

15. Omwaana yali/wakikula ki? Sex 1. Male 2. Female

SOCIAL STATUS

16. Oli wandhikiriza ki? *What is your religion?*
 1. Catholic 2. Protestant 3. Muslim 4. Pentecostal 5. SDA 6. Others
17. Wasomaku? *Have you ever attended school?* 1. Yes 2. No (**SKIP TO 20**)
18. Wakoma mukyakumeka ? *What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?*
 1. Primary O' level 2. A' level 3. Tertiary 4. University
19. Mulimoki ogwenkalakalira gwokola? *What is your primary (main) occupation?*
 1. Salaried worker 2. Business woman 3. Laborer Farmer/house wife Others (Specify)
20. Baba w'omwaana yasoma ku? *Did the father of the child attend school? (ASK ONLY THOSE CURRENTLY MARRIED)*
 1. Yes 2. No (**SKIP TO 23**) 3. DK(**SKIP TO 23**)
21. Baba w'omwaana yakoma mukibina kya kumeka? *What is the highest level of school that the father of the child attended?*
 1. Primary 2. O' level 3. A' level 4. Tertiary 5. University
22. Baba w'omwaana akola mulimoki ogwenkalakalira? *What is the primary (main) occupation of the father of the child?*
 1. Salaried worker 2. Businessman 3. Laborer 4. Farmer 5. Others (Specify)

B. ANTENATAL CARE (All questions in section B refer to medical care/check up during pregnancy)

23. Bwe ghali amabundha ghajja bakukeberaku/wanwaku obulezi? *During the last pregnancy, did you attend antenatal care? (ANC) Yes = 1 No = 2 (Skip to 28)*
24. Milundi emeka jekhaja okukukebera? *How many times did you attend ANC?*
No of times DK=96
25. Bweghasoka okukeberegwa amabundha, gali gamyezi emeka? *How old was the pregnancy when you attended ANC for the FIRST time?.....Months DK=96*
26. Kumirundi gyewagya okunhwa obuleezi kuluzalo olwasembayo, abasawo bakuwaku amageezi Kubinno. *During any of your antenatal care visits with health workers during the last pregnancy, were you counseled on: (READ RESPONSES TO MOTHER AND CIRCLE THE APPROPRIATE RESPONSES).*

	Yes	No	Don't know
Okwonsa omwaana nga wakamala okuzala? <i>Breastfeeding immediately after birth?</i>	1	2	96
Akapiso akaziyiza lulalama? <i>Tetanus toxoid vaccination?</i>	1	2	96
Okukuma omwaana omuweere nga abuguma? <i>Keeping the newborn warm?</i>	1	2	96
Endhabirira yakalira komwaana eyakazaalibwa? <i>Proper cord care</i>	1	2	96
Okokozesa omusaawo omutendeke azaalisa? <i>Using a skilled birth attendant?</i>	1	2	96
Okusalawo ekifho mwonazalira Selecting the place for delivery	1	2	96

Ebintu ebikozesebwa mukuzaala? <i>Using Mama Kit</i>	1	2	96
Famile? <i>Family planning?</i>	1	2	96
Okutereka akasente akokwekumisa mukuzaala <i>Saving money for emergency/ delivery</i>	1	2	96
Okutereka akasente akentambula? <i>Saving money for transport?</i>	1	2	96
Endhabirila eyomwaana eyakazaalibwa? <i>How to care for the newborn?</i>	1	2	96
Ebindi, Inonola Others, Specify _____			

1. Ghamiraku Fansidar okusobola okuziyiza omusudha ogwensiri? *Did you take any fansidar tablets in order to prevent malaria* 1. Yes 2. No (skip to 28) 96. DK
27. Ghamiraku dose imeka edha fansidar? *How many fansidar doses?DosesDK=96*
28. Bakukeberaku akawuka akaleta sirimu? *Were you tested for HIV?*
1. Yes 2. No 96. DK
29. Bwebakukebera akawuka akaleta sirimu, bakukoberaku ebyavamu? *If you were tested for HIV, did you receive the results?*
1. Yes 2. No SKIP to 33
30. What was the outcome of the HIV test: 1. positive 2. Negative 96. DK
31. Ekisera kyonakyona nga oli'mabundha gano, wafunaku akapiso akaziyiza lulalama? *At any time during this pregnancy, did you receive any tetanus injections?*
1. Yes 2. No Skip to 35 96. DK Skip to 35
32. Milundi emeka gyebakukuba obupiiso obwalullalama ku mabundha gano? *If yes, how many times did you receive tetanus injections during this pregnancy? _____ times*
33. Nga okali kutola mabundha gano, milundi emeka gyewafunaku akapiso akaziyiza lulalama? *Before this pregnancy, how many times did you receive a tetanus injection?*
No. of Times..... (Indicate 96 if don't know) 96 DK
34. Wamiraku eidhagala lyonalyona eliziyiza okuwamu omusayi? *Did you take any drugs for at least one month to prevent anemia (iron tablets or folic acid or syrup)?*
1. Yes 2.No 96. DK
35. Bwewali amabundha gha (NAME), ghasulaku mukatimba akensiri? *During the pregnancy of (NAME), did you sleep under a mosquito net?*
1. Yes 2.No (skip to 39)
36. Bwe wali amabundha gha (NAME),ghamala emyezi emeka wona wona nga osula mu katimba akensiri? *During the last pregnancy, how many months in total did you sleep under a mosquito net?*
.....Months 96. DK
37. Nga omazze okuzala, omwana wamusuza mukatimba akensiri? *Does this baby sleep under a mosquito net?*
1. Yes 2. No
38. Ate iwe? *What about you; are you sleeping under a mosquito net?* 1. Yes 2. No

Nga obuzayo week ozale ghali oguze/otegheike biino? *A week to the time of delivery, had you prepared/ bought the following : (READ ITEM BY ITEM TO RESPONDENT AND CIRCLE THE APPROPRIATE ANSWER)*

a.	Gloves?	Yes = 1
b.	Akavera Mackintosh	Yes = 1

c.	Ekeleta Razorblade/surgical blade/scissors	Yes = 1
d.	Akawuzi akasiba akalera Thread for tying the cord	Yes = 1
e.	Obulezi obwokuta ku maiso ago mwana Tetracycline	Yes = 1
f.	Empisso Syringes and needles	Yes = 1
g.	Pamba /enfungo cotton wool	Yes = 1
h.	Obugoye bwomaana Clothes for the baby	Yes = 1
i.	Oteleikoku esente edhentambula nebyetago Saved money for transport and hospital needs	Yes = 1
j.	Others (specify)	

39. Nga kw'ebyo ebikolebwa mukunwa obulezi nga oli mabunda, wafunaku ekimu kubino? As part of your antenatal care during the last pregnancy, were any of the following done at least once?(Ask only those who attended ANC)

	Yes	No
a) Wapimwaku obuzito? Was your weight taken?	1	2
b) Bakupimaku pulesa? Was your blood pressure measured?	1	2
c) Wawayoku amaine go? Did you give a urine sample?	1	2
d) Bakutolakuku omusayigwo? Did you give a blood sample?	1	2
e) Bakupima obuwanvu? Was your height taken?	1	2
f) Ever counseled on how to feed yourself	1	2

40. Ebisera ebindhi, amabundha gaba no buzibu obuyinza okugaletera okuvamu oba ighe no omwana okufa.

Bwewali amabundha, bakukoberaku obubonero obwakabi obuyinza okukutukaku? Sometimes pregnancy can have complications that lead to miscarriage or even deaths. When you were pregnant, were you told about the signs of pregnancy complications?

96. Yes=1 No=2 (Skip to 45) DK (Skip to 45)

41. Bakukoberaku agho kujja oba ekyokola nga ofunhye obubonero buno? Were you told where to go or what to do if you got any of the danger signs? Yes=1 No=2 96=DK

42. (FOR THIS QUESTION NO PROBING, CIRCLE ALL MENTIONED) Bubonero ki obulaga nti amabundha gafunhyemu obuzibu obwamanhi? What are some of the signs that may indicate that a pregnancy is in danger?

Vaginal Bleeding	1
High fever	2
Abdominal pain	3
Swelling of hands and feet	4
Convulsions/fits	5
Loss of consciousness	6
Severe headache/Dizziness	7
Yellowing of the eyes and palms (Jaundice)	8
Foul smelling vaginal discharge	9
Others (specify)	
Don't know any signs or symptoms	96

43. (FOR THIS QUESTION READ EACH ITEM TO THE RESPONDENT AND CIRCLE THE APPROPRIATE ANSWER) Bwughali amabundha gha (NAME), gha funaku obubonero buno? Did you experience any of the following signs during the pregnancy of NAME?

SIGNS AND SYMPTOMS

Okuva Omusayi wansi <i>Bleeding</i>	Yes = 1	No = 2
Okuzirikaku <i>Loss of consciousness</i>	Yes = 1	No = 2
Okulumwa nga emyezi omwendha jikali <i>Preterm labor/Labor before 9 months</i>	Yes = 1	No = 2
Okwesika <i>Convulsions/fits</i>	Yes = 1	No = 2
Omubiri okwokya <i>Fever</i>	Yes = 1	No = 2
Okuzimbuluka mu maiso, ebigere nengalo <i>Swelling of the face, hands, feet, or legs</i>	Yes = 1	No = 2
Amaiso agakyenvu <i>Yellowing of the eyes or palms or both</i>	Yes = 1	No = 2
Amadhi agawunya okuva mu bitundu ebyekyaama <i>Foul smelling vaginal discharge</i>	Yes=1	No=2
Omutwe okuluma eino oba Kamunguluze <i>Severe headache/dizziness</i>	Yes=1	No=2
Ebindi (Inonola) Other (specify)		

44. Kumabundha agasembayo nga okali kuzaala, waliwoku omusawo yena yena (*nurse/midwife/TBA/VHT/CHW* etc) eyakukyalilaku ewuwo okkuwa obuyambi oba amagezi? *During the pregnancy of (NAME) , did any healthcare provider (nurse/midwife/TBA/VHT/CHW or other) visit you at home to provide care or advice?*

1. Yes = 1 No = 2 (**Skip to 49**)

45. Musawo kyi eyakukyalilaku ewuwo? *Who was the health provider who visited you at home?(multiple responses possible)*

Doctor /Medical Assistant/Clinical Officer	1
	2
Midwife/Nurse	
Traditional Birth Attendant	3
VHT/CHW	4
Other (specify)	
.....	5

QUESTIONS 49 – 52 ARE ABOUT CHWS' VISITS DURING PREGNANCY

Read to respondent: In this village there is a community health worker trained to visit pregnant women

46. Bwewali amabundha ga (NAME) omuwii wamagezi (VHT) yakukyaliraku ewuwo mumaka okukuwa kumageezi? *During your pregnancy with (NAME), did a community health worker visit you at home?*

1 Yes 2. No (**Skip to 52**) 96. Don't know (**Skip to 52**)

47. Mirundi emeka omuwi wamageezi gyeyakukyaliraku nga oli mabundha ga (NAME) *How many times did the CHW/VHT visit you during your pregnancy with (NAME)?*

1. Once 2.Twice 3. Three times 4.Four or more times 96.96. Don't remember

48. Kunkyalo dhino nga oli mabundha, omuwi wamageezi yakuwaku mageezi ki?

What did the CHW counsel you on during the pregnancy visit(s)?

Multiple responses, no prompting

- To go to facility for antenatal checkup during pregnancy
- TT vaccination
- Take iron tablets
- Danger signs during pregnancy
- Nutrition/feeding
- To rest
- Not to do heavy work
- Putting aside money for emergency
- Ensure emergency transport
- To deliver in health facility
- Ensure a person to escort you to the health facility

- l) Buy/prepare clothes for newborn
- m) Family planning
- n) Breastfeeding
- o) Cord care
- p) Care of low birth weight baby
- q) Advice on drying/wrapping of newborn immediately after birth
- r) Advice on when to bathe the newborn (delayed bathing)
- s) Danger signs for baby after delivery
- t) others, **specify** _____
- u) don't remember

C. CARE DURING DELIVERY

(The following questions are related to care during delivery)

49. Wazalila gha? *Where did you deliver from?*

Hospital	1	
Health centre	2	
Private clinic	3	
TBA's home	4	Skip to 58
Home	5	Skip to 58
On route to hospital or health facility. Find out whether proceeded to the health facility & comment. If proceeded, ask qns.57 & 58	6	Skip to 58
Other (specify).....	7	

50. Wamala kiselaki mwilwaliro ng'omaze okuzaala? *How long did you stay in the facility after you delivered?*

(IF LESS THAN A DAY CODE HOURS, IF LESS THAN A WEEK CODE DAYS, ELSE CODE WEEKS)

No. of hours (IF LESS THAN A DAY)

No. of days (IF LESS THAN A WEEK)

No. of weeks

51. Ani eyakuzalisa? *Who helped you to deliver?*

Health professional/worker	1
TBA	2
Relatives	3
Other (specify)	4

52. Omwana wewamuzalira, endha yali etuuse? *Was baby born at term (37-42 weeks/9 months)?*

- 1. Yes
- 2. No

53. How long was labour 1. < 24hrs 2. >24hrs 3. No labor/CS,

54. Table: Perinatal Complications: was there?			
Prolonged rupture of membranes (>24hrs) before delivery?	1. Yes	2. No	96.DK
Cord prolapse during labor/delivery	1. Yes	2. No	96.DK
Placenta preavia	1. Yes	2. No	96.DK
Uterine rupture	1. Yes	2. No	96.DK
Any other complications	1. Yes	2. No	96.DK

55. Lwaki tiwazalira mwilwaliro? *Why didn't you deliver in a health facility?*

(CIRCLE ALL THAT APPLY AND ASK ONLY RESPONDENTS WHO GAVE BIRTH AT HOME OR TBA)

If yes describe the circumstances.....
.....

65. FOR BIRTHS IN WOMAN'S OWN HOME OR TBA:

Nga omuzalisa akali kuva mumakaago yakebeera ku mbeera yomwaana?
Before the person who assisted the delivery left your house, after [NAME] was born, did he/she check on [NAME'S?] health? 1. Yes **Skip to 71** 2. No **Skip to 72**

66. 74. FOR ALL OTHER BIRTH LOCATIONS (PUBLIC & PRIVATE HEALTH SECTOR):

Nga okali kusibulwa mwilwaliro nga omaze okuzaala, waliwo ku omusaawo yenayena eyakebeera kumbeera yomwaana

Before you were discharged after [NAME] was born, did any health care provider check on [NAME'S] health?
1. Yes 2. No (**Skip to 72**)

67. 75. Anhi eyakebeera omwaana mukisera ekyo? *Who checked on [NAME'S] health at that time?* Circle all responses which the mother mentions unprompted. Then ask, "Is there anyone else." PROBE FOR MOST QUALIFIED PERSON

Skilled Personnel

1. Doctor/Medical Asst/Clinical Officer 2. Nurse/Midwife 3. Other (specify) _____ 96. Don't know

68. 76. Nga omaaze okuzaala, ibanga ki elyabitawo me bakebeera omwaana omulundi ogwasoka? *How long after delivery did the first check for (NAME) take place?* IF LESS THAN ONE HOUR, RECORD '00', IF LESS THAN ONE DAY, RECORD HOURS, IF MORE THAN 24 HOURS RECORD DAYS

Hours.....
Days.....
Don't know..... 96

QUESTIONS 72 – 81 ARE ABOUT CHW VISITS AFTER DELIVERY

69. Omwana ono nga amaze okuzalibwa waliwoku omusawo yena yena eyakukyalilaku ewuwo okkuwa obuyambi oba amagezi nga wakamala okuzaala mumwezi ogwasoka?

After this baby was born, did any healthcare provider (nurse/midwife/TBA or other) visit you at home to provide care or advice in the first month after delivery? 1. Yes 2. No (**Skip to 79**)

70. Musawo kyi eyakukyalilaku ewuwo? *Who was the health provider who visited you at home?* **Multiple responses possible**

- | | |
|---|-------------------------|
| 1. Doctor /Medical Assistant/Clinical Officer | 5. CHW |
| 2. Midwife/Nurse | 6. Other (specify)..... |
| 3. Traditional Birth Attendant | |
| 4. VHT | |

71. Nga (NAME) amaze okuzaalibwa, eliyo omuntu yenayena eyategeza omuwii wamageezi?

After (NAME) was born, did anyone inform the CHW about the birth?

1. Yes 2. No (**Skip to 76**) 96. Don't know (**Skip to 76**)

72. Wabitawo ibanga kyi ngo'mwaana azaalibwa, me omuwii wamageezi ategezebwe?

How long after (NAME) was born was the message communicated to the CHW?

HoursDays96. Don't know

73. Nga (NAME) azaalibwa, omuwii wamagezi yakukyaliraku awaaka mumwezi ogwasooka? *After (NAME) was born, did a CHW visit you or the baby at home within the first month after birth?*

96. Yes 2. No (**Skip to 82**) 96. Don't know (**Skip to 82**)

74. Omuwii wamagezi yakukyaliraku emirundi emeeka ewaaka mu mwezi ogusoka nga omwaana azaalibwa?

How many times did the CHW visit you within the first month of your baby's birth?

1. Once 2. Twice 3. Three times 4. Four or more times 96. Don't remember

75. Wabitawo ibhanga kyi ngo'maze okuzaala (NAME) memale omuwi wamagezi akukyalire:

- a, Omulundi ogwasoka? 1st visit Days 96. DK
 b, Omulundi ogwokubiri? 2nd visit Days Not applicable if visited once 96. DK
 c, Omulundi ogwokusaatu? 3rd visit Days Not applicable if visited twice 96. DK

76. Omuwii wamageezi yakuwaku mageezi kii kubigemagana nobulamu bwomwaanawo kunyalo dhino?
What did the CHW discuss/counsel you on with regard to the health of your baby during the visit/s?

(Multiple response, unprompted)

- | | |
|-------------------------------------|------------------------------------|
| 1. Keeping the baby warm | 7. Immunization |
| 2. Proper cord care | 8. Referral of sick baby |
| 3. When to bathe the baby | 9. Others (specify) |
| 4. Danger signs of the baby | 10. Did not provide any counseling |
| 5. Seek Care from a health facility | 96. Can't remember |
| 6. Breastfeeding | |

77. Omuwii wamageezi yakuwaku mageezi kyi kubigemagana nobulamu bwo kunyalo dhino?
What did the CHW discuss/counsel, you on with regard to your own health during any of the visit/s?

Multiple responses, unprompted:

- | | |
|---|--|
| 1. Health Care of the mother (nutrition, hygiene,) | 6. Counseled on other methods of family planning after birth |
| 2. Seeking care at the health center when ill | 7. Others (specify) |
| 3. Gave advice regarding proper technique of breastfeeding | 8. Did not provide any counseling |
| 4. Danger signs of the mother after delivery | 96. Can't remember |
| 5. Counseled on Lactation amenorrhea as a method of family planning | |

78. Buuti tugya kuwayamuku kubigema kumuwii wamageezi byeyakola kulwo buulamu bwomwaana kunyalo edho?

Now I would like to talk to you about what the CHW did during the home visit(s) for the health of you and your baby?

Did the CHW: **(READ AND CIRCLE ALL MENTIONED)**

	Yes	No	DK
A. Checked (NAME's) cord?	1	2	96
B. Checked (NAME's) temperature?	1	2	96
C. Checked (NAME's) breathing, breastfeeding, wellbeing)	1	2	96
D. Took NAME's foot length	1	2	96
Probe: By temperature check I, mean did the CHW feel NAME's forehead?			
E. Check you for bleeding?	1	2	96
F. Check your temperature?.....	1	2	96
Probe: by check, I mean did the CHW feel your forehead?			
G. Tell you how to recognize that NAME might be sick/need treatment?	1	2	96

79. Oluvainuma olwokuzaala, bubonero kyi obulaga nti omukazi ali mubuzibu? *What are some of the signs following delivery that indicate that a woman is in danger? Testing knowledge (NO PROBING, CIRCLE ALL MENTIONED)*

SIGNS AND SYMPTOMS	YES = 1	NO = 2
Excessive/abnormal Bleeding	YES = 1	NO = 2
Loss of consciousness	YES = 1	NO = 2
Convulsions/fits	YES = 1	NO = 2
Fever	YES = 1	NO = 2
Swelling of the face, hands, feet, or legs	YES = 1	NO = 2
Yellowing of the palms or eyes	YES = 1	NO = 2
Foul smelling vaginal discharge	YES = 1	NO = 2
Others Specify.....		

80. Wafunaku obubonero buno mumwezi ogwasooka nga omaze okuzaala?

Did you (the mother) experience any of the following signs during the first month after delivery? (PLEASE READ OUT TO THE RESPONDENT AND CIRCLE THE APPROPRIATE CODE)

SIGNS AND SYMPTOMS		
Excessive/abnormal Bleeding	YES =1	NO = 2
Loss of consciousness	YES =1	NO = 2
Convulsions/fits	YES =1	NO = 2
Fever	YES =1	NO = 2
Swelling of the face, hands, feet, or legs	YES =1	NO = 2
Yellowing of the palms or eyes	YES =1	NO = 2
Foul smelling vaginal discharge	YES =1	NO = 2
Others Specify.....		

81. Wazalila kukyi? *On which surface did the delivery take place?* (READ TO THE RESPONDENT AND CIRCLE THE APPROPRIATE CODE)

- | | |
|--|-------------------------------------|
| 1. Kuleeba mwilwaliro (Labour bed in hospital/Health unit) | 4. Wansi ku lugoye (Cloth on floor) |
| 2. Ku Leeba ewomusawo owo kukyalo (“Labour bed” at TBA) | 5. Wansi awelere (Bare floor) |
| 3. Wansi ku kavera (Machintosh on floor) | 6. Other (specify) |

82. Bakozesa kyi okusala akalela? *What instrument was used to cut the cord?*

- | | |
|---|---|
| 1. New and Un used razor blade (skip to 87) | 5. Other (specify)..... |
| 2. Used razor blade | 96 Don't know/don't remember (Skip to 87) |
| 3. Scissors | |
| 4. Knife | |

83. Ekyakozesebwa okusala akalera k'omwaana kyali kifumbibwaku?

Was the instrument used to cut cord boiled prior to use?

1. Yes
2. No
96. Don't know

84. Walongosa otya akalera k'omwaana munaaku eisatu edhasooka? *How did you clean the baby's cord in the first 3 days?* (DO NOT PROMPT)

1. Washed with water only
2. Washed with water and soap
3. Washed with salted water
4. Washed with disinfectant/spirit/alcohol
5. Other (Specify).....

85. Kyiki kyewata kukalera okuva lwebakasala okutusa lwekawonera?

What was put on the cord from the time it was cut until it fell off to help it heal? (Circle all mentioned, DO NOT PROMPT)

1. Nothing
2. Medical drugs
3. Powder
4. Ash
5. Salty Water
6. Other (Specify).....

86. Omwaana yanazibwa luvainuma lwa ibhanga kyi, omulundi ogwasoka nga yakamala okuzaalibwa?

How long after delivery was (NAME) bathed for the first time?

Immediately (code 00) _____

Hours _____
Days _____

87. Oyo eyakuzalisa yakukobera ku bino?

Did the attendant at delivery counsel you on the following? (PLEASE READ FOR THE RESPONDENT AND CIRCLE THE APPROPRIATE CODE)

	YES	NO	DK
Okwonsa <i>Breastfeeding</i>	1	2	96
Okukuma omwana nga abuguma <i>Keeping the baby warm</i>	1	2	96
Okulabilira akalira <i>Cord Care</i>	1	2	96
Obubonero obwakabi eri omwana <i>Danger signs of the newborn</i>	1	2	96
Omugaso gwo'kugya mwidhwaliro <i>Importance of health facility visit</i>	1	2	96
Ebya famile <i>Family planning</i>	1	2	96
Okugema <i>Immunization</i>	1	2	96

F. POSTNATAL CARE

(This section refers to care for the mother and baby after delivery)

88. Omwana mwamutangira mutya empewo nga yakamala okuzalibwa?

How was warmth of (NAME) maintained after birth? Ask for anything else? (MARK WHATEVER IS MENTIONED)

1. Contact with mother's skin

2. Wrapping in cloth

3. Wearing cap on head

4. Wearing socks

5. Delayed bathing

6. Other (specify).....

89. Omwaana ono yamala ibanga kyi nga amaze okuzaalibwa me atebwe lususu ku lususu mukifuba kya maama we?

How soon after delivery was (NAME) placed skin to skin with the mother for the first time?

HOURS MIN 96. Don't know 1. Never

90. Wamala ibhanga kyi nga omwaana atereibwa lususu kulususu mukifuba kyo?

For how long (total) was (NAME) placed skin to skin with the mother after birth

MINUTES

HOURS

DAYS

WEEKS

Don't know96

91. Mu mweezi ogwasooka watwalaku omwaana mwilwaliro okumukebera?

Within the 1st month after delivery, did you ever take your child to a health facility for checkup?

1. Yes 2. No **(Skip to 97)**

92. Omwana yali wabbanga kki ghewamutwalira okumukebera mwilwaliro mu mwezi ogwasooka?

How old was the baby at the time of first checkup at a healthy facility (FILL IN WEEKS IF BABY WAS MORE THAN ONE WEEK) Weeks _____ Days _____

93. Milundi emeeka gyewamutwala okumujjanjaba mwilwaliro mu mweezi ogwasooka?

How many times did your baby have CHECK UPS at the health facility in the first month after delivery?

No. of times..... 96. DK

94. Omwaana Bamugema kku? Was NAME Immunized 1. Yes 2. No **(SKIP TO 105)** 96. DK **(SKIP TO 105)**

95. Omwaana yali yenkanawa me affune BCG (Okumugema T.B) days _____, Months _____

96. Okugema kw'omwaana kugemagana n'obukulu bwe? Is baby immunized up to date? **(ask for the card)**

1. Yes 2. No 96. DK

97. Nga omaze okuzaala ghabitagho kiseera ki me ontandiike okwonsa?

How long after birth did you FIRST put the baby to the breast?

(READ FOR RESPONDENT AND CIRCLE ALL MENTIONED)

SIGN OR SYMPTOM	YES	NO	DK
1. Okwesika <i>Convulsions or fits</i>	1	2	96
2. Omwana obutonka bulungi oba okulekera okwonkera irala <i>Inability to feed adequately or cessation of sucking</i>	1	2	96
3. Omwana owamu amani/Okuzilikaku <i>Lethargy (very weak) or loss of Consciousness</i>	1	2	96
4. Eidhondo lyomwana okumyukilira <i>Redness of the umbilicus extending to the skin of the abdomen</i>	1	2	96
5. Okusesema obutatola'ku/oba okuzimba endha <i>Persistent vomiting and/or abdominal distention</i>	1	2	96
6. Okwiisa buubi/einho <i>Difficulty breathing/Fast breathing</i>	1	2	96
7. Okusuwirila omubiri <i>Fever (body feeling hot)</i>	1	2	96
8. Omubiri okwinogoga einho <i>Unusually cold body temperature</i>	1	2	96
9. Obuzito bwomwana nga butonoinho <i>Newborn too small/below normal Weight</i>	1	2	96
10. Omwana nga wa kyenvu <i>Infant is yellow/jaundice</i>	1	2	96
11. Amaiso okuzimba nokumyuka/ amanini okuva mumaiso <i>Red swollen eyes, discharge from eyes</i>	1	2	96
12. Omwana okalambala <i>Infant is rigid</i>	1	2	96
13. Okwidhukana <i>Diarrhea</i>	1	2	96
14. Ebindi Other (Specify).....	1	2	96

If child experienced at least one reported complication in Qn.107 above, then ask Qns. 108 to 112:

105. Wafuna obwidhandhabi bwa (NAME) bweyali alwaire? *Did you seek treatment for (NAME's) illness?*

1. Yes 2. No **(Skip to 116)** 96. Don't Know **(Skip to 116)**

106. Wafuna wa obwidhandhabi bwa (NAME) *Where did you seek treatment for (NAME)?*

SEQUENCE OF CARE

1st 2nd 3rd 4th 5th

Public sector

- Govt. hospital A
 Health center B
 Other public (specify) _____ C

Private Medical Sector

- Private hospital/clinic D
 Drug shop E

Community

- Traditional healer home F
 Other..... G

107. Ani eyaidhandhaba (NAME)? *Who treated / cared for the baby? Anyone else?*

Probe for any other person seen and circle all answers given.

Health professional:

- Doctor/Clinical Officer.....1
 Nurse/Midwife2
 Nursing assistant.....3

Other person:

- Traditional birth attendant 4
 Community health worker 5
 Traditional healer.....6
 Relative/friend 7
 Other (specify) _____ 8

108. Omwaana bweyalwala wabitawo ibhanga kyi me omutwale okufuuna obwidhandabi omulundi ogwasoka?

How much time after illness started, was NAME first taken outside the home for care?

IF IMMEDIATELY AFTER THEN WRITE 00 IN HOURS, IF LESS THAN 1 DAY THEN WRITE IN HOURS.

Hours

Days

96. Don't Know

109. Bwoba nga tiwafuna bwidhandhabi wantu wonawona, wakolawo kyi? *If you did not seek care outside the home, what did you do?*

1. Gave herbal medicine at home

5. Others (specify).....

2. Gave western medicine that was in the home

3. Continued with usual care at home

4. Consulted neighbor

110. (NAME) yaliku nobuzibu bwonabwona oluvanyuma lwo omwezi ogusooka nga?

Did (NAME) have any problems after the first month?

1. Yes

2. No **Skip to 115**

111. Oba yii, buzibu kyi bweyali nabwo? *If yes, what were the problems?*

1. Baby very weak/inactive

7. Baby yellow in colour

2. Baby's body feeling hot

8. Difficulties in sleeping

3. Baby having difficulty in breast feeding

9. Episodes of excessive crying

4. Difficulty in breathing

10. Problems with feeding/swallowing

5. Seizures/convulsions

11. Others (specify).....

6. Very small/Failure to thrive

112. Omwaana yakalwaala emilundi emeka awamu okuva lwewamuzaala? How many times in total has baby been sick since birth? _____

113. Omwaana yakatwalibwa mudwaliro emirundi emeka okumujjanjabwa? How many times has baby been taken to health facility for treatment since birth? _____

114. Omwaana yakaweebwa ekitanda mulwaliro emirundi emeka? How many times has baby been admitted since birth? _____

115. Omwaana onno akali mulwaiire? Is the baby still sick? Yes1 No2 (**SKIP to 120**)

116. Do you feel that other people because of his/her illness prefer to avoid him/her?

Yes...1 No....2 DK..96

117. Current anthropometric measurements:

i, WeightKgs ii, Height.....cm iii, Weight for height.....

iv, Head circumference cm v, MUAC

QUESTIONS 121 – 134 ARE TO BE ASKED ONLY WHEN THE BABY WEIGHED LESS THAN 2.5KG AT BIRTH OR WAS SMALLER THAN AVERAGE (Check questions 61 & 62 Only babies smaller than average will be asked)

118. Omwaana yazalibwa nga emyezi gyiweireyo? *Was (Name) born at term?*

1. Yes (**Skip to 123**)

2. No

96. Don't know (**Skip to 123**)

2.

119. Oba nga eibanga lyali likaali, emyezi/wiiki imeka edhali dhibulayo? *If no, how many months/weeks before the expected date was (name) born? Months..... Weeks.....*

120. Wonawona omuwii wamageezi yakukyalira emirundi emeeka ewaaka okukuwa kumagezi nga omaze okuzaala? *In total, how many times were you visited by the CHW after delivery?*

121. Olwokuba omwaana wo yali mutono inho, wajya mwilwaliro emirundi egiweraku? *Did you make extra visits to the health facility because your baby was small?*

1. Yes

2. No

122. Omuzaalisa yakuwaku amageezi kundhabirila eya'bana abazaalibwa nga batono inho? *Were you given any information on how to care for small babies by CHW/person who assisted in delivery?*

1. Yes 2. No **(Skip to 130)**

123. Yakuwa mageezi kyi? *What were you told? (Circle all mentioned)*

1. More frequent breastfeeding 5. Extra PNC visits
2. Skin-to-skin care/KMC 6. Other (Specify) _____
3. Delay first bath for a week or longer 96. Don't remember
4. Took baby to health facility

124. Mule owulira nga amageezi gebakuwa gakuyamba okulabilira omwaana wo bulungi? *Do you feel the information you received was beneficial to help you care for the baby well?*

1. Yes 2. No 96. DK

125. Wasobola okola ebyo byonabyona byebakukoba okola? *Were you able to do all that you were told?*

1. Yes **(Skip to 136)** 2. No

126. Oba bbe, Iwaaki? *Nhinongolaku If No why? Explain*

Olwokuba (NAME) yali mutoono inho, mwamutwala mwilwaliro okufuna obwidhandhabi obwendhawulo?
Because your baby was small, was [NAME] taken to a health facility for special care?

1. Yes 2. No 96. DK

127. (NAME) yafunaku obwidhandhabi obwendhawulo bwebeta KMC kwilwaliro? *Did (NAME) receive Kangaroo Mother Care (KMC) at a health facility (Probe: by KMC I mean.....)*

1. Yes 2. No (If No, END) 96. DK (If No, END)

128. Nga omaze okuzaala, wabitawo ibhanga kii me otandike endhabilira ya KMC? *How many hours, days or weeks after the birth of (Name) did the KMC start? If less than one day, record hours, If more than one day, record days.*

Hours after birth ..1

Days after birth....2

Weeks after birth..3

Don't Know 96

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129. Ibhanga kyi lyewamala nga okola KMC mwilwaliro? *For how many hours, days or weeks did (NAME) receive KMC in the health facility?*

If less than one day, record hours, If more than one day, record days.

Hours after birth ..1

Days after birth....2

Weeks after birth..3

Don't Know 96

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130. Ibhanga kyi lyewamala nga ogya mumaiso nenkola eno eya KMC ewaka? *For how long did you continue with KMC at home?*

Hours after birth1

Days after birth.... 2

Weeks after birth 3

Don't Know 96

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Thank the respondent

END TIME:

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