTERVIEWER: Do NOT prompt. Select all that apply.</i>                                                   | <sup>1</sup> <input type="checkbox"/> Bleeding <sup>10</sup> <input type="checkbox"/> Foul smelling vaginal discharge<br><sup>2</sup> <input type="checkbox"/> Severe headache <sup>11</sup> <input type="checkbox"/> Inability to control urine/stool<br><sup>3</sup> <input type="checkbox"/> Blurred vision <sup>88</sup> <input type="checkbox"/> Other( <i>Specify</i> )<br><sup>4</sup> <input type="checkbox"/> Convulsions/fits<br><sup>5</sup> <input type="checkbox"/> Swollen face/hands<br><sup>6</sup> <input type="checkbox"/> High fever<br><sup>7</sup> <input type="checkbox"/> Loss of consciousness/fainting<br><sup>8</sup> <input type="checkbox"/> Breathing difficulty<br><sup>9</sup> <input type="checkbox"/> Severe weakness |
| HSU33B | Did you <b>get help/seek assistance</b> for the serious health problem(s) you experienced during the <b>6 weeks</b> after your LAST pregnancy ended? | <sup>1</sup> ○ Yes                      0○ No <a href="#">SKIP TO MWA1</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HSU34B | Where did you get help from?<br><br><i>INTERVIEWER: Select all that apply</i>                                                                        | <sup>1</sup> <input type="checkbox"/> Husband <sup>7</sup> <input type="checkbox"/> Health Development Army<br><sup>2</sup> <input type="checkbox"/> Family/relative <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>3</sup> <input type="checkbox"/> Friends/neighbours<br><sup>4</sup> <input type="checkbox"/> Health extension worker<br><sup>5</sup> <input type="checkbox"/> Doctor/nurse<br><sup>6</sup> <input type="checkbox"/> Traditional birth attendant (TBA)                                                                                                                                                                                                                                                     |



## SECTION 5: [MWA] MATERNITY WAITING HOMES

*I would like to now ask you some questions about maternity waiting homes*

|       |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MWA1. | Have you <b>heard</b> of a maternity waiting home?                                                                                                            | <sup>1</sup> <input type="radio"/> Yes<br><sup>0</sup> <input type="radio"/> No<br><i>INTERVIEWER:</i> Explain a maternity waiting home is a temporary place for pregnant women to stay close to the health centre before delivery for free if she lives far away or has health problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MWA2. | Do you have a maternity waiting home <b>in or near</b> your kebele?                                                                                           | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| MWA3. | What sort of <b>services are offered/facilities available</b> at maternity waiting homes?<br><br><i>PROBE: Any other?</i><br><br><b>Select all that apply</b> | <b>Facilities/amenities</b> <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>1</sup> <input type="checkbox"/> Beds for sleeping<br><sup>2</sup> <input type="checkbox"/> Cooking facilities<br><sup>3</sup> <input type="checkbox"/> Food and drinks<br><sup>4</sup> <input type="checkbox"/> Toilet/latrine<br><sup>5</sup> <input type="checkbox"/> Bathrooms<br><sup>6</sup> <input type="checkbox"/> Electricity<br><sup>7</sup> <input type="checkbox"/> Clean water<br><b>Services</b><br><sup>8</sup> <input type="checkbox"/> Check up by nurse/midwife<br><sup>9</sup> <input type="checkbox"/> Visits by HEWs<br><b>Other</b><br><sup>9</sup> <input type="checkbox"/> Family visits allowed<br><sup>10</sup> <input type="checkbox"/> Coffee ceremony |
| MWA20 | What services and facilities do you think are <b>important to be available</b> to mothers who stay at maternity waiting homes?                                | <b>Facilities/amenities</b> <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>1</sup> <input type="checkbox"/> Beds for sleeping<br><sup>2</sup> <input type="checkbox"/> Cooking facilities<br><sup>3</sup> <input type="checkbox"/> Food and drinks<br><sup>4</sup> <input type="checkbox"/> Toilet/latrine<br><sup>5</sup> <input type="checkbox"/> Bathrooms<br><sup>6</sup> <input type="checkbox"/> Electricity<br><sup>7</sup> <input type="checkbox"/> Clean water<br><b>Services</b><br><sup>8</sup> <input type="checkbox"/> Check up by nurse/midwife<br><sup>9</sup> <input type="checkbox"/> Visits by HEWs<br><b>Other</b><br><sup>9</sup> <input type="checkbox"/> Family visits allowed<br><sup>10</sup> <input type="checkbox"/> Coffee ceremony |

|        |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MWA4.  | What <b>benefits</b> do you think maternity waiting homes offer?                          | <input type="checkbox"/> None<br><sup>1</sup> <input type="checkbox"/> Quick access to doctors/nurses<br><sup>2</sup> <input type="checkbox"/> Chance for mothers to rest<br><sup>3</sup> <input type="checkbox"/> No need to organize emergency transport for delivery<br><sup>99</sup> <input type="radio"/> Do not know<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| MWA5.  | Do you know of anyone in your family/neighbourhood who has used a maternity waiting home? | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MWA6.  | Have you <b>ever visited</b> someone at a maternity waiting home?                         | <sup>1</sup> <input type="radio"/> Yes <span style="margin-left: 100px;"><sup>0</sup><input type="radio"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MWA7.  | Have you <b>ever used</b> a maternity waiting home yourself?                              | <sup>1</sup> <input type="radio"/> Yes <span style="color: blue;">SKIP TO MWH18</span> <span style="margin-left: 20px;"><sup>0</sup><input type="radio"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| MWA17. | What are the reasons for <b>never having used</b> a maternity waiting home?               | <sup>1</sup> <input type="checkbox"/> Did not know about maternity waiting homes<br><sup>2</sup> <input type="checkbox"/> Do not see any benefit of staying at maternity waiting homes<br><sup>3</sup> <input type="checkbox"/> Was not sure when to go to the maternity waiting home / was not sure of delivery date<br><sup>4</sup> <input type="checkbox"/> Did not plan for delivery<br><sup>5</sup> <input type="checkbox"/> Did not want to give birth at the health centre<br><sup>6</sup> <input type="checkbox"/> Live close to health facility where I can deliver<br><sup>7</sup> <input type="checkbox"/> Too costly to get to maternity waiting homes<br><sup>8</sup> <input type="checkbox"/> Poor services – no food, etc<br><sup>9</sup> <input type="checkbox"/> Have no childcare<br><sup>10</sup> <input type="checkbox"/> Husband/family did not want me to stay there<br><sup>11</sup> <input type="checkbox"/> Did not get a referral<br><sup>12</sup> <input type="checkbox"/> Have heard of negative experiences from women who have stayed there before<br><sup>13</sup> <input type="checkbox"/> There was no one to take me to the maternity waiting home<br><sup>14</sup> <input type="checkbox"/> I did not have family/friends available to look after me at the maternity waiting home<br><sup>15</sup> <input type="checkbox"/> Inadequate sleeping arrangements ex: no |

|               |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                                                                                                                         | <p>blankets</p> <p><sup>16</sup> <input type="checkbox"/> Health centre staff do not look after women/ check on them</p> <p><sup>17</sup> <input type="checkbox"/> No toilets</p> <p><sup>18</sup> <input type="checkbox"/> No bathrooms/bathing areas</p> <p><sup>19</sup> <input type="checkbox"/> Inadequate lighting / no power sources</p> <p><sup>20</sup> <input type="checkbox"/> Family is not allowed to stay with me</p> <p><sup>21</sup> <input type="checkbox"/> No food served or adequate kitchen facilities</p> <p><sup>22</sup> <input type="checkbox"/> No clean water available</p> <p><sup>23</sup> <input type="checkbox"/> No entertainment/activities available</p> <p><sup>24</sup> <input type="checkbox"/> Did not have a positive experience during previous stay</p> <p><sup>88</sup> <input type="checkbox"/> Other (<i>Specify</i>)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>MWA18.</b> | Did you use a maternity waiting home during your <b>last pregnancy</b> ?                                                                                                                | <p><sup>1</sup> <input type="radio"/> Yes <a href="#">SKIP TO MWA8</a>      <sup>0</sup> <input type="radio"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>MWA19.</b> | <p>What were the reasons for <b>not using</b> a maternity waiting home during your <b>last pregnancy</b>?</p> <p><i><u>INTERVIEWER:</u> Do NOT read out. Select all that apply.</i></p> | <p><sup>1</sup> <input type="checkbox"/> Did not know about maternity waiting homes</p> <p><sup>2</sup> <input type="checkbox"/> Do not see any benefit of staying at maternity waiting homes</p> <p><sup>3</sup> <input type="checkbox"/> Was not sure when to go to the maternity waiting home / was not sure of delivery date</p> <p><sup>4</sup> <input type="checkbox"/> Did not plan for delivery</p> <p><sup>5</sup> <input type="checkbox"/> Did not want to give birth at the health centre</p> <p><sup>6</sup> <input type="checkbox"/> Live close to health facility where I can deliver</p> <p><sup>7</sup> <input type="checkbox"/> Too costly to get to maternity waiting homes</p> <p><sup>8</sup> <input type="checkbox"/> Poor services – no food, etc</p> <p><sup>9</sup> <input type="checkbox"/> Have no childcare</p> <p><sup>10</sup> <input type="checkbox"/> Husband/family did not want me to stay there</p> <p><sup>11</sup> <input type="checkbox"/> Did not get a referral</p> <p><sup>12</sup> <input type="checkbox"/> Have heard of negative experiences from women who have stayed there before</p> <p><sup>13</sup> <input type="checkbox"/> There was no one to take me to the maternity waiting home</p> <p><sup>14</sup> <input type="checkbox"/> I did not have family/friends available to look after me at the maternity waiting home</p> <p><sup>15</sup> <input type="checkbox"/> Inadequate sleeping arrangements ex: no blankets</p> <p><sup>16</sup> <input type="checkbox"/> Health centre staff do not look after women/ check on them</p> |

|               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                                                                                                                                                                               | <sup>17</sup> <input type="checkbox"/> No toilets<br><sup>18</sup> <input type="checkbox"/> No bathrooms/bathing areas<br><sup>19</sup> <input type="checkbox"/> Inadequate lighting / no power sources<br><sup>20</sup> <input type="checkbox"/> Family is not allowed to stay with me<br><sup>21</sup> <input type="checkbox"/> No food served or adequate kitchen facilities<br><sup>22</sup> <input type="checkbox"/> No clean water available<br><sup>23</sup> <input type="checkbox"/> No entertainment/activities available<br><sup>24</sup> <input type="checkbox"/> Did not have a positive experience during previous stay<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> ) |
| <b>MWA8.</b>  | Were you <b>referred</b> to the maternity waiting home by a HEW or other health worker?                                                                                                                                                       | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>MWA9.</b>  | SKIP TO MWA15 IF MWA18=No<br><br>Why did you decide to go to the maternity waiting home?<br><br><i>INTERVIEWER: Do NOT read out. Select all that apply.</i>                                                                                   | <sup>1</sup> <input type="checkbox"/> Referred by HEW<br><sup>2</sup> <input type="checkbox"/> Used MWH during previous pregnancy<br><sup>3</sup> <input type="checkbox"/> Live far away from facility<br><sup>4</sup> <input type="checkbox"/> Expecting complications during delivery<br><sup>5</sup> <input type="checkbox"/> Not satisfied with TBA/ want to deliver at health facility<br><sup>6</sup> <input type="checkbox"/> Needed rest<br><sup>7</sup> <input type="checkbox"/> Husband/family wanted me to<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )                                                                                                                |
| <b>MWA10.</b> | SKIP TO MWA15 IF MWA18=No<br><br>How <b>close to your delivery date</b> were you when you went to the maternity waiting home?<br><br><i>INTERVIEWER: Explain to woman that you need to know how much time was left before she gave birth.</i> | <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MWA11.</b> | <p><b>SKIP TO MWA15 IF MWA18=No</b></p> <p>How long did you stay at the maternity waiting home <b>before</b> delivery?</p>                                                                            | <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>MWA12.</b> | <p><b>SKIP TO MWA15 IF MWA18=No</b></p> <p>How long did you stay at the maternity waiting home <b>after</b> delivery?</p>                                                                             | <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>MWA13.</b> | <p><b>SKIP TO MWA15 IF MWA18=No</b></p> <p>What services were available to you during your stay at the maternity waiting home?</p> <p><i>INTERVIEWER: Do NOT read out. Select all that apply.</i></p> | <p><b>Facilities/amenities</b></p> <p><sup>88</sup> <input type="checkbox"/> Other (<i>Specify</i>)</p> <p><sup>1</sup> <input type="checkbox"/> Beds for sleeping</p> <p><sup>2</sup> <input type="checkbox"/> Cooking facilities</p> <p><sup>3</sup> <input type="checkbox"/> Food and drinks</p> <p><sup>4</sup> <input type="checkbox"/> Toilet/latrine</p> <p><sup>5</sup> <input type="checkbox"/> Bathrooms</p> <p><sup>6</sup> <input type="checkbox"/> Electricity</p> <p><sup>7</sup> <input type="checkbox"/> Clean water</p> <p><b>Services</b></p> <p><sup>8</sup> <input type="checkbox"/> Check up by nurse/midwife</p> <p><sup>9</sup> <input type="checkbox"/> Visits by HEWs</p> <p><b>Other</b></p> <p><sup>10</sup> <input type="checkbox"/> Family visits allowed</p> <p><sup>11</sup> <input type="checkbox"/> Coffee ceremony</p> |
| <b>MWA15</b>  | <p>Would you recommend using a maternity waiting home to your pregnant family and/or friends?</p>                                                                                                     | <p><sup>1</sup> <input type="radio"/> Yes <b>SKIP TO WDK1</b>      <sup>0</sup> <input type="radio"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>MWA16</b>  | <p>Why would you <b>NOT recommend</b> the use of a maternity waiting home to your pregnant family members or friends?</p>                                                                             | <p><sup>1</sup> <input type="checkbox"/> Culturally appropriate to deliver at home</p> <p><sup>2</sup> <input type="checkbox"/> MWHs are expensive</p> <p><sup>3</sup> <input type="checkbox"/> No privacy/confidentiality at MWHs</p> <p><sup>4</sup> <input type="checkbox"/> TBAs are closer than MWHs</p> <p><sup>4</sup> <input type="checkbox"/> Poor services/inadequate supplies</p> <p><sup>88</sup> <input type="checkbox"/> Other (<i>Specify</i>)</p>                                                                                                                                                                                                                                                                                                                                                                                        |

## SECTION 6: [WDK] DANGER SIGN KNOWLEDGE & PERCEPTIONS

*I would now like to ask you some questions about pregnancy and childbirth in general.*

|       |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WDK1. | Can women experience <b>serious, unexpected health problems</b> during pregnancy?                                                                             | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <b>SKIP TO WDK5</b> <sup>99</sup> <input type="radio"/> Do not know <b>SKIP TO WDK5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| WDK2. | What are some of the serious health problems that can occur during pregnancy?<br><br><u>INTERVIEWER: Do NOT prompt. Select all mentioned.</u>                 | <sup>1</sup> <input type="checkbox"/> Bleeding<br><sup>2</sup> <input type="checkbox"/> Severe headache<br><sup>3</sup> <input type="checkbox"/> Blurred vision<br><sup>4</sup> <input type="checkbox"/> Convulsions/fits<br><sup>5</sup> <input type="checkbox"/> Swollen face/hands<br><sup>6</sup> <input type="checkbox"/> High fever<br><sup>7</sup> <input type="checkbox"/> Loss of consciousness/fainting<br><sup>8</sup> <input type="checkbox"/> Breathing difficulty<br><sup>9</sup> <input type="checkbox"/> Severe weakness<br><sup>10</sup> <input type="checkbox"/> Severe abdominal pain<br><sup>11</sup> <input type="checkbox"/> More/less fetal movement<br><sup>12</sup> <input type="checkbox"/> Water breaks without labour<br><sup>13</sup> <input type="checkbox"/> Persistent vomiting<br><sup>14</sup> <input type="checkbox"/> Infection<br><sup>15</sup> <input type="checkbox"/> Mental health problems (ex: depression)<br><sup>88</sup> <input type="checkbox"/> Other( <i>Specify</i> ) |
| WDK3. | In your opinion could a pregnant woman <b>die</b> from this problem/any of these problems?                                                                    | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| WDK4. | In your opinion could a pregnant woman <b>lose the baby</b> from this problem/any of these problems?                                                          | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| WDK5. | Can a woman experience serious health problems during <b>labour/childbirth</b> ?                                                                              | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <b>SKIP TO WDK9</b> <sup>99</sup> <input type="radio"/> Do not know <b>SKIP TO WDK9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| WDK6. | What are some of the serious health problems that can occur during <b>labour/childbirth</b> ?<br><br><u>INTERVIEWER: Do NOT prompt. Select all mentioned.</u> | <sup>1</sup> <input type="checkbox"/> Bleeding<br><sup>2</sup> <input type="checkbox"/> Severe headache<br><sup>3</sup> <input type="checkbox"/> Blurred vision<br><sup>4</sup> <input type="checkbox"/> Convulsions/fits<br><sup>5</sup> <input type="checkbox"/> High fever<br><sup>6</sup> <input type="checkbox"/> Loss of consciousness/fainting<br><sup>7</sup> <input type="checkbox"/> Labour > 12 hours<br><sup>8</sup> <input type="checkbox"/> Placenta not delivered 30min after birth<br><sup>99</sup> <input type="checkbox"/> Do not know<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                                                                                             |

|               |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WDK7.</b>  | In your opinion could a woman <b>die</b> from this problem/any of these problems?                                                                                                            | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <sup>99</sup> ○ Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>WDK8.</b>  | In your opinion could a woman <b>lose her baby</b> from this problem/any of these problems?                                                                                                  | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <sup>99</sup> ○ Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>WDK9.</b>  | Can a woman experience serious health problems during the <b>first 6 weeks after delivery?</b>                                                                                               | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <b>SKIP TO WDK12</b> <sup>99</sup> ○ Do not know <b>SKIP TO WDK12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>WDK10.</b> | What are some of the serious health problems that can occur in the mother during the <b>first 6 weeks after delivery?</b><br><br><i>INTERVIEWER: Do NOT prompt. Select all mentioned.</i>    | <sup>1</sup> <input type="checkbox"/> Severe bleeding <sup>88</sup> <input type="checkbox"/> Other( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Severe headache<br><sup>3</sup> <input type="checkbox"/> Blurred vision<br><sup>4</sup> <input type="checkbox"/> Convulsions<br><sup>5</sup> <input type="checkbox"/> Swollen face/hands<br><sup>6</sup> <input type="checkbox"/> High fever<br><sup>7</sup> <input type="checkbox"/> Loss of consciousness<br><sup>8</sup> <input type="checkbox"/> Breathing difficulty<br><sup>9</sup> <input type="checkbox"/> Severe weakness<br><sup>10</sup> <input type="checkbox"/> Foul smelling vaginal discharge<br><sup>11</sup> <input type="checkbox"/> Inability to control urine/stool                                           |
| <b>WDK11.</b> | In your opinion could a woman <b>die</b> from this problem/any of these problems?                                                                                                            | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <sup>99</sup> ○ Do not know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>WDK12.</b> | Can a baby experience serious health problems during the <b>first 28 days of life/after birth?</b>                                                                                           | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <b>SKIP TO ATT1</b> <sup>99</sup> ○ Do not know <b>SKIP TO ATT1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>WDK13.</b> | What are some of the serious health problems that can occur in the baby during the <b>first 28 days of life/after birth?</b><br><br><i>INTERVIEWER: Do NOT prompt. Select all mentioned.</i> | <sup>1</sup> <input type="checkbox"/> Difficulty/fast breathing <sup>9</sup> <input type="checkbox"/> Red/swollen eyes with pus<br><sup>2</sup> <input type="checkbox"/> Yellow skin/eyes <sup>10</sup> <input type="checkbox"/> Cold to touch<br><sup>3</sup> <input type="checkbox"/> Poor feeding <sup>11</sup> <input type="checkbox"/> Vomiting/diarrhoea<br><sup>4</sup> <input type="checkbox"/> Pus/blood around cord <sup>12</sup> <input type="checkbox"/> Fever<br><sup>5</sup> <input type="checkbox"/> Very small baby <sup>88</sup> <input type="checkbox"/> Other( <i>Specify</i> )<br><sup>6</sup> <input type="checkbox"/> Lesions or blisters<br><sup>7</sup> <input type="checkbox"/> Convulsions (fits)<br><sup>8</sup> <input type="checkbox"/> Loss of consciousness/weak |

|        |                                                                                  |                                                                  |
|--------|----------------------------------------------------------------------------------|------------------------------------------------------------------|
|        |                                                                                  |                                                                  |
| WDK14. | In your opinion could a <b>baby die</b> from this problem/any of these problems? | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <sup>99</sup> ○ Do not know |

## SECTION 7: [ATT] ATTITUDES TOWARDS MATERNAL CARE SERVICES

Now I am going to read out a list of common opinions about pregnancy, delivery and the period after childbirth. Please tell me if you agree, disagree or neither agree nor disagree with these statements. There is no right or wrong answer. We are only interested in hearing your opinion about the situation in your kebele.

|        |                                                                                                                                             |                                                                                        |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| ATT1.  | A woman should <b>plan ahead</b> of time where she will give birth to her baby                                                              | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT2.  | <b>Antenatal care visits</b> at the health facility are necessary for healthy pregnant women                                                | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT3.  | It is not necessary for a husband to accompany his wife to antenatal care visits                                                            | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT4.  | Women who are <b>healthy are not at risk</b> for complications during delivery                                                              | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT5.  | When women do not go to a health facility to give birth it is often because it is <b>too expensive</b>                                      | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT6.  | When women do not go to a health facility to give birth it is often because it is <b>too difficult to get there</b>                         | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT7.  | When women do not go to a health facility to give birth it is often because the <b>staff do not treat women respectfully</b>                | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT8.  | It is not necessary for a <b>husband to accompany his wife</b> to the health facility when she is giving birth.                             | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT9.  | When women do not go to a health facility to give birth it is often because they are afraid of <b>receiving unwanted procedures</b>         | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT10. | When women do not go to a health facility to give birth it is often because it is <b>unacceptable to be attended by male health workers</b> | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |
| ATT11. | Once a woman has had experience delivering a baby, she does not need to go to a health facility to deliver any of her future babies         | <sup>1</sup> ○ Agree <sup>2</sup> ○ Neither agree nor disagree <sup>3</sup> ○ Disagree |

|        |                                                                                                                                    |                      |                                           |                         |
|--------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|-------------------------|
| ATT12. | A woman who has <b>complications</b> during delivery/labour has a better chance of survival if doctors/nurses/midwives are present | <sup>1</sup> ○ Agree | <sup>2</sup> ○ Neither agree nor disagree | <sup>3</sup> ○ Disagree |
| ATT13. | A <b>newborn</b> is most vulnerable to death and illness between <b>birth and 28 days</b> after birth                              | <sup>1</sup> ○ Agree | <sup>2</sup> ○ Neither agree nor disagree | <sup>3</sup> ○ Disagree |
| ATT14. | It is important for mothers who have recently given birth to visit a health facility with their newborn for a check up             | <sup>1</sup> ○ Agree | <sup>2</sup> ○ Neither agree nor disagree | <sup>3</sup> ○ Disagree |
| ATT15. | It is important to get <b>babies vaccinated</b> at the health facility to protect them against common illnesses and possible death | <sup>1</sup> ○ Agree | <sup>2</sup> ○ Neither agree nor disagree | <sup>3</sup> ○ Disagree |

## SECTION 8: [PHF] PERCEPTIONS OF HEALTH FACILITIES

*I would now like to ask you some questions about places where women give birth and receive care during pregnancy*

|       |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                      |  |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PHF1. | Can you tell me where a woman can go to give birth to a baby with the assistance from a doctor/nurse/midwife?<br><br><i>INTERVIEWER: Do NOT prompt. Select all mentioned.</i> | <sup>1</sup> <input type="checkbox"/> Hospital<br><sup>2</sup> <input type="checkbox"/> Health centre<br><sup>3</sup> <input type="checkbox"/> Health post<br><sup>4</sup> <input type="checkbox"/> Maternity waiting home<br><sup>88</sup> <input type="checkbox"/> Other (Specify) |  |  |
| PHF2. | Do women have to <b>pay to receive services</b> related to pregnancy and delivery at this place?                                                                              | <sup>1</sup> ○ Yes<br><sup>0</sup> ○ No <a href="#">SKIP PHF4</a><br><sup>99</sup> ○ Do not know <a href="#">SKIP PHF4</a>                                                                                                                                                           |  |  |
| PHF3. | Would you say the amount to be paid is expensive, reasonable, or cheap?                                                                                                       | <sup>1</sup> ○ Expensive<br><sup>2</sup> ○ Reasonable<br><sup>3</sup> ○ Cheap                                                                                                                                                                                                        |  |  |
| PHF4. | Is there a health facility <b>in or near</b> your kebele?                                                                                                                     | <sup>1</sup> ○ Yes<br><sup>0</sup> ○ No <a href="#">SKIP TO PHF10</a><br><sup>99</sup> ○ Do not know <a href="#">SKIP TO PHF10</a>                                                                                                                                                   |  |  |
| PHF5. | What type of a health facility is it?<br><i>INTERVIEWER: Read out answer options if necessary</i>                                                                             | <sup>1</sup> ○ Health post<br><sup>2</sup> ○ Health centre<br><sup>3</sup> ○ Government Hospital<br><sup>5</sup> ○ Private hospital<br><sup>4</sup> ○ Private clinic<br><sup>88</sup> ○ Other (Specify)                                                                              |  |  |
| PHF6. | How would you usually get there?<br><br><i>PROBE: What type of transport would you mainly use?</i>                                                                            | <sup>1</sup> ○ By foot<br><sup>2</sup> ○ By taxi<br><sup>3</sup> ○ Bajaj (motorbike rickshaw)<br><sup>4</sup> ○ Local stretcher<br><sup>5</sup> ○ Ambulance<br><sup>6</sup> ○ Horse/mule<br><sup>7</sup> ○ Bicycle<br><sup>88</sup> ○ Other (Specify)                                |  |  |

|              |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PHF7.</b> | <b>How long</b> does it take to get to this facility from your home using this method of transport?                                                                                 | <input type="text"/> <input type="text"/> minutes <input type="text"/> <input type="text"/> hours <sup>0</sup> ○ Do not remember                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>PHF8</b>  | In your opinion, <b>how would you rate the services</b> offered at the health facility in/near your kebele?<br><br>Would you say they are very good, good, fair, poor or very poor? | <sup>1</sup> ○ Very good<br><sup>2</sup> ○ Good<br><sup>3</sup> ○ Fair<br><sup>4</sup> ○ Poor<br><sup>5</sup> ○ Very poor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>PHF9</b>  | Can you tell me what is/are the reason(s) that you feel that way about this health facility?                                                                                        | <div style="display: flex; justify-content: space-between;"> <div> <sup>1</sup><input type="checkbox"/> Doctor/nurse always there<br/> <sup>2</sup><input type="checkbox"/> Facility always open<br/> <sup>3</sup><input type="checkbox"/> Respectful staff<br/> <sup>4</sup><input type="checkbox"/> Short waiting times<br/> <sup>5</sup><input type="checkbox"/> Competent staff<br/> <sup>5</sup><input type="checkbox"/> Patient privacy maintained<br/> <sup>88</sup><input type="checkbox"/> Other (<i>Specify</i>)         </div> <div> <sup>6</sup><input type="checkbox"/> Doctor/nurse never there<br/> <sup>7</sup><input type="checkbox"/> Facility often closed<br/> <sup>8</sup><input type="checkbox"/> Disrespectful staff<br/> <sup>9</sup><input type="checkbox"/> Long waiting times<br/> <sup>10</sup><input type="checkbox"/> Incompetent staff<br/> <sup>11</sup><input type="checkbox"/> Patient privacy not maintained<br/> <sup>89</sup><input type="checkbox"/> Other (<i>Specify</i>)         </div> </div> |

**ONLY FOR WOMEN WHO GAVE BIRTH TO THEIR LAST CHILD AT A HEALTH FACILITY (SEE HSU17)**

|              |                                                          |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         |
|--------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PHF10</b> | What health facility did you deliver your LAST child at? | <b>GOMMA</b><br><sup>1</sup> ○ Beshasha<br><sup>2</sup> ○ Chami Chago<br><sup>3</sup> ○ Choche<br><sup>4</sup> ○ Dhayi<br>Kechene<br><sup>5</sup> ○ Gembe<br><sup>6</sup> ○ Kedemasa<br><sup>7</sup> ○ Limu Shayi<br><sup>8</sup> ○ Meti Koticha<br><sup>9</sup> ○ Omo Gurude<br><sup>10</sup> ○ Yachi<br><sup>88</sup> ○ Other ( <i>Specify</i> ) | <b>SEKA CHEKORSA</b><br><sup>1</sup> ○ Bake Gudo<br><sup>2</sup> ○ Buyo<br>Kechema<br><sup>3</sup> ○ Dabo Yaya<br><sup>4</sup> ○ Detu Kersu<br><sup>5</sup> ○ Geta Bake<br><sup>6</sup> ○ Lilu Omoti<br><sup>7</sup> ○ Seka<br><sup>8</sup> ○ Setemma<br><sup>9</sup> ○ Wokito<br><sup>88</sup> ○ Other ( <i>Specify</i> ) | <b>KERSA</b><br><sup>1</sup> ○ Adere Dika<br><sup>2</sup> ○ Bala Wajo<br><sup>3</sup> ○ Bulbul<br><sup>4</sup> ○ Kusaye Beru<br><sup>5</sup> ○ Kara Gora<br><sup>6</sup> ○ Kellacha<br><sup>7</sup> ○ Serbo<br><sup>88</sup> ○ Other ( <i>Specify</i> ) |
|--------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|       |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PHF11 | How did you get to this facility?                                                                                                                                | <sup>1</sup> <input type="radio"/> By foot<br><sup>2</sup> <input type="radio"/> By taxi<br><sup>3</sup> <input type="radio"/> Bajaj (motorbike rickshaw)<br><sup>4</sup> <input type="radio"/> Local stretcher<br><sup>5</sup> <input type="radio"/> Ambulance<br><sup>6</sup> <input type="radio"/> Horse/mule<br><sup>7</sup> <input type="radio"/> Bicycle<br><sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PHF12 | How long does it take to get to this facility from your home using this method of transport?                                                                     | <input type="text"/> <input type="text"/> minutes <input type="text"/> <input type="text"/> hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PHF13 | In your opinion, <b>how would you rate the services</b> offered at this health facility?<br><br>Would you say they are very good, good, fair, poor or very poor? | <sup>1</sup> <input type="radio"/> Very good<br><sup>2</sup> <input type="radio"/> Good<br><sup>3</sup> <input type="radio"/> Fair<br><sup>4</sup> <input type="radio"/> Poor<br><sup>5</sup> <input type="radio"/> Very poor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PHF14 | Can you tell me what is/are the reason(s) that you feel that way about this health facility?<br><b>Do NOT read out. Select all that apply.</b>                   | <sup>1</sup> <input type="checkbox"/> Doctor/nurse always there<br><sup>2</sup> <input type="checkbox"/> Facility always open<br><sup>3</sup> <input type="checkbox"/> Respectful staff<br><sup>4</sup> <input type="checkbox"/> Short waiting times<br><sup>5</sup> <input type="checkbox"/> Competent staff<br><sup>5</sup> <input type="checkbox"/> Patient privacy maintained<br><sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> ) <sup>6</sup> <input type="checkbox"/> Doctor/nurse never there<br><sup>7</sup> <input type="checkbox"/> Facility often closed<br><sup>8</sup> <input type="checkbox"/> Disrespectful staff<br><sup>9</sup> <input type="checkbox"/> Long waiting times<br><sup>10</sup> <input type="checkbox"/> Incompetent staff<br><sup>11</sup> <input type="checkbox"/> Patient privacy not maintained<br><sup>89</sup> <input type="checkbox"/> Other ( <i>Specify</i> ) |

## SECTION 9: [QOL] HEALTH-RELATED QUALITY OF LIFE ASSESSMENT

*I would like to now ask you a few questions about your health-related quality of life. I will read out a statement that describes some a situation that might be affecting your quality of life, please tell me the extent to which this is true.*

|       |                                       |                                                                                                                                                         |
|-------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| QOL1. | Problems in walking about             | <sup>1</sup> <input type="radio"/> No problem<br><sup>2</sup> <input type="radio"/> Some problems<br><sup>3</sup> <input type="radio"/> Confined to bed |
| QOL2. | Problems washing or dressing yourself | <sup>1</sup> <input type="radio"/> No problem<br><sup>2</sup> <input type="radio"/> Some problems<br><sup>3</sup> <input type="radio"/> Unable to do    |

|       |                                                                                                                                                                                |                                                                                                                                 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| QOL3. | Problems doing usual activities like housework, farming, etc                                                                                                                   | <sup>1</sup> ○ No problem<br><sup>2</sup> ○ Some problems<br><sup>3</sup> ○ Unable to do                                        |
| QOL4. | Feel pain or discomfort                                                                                                                                                        | <sup>1</sup> ○ No pain/discomfort<br><sup>2</sup> ○ Moderate pain/discomfort<br><sup>3</sup> ○ Extreme pain/discomfort          |
| QOL5. | Feel anxious or depressed                                                                                                                                                      | <sup>1</sup> ○ No anxiety/depression<br><sup>2</sup> ○ Moderate anxiety/depression<br><sup>3</sup> ○ Extreme anxiety/depression |
| QOL6. | On a scale from 0 to 10, where 10 is the best health you can imagine and 0 is the worst health you can imagine, could you please tell me how good or bad your health is TODAY. | <input type="text"/> <input type="text"/>                                                                                       |

## SECTION 10: [SS] SOCIAL SUPPORT

I would like to ask some questions about social support that you received during pregnancy, during delivery and after delivery.

|      |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SS1. | During your LAST pregnancy was there someone that you could depend on when you were in need?                                                                                 | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <a href="#">SKIP TO SS3</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SS2. | What was the relationship of this person/these people to you?<br><br><b>Do NOT read out. Select all that apply.</b>                                                          | <sup>1</sup> <input type="checkbox"/> Husband <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Parents<br><sup>3</sup> <input type="checkbox"/> Siblings<br><sup>4</sup> <input type="checkbox"/> Friends/Neighbours<br><sup>5</sup> <input type="checkbox"/> In-laws<br><sup>6</sup> <input type="checkbox"/> Religious group<br><sup>7</sup> <input type="checkbox"/> Community group<br><sup>8</sup> <input type="checkbox"/> Health worker<br><sup>9</sup> <input type="checkbox"/> Health extension worker |
| SS3. | For your LAST child, did you receive any <b>practical help</b> from anyone?<br><br><i>Example: help with child care, house chores, food preparation, cattle herding, etc</i> | <sup>1</sup> ○ Yes <sup>0</sup> ○ No <a href="#">SKIP TO SS6</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SS4. | When did you receive this help?<br><b>Select all that apply</b>                                                                                                              | <sup>1</sup> <input type="checkbox"/> During pregnancy <sup>2</sup> <input type="checkbox"/> during delivery period <sup>3</sup> <input type="checkbox"/> after delivery                                                                                                                                                                                                                                                                                                                                                                                                |
| SS5. | From whom did you receive this help?                                                                                                                                         | <sup>1</sup> <input type="checkbox"/> Husband <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Parents<br><sup>3</sup> <input type="checkbox"/> Siblings<br><sup>4</sup> <input type="checkbox"/> Friends/Neighbours<br><sup>5</sup> <input type="checkbox"/> In-laws<br><sup>6</sup> <input type="checkbox"/> Religious group                                                                                                                                                                                  |

|      |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                                                                                                                                                                                                                                             | <sup>7</sup> <input type="checkbox"/> Community group<br><sup>8</sup> <input type="checkbox"/> Health worker<br><sup>9</sup> <input type="checkbox"/> Health extension worker                                                                                                                                                                                                                                                                                                                                                                                           |
| SS16 | How close is your relationship with the people that you received the assistance from?                                                                                                                                                                       | <sup>0</sup> <input type="radio"/> Not strong <sup>2</sup> <input type="radio"/> Very strong<br><sup>1</sup> <input type="radio"/> Strong <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                               |
| SS17 | How satisfied were you with the support/help you received?                                                                                                                                                                                                  | <sup>0</sup> <input type="radio"/> Not satisfied <sup>2</sup> <input type="radio"/> Very satisfied<br><sup>1</sup> <input type="radio"/> Satisfied <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                      |
| SS6. | For your LAST child, was there anyone who <b>accompanied you</b> to the health facility and provided personal assistance to you?<br><br><i>Example: helped you bathe, stayed with you at the health facility, escorted you to the latrine at night, etc</i> | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <a href="#">SKIP TO SS9</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SS7. | When did you receive this help?<br><b>Select all that apply</b>                                                                                                                                                                                             | <sup>1</sup> <input type="checkbox"/> During pregnancy <sup>2</sup> <input type="checkbox"/> during delivery period <sup>3</sup> <input type="checkbox"/> after delivery                                                                                                                                                                                                                                                                                                                                                                                                |
| SS8. | What was the <b>relationship</b> of the person/people you received this assistance from?                                                                                                                                                                    | <sup>1</sup> <input type="checkbox"/> Husband <sup>88</sup> <input type="checkbox"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="checkbox"/> Parents<br><sup>3</sup> <input type="checkbox"/> Siblings<br><sup>4</sup> <input type="checkbox"/> Friends/Neighbours<br><sup>5</sup> <input type="checkbox"/> In-laws<br><sup>6</sup> <input type="checkbox"/> Religious group<br><sup>7</sup> <input type="checkbox"/> Community group<br><sup>8</sup> <input type="checkbox"/> Health worker<br><sup>9</sup> <input type="checkbox"/> Health extension worker |
| SS18 | How close is your relationship with the people that you received the assistance from?                                                                                                                                                                       | <sup>0</sup> <input type="radio"/> Not strong <sup>2</sup> <input type="radio"/> Very strong<br><sup>1</sup> <input type="radio"/> Strong <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                               |
| SS19 | How satisfied were you with the support/help you received?                                                                                                                                                                                                  | <sup>0</sup> <input type="radio"/> Not satisfied <sup>2</sup> <input type="radio"/> Very satisfied<br><sup>1</sup> <input type="radio"/> Satisfied <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                      |
| SS9. | For your LAST child, was there anyone who provided you with <b>emotional support</b> ?<br><br><i>Example: someone who you could talk to when</i>                                                                                                            | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <a href="#">SKIP TO SS12</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|              |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <i>you were upset or worried, provided you with encouragement and reassurance</i>                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>SS10.</b> | When did you receive this help?<br><b>Select all that apply</b>                                                                                                         | <sup>1</sup> <input type="checkbox"/> During pregnancy <sup>2</sup> <input type="checkbox"/> during delivery period <sup>3</sup> <input type="checkbox"/> after delivery                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>SS11.</b> | What was the relationship of the person/people you received this assistance from?                                                                                       | <sup>1</sup> <input type="checkbox"/> Husband <sup>88</sup> <input type="checkbox"/> Other (Specify)<br><sup>2</sup> <input type="checkbox"/> Parents<br><sup>3</sup> <input type="checkbox"/> Siblings<br><sup>4</sup> <input type="checkbox"/> Friends/Neighbours<br><sup>5</sup> <input type="checkbox"/> In-laws<br><sup>6</sup> <input type="checkbox"/> Religious group<br><sup>7</sup> <input type="checkbox"/> Community group<br><sup>8</sup> <input type="checkbox"/> Health worker<br><sup>9</sup> <input type="checkbox"/> Health extension worker |
| <b>SS20</b>  | How close is your relationship with the people that you received the assistance from?                                                                                   | <sup>0</sup> <input type="radio"/> Not strong <sup>2</sup> <input type="radio"/> Very strong<br><sup>1</sup> <input type="radio"/> Strong <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                                      |
| <b>SS21</b>  | How satisfied were you with the support/help you received?                                                                                                              | <sup>0</sup> <input type="radio"/> Not satisfied <sup>2</sup> <input type="radio"/> Very satisfied<br><sup>1</sup> <input type="radio"/> Satisfied <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                                             |
| <b>SS12.</b> | For your last child, did you receive any <b>financial or in-kind assistance</b> from anyone?<br><i>For example: received money/loans, medicines, clothes, food, etc</i> | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No <b>SKIP TO SS15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>SS13.</b> | What did you receive?<br><b>Select all that apply</b>                                                                                                                   | <sup>1</sup> <input type="checkbox"/> Money <sup>88</sup> <input type="checkbox"/> Other (Specify)<br><sup>2</sup> <input type="checkbox"/> Food<br><sup>3</sup> <input type="checkbox"/> Clothes<br><sup>4</sup> <input type="checkbox"/> Medicine<br><sup>5</sup> <input type="checkbox"/> Cooking fuel<br><sup>6</sup> <input type="checkbox"/> Furniture                                                                                                                                                                                                   |
| <b>SS14.</b> | When did you receive this help?<br><b>Select all that apply</b>                                                                                                         | <sup>1</sup> <input type="checkbox"/> During pregnancy <sup>2</sup> <input type="checkbox"/> during delivery period <sup>3</sup> <input type="checkbox"/> after delivery                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>SS15.</b> | What was the relationship of the person/people you received this assistance from?                                                                                       | <sup>1</sup> <input type="checkbox"/> Husband <sup>88</sup> <input type="checkbox"/> Other (Specify)<br><sup>2</sup> <input type="checkbox"/> Parents<br><sup>3</sup> <input type="checkbox"/> Siblings<br><sup>4</sup> <input type="checkbox"/> Friends/Neighbours<br><sup>5</sup> <input type="checkbox"/> In-laws<br><sup>6</sup> <input type="checkbox"/> Religious group<br><sup>7</sup> <input type="checkbox"/> Community group<br><sup>8</sup> <input type="checkbox"/> Health worker<br><sup>9</sup> <input type="checkbox"/> Health extension        |

|      |                                                                                       |                                                                                                                                                  |
|------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                                                                       | worker                                                                                                                                           |
| SS22 | How close is your relationship with the people that you received the assistance from? | <input type="radio"/> Not strong<br><input type="radio"/> Strong <input type="radio"/> Very strong<br><input type="radio"/> Do not know          |
| SS23 | How satisfied were you with the support/help you received?                            | <input type="radio"/> Not satisfied<br><input type="radio"/> Satisfied <input type="radio"/> Very satisfied<br><input type="radio"/> Do not know |

## SECTION 11: [DEM] SOCIODEMOGRAPHIC INFORMATION continued

Thank you. We are now going to end with some final questions on your household.

|        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEM21. | Do you <b>own this or any other house</b> either alone or jointly with someone else?                                            | <input type="radio"/> No <input type="radio"/> Alone only <input type="radio"/> Jointly                                                                                                                                                                                                                                                                                                                                           |
| DEM22. | Does any member of this household own any <b>agricultural land</b> ?<br><i>Ex: land where you grow coffee, teff, maize, etc</i> | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                              |
| DEM24  | Does any member of this household own any <b>non-agricultural land</b> ?<br><i>Ex: land where cattle graze, etc</i>             | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know                                                                                                                                                                                                                                                                                                                                              |
| DEM26  | What is the main source of <b>drinking water</b> for members of your household?                                                 | <input type="radio"/> Piped into dwelling<br><input type="radio"/> Piped into yard/plot<br><input type="radio"/> Public tap/standpipe<br><input type="radio"/> Borehole<br><input type="radio"/> Protected well<br><input type="radio"/> Unprotected well <input type="radio"/> Protected spring<br><input type="radio"/> Unprotected spring<br><input type="radio"/> Rainwater<br><input type="radio"/> Other ( <i>Specify</i> ) |
| DEM29  | What kind of <b>toilet facility</b> do members of your household usually use?                                                   | <input type="radio"/> No facility/use bush<br><input type="radio"/> Flush to piped sewer<br><input type="radio"/> Flush to septic tank<br><input type="radio"/> Flush to pit latrine<br><input type="radio"/> Flush, don't know<br><input type="radio"/> Ventilated improved pit latrine <input type="radio"/> Pit latrine with slab<br><input type="radio"/> Open pit<br><input type="radio"/> Other ( <i>Specify</i> )          |
| DEM30  | What type of <b>fuel</b> does your household mainly use for <b>cooking</b> ?                                                    | <input type="radio"/> Electricity<br><input type="radio"/> Natural gas<br><input type="radio"/> Kerosene<br><input type="radio"/> Charcoal<br><input type="radio"/> Wood <input type="radio"/> Other ( <i>Specify</i> )                                                                                                                                                                                                           |
| DEM32  | How many <b>rooms</b> in this household are used for <b>sleeping</b> ?                                                          | <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                         |
| DEM34  | Does this household own any livestock/farm animals or poultry?                                                                  | <input type="radio"/> Yes <input type="radio"/> No <b>SKIP TO DEM36</b>                                                                                                                                                                                                                                                                                                                                                           |

|        |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEM35  | How many of the following <b>animals</b> does the household own?                                                                                                                                                                                  | <input type="checkbox"/> Milk cows<br><input type="checkbox"/> Bulls/ox<br><input type="checkbox"/> Horses/donkeys/mules<br><input type="checkbox"/> Goats<br><input type="checkbox"/> Sheep<br><input type="checkbox"/> Chicken/poultry<br><input type="checkbox"/> Other ( <i>Specify</i> )<br><input type="checkbox"/> Other ( <i>Specify</i> ) | <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                   |
| DEM36  | Does your household have any of the following?                                                                                                                                                                                                    | <input type="checkbox"/> Electricity.....<br><input type="checkbox"/> Radio.....<br><input type="checkbox"/> Television.....<br><input type="checkbox"/> Refrigerator.....<br><input type="checkbox"/> Car/truck.....<br><input type="checkbox"/> Bicycle.....<br><input type="checkbox"/> Motorcycle.....                                         | <sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No<br><sup>1</sup> <input type="checkbox"/> Yes <sup>0</sup> <input type="checkbox"/> No |
| DEM38A | Do you know how much the total income for your household was last year?<br><br><i>INTERVIEWER: Assist women to provide a rough estimate of household income i.e income earned by all adult household members from formal and informal sources</i> | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM38  | Last year, what was the total income for <b>your household</b> for the year?                                                                                                                                                                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Birr <sup>99</sup> <input type="radio"/> Do not know                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM46  | Do you have health insurance?                                                                                                                                                                                                                     | <sup>1</sup> <input type="radio"/> Yes <sup>0</sup> <input type="radio"/> No                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM47  | What type of health insurance is it?<br><i>Prompt if necessary</i>                                                                                                                                                                                | <sup>1</sup> <input type="radio"/> Government <sup>88</sup> <input type="radio"/> Other( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Private                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM48  | INTERVIEWER: Observe and record<br><br>Main material of the <b>floor</b> of the dwelling                                                                                                                                                          | <sup>1</sup> <input type="radio"/> Earth/sand <sup>6</sup> <input type="radio"/> Bricks<br><sup>2</sup> <input type="radio"/> Dung <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>3</sup> <input type="radio"/> Wood planks<br><sup>4</sup> <input type="radio"/> Polished wood<br><sup>5</sup> <input type="radio"/> Cement |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEM49  | INTERVIEWER: Observe and record<br><br>Main material of the <b>roof</b> of the dwelling                                                                                                                                                           | <sup>1</sup> <input type="radio"/> Thatch <sup>88</sup> <input type="radio"/> Other ( <i>Specify</i> )<br><sup>2</sup> <input type="radio"/> Corrugated iron<br><sup>3</sup> <input type="radio"/> Wood<br><sup>4</sup> <input type="radio"/> Cement                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|              |                                                                                                          |                                                                                                                                                                                                                                                                                                                             |
|--------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DEM50</b> | <p>INTERVIEWER: Observe and record</p> <p>Main material of the <b>exterior walls</b> of the dwelling</p> | <p><sup>1</sup><input type="radio"/> Mud with wood      <sup>88</sup><input type="radio"/> Other (<i>Specify</i>)</p> <p><sup>2</sup><input type="radio"/> Stone with mud</p> <p><sup>3</sup><input type="radio"/> Wood</p> <p><sup>4</sup><input type="radio"/> Cement</p> <p><sup>5</sup><input type="radio"/> Bricks</p> |
|--------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Thank you for taking the time to share this information with us.*