



SCIP Nampula Baseline Survey Report

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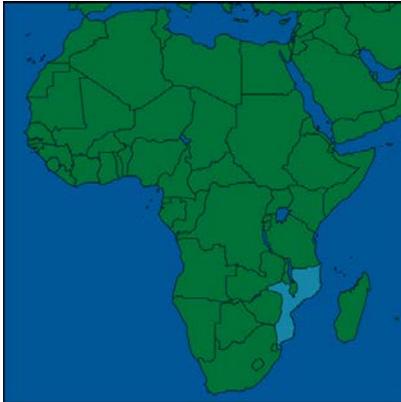
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Abbreviations

ACT	A Artemisinin-combination therapy
ANC	Antenatal care
BCG	Tuberculosis vaccine
CHW	Community health worker
CLUSA	Cooperative League of the United States of America
CT	Counseling and testing
DHS	Demographic and Health Survey
DPT	Diphtheria pertussis and tetanus
EA	Enumeration area
GOM	Government of Mozambique
HIV	Human immune-deficiency virus
INE	Instituto Nacional de Estatísticas (National institute of statistics)
ITN	Insecticide treated nets
IUD	Intrauterine device
LAM	Lactational amenorrhea method
M&E	Monitoring and evaluation
MICS	Multiple indicator cluster survey
MYAP	Multi-year assistance project
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PSI	Population Services International
PSU	Primary sampling unit
SANA	<i>Segurança Alimentar Através de Nutrição e Agricultura</i>
SBA	Skilled birth attendant
SCIP	Strengthening communities through integrated programming
STI	Sexually transmitted infection
USG	United States Government
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Section 1: Background



Mozambique is a low-income country located in south east Africa. After 16 years of civil war, ending in 1992, the country has seen rapid economic growth. For example, from 1997 to 2009, economic growth averaged 8.4% per year (GOM, 2010). However, the country is ranked 165th of 169 countries on the human development index (UNDP, 2010) and approximately three fourths of the population lives on less than US\$1 a day. The country is vulnerable to drought and floods and depends on external assistance in many sectors. The AIDS epidemic threatens the country's development. Prevalence of HIV is 11% (INS, 2010). The commitment and efforts of the Government of Mozambique (GOM) and donors have resulted in improvements in many health outcomes. For example, modern contraceptive use increased from 6% to 17% between 1997 and 2003 (DHS, 2003), and improvements in health service utilization have reduced mortality among children under age 5 from 200 deaths per 1,000 live births to 152 over the same period (DHS, 2003). Recent data suggest continued declines but the maternal mortality rate remains high, at 410 maternal deaths per 100,000 live births, and infant mortality is 90 out of 1,000 live births (UNICEF, 2010).

Mozambique has experienced rapid population growth with the total population increasing from 16.1 million in 1997 to an estimated 21.3 million in 2009. Just over one-third of the population lives in urban areas and 48% of the population is below the age of 15 (INE, 2011).

Nampula Province, located in Northern Mozambique, is the most densely populated area of Mozambique outside Maputo. It has favorable agro-ecological conditions, with better agricultural potential than much of the country, yet poverty and poor health are pervasive. The 2008 Multiple Indicator Cluster Survey (MICS) shows an infant mortality rate of 109/1000, the second highest in the country (UNICEF, 2010); over 40% of children under five are stunted; completed immunization rates for children under one are low; and female literacy among youth is only 62% (UNICEF2010). Further, contraceptive prevalence is 7.2% and HIV prevalence is 8.1%. Only a third (32.2%) of the population has access to safe drinking water and about one third of the population has a latrine (World Bank, DHS 2003).

The Strengthening Communities through Integrated Programming (SCIP) project in Nampula Province, Mozambique, is a five-year project funded by the United States Agency for International Development. SCIP is designed to improve quality of life at the household and community levels by improving health and nutritional status and increasing household economic viability. The SCIP project, which addresses health, water and sanitation and youth farmer's development, works at the provincial, district, and community levels in 14 districts of Nampula in collaboration with government and other development partners. The project is being carried out by a consortium of five members: Population Services

International (PSI), World Relief, Care, Cooperative League of the United States of America (CLUSA) and Pathfinder International, and operates under the leadership of Pathfinder International.

SCIP supports Mozambican government efforts to achieve the following results:

1. Improvement in access and availability of quality health goods and services;
2. Adoption of appropriate health practices and health-seeking behavior;
3. Increase in accountability of community and district health structures to the people they serve;
4. Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems;
5. Increase in availability and use of clean, multi-use water; and
6. Improvement of sanitation facilities and hygiene practices in target communities.

The project strategy is to create progressive, transformational change by applying targeted packages of interventions designed to respond to prevailing conditions and leverage other resources to have the greatest impact. The targeted packages are designed to horizontally and synergistically integrate project activities across geographic regions and technical sectors, providing coordinated, efficient implementation, complete with stakeholder engagement. All interventions are designed to promote gender equity and inclusion, and prevent fragmenting local participation or intensifying social inequality.

SCIP's implementation strategy builds on the Government of Mozambique's decentralization of decision-making and accountability, with a focus on local capacity and sustainability by strengthening community resources and institutions, as well as on collaborating with actors involved in providing services at the community level. The project will be evaluated by assessing indicators along a *chain of evidence*. These indicators reflect the program logic that underlies the entire SCIP project, from output indicators that show activity completion, to the direct result of these activities (measured through effects) and outcome indicators which measure combined outcomes of all project supported activities. These outcome indicators are measured among household members, the project's ultimate beneficiaries. Baseline and endline are the key tools that will be employed to measure outcome, or key project, indicators.

Objectives of the survey

Data from the baseline and endline surveys conducted by SCIP will enable the Consortium to understand whether health status has improved among the population in the intervention areas, and in concert with the monitoring data, will facilitate an understanding of the role of the program in changes that occur.

The specific objectives of this baseline survey were to:

- Determine baseline levels of key indicators in the project areas, both for assessing change over the course of the project and for setting project targets;
- Collect information on the socio-demographic characteristics and health situation of beneficiaries;
- Analyze behaviors and practices that affect health and child survival; and
- Investigate challenges for health promotion and prevention activities.

Key indicators that will be assessed through the survey include:

- % of households with a pregnant woman and/or child less than five years of age with at least one insecticide treated net (ITN)
- % of pregnant women and children who slept under ITN night before
- % of pregnant women receiving complete package of antenatal care services (ANC)
- Median age at first sex
- % of women of reproductive age in target districts using modern contraceptive methods
- % of women who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner
- % of deliveries with a skilled birth attendant (SBA) in United States Government (USG)-assisted programs
- % of women who have received vitamin A at least once within 6 weeks post-partum
- % of children 12-23 months old in target districts who are fully immunized
- % of children 0-5 months old in target districts who are exclusively breastfed
- # of people in target areas with access to improved drinking water supply as a result of USG assistance
- % of the population using improved sanitation facilities
- % of households practicing sustained use of water treatment technologies
- % of caregivers demonstrating proper personal hygiene behaviors
- % of caregivers demonstrating proper food hygiene behaviors

Organization and methodology of the survey

Sample design

The sample is a multi-stage stratified sample that was selected from the *III Recenseamento Geral de População e Habitação* database by the Instituto Nacional de Estatísticas (INE) in August 2007. The survey covered the areas in which SCIP will be working, not the entire province of Nampula, in order to provide more precise estimates of program effects. A list of the project localities was provided in order to identify the appropriate areas in the database.

The sample was stratified into two types of areas: complementary and specialized packages, each one considered as a domain of analysis.

The *Complementary Package* of interventions is being implemented in nine districts (Angoche, Namapa-Erati, Meconta, Memba, Mogovolas, Moma, Monapo, Nacala-Porto, and Nacala-Velha) where Title II^[1] programs (SANA project) are ongoing. Among these 9 districts, 5 of them (Erati, Memba, Monapo, Nacala Velha and Nacala Porto) are also benefiting of WASH interventions, including access to potable water and latrine use. Building on and working in close collaboration with Title II, SCIP train the SANA community volunteers to provide Family planning counseling and referrals linked to health facilities. In addition SCIP will train the *animadoras* in the areas of PMTCT, OVC and chronically ill patients in the framework of the continuum of care.

The *Specialized Package* is being implemented in four districts (Ribaué, Nampula Rapale, Mecuburi, Malema) and two areas of Nampula City (Namutequeliua e Mutauanha) that do not have Title II activities. These districts are benefiting from a more intensive package of interventions covering the whole four districts and two areas of Nampula city.

In both areas, SCIP is implementing a *Foundation Package*, which is designed to strengthen health systems; work with a variety of community health workers to disseminate health education and change health and hygiene behavior, to implement an HIV prevention program including community counseling and testing and the operationalization of an OVC program.

The sample was designed to obtain a separate estimate for each intervention package with 95% of confidence and an acceptable coefficient of variation (below 10%) for the main project indicators. Thus an independent sample was selected in each stratum (specialized and complementary). Within each stratum, the census enumeration areas (EAs) were stratified as urban or rural according to the official classification from INE. Within each type of area (rural and urban), implicit geographic stratification was applied by ordering the sampling frame by district, administrative post, locality, village, control area and enumeration area. This ordered frame provided proportional representation of the sample by area of residence within each stratum.

^[1] Title II is the US government-funded Food for Peace Multi-Year Assistance Program (MYAP).

At the first sampling stage the sample primary sampling units (PSUs, which are the same as the census EAs) were selected within each sub-stratum (urban and rural) systematically with probability proportional to size (PPS) from the ordered list of PSU in the sampling frame. The measure of size for each PSU was based on the number of households in the sampling frame based on the final data from the 2007 Census. At the second stage, within each sample PSU, a sample of 22 households was selected with equal probability.

In order to maintain the effective sample size and the interviewer workload in each sample PSU, a sample of three potential replacement households was selected for each PSU. Within each sampled household an exhaustive sample was taken, that is, all women aged 15-49 and all caretakers of children less than 3 years old were interviewed.

The initial sample comprised 2,640 households in 120 PSU.

Survey instruments

Three types of questionnaires were used: i) household; ii) women age 15-49 years; and ii) care takers of children less than 3 years old. The questionnaires were developed based on standard international questionnaires (DHS, AIDS Indicator Survey (AIS), and MICS. Questions were also incorporated from USAID's Environmental Health Project (EHP 2004) and the joint WHO/UNICEF document entitled: Core questions on drinking-water and sanitation for household surveys (WHO/UNICEF 2006).

The household questionnaire was used to list all the usual members and visitors in the selected households. Its main purpose was to identify eligible respondents for the individual interviews. It included some basic demographic information on each person listed in the household as well as information about the household's dwelling, ownership of durable goods and use of insecticide treated bed nets.

The woman's questionnaire was used to collect information from all women aged 15-49 in the selected households. Women were asked questions about their:

- Background characteristics
- Reproductive history
- Knowledge and use of contraceptive methods
- Antenatal, delivery and postpartum care
- Child health and nutrition
- Marriage and sexual activity
- Awareness and behavior regarding HIV and other sexually transmitted infections (STIs)

The caretakers' questionnaire was targeted to caretakers of children less than 3 years old. It collected basic information on the relationship of the caretaker with the children and knowledge and behaviors related to hygiene, sanitation practices and food preparation.

The questionnaires were developed in English and translated using existing translations of survey questions (e.g., from DHS or AIS) where available. Training addressed how to translate terms into Macua but each interviewer actually did the translation orally because Macua is not a written language. A pretest of all three data collection instruments was conducted in one urban and one rural area of Nampula where SCIP is not working. The pre-test was authorized by the Municipal Council of Nampula Province and all relevant district administrations.

Training of field staff

SCIP recruited and trained field staff to serve as interviewers, field editors and supervisors. The potential interviewers were identified by the head of the Statistical Department of the regional National Statistics Institute in Nampula based on past survey experience and fluency in Macua. Forty-five people participated in the training held in Nampula from September 27th to October 8th, 2010. SCIP monitoring and evaluation (M&E) staff and experienced trainers from Eduardo Mondlane University and INE conducted the training which included lectures, presentations, practical demonstrations, practice interviewing in small groups and field practice. The final interviewers were selected based on an assessment administered on the last day of training and observations during the training, particularly the field practice.

Supervisors and field editors were also selected from the training participants based on the written assessment and performance during field practice. They received an additional 2 days of training to increase their knowledge of their responsibilities and the team's role.

Fieldwork

Five teams of 4 interviewers, a field editor, a supervisor and a driver began work on October 15th, 2010. Fieldwork was conducted in two phases, the first covered 26 enumeration areas in the more easily accessible districts of Nampula City and Nampula Rapale, to allow for more intensive supervision during the initial data collection, while the second phase covered the remaining districts, with teams assigned to specific districts.

Before field work began in any area, the local authorities were contacted. Initially, permission was obtained from the National Bioethics Committee, Minister of Health, Vice-President of the National Statistics Institute, Provincial Health Directorate and finally by the administrations of each district covered by the study.

Supervision was coordinated from the SCIP office with SCIP staff visiting teams regularly during the first Phase, which, as noted above, was conducted in areas closer to Nampula. Throughout the data collection the SCIP team maintained close contact with the field teams through daily phone calls. Supervisors called the SCIP team with questions and the supervisors checked in at least once each day with each team to assess progress and to discuss any challenges faced. Fieldwork was completed in the first week of December 2010.

Data were sent to the SCIP office in Nampula once data collection was completed in a cluster. Questionnaires were checked in on a log sheet and one randomly selected set from each cluster was

reviewed and any problems identified were discussed with the field editors and supervisors. The questionnaires for the cluster were then packaged together and shipped to Maputo for data entry.

Sources of error

The questionnaire was printed in Portuguese because most people who speak Macua do not read it. Although translation into Macua was addressed during the training, with interviewers discussing the correct translation of questions and responses, it was not possible to ensure the consistency of the translations. This may have led to some bias if particular interviewers used translations that were markedly different.

The boundaries of the enumeration areas were to be determined based on maps provided by INE. In some circumstances, the interview teams had difficulty determining the boundaries and in some cases there were no maps available. In such case, the teams were instructed to follow the list of enumeration areas (EA) or Primary Sampling Unity (PSU) to locate each EA according to the field logic (that is, District – Administrative Post, Locality) and Name N1 and Name N2. Note that, Name N2 is a small geographic space with clearly identified boundaries where the listing of household can be done in any survey that use the official sampling frame (INE sampling frame). The leaders of the villages (guias locais) are very familiar with the boundaries of each Name N2 and those boundaries match with the boundaries given in INE's Maps.

No household listing was available for the enumeration areas. Thus, when a team arrived in a new EA, their first task was to list the households in the area. Interviewers were trained to include all households, regardless of how distant they were and of their socioeconomic status but it is possible that some households were excluded because interview teams were not comfortable accessing them.

In order to avoid selection bias in the field, the list of replacement households was provided to the supervisors to be used in case one of the original sample households could not be interviewed. The supervisor first made a strong effort to complete the interview for the original sample household before deciding to replace it.

One cluster had to be dropped from the survey because of a diarrhea outbreak at the time that the interviews were scheduled. No one was willing to respond because of concerns that these data could be used in a negative way.

Data processing

Data processing was overseen by a supervisor and assistant supervisor who are both INE staff. Data were entered by 20 data entry operators working in two shifts on 10 computers. All data were double entered in version 4.0 of CsPRO using a data entry program developed by INE staff for the questionnaires. Any inconsistencies were reviewed against the questionnaire by a data editor and corrected. The data entry was completed in mid-January 2011.

Analysis

The analyses were conducted in Stata V 11.0 (StataCorp, 2009) using the survey commands, to take into account stratification and clustering. Data were weighted using the inverse of the probability of selection. Certain analyses are not possible using the survey commands in Stata, particularly estimates of medians. Thus, some estimates (e.g., median age at first sex) were produced using unweighted data and do not take into account the clustered nature of the data.

The analysis of the area covered by the specialized package is presented both with and without Nampula City because Nampula city is substantially different from the rural areas in terms of the sociodemographic characteristics of the women who live there and the availability of and access to health services. Furthermore, for indicators of water, sanitation and hygiene, results for the area covered by the complementary package are disaggregated because relevant activities are only being implemented in 5 districts, referred to as WASH in this report.

Response rates

Table 1.1 shows the household and individual response rates for the SCIP baseline survey. A total of 2,612 households were selected and the head of household was interviewed in each one. The high level of response is likely because the household listing was done just prior to interview. In these households, 2,350 women aged 15-49 were identified and 2,315 of them were successfully interviewed giving an overall response rate of 98.5%. Of the 1,224 caretakers of children under 3 who were identified, 1,220 were interviewed for a response rate of 99.7%.

Table 1.1 Response rates for households, women and caregivers by intervention package

	<u>Intervention Package</u>			
	<u>Specialized</u>	<u>Specialized (w/o Nampula city)</u>	<u>Complementary</u>	<u>All households</u>
Household interviews				
Households selected	1,326	1,083	1,304	2,630
Households interviewed	1,315	1,074	1,298	2,613
Household response rate	99.17%	99.17%	99.54%	99.35%
Interviews with women age 15-49				
Number of eligible women	1,218	923	1,132	2,350
Number of eligible women interviewed	1,185	908	1,129	2,314
Eligible woman response rate	97.29%	98.37%	99.73%	98.47%
Interviews with caretakers of children under 3				
Number of eligible caretakers	633	523	589	1,222
Number of caretakers women interviewed	631	522	589	1,220
Caretaker response rate	99.68%	99.81%	100.00%	99.84%

Section 2: Results

Household population and characteristics

Figure 2.1 show the reported distribution of the household population in five-year age groups, by sex. The population under age 15 constitutes 51% of the total population, reflecting the young age structure.

Figure 2.1 Age and sex distribution of household members

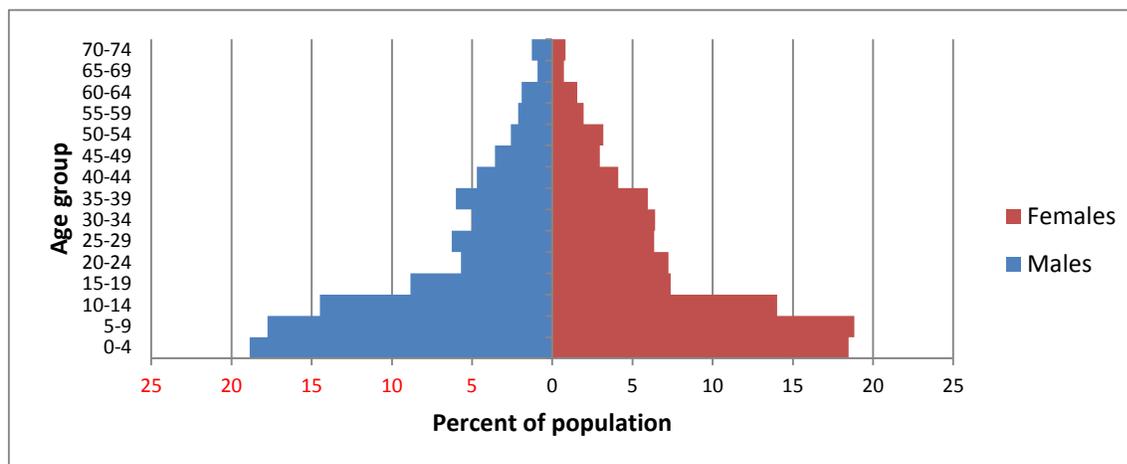


Table 2.1 shows the composition of the households that were included in the survey, by intervention area. The majority of households are headed by males with just under 20% headed by females. The average household has just over four members but over 30% of households have six or more members. Household size is slightly smaller in the areas covered by the complementary intervention package than it is in the areas covered by the specialized intervention package. Overall 14.1% of the households have at least one orphan (age < 18 years and one or both parents deceased); this varies by area with a larger proportion of households in the specialized area having orphans (19.2 vs 11.1%).

Table 2.1 Percent distribution of household heads and number of usual residents by intervention package

	Intervention Package			All households
	Specialized	Specialized (w/o Nampula city)	Complementary	
Sex of household head				
Male	80.55	79.56	81.20	80.96
Female	19.37	20.34	18.80	19.01
Mean of usual household members				
1	4.97	5.66	6.06	5.65
2	11.79	12.26	15.27	13.97
3	17.99	19.77	17.68	17.79
4	16.28	17.49	16.41	16.36
5	15.94	14.73	17.06	16.64
6+	33.04	30.09	27.52	29.58
Mean size of households	4.7	4.7	4.3	4.4
Households with orphans	19.12	18.20	11.08	14.08
Number of households	1,315	1,074	1,298	2,613

Table 2.2 provides information on characteristics of the houses in which the participants live. Only 7.9% of the households have electricity, though this varies substantially between the areas covered by the specialized package (16.3%) and those covered by the complementary package (2.9%). Such a difference is apparent for all housing characteristics. For example, while 16.3% of households covered by the specialized package live in dwellings with non-natural floors, only 3.9% of those covered by the complementary package do. Households in the complementary districts were also somewhat more likely to have finished walls, although only 20.3% of the population overall has finished walls. Housing is crowded throughout the region given an average of 2.2 people per room per sleeping.

Table 2.2 Housing characteristics, by intervention package

	Intervention Package			All households
	Specialized	Specialized (w/o Nampula city)	Complementary	
Electricity				
Yes	16.25	6.49	2.90	7.88
No	83.49	93.34	97.06	92.00
Missing	0.26	0.16	0.05	0.12
Floor				
Natural	83.74	94.10	96.08	91.47
Other	16.26	5.90	3.92	8.53
Roof				
Natural	84.37	94.50	95.50	91.35
Other	15.63	5.50	4.50	8.65
Walls				
Natural	19.44	19.49	21.87	20.97
Rudimentary	55.22	66.07	60.39	58.46
Finished	25.08	14.09	17.54	20.35
Other	0.26	0.34	0.20	0.22
Mean number of rooms for sleeping	2.27	2.18	2.14	2.19
Mean number of people per room for sleeping	2.33	2.37	2.14	2.21
Number of households	1,315	1,074	1,297	2,612

The data in Table 2.3 on ownership of household goods further suggests the low living standard of the population. Less than half of the population owns a radio and only 12% owns a mobile phone. Again, households covered by the specialized package are generally more likely to own each of the items queried, with the exception of candles/lanterns and bicycles although the rate of ownership is less in the rural areas with the area covered by the specialized package.

Table 2.3 Ownership of household goods, by intervention package

	Intervention Package			All households
	Specialized	Specialized (w/o Nampula city)	Complementary	
Radio	46.57	42.52	32.96	38.04
Television	14.30	5.37	2.25	6.74
Mobile phone	20.14	10.82	6.84	11.80
Refrigerator	6.74	1.66	0.47	2.81
Stove	86.57	83.92	79.40	82.08
Blanket	61.82	61.98	27.06	40.03
Candles/lantern	68.87	68.78	65.70	66.88
Watch	34.01	30.30	22.49	26.79
Bicycle	43.21	49.21	43.63	43.47
Motorcycle/scooter	9.83	8.09	5.20	6.93
Number of households	1,315	1,074	1,297	2,612

Characteristics of respondents

Table 2.4 summarizes the demographic characteristics of the respondents to the women’s questionnaire. The majority of respondents were from rural areas (68.9%) and married (38.9%) or living together (42.9%). The predominant religion was Catholic but there was also a considerable percentage of Muslims (39.2%). The level of education was low; 40.0% of respondents had no education and 51.3% had only primary education. Women living in the specialized area are more likely to have never married and have higher levels of education; whereas 49.3% of women in the complementary area have no schooling, this is only true of 26.5% of women in the specialized area and 32.7% of those living in rural areas covered by the specialized package. The religious makeup of the two areas also differs; in the specialized area, over half of the population is Catholic, one quarter is Muslim and 12.9% is Protestant while in the complementary area over 40% of the population is Catholic and 48.6% are Muslim.

Table 2.4 Percent distribution of women 15-49 by selected background characteristics, , by intervention package

Background characteristics	Intervention Package			All Households Weighted
	Specialized	Specialized (w/o Nampula city)	Complementary	
Age				
15-19	18.87	17.73	15.54	16.90
20-24	21.14	18.22	15.86	18.02
25-29	16.03	17.72	16.15	16.10
30-34	15.52	15.59	16.20	15.92
35-39	14.04	15.98	16.68	15.60
40-44	8.15	8.45	11.10	9.89
45-49	6.06	6.31	8.46	7.48
Missing	0.20	0.00	0.00	0.08

	Specialized	Intervention Package		
		Specialized (w/o Nampula city)	Complementary	All Households
Marital status				
Never married	9.18	6.08	4.50	6.41
Married	44.29	43.11	35.17	38.90
Living together	34.64	39.89	48.57	42.88
Divorced/Separated	9.32	8.23	9.18	9.24
Widowed	2.57	2.69	2.58	2.58
Residence				
Urban	34.34	13.29	28.79	31.06
Rural	65.66	86.71	71.21	68.94
Religion				
Catholic	52.65	54.41	41.34	45.96
Protestant	12.91	12.57	5.71	8.65
Muslim	25.55	20.61	48.61	39.19
Other/None/Missing	8.89	11.41	4.35	6.12
Education Level				
No education	26.47	32.68	49.28	39.96
Primary	57.14	58.34	47.26	51.30
Secondary or higher	15.57	8.47	3.11	8.20
Other	0.04	0.05	0.00	0.01
Missing	0.78	0.47	0.35	0.53
Number of women 15-49	1,185	908	1,129	2,314

A key intervention for SCIP is delivery of health messages and commodities by community health workers (CHW), particularly in the complementary areas. At the time of the survey, over 80% of women had not been visited by a CHW in the past month and had not participated in a meeting run by a CHW in the past 2 weeks. There was no difference between women in the two areas.

Table 2.5 Percent distribution of women age 15-49 by CHW interaction, by intervention package

	Specialized	Intervention Package		
		Specialized (w/o Nampula city)	Complementary	All women
Visited by a CHW in the past month	12.70	13.95	12.77	12.74
Participated in a meeting in the past 2 weeks	12.94	13.73	13.97	13.55
Number of women 15-49	1,185	908	1,129	2,314

Contraception

Knowledge of contraception is high. Over 90% of women had heard of at least one method of contraception and almost all of them had heard of at least one modern method. Pills, injectables and male condoms were the methods most women knew about.

All women who had heard about a method were asked if they had ever used the method. Only one-third of women had ever used a contraceptive method and a greater proportion of women in the specialized area had done so (43.9 vs 25.8%). Women were more likely to have used a modern method (26.3%) than a traditional method (12.4%). Pills were the most commonly used method (13.4%) followed by injectables (11.3%) and male condoms (8.3%). In terms of current contraceptive practice, 9.6% of

women reported currently using contraception, and injectables and pills were each used by just over 2% of the women while condoms were used by 1.5% of women and traditional methods by 1.9%. The method mix was similar in both areas.

Table 2.6 Knowledge and use of contraception among all women age 15-49, by intervention package

	Specialized	Intervention Package		All women
		Specialized (w/o Nampula city)	Complementary	
Knowledge of contraception				
Any method	90.77	88.44	95.90	93.80
Any modern method	89.96	87.27	95.38	93.16
Female sterilization	33.69	29.81	51.02	43.94
Male sterilization	15.45	13.57	34.44	26.68
Pill	81.99	78.75	88.97	86.12
IUD	43.19	37.86	47.20	45.56
Injectables	76.75	74.16	84.66	81.42
Male condom	75.86	72.71	81.28	79.06
Female condom	36.92	33.34	42.48	40.21
LAM	20.46	17.06	25.55	23.47
Emergency contraception	12.61	09.74	15.22	14.15
Any traditional method	41.00	36.52	57.88	50.99
Withdrawal	29.94	26.03	47.85	40.53
Ever use of contraception				
Any method	43.89	38.52	25.82	33.20
Any modern method	37.39	30.71	18.55	26.25
Female sterilization	1.14	0.93	0.28	0.63
Male sterilization	0.24	0.35	0.22	0.23
Pill	19.87	15.88	8.89	13.38
IUD	2.56	1.28	0.60	1.40
Injectables	14.58	12.52	9.02	11.29
Male condom	13.72	8.59	4.62	8.34
Female condom	2.02	0.24	0.53	1.14
LAM	2.23	2.40	0.90	1.44
Emergency contraception	1.06	0.65	0.56	0.76
Any traditional method	14.42	12.81	10.92	12.35
Withdrawal	7.80	7.09	7.73	7.76
Current use of contraception				
Any method	13.95	10.81	6.62	9.62
Any modern method	12.01	8.62	3.91	7.22
Female sterilization	0.93	0.63	0.22	0.51
Pill	4.06	3.12	1.53	2.57
IUD	0.00	0.00	0.05	0.03
Injectables	3.40	3.29	1.42	2.23
Condoms	3.35	1.39	0.19	1.48
LAM	0.26	0.19	0.48	0.39
Any traditional method	1.45	1.81	2.23	1.91
Other	0.49	0.37	0.49	0.49
Number of women 15-49	1,185	908	1,129	2,314

Current contraceptive use is less common among women currently in union (married or living together), with 6.5% of women in union currently using a modern method (Table 2.7). The largest difference is seen in condom use, which is much lower when unmarried women are excluded. This overall difference largely reflects practices in the specialized areas, particularly Nampula city. In fact, in the complementary area, use of a modern method is the same among all women as it is among married women at 4%. More married women reported use of modern methods than had in all of Nampula in the 2008 MICS, where 7.3% of women reported using a method and only 3.8% reported using a modern method.

Table 2.7 Current use of contraception among women age 15-49 who are currently in union, by intervention package

	Intervention Package			
	Specialized	Specialized (w/o Nampula city)	Complementary	All women
Any method	12.54	9.72	7.26	9.34
Any modern method	10.12	7.14	4.09	6.47
Female sterilization	1.12	0.76	0.15	0.53
Pill	3.87	2.61	1.60	2.50
IUD	0.00	0.00	0.07	0.04
Injectables	3.58	3.07	1.52	2.34
Condoms	1.22	0.48	0.17	0.58
LAM	0.33	0.23	0.58	0.48
Any traditional method	1.80	2.13	2.66	2.32
Other	0.63	0.45	0.51	0.56
Number of women 15-49	745	545	1,143	1,888

Fertility preferences

Over 60% of women want another child within 2 years (Table 2.8), 2% want to delay the birth of their next child for 2 or more years; 23% of women want no more children and this increases with number of living children as expected. Over 3% of women reported that they are not able to have any more children because they are infecund. There was little variation between areas.

Table 2.8 Percent distribution of currently married women age 15-49 by desire for children, according to number of living children

	Number of living children							Total
	0	1	2	3	4	5	6	
Specialized area								
Have another soon*	70.53	76.75	73.03	67.74	58.54	49.95	30.09	61.22
Have another later**	5.35	6.15	2.04	1.06	3.07	1.19	2.59	3.07
Have another, undecided when	3.41	1.39	3.18	3.16	5.98	3.43	5.40	3.58
Undecided	7.42	4.92	5.68	1.06	5.23	2.62	2.97	4.15
Want no more	3.27	4.79	9.52	19.85	20.82	37.55	52.81	21.35
Sterilized	10.02	3.96	4.99	2.94	5.69	5.26	5.81	5.20
Declared infecund	0.00	2.04	1.56	4.18	0.67	0.00	0.33	1.42
Number of women 15-49	86	157	166	138	117	114	162	940

	Number of living children							Total
	0	1	2	3	4	5	6	
Complementary area								
Have another soon*	73.68	79.27	72.42	75.30	57.14	47.73	35.46	62.34
Have another later**	4.26	1.14	3.16	0.52	2.22	1.04	0.71	1.78
Have another, undecided when	11.84	3.31	2.96	0.00	2.72	1.44	1.47	3.19
Undecided	2.11	8.12	5.62	5.18	2.22	1.62	3.03	4.22
Want no more	4.33	3.00	12.03	14.80	32.69	43.72	57.25	24.75
Sterilized	3.00	4.53	3.81	3.71	3.00	2.73	1.67	3.19
Declared infecund	0.00	0.64	0.00	0.48	0.00	1.73	0.00	0.35
Missing	0.77	0.00	0.00	0.00	0.00	0.00	0.42	0.17
Number of women 15-49	104	165	149	126	121	104	82	948
Total								
Have another soon*	71.05	78.26	71.11	70.45	59.66	49.08	32.26	61.23
Have another later**	4.21	2.80	3.17	0.76	2.94	1.38	1.76	2.38
Have another, undecided when	6.32	6.83	5.71	3.79	3.36	1.38	3.23	4.45
Undecided	5.79	4.35	4.13	4.17	3.78	4.59	3.52	4.24
Want no more	3.68	4.04	11.75	17.42	26.47	39.91	54.84	23.31
Sterilized	0.00	1.24	0.95	1.89	0.42	0.92	0.29	0.85
Declared infecund	8.42	2.48	3.17	1.52	3.36	2.75	3.81	3.44
Missing	0.53	0.00	0.00	0.00	0.00	0.00	0.29	0.11
Number of women 15-49	190	322	315	264	238	218	341	1,888

* Wants next birth within 2 years ** Wants to delay next birth for 2 or more years

Reproductive health

Antenatal care

The data in table 2.9 show that almost 93% of women who had a birth in the past 3 years received some ANC and over 50% had four or more ANC visits, as is recommended. However, first visits occurred later in pregnancy than is desirable with 46% occurring between 4 and 5 months, 28% occurring between 6 and 7 months and 7% taking place at or after 8 months. Only 13% of visits were in the first 3 months. There was no difference between the areas in terms of timing of visits. The proportion of women who had an ANC visit is similar to that reported in the 2008 MICS (93.8%).

In terms of the content of ANC visits (Table 2.10), during their last pregnancy 72.0% of women received iron supplementation, 56.3% received fansidar, and 67.4% received family planning counseling. In addition, 65.3% were protected from tetanus and 79.5% had been vaccinated during the pregnancy, and among them 16.9% had been vaccinated more than twice. Counseling and testing (CT) for HIV was not offered to most women; only 43.8% of women reported being offered CT during their pregnancy. Overall, just 17.4% of women had received all recommended components of the ANC package¹ during their last pregnancy; this is slightly higher (18.4%) among those women who received any ANC.

¹ The complete package of ANC services is: fansidar, tetanus toxoid, vitamin A, iron, a bednet, CT, and family planning.

Table 2.9 Antenatal care use by women with a pregnancy in the past 3 years, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
# ANC consultations				
None	7.79	9.94	3.40	5.19
1	3.34	3.58	3.54	3.46
2 – 3	33.62	31.83	38.97	36.79
4+	55.25	54.65	53.14	54.00
Don't know/didn't respond	0.00	0.00	0.96	0.57
# of months pregnant at time of first ANC visit				
No ANC	7.79	9.94	3.40	5.19
Less than 4 months	11.87	11.65	13.38	12.77
4 – 5 months	44.06	46.32	48.16	46.49
6 – 7 months	29.49	27.56	27.79	28.48
8+ months	6.79	4.53	6.31	6.51
Don't know/didn't respond	0.00	0.00	0.96	0.57
Number of women with a birth in the past 3 years	627	520	576	1,202

Table 2.10 Antenatal care received during the last pregnancy, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Received iron supplements during last pregnancy				
Yes	71.27	68.01	72.49	71.99
No	27.69	31.14	25.90	26.63
Don't know	01.04	0.85	0.12	01.13
Missing	0.00	0.00	00.41	00.24
Protected from tetanus toxoid during pregnancy				
Yes	59.44	62.66	69.34	65.31
No	33.93	31.81	25.83	29.13
Don't know	1.93	1.29	1.62	1.74
Missing	4.70	4.25	3.21	3.82
Vaccinated with tetanus toxoid during last pregnancy				
Yes	72.21	73.36	84.50	79.49
No	27.19	26.64	15.42	20.21
Don't know	0.60	0.00	0.08	0.29
Number of times injected with tetanus toxoid during last pregnancy				
None	35.10	34.91	23.55	28.25
Once	14.67	14.67	19.99	17.83
Twice	14.02	15.59	22.56	19.08
More than twice	15.79	16.99	17.72	16.94
Don't know	9.85	8.23	6.60	7.93
Missing	10.57	9.62	9.57	9.98
Received any fansidar during last pregnancy				
Yes	53.44	50.54	58.62	56.51
No	45.75	48.42	40.09	42.40
Don't know	0.64	0.83	1.29	1.03
Missing	0.16	0.21	0.00	0.07

	Specialized	Intervention Package Specialized (w/o Nampula city)	Complementary	Total
Received family planning counseling				
Yes	71.08	66.10	64.81	67.36
No	27.57	32.26	32.31	30.38
Don't know	1.35	1.64	2.89	2.26
Counseled about HIV testing during pregnancy				
Yes	49.09	40.69	40.25	43.85
No	48.7	56.61	56.90	53.56
Missing	2.20	2.70	2.84	2.59
Received complete package of ANC	20.90	17.86	23.13	22.22
Number of women with a birth in past 3 years	626	520	576	1,202
AMONG WOMEN WHO VISITED A HEALTH FACILITY DURING LAST PREGNANCY				
Received iron supplements during last pregnancy	80.48	80.37	77.02	78.40
Protected from tetanus toxoid during pregnancy	62.76	67.34	71.38	67.94
Vaccinated with tetanus toxoid during last pregnancy	76.59	79.19	87.28	83.02
Received any fansidar during last pregnancy	55.67	54.47	61.43	58.51
Received family planning counseling	75.93	71.87	66.73	70.40
Counseled about HIV testing during pregnancy	52.40	44.08	41.47	45.82
Received complete package of ANC	22.67	19.84	24.04	23.49
Number of women who received ANC	565	459	546	1,111

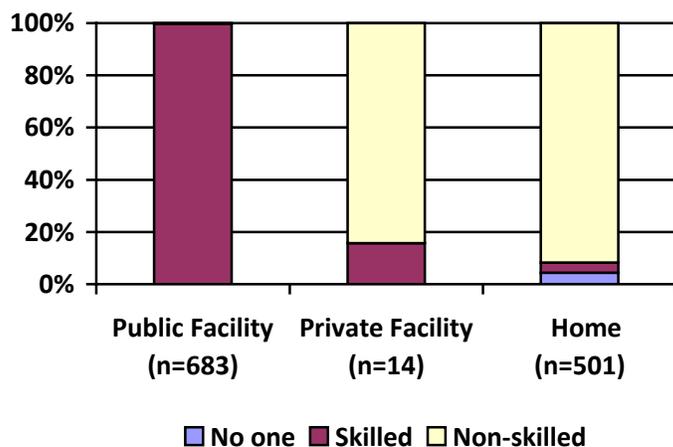
Delivery

Approximately 60% of women in both areas delivered their last pregnancy in health facility (Table 2.11); the proportion was slightly higher in the specialized area (65.7%) compared to the complementary areas (60.5%). Auxiliary midwives were the most common birth attendant reported (49.1%) followed by friends/family (23.0%). Among women who delivered in a facility, 77% delivered with an auxiliary midwife and 21% delivered with a nurse (results not shown). In total, 63.4% of women delivered with a skilled provider, comparable to the 62.7% reported in MICS, and most of these were women who had delivered in a facility (Figure 2.2).

Table 2.11 Delivery of last pregnancy in the past 3 years, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
Delivery performed in a health facility				
Yes	65.67	60.14	60.50	62.61
No	34.33	39.86	38.93	37.06
Missing	0.00	0.00	0.56	0.33
Birth attendant at last delivery				
Doctor	1.85	0.74	0.10	0.81
Nurse/ Midwife	12.02	9.74	14.42	13.44
Auxiliary Midwife	51.54	49.33	47.43	49.11
Traditional midwife	6.33	6.64	13.33	10.48
Friends/ Family	22.52	26.31	23.36	23.02
Other	2.96	3.81	0.38	1.43
No one	2.79	3.43	0.78	1.60
DK/Missing	0.00	0.19	0.19	0.11
Delivered by skilled provider				
Number of women with a birth in the past 3 years	626	520	576	1,202

Figure 2.2 Percent distribution of providers at last birth, by place of birth



Postpartum care

Table 2.12 shows details of postpartum care received by women who gave birth within the past 3 years. 53.4% had a postpartum visit by a provider and of these, the majority (71.6% in specialized areas and 62.5% in complementary areas) had the visit within 1 week of birth; less than 10% of visits happened within 2 days of the birth. Most of women (72.0%) had received vitamin A within 2 months postpartum and there was little difference between the areas, however the rate is higher than in the MICS (64.3%).

Table 2.12 Postpartum care after last birth in the past 3 years, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Had a postpartum visit by a provider				
Yes	49.19	47.69	56.33	53.42
No	50.81	52.31	43.67	46.58
Received vitamin-A within 2 months postpartum				
Yes	71.27	68.01	72.49	71.99
No	28.73	31.99	27.51	28.01
Number of women	626	520	576	1,202
Timing of First PP Visit				
Day of birth	1.03	0.62	1.74	1.47
Day after birth	7.81	6.80	8.52	8.26
Week of birth	62.75	65.03	52.21	56.16
Week after birth	15.71	15.52	20.93	18.97
More than 2 weeks after birth	11.34	10.22	15.45	13.91
Don't know	0.14	0.18	0.26	0.22
Missing	1.22	1.62	0.89	1.01
Number of women with a birth in the past 3 years	298	239	340	638

Child health

Vaccination coverage

The SCIP baseline survey collected information on vaccination coverage for all living children born in the 5 years preceding the survey. The standard WHO definition of full vaccination was used, namely that the child has received vaccination against tuberculosis (BCG), three doses each of Diphtheria, pertussis and tetanus (DPT) and polio vaccines, and a measles vaccination by the age of 12 months. Because Pentavalent vaccine, which includes DPT, hepatitis B and *Haemophilus influenza* is given in Mozambique, this was used in place of DPT in the calculations.

Information was collected using both vaccination cards (when available) and mother's verbal reports as is done for the MICS and the DHS. If there was no vaccination card or if a vaccine had not been recorded, the respondent was asked to recall the vaccines given to her child. Table 2.13 shows the percentage of children 12-23 months who received the various vaccinations by source of information.

Card retention is high with 76.1% of children in the specialized area and 64.0% of children in the complementary area having a vaccination card that was seen by the interviewer. Among those children with a card, vaccination coverage is almost 100% for all vaccinations however among children without a card the proportion receiving each dose is dramatically lower. For example, while 98.7% of children with a card had received BCG, only 66.4% of the children without a card had received it resulting in 88.5% of all children having been vaccinated against BCG at some time before the survey. Two-thirds of all children had been fully vaccinated by the time of the interview, this is an improvement over the 51.4% reported in the 2008 MICS.

Among children age 12-23 months who had a card, 30.8% were fully vaccinated by 12 months of age.

Table 2.13 Immunization (card retention, fully covered and by vaccine), by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Immunization Card				
Yes, seen	76.06	73.54	63.95	68.40
Yes, not seen	9.00	8.87	9.21	9.13
No	14.94	17.59	26.84	22.47
Immunizations received among children with card				
BCG	73.19	71.11	64.32	68.89
Polio Dose 0	73.19	71.11	64.32	68.89
Polio Dose 1	72.87	71.11	64.85	69.11
Polio Dose 2	73.17	71.48	64.06	68.73
Polio Dose 3	73.70	71.75	63.27	68.43
Pentavalent (Hib+ DPT + HepB) Dose 1	72.83	70.65	65.26	69.35
Pentavalent (Hib+ DPT + HepB) Dose 2	72.66	70.45	64.23	68.64
Pentavalent (Hib+ DPT + HepB) Dose 3	72.92	70.78	62.75	67.80
Measles Dose 1	73.49	71.23	65.26	69.61
Fully Immunized	70.68	68.37	61.56	66.19
Vitamin A	71.01	68.39	63.89	67.78
Immunizations received among children with no card				
BCG	18.14	20.62	22.62	20.06
Polio Dose 0	7.90	9.19	8.58	7.93
Polio Dose 1	16.45	18.56	22.62	19.51
Polio Dose 2	11.10	12.46	18.77	15.37
Polio Dose 3	4.60	5.60	9.38	7.37
Pentavalent (DPT + HepB) Dose 1	18.14	20.62	21.03	19.06
Pentavalent (DPT + HepB) Dose 2	13.61	15.10	17.82	15.58
Pentavalent (DPT + HepB) Dose 3	9.33	10.94	14.06	11.84
Measles Dose 1	15.62	18.59	20.43	17.87
Fully Immunized	0.88	1.08	0.46	0.57
Immunizations received (either source)				
BCG	91.33	91.73	86.94	88.95
Polio Dose 0	81.09	80.30	72.89	76.83
Polio Dose 1	89.32	89.67	87.47	88.62
Polio Dose 2	84.26	83.94	82.83	84.09
Polio Dose 3	78.30	77.35	72.64	75.80
Pentavalent (DPT + HepB) Dose 1	90.97	91.27	86.30	88.41
Pentavalent (DPT + HepB) Dose 2	86.28	85.55	82.05	84.22
Pentavalent (DPT + HepB) Dose 3	82.25	81.72	76.81	79.64
Measles Dose 1	89.11	89.82	85.70	87.48
Fully Immunized	71.57	69.45	62.02	66.76
Immunizations received by 12 months of age¹				
BCG	82.04	84.93	78.86	80.37
Polio Dose 0	72.84	74.35	66.12	69.41
Polio Dose 1	73.67	71.43	78.57	76.94
Polio Dose 2	71.71	69.69	68.61	70.43
Polio Dose 3	60.09	56.65	52.04	55.88
Pentavalent (DPT + HepB) Dose 1	75.42	74.44	72.56	73.91
Pentavalent (DPT + HepB) Dose 2	68.52	67.26	61.60	64.72
Pentavalent (DPT + HepB) Dose 3	60.05	57.00	50.85	54.94
Measles Dose 1	56.89	54.47	53.47	55.09
Fully Immunized	33.94	31.59	28.13	30.84
Number of children 12 -23 months of age	207	177	190	397

¹ For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written vaccination record.

Childhood illness

Table 2.14 shows the prevalence of diarrhea, fever and ARI among children under 5 years of age in the 2 weeks preceding the survey. Approximately 20% of children were reported to have had diarrhea, 24% to have had fever and 12% to have had cough in the 2 weeks prior to the survey. Advice was sought for the majority of these children (approximately 70%) and most were taken to a health provider (67.6% of those with diarrhea and 72.4% of those with a fever). Among children with diarrhea, 62.5% were treated with oral rehydration therapy (ORT), most of this was in the form of commercially prepared oral rehydration solution (ORS). This is higher than in the MICS, where only 45.4% of children were treated with ORT and just 39.2% received ORS. Just under 20% of children with diarrhea received antibiotics. Among children with a fever, 41.2% received artemisinin-based combination therapies (ACT) and 16.3% received antibiotics. ACT was more commonly reported in the MICS (53.0%).

Table 2.14 Childhood illness and treatment, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Illness in the last 2 weeks				
Diarrhea in the last 2 weeks	20.75	21.17	20.23	20.42
Fever in the last 2 weeks	27.22	26.80	22.64	24.36
Cough or difficulty breathing in the last 2 weeks	14.30	13.74	10.95	12.22
Fast or shallow breathing in the last 2 weeks	9.66	8.53	7.46	8.29
Number of children	1,092	895	967	2,059
Diarrhea in the last 2 weeks				
Sought advice or treatment	77.80	75.54	65.54	70.24
Taken to a health provider	74.69	71.81	63.14	67.56
Received ORT				
ORS packets/solution	65.02	61.22	53.30	57.79
Home solution	11.87	9.29	9.49	10.40
Either packets or home solution	67.88	63.51	59.10	62.46
Increased fluids	9.74	10.50	15.24	13.13
Increased fluids or ORT	71.76	67.18	63.17	66.46
Antibiotics	19.24	18.35	18.02	18.48
Number of children	225	192	188	413
Fever in the last 2 weeks				
Sought advice or treatment	75.99	74.59	72.71	74.09
Taken to a health provider	73.98	71.91	71.23	72.39
Received antimalarial				
SP/Fansidar	11.40	12.84	2.52	6.26
Chloroquine	2.83	1.11	0.67	1.58
Amodiquine	1.39	0.70	1.08	1.21
Quinine	1.74	0.00	1.70	1.72
ACT	42.03	44.02	40.57	41.18
Antibiotics	18.12	13.78	14.94	16.28
Number of children under 5 years of age	290	230	206	496

Nutrition

Initiation of breastfeeding

Table 2.15 shows the distribution of all children born in the 3 years preceding the survey by breastfeeding status and timing of initiation of breastfeeding. In the project area almost all children (98.5%) were breastfed at some time. Of those children, 72.5% began to breastfeed immediately and an additional 21.7% began to breastfeed later on the day of the birth; thus 94.8% of children were breastfed in the first day of life. A somewhat higher proportion than was reported in the MICS, where 66.6% were breastfed immediately and 89.6% in the first day or life. Immediate breastfeeding was more common in the complementary areas (76.0 vs 67.3%) The median duration of breastfeeding is one year.

Table 2.15 Breastfeeding initiation and duration among children born in the past 3 years, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Ever breastfed				
Yes	97.85	97.89	98.94	98.49
No	2.15	2.11	1.06	1.51
Number of women	626	520	576	1,202
Among women who breastfed				
Timing of first breastfeeding				
Immediate	67.31	64.97	76.04	72.51
Later on day of birth	28.81	31.86	16.82	21.67
After day of birth	3.74	3.17	4.08	3.94
Missing	0.13	3.06	3.06	1.88
Pre-lacteal feeds				
Yes	4.58	4.44	5.51	5.13
No	95.29	95.56	94.42	94.77
Missing	1.3	0.0	0.07	0.09
Median duration of breastfeeding (months)	12 (11, 12)	12 (11, 12)	12 (12, 14)	12 (12, 12)
Number of women with a birth in the past 3 years who ever breastfed	611	507	570	1,181

Table 2.16 shows the breastfeeding practices reported by mothers of children aged 0-5 months; it is recommended that all children in this age group be exclusively breastfed. Among this age group, only 51.3% of children were exclusively breastfed (compared to 39.5% in the MICS); almost 20% were receiving water in addition to breastmilk and an additional 21.9% were receiving complementary foods.

Children under 2 were most likely to consume grains, foods rich in Vitamin A and meat or fish (Table 2.17). Over one third of all children under 2 had eaten grains the day before; the rate was higher (44.2%) among children 6-23 months old. Approximately 45% of children (over 50% of those age 6-23 months) ate vitamin A rich foods and a similar proportion ate meat or fish.

Table 2.16 Breastfeeding practices among children 0-5 months of age, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Never breastfed	2.77	3.59	0.49	1.40
Exclusively breast fed	53.16	56.93	50.04	51.28
Breastfeeding and:				
Plain water only	21.89	20.53	18.22	19.68
Non-milk liquids/juice	2.91	3.77	4.68	3.97
Other milk	1.87	8.18	0.00	0.74
Complementary foods	16.88	14.51	25.20	21.89
Missing	0.52	0.67	1.38	1.04
Number of children 0-5 months	135	113	127	262

Table 2.17 Food and liquid consumed by children under 2 years of age in the day or night preceding the interview, by intervention package

Age in months	Liquids				Solid or semi-solid foods									Number of children
	Infant formula	Other milk ₁	Other liquids ₂	Fortified baby foods	Foods made from grains ₃	Fruits & vegetables rich in vitamin A ₄	Other fruits and vegetables	Foods made from roots and tubers	Foods made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semisolid food		
Specialized package														
<6	2.98	1.61	10.63	1.85	7.26	7.02	0.52	3.56	3.39	8.01	1.34	14.31	135	
6-11	1.83	3.01	21.22	3.50	37.43	46.40	18.36	19.27	30.65	53.18	2.84	73.37	141	
12-23	1.56	0.32	28.69	0.82	39.73	61.76	13.77	35.69	32.40	59.81	0.79	83.53	206	
24-35	1.00	4.96	23.50	1.07	45.13	59.13	13.03	23.81	25.72	57.41	3.26	87.86	144	
6-23	1.49	2.37	25.06	1.69	40.60	56.47	14.94	27.59	30.08	57.19	2.07	81.77	491	
Total	1.80	2.21	22.08	1.72	33.72	46.27	11.96	22.63	24.75	47.04	1.92	67.85	626	
Complementary package														
<6	2.41	2.41	8.44	0.00	3.80	6.19	0.88	2.98	1.06	5.00	0.00	9.94	127	
6-11	0.00	0.00	28.01	0.72	37.01	35.99	0.65	16.24	6.05	53.97	1.25	72.28	119	
12-23	0.41	1.56	23.54	0.44	49.96	56.26	3.18	29.31	13.64	58.98	0.63	91.15	196	
24-35	0.00	0.64	21.21	1.67	50.63	70.88	5.41	40.96	18.96	58.20	0.00	96.51	134	
6-23	0.18	0.87	24.04	0.88	46.70	55.18	3.17	29.28	13.19	57.41	0.61	87.70	449	
Total	0.66	0.12	20.70	0.69	37.50	44.68	2.68	23.64	10.59	46.17	0.48	71.02	576	
Total														
<6	2.64	2.09	9.31	0.74	5.17	6.52	0.74	3.21	1.98	6.20	0.53	11.68	262	
6-11	0.80	1.31	25.04	1.93	37.19	40.53	8.38	17.56	16.78	53.63	1.94	72.91	260	
12-23	0.88	1.06	25.64	0.60	45.88	58.50	7.50	31.92	21.30	59.32	0.70	88.04	402	
24-35	0.38	2.30	22.09	1.44	48.51	66.35	8.35	34.34	21.56	57.90	1.26	93.17	278	
6-23	0.71	1.48	24.46	1.21	44.20	55.71	7.99	28.59	20.11	57.32	1.21	85.27	940	
Total	1.12	1.61	21.26	1.11	35.96	45.32	6.46	23.23	16.28	46.52	1.06	69.73	1,202	

Micronutrient intake

When mothers were asked if their children had received a dose of vitamin A and if so, when, only 4.7% reported that a child between 6 and 59 months had received a dose in the previous 6 months (Table 2.18). In fact, over 70% of women reported that their children had never received Vitamin A despite the

fact that 48.1% had a date for vitamin A recorded on their vaccination card. Thus the numbers below likely underestimate vitamin A coverage. They are dramatically lower than the MICS, in which 67.6% had a dose of Vitamin A in the 6 months preceding the survey.

Table 2.18 Percent of children 6-59 months who received Vitamin A by time of last dose, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
Timing of last dose of Vitamin A				
Never	70.24	72.28	78.14	73.92
In past 6 months	5.10	5.31	4.15	4.66
More than 6 months ago	16.68	16.97	16.48	16.59
Missing	7.97	5.44	1.22	3.92
Number of children 6-59 months	941	772	819	1,760

Iodized salt

Salt was tested in 68.3% of all households surveyed. In those households where it was tested (Table 2.19), only 10% had salt that had adequate levels of iodine. This is, higher than in the MICS, where only 4.7% of households had adequate iodine in their salt, but a larger proportion of households was tested in MICS (88.9 vs 68.3%)².

Table 2.19 Percent of households tested for salt and percent distribution by level of iodine, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
All households				
Salt tested	69.87	67.70	67.33	68.28
No salt/not tested	2.40	2.61	1.29	1.70
Missing	27.74	29.69	31.38	30.02
Number of households	1,315	1,074	1,298	2,613
Among households with salt tested				
None (0 ppm)	56.19	60.82	68.28	63.66
Inadequate (<15 ppm)	32.58	27.76	22.75	26.51
Adequate (15+ ppm)	11.23	11.42	8.97	9.83
Number of households	907	716	882	1,789

Malaria

All households in the survey were asked if they owned mosquito nets and if so, how many. They were also asked to show the bednet to the interviewer so that she or he could identify and record the brand name. Among households surveyed, 64.4% had at least one bed net and 60.7% of all households had an ITN (Table 2.20). The rate of bednet ownership is lower than in MICS (68.8%) but more households owned an ITN in this survey (compared to 40.9% in the MICS). The rate of ownership was higher among

² Some households did not want to have their salt tested because of concerns that the kits might be a source of contamination.

households with children under 5, a group that is targeted for ITN distribution. Among such households, 74.5% had at least one bed net and 70.3% had an ITN. However, only 20.7% of children under 5 actually slept under a net the night before the survey; likewise, only 30.7% of pregnant women slept under a bed net. This is below the 33.5% found in the 2008 MICS.

Table 2.20 Household ownership of bednets, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
All households				
Percent of households with at least one bed net	69.16	66.71	61.57	64.40
Percent of households with at least one ITN	65.18	61.98	57.95	60.65
Number of households	1,315	1,074	1,298	2,613
Households with at least 1 child < 5 years of age				
Percent of households with at least one bed net	77.97	76.65	72.38	74.52
Percent of households with at least 1 ITN	73.46	71.67	68.28	70.26
Number of households	748	617	695	1,443
Children less than 5 years of age				
Percent who slept under a bed net the prior night	22.23	17.90	19.65	20.66
Number of children < 5 years	1,132	934	1,035	2,167
Pregnant women				
Percent who slept under a bed net the prior night	34.99	28.27	28.05	30.74
Number of pregnant women	146	120	137	283

Just over half of all women with a pregnancy in the three years before the survey reported that they had received Fansidar during pregnancy, a treatment recommended for all pregnant women in malaria endemic areas (Table 2.10).

HIV/AIDS-related knowledge, attitudes and sexual practices

HIV knowledge

Knowledge of HIV prevention was quite high. Eighty percent of respondents agree that limiting sex to one uninfected partner can reduce the risk of getting HIV and 74.2% agree that using a condom can reduce the risk (Table 2.21) and there was little difference between intervention areas. Correct knowledge in this survey was higher than in the 2009 INSIDA for all indicators.

Table 2.21 Percentage who say HIV can be prevented by effective approaches, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
Using condoms	76.75	74.29	72.50	74.24
Limiting sexual intercourse to one uninfected partner	81.98	80.14	79.98	80.80
Using condoms and limiting intercourse to one uninfected partner	68.45	66.20	59.83	63.35
Abstaining from sexual intercourse	71.35	70.59	60.63	65.01
Number of women 15-49	1,185	908	1,129	2,314

The respondents also rejected common misconceptions about how HIV can spread (Table 2.22). Almost 70% knew that a healthy looking person can have HIV and that it cannot be transmitted through mosquito bites, supernatural means or sharing food.

Table 2.22 Percentage who reject misconceptions, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
A healthy looking person can have the AIDS virus	69.49	66.49	67.58	68.36
The AIDS virus cannot be transmitted by mosquito bites	71.37	68.98	68.64	69.76
The AIDS virus cannot be transmitted by supernatural means	78.69	76.61	70.17	73.65
The AIDS virus cannot be transmitted by sharing food with an infected person	73.37	69.84	70.25	71.52
Number of women 15-49	1,185	908	1,129	2,314

Accepting attitudes towards people living with HIV

Finally, with regard to attitudes towards people living with HIV, there was greater variation in responses (Table 2.23). Although over 80% of respondents said they would be willing to care for a family member with HIV in her own home and 70% felt that a teacher with HIV who was not sick should be allowed to keep teaching, only 60% said they would be willing to buy fresh vegetables from someone with HIV. Most notably, just 19% said that they would not want to keep it a secret if a family member was infected. This is markedly different than in the 2009 INSIDA, where 30.9% said they would not want to keep secret that a facility member was infected.

Table 2.23 Percentage with accepting attitudes towards people living with HIV, by intervention package

	Specialized	Intervention Package		Total
		Specialized (w/o Nampula city)	Complementary	
Are willing to care for a family members with the AIDS virus in her home	83.87	80.35	82.18	82.87
Would buy fresh vegetables from a shopkeeper who has the AIDS virus	61.96	56.58	59.84	60.71
Says that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	71.49	67.39	70.44	70.87
Wound not want to keep secret that a family member got infected with the AIDS virus	15.91	18.17	20.63	18.70
Number of women 15-49	1,185	908	1,129	2,314

Counseling and testing

The majority of the respondents (98.5%) had heard of HIV (Table 2.24) and most (65.1%) knew where people can go for counseling and testing and there was no difference between areas. However, only one quarter of the women had been tested; women in the specialized area were more likely to have been tested (32.4 vs 20.7%). About half of all women who had been tested had done so in the past year;

women in the specialized area were more likely to have been tested in the past year. Testing rates and timing were similar to those in the 2009 INSIDA, where 21.1% of women reported having being tested half of them had been tested in the past year.

Table 2.24 HIV testing knowledge and behavior, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Heard of HIV	96.87	95.51	99.66	98.52
Knows where people can go to get tested	69.74	62.87	61.83	65.06
Has been tested for HIV	32.39	26.20	20.66	25.45
Number of women 15-49	1,185	908	1,129	2,314
Timing of last test				
Less than 1 year ago	55.75	53.84	44.34	50.27
12-23 months ago	27.57	32.73	33.57	30.45
2 or more years ago	16.68	13.43	22.10	19.28
Number of women who have ever tested	331	202	236	567

Sexual behavior

The median age at first sex was young at 14.3 years though it is about a year later in the specialized area than in the complementary area (Table 2.25). This is more than a year younger than the median age at first sex of 16.0 years reported in the 2009 INSIDA. About 12% of all women reported that they had sex with a partner who was not their husband or a live-in partner. Among these women, 10.9% reported using a condom at last sex with that partner. There was a large difference in condom use with such partners in the two areas: 24.4% of women used a condom at the time of last sex with a non-regular partner in the specialized area compared to just 0.5% in the complementary area. Overall condom use also varied with three times as many women reporting condom use at last sex in the specialized areas; the overall rate of condom use at last sex of 3.6 years is similar to the 3.4 found in INSIDA.

Table 2.25 Sexual practices, by intervention package

	Intervention Package			Total
	Specialized	Specialized (w/o Nampula city)	Complementary	
Median age at first sex	14.75	14.58	13.85	14.30
Had a non-regular partner (higher risk intercourse)				
Yes	10.50	9.22	9.53	9.93
No	89.50	90.87	90.47	90.07
Had sex in the past 12 months	87.85	86.57	90.50	89.42
Number of women 15-49	1,185	908	1,129	2,314
Used a condom at last sex	6.12	3.50	1.87	3.58
2+ partners in the past year	5.68	5.28	6.04	5.89
Number of women who had sex in the past 12 months	1,034	791	1,019	2,053
Used a condom at last sex with a non-regular partner				
Yes	24.40	14.60	0.56	10.87
No	75.60	85.40	99.44	89.13
Number of women 15-49 who had a non-regular partner	121	80	101	222

Water and Sanitation

Table 2.26 shows the percent of households using an improved water source. The results in the complementary area are disaggregated by WASH and non-WASH areas. Overall, only 32.7% of households were using an improved source and this varied by area with 40.1% of households in the specialized area having an improved source compared to 21.9% in the complementary area not covered by WASH. The overall figure for the province is lower than the 43.1% reported in the 2008 MICS. Households in the WASH areas were most likely to be using an improved water source. Over half of all households rely on an unprotected dug well for their water and 11.2% rely on surface water. Among households with improved sources, the most common type was a public tap or standpipe in the specialized area (19.0%) followed by a tubewell/borehole (11.9%) while in the non-WASH areas it was a tubewell/borehole (12.8%) as it was in the WASH area (23.5%). Although water can be contaminated at multiple points, even if it is taken from an improved source, 90% of households where a caretaker was interviewed did not treat their water and there was a substantial difference by area (86.4% in the specialized area compared to 94.4% in the complementary area not covered by WASH) although the figure reflects the overall figure from the 2008 MICS. The most common treatment method used in all areas was bleach or chlorine but this was most common in specialized areas (6.4% vs 1.4% in WASH areas and 3.0 in non-WASH areas).

Table 2.26 Drinking water source and treatment, by intervention package

	Intervention Package				Total
	Specialized		Complementary		
	w/ N City	w/o N City	WASH	Non-WASH	
Drinking water source					
Improved source					
Piped water into dwelling/yard/plot	4.20	0.22	0.15	1.31	2.16
Public tap/standpipe	18.87	10.26	2.06	6.39	10.20
Tubewell/borehole	11.92	14.87	23.45	12.80	14.56
Protected dug well	4.61	4.18	13.62	1.21	4.91
Protected spring	0.50	0.65	2.89	0.21	0.84
Non-improved source					
Unprotected dug well	32.37	34.06	49.17	70.17	51.95
Unprotected spring	4.07	5.28	4.18	4.12	4.11
Surface water	23.46	30.47	4.48	3.72	11.23
Using an improved source	40.10	30.19	42.17	21.92	32.67
Number of households	1,315	1,074	419	879	2,612
Water treatment prior to drinking					
Treatment method					
Boiled	1.56	1.33	1.44	0.00	0.88
Bleach/chlorine added	6.44	3.98	1.38	2.98	3.90
Strained through cloth	0.16	0.21	0.36	0.57	0.38
Ceramic, sand or other filter	0.56	0.72	0.00	0.00	0.20
Solar disinfection	0.08	0.10	0.00	0.00	0.03
Other	4.21	3.30	0.49	3.10	2.95
No treatment	86.40	89.59	94.39	93.04	90.90
Missing	0.59	0.76	1.93	0.31	0.76
Using an appropriate treatment method	8.80	6.35	3.18	3.56	5.39
Number of households*	631	522	200	389	1,220

*The number of households is smaller because this question was asked for caretakers of children less than 3

As with water access to improved sanitation facilities is also poor. Table 2.27 shows that only 16.7% of all households (29.0% in the specialized area, 32.2% in the rural areas covered by the specialized package and just 3.2% in the districts covered by the package that do not receive the WASH interventions) had access to improved sanitation. Again this is similar to the rate of 15.2% reported in the 2008 MICS. Most of the improved sanitation is in the form of pit latrines with slabs. However, the majority of the households have no facility at all (39.2% in the specialized area and 70.5% in the non – WASH districts in the complementary area).

Table 2.27 Household sanitation facilities, by intervention package

Type of toilet/latrine facility	Intervention Package				Total
	Specialized		Complementary		
	w/ N City	w/o N City	WASH	Non-WASH	
Improved facility					
Flush/pour flush to piped sewer system	0.34	0.00	0.28	0.00	0.18
Flush/pour flush to septic tank	1.45	0.16	0.00	0.00	0.54
Flush/pour flush to a pit latrine	0.40	0.31	0.00	0.00	0.15
Ventilated improved pit (VIP) latrine	4.94	1.33	6.63	0.93	3.54
Pit latrine with a slab	21.67	21.33	16.33	2.23	12.25
Composting toilet	0.20	0.05	0.00	0.00	0.08
Non-improved facility					
Any facility shared with other households	8.60	7.76	8.41	5.21	7.11
Flush/pour flush to other than sewer/septic/pit latrine	0.11	0.14	0.00	0.00	0.04
Pit latrine without slab/open pit	20.59	21.50	21.67	19.73	20.43
Hanging toilet/hanging latrine	0.97	0.33	0.43	0.55	0.69
No facility/bush/field	39.16	45.87	46.25	70.54	54.07
Don't know	1.56	1.23	0.00	0.80	0.93
Access to an improved sanitation facility	29.01	23.17	23.24	3.16	16.74
Number of households	1,315	1,074	419	879	2,613

Personal hygiene behaviors are also poor (Table 2.28). Among caretakers of children under 3, very few (less than 10% overall) reported recommended hand washing behaviors. Observations show even poorer behavior with only 2% of providers showing appropriate technique and mentioning appropriate times for hand washing.

Table 2.28 Personal hygiene behavior, by intervention package

Personal hygiene behavior	Intervention Package				Total
	Specialized		Complementary		
	w/ N City	w/o N City	WASH	Non-WASH	
Report having used soap for hand washing at least at two critical times during past 24 hours	7.19	6.55	5.67	0.68	4.12
Washing hands properly with soap and at appropriate times	1.80	1.67	4.15	0.00	1.54
Number of caretakers of children under 3	631	522	200	389	1,220

Children’s stools are rarely disposed of in a safe manner. As shown in table 2.29, for less than one third of children under three, their last stool was disposed of safely. Defecating or disposal into the open was the most common method of disposal in all areas. These data are also similar to those from the 2008 MICS, where 30.1% of children under two had their stool disposed of safely.

Table 2.29 Manner of disposal of children’s stool, by intervention package

	Intervention Package				Total
	Specialized		Complementary		
	w/ N City	w/o N City	WASH	Non-WASH	
Manner of disposal					
Used toilet/Latrine	8.73	7.84	15.60	4.95	8.39
Put into toilet/latrine	15.25	12.24	14.97	6.22	11.21
Buried	6.68	7.02	4.96	7.87	6.87
Put into ditch	0.58	0.46	0.00	1.04	0.67
Open	64.62	67.32	64.50	76.43	69.74
Missing	04.14	5.12	0.27	3.49	3.12
Disposed of safely	30.66	27.10	35.23	19.04	26.47
Number of children under 3 years	698	581	196	431	1,325

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Laurinda Mario Folé
Mariamo Hatimo Suleimane Agy
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Acácio Antonio
Patano Alfredo
João Amade

Questionnaires



SCIP
QUESTIONARIO DO AGREGADO FAMILIAR
Nampula, SCIP

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QUESTIONARIO NUMERO

IDENTIFICAÇÃO				
DISTRITO _____				<input type="text"/>
ALDEIA/POVOAÇÃO/BAIRRO _____				<input type="text"/>
NOME E NUMERO DA AREA DE ENUMERAÇÃO _____				<input type="text"/>
NÚMERO DE SERIE (S2#)				<input type="text"/>
URBANO / RURAL (URBANO = 1; RURAL = 2)				<input type="text"/>
NOME DO CHEFE DO AGREGADO FAMILIAR _____				<input type="text"/>
VISITAS DO(A) INQUIRIDOR(A)				
	1	2	3	VISITA FINAL
DATA	_____	_____	_____	DIA <input type="text"/>
HORA INICIO	_____	_____	_____	MÊS <input type="text"/>
HORA TERMINO	_____	_____	_____	ANO <input type="text"/>
INQUIRIDOR(A)	_____	_____	_____	CODIG. INQU. <input type="text"/>
RESULTADO*	_____	_____	_____	RESULTADO FINAL <input type="text"/>
PRÓXIMA VISITA:	DATA _____	DATA _____		NÚMERO TOTAL DE VISITAS <input type="text"/>
	HORA _____	HORA _____		
*CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DO AGREGADO FAMILIAR:			TOTAL MEMBROS NO AGREGADO	<input type="text"/>
1 COMPLETO			TOTAL DE MULHERES 15-49 ELEGÍVEIS	<input type="text"/>
2 MEMBROS DO AGREGADO AUSENTES OU NENHUM MEMBRO COMPETENTE PARA SER ENTREVISTADO NO MOMENTO DA VISITA				
3 AGREGADO INTEIRO AUSENTE POR LONGO PERIODO				
4 ADIADA				
5 INCOMPLETO				
6 RECUSADO				
7 HABITAÇÃO VAGA OU HABITAÇÃO SEM ENDEREÇO				
8 HABITAÇÃO DESTRUIDA				
9 HABITAÇÃO NÃO ENCONTRADA				
10 OUTROS _____				
(ESPECIFIQUE)				
CONTROLADOR	SUPERVISOR		DIGITADOR	
NOME _____	NOME _____		NOME _____	
DATA _____	DATA _____		DATA _____	

CARACTERÍSTICAS DA CASA																																	
NO.	QUESTÕES E FILTROS	CÓDIGOS	IR PARA																														
101	Qual é a principal fonte da água que bebem os membros de seu agregado?	<ul style="list-style-type: none"> • ÁGUA CANALIZADA DA REDE PÚBLICA TORNEIRA DA CASA 11 TORNEIRA NO PATIO/PARCELA 12 TORNEIRA PÚBLICA/FORTANÁRIO 13 TORNEIRA NA CASA DO VIZINHO 14 • POÇO A BOMBA OU FURO 21 • POÇO ESCAVADO POÇO PROTEGIDO 31 POÇO NÃO PROTEGIDO 32 • ÁGUA DE NASCENTE NASCENTE PROTEGIDA 41 NASCENTE NÃO PROTEGIDA 42 • ÁGUA DE CHUVA 51 • CAMIÃO CISTERNA 61 • CARROÇA COM PEQUENA CISTERNA/BARRIL 71 • ÁGUA DE SUPERFÍCIE (RIBEIRÃO/BARRAGEM/LAGO/LAGARDO/CANAL DE IRRIGAÇÃO) 81 • ÁGUA ENGARRAFADA/MINERAL 91 • OUTRO (ESPECIFIQUE) 99 																															
102	Qual é o principal tipo de latrina/casa de banho que usam os membros do seu agregado familiar?	<ul style="list-style-type: none"> RETRETE LIGADA A REDE DE ESGOTO 11 FOSSA SEPTICA 12 OUTRO LOCAL 13 NÃO SABE 14 LATRINAS LATRINAS MELHORADAS VENTILADAS 21 LATRINAS COM COBERTURA 22 LATRINAS SEM COBERTURA BURACO ABERTO 23 RETRETE PARA ESTUDETE 31 BALDE 41 RETRETE/LATRINAS SUSPENSAS 51 NÃO TEM RETRETE/NATUREZA 61 OUTRO (ESPECIFIQUE) 99 	→104																														
103	A sua latrina/casa de banho é partilhada com outro agregado familiar?	<ul style="list-style-type: none"> SIM 1 NÃO 2 																															
104	Na sua casa, têm	<table border="0"> <thead> <tr> <th></th> <th>SIM</th> <th>NÃO</th> </tr> </thead> <tbody> <tr> <td>electricidade?</td> <td>1</td> <td>2</td> </tr> <tr> <td>rádio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>televisão?</td> <td>1</td> <td>2</td> </tr> <tr> <td>telefone móvel?</td> <td>1</td> <td>2</td> </tr> <tr> <td>telefone fixo?</td> <td>1</td> <td>2</td> </tr> <tr> <td>gelado?</td> <td>1</td> <td>2</td> </tr> <tr> <td>panela?</td> <td>1</td> <td>2</td> </tr> <tr> <td>manta?</td> <td>1</td> <td>2</td> </tr> <tr> <td>condição/velas/candeeiro pilha?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		SIM	NÃO	electricidade?	1	2	rádio?	1	2	televisão?	1	2	telefone móvel?	1	2	telefone fixo?	1	2	gelado?	1	2	panela?	1	2	manta?	1	2	condição/velas/candeeiro pilha?	1	2	
	SIM	NÃO																															
electricidade?	1	2																															
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NO.	QUESTÕES E FILTROS	CODIGOS	IR PARA																					
106	PRINCIPAL MATERIAL DO PAVIMENTO REGISTE A OBSERVAÇÃO.	MATERIAL NATURAL TERRA/AREIA 11 FEZES DE ANIMAIS 12 MATERIAL RUDIMENTAR PRANCHAS EM MADEIRA 21 PALMAS/BAMBU 22 MATERIAL ELABORADO PARQUET OU MADEIRA 31 BANDAS DE VINYL/ASHALTO 32 MOBICO 33 CIMENTO 34 CARPETE 35 OUTRO 96 (ESPECIFIQUE)																						
106	PRINCIPAL MATERIAL DA COBERTURA REGISTE A OBSERVAÇÃO.	MATERIAL NATURAL SEM COBERTURA 11 CAPIM/PALHA/PALMAT/OLHAS 12 MATERIAL RUDIMENTAR ESTREIRA 21 PALMEIRAS/BAMBU 22 PRANCHAS EM MADEIRA 23 CARTÃO 24 MATERIAL ELABORADO CHAPA 31 MADEIRA 32 CHAPAS DE ZINCO/USALITE 33 TELHA 34 CIMENTO 35 PRANCHAS/PLACAS DE MADEIRA 36 OUTRO 96 (ESPECIFIQUE)																						
107	PRINCIPAL MATERIAL NAS PAREDES EXTERIORES REGISTE A OBSERVAÇÃO.	MATERIAL NATURAL SEM PAREDES 11 BAMBUCANA/PALMAT/TRONCO 12 TERRA 13 MATERIAL RUDIMENTAR BAMBU COM BARRO 21 PEDRA COM BARRO 22 ADOBE NÃO COBERTO 23 CONTRA-PLACADO 24 CARTÃO 25 MADEIRA RECICLADA 26 MATERIAL ELABORADO CIMENTO 31 PEDRA COM CALCIMENTO 32 TUOLO 33 BLOCOS DE CIMENTO 34 ADOBE COBERTO 35 PRANCHA DE MADEIRA 36 OUTRO 96 (ESPECIFIQUE)																						
108	Na sua casa quantas divisões são para dormir?	DIVISÕES <input type="text"/> <input type="text"/>																						
109	Algum membro do seu agregado tem: Um relógio? Uma bicicleta? Uma motocicleta, uma moto ou uma scooter? Uma carroça puxada por um animal? Uma viatura ou uma camioneta? Um barco a motor?	<table border="1"> <thead> <tr> <th></th> <th>SIM</th> <th>NÃO</th> </tr> </thead> <tbody> <tr> <td>RELÓGIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICICLETA</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOCICLETA/MOTO/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARRIÇA COM ANIMAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIATURA/CAMIONETA</td> <td>1</td> <td>2</td> </tr> <tr> <td>BARCO A MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		SIM	NÃO	RELÓGIO	1	2	BICICLETA	1	2	MOTOCICLETA/MOTO/SCOOTER	1	2	CARRIÇA COM ANIMAL	1	2	VIATURA/CAMIONETA	1	2	BARCO A MOTOR	1	2	
	SIM	NÃO																						
RELÓGIO	1	2																						
BICICLETA	1	2																						
MOTOCICLETA/MOTO/SCOOTER	1	2																						
CARRIÇA COM ANIMAL	1	2																						
VIATURA/CAMIONETA	1	2																						
BARCO A MOTOR	1	2																						

REDES MOSQUITEIRAS

NO.	QUESTÕES E FILTROS	IR PARA		
110	O seu agregado familiar tem uma rede mosquiteira para dormir?	SIM 1 NÃO 2	→ FIM	
111	Quantas redes mosquiteiras tem o seu agregado familiar? SE TIVER 7 OU MAIS REDES REGISTE 7	Número de redes <input type="text"/>		
		REDE #1	REDE #2	REDE #3
112	PEÇA PARA VER AS REDES SE MÃS QUE 3 USE UM QUESTIONÁRIO ADICIONAL	OBSERVADA 1 NÃO OBSERVADA 2	OBSERVADA 1 NÃO OBSERVADA 2	OBSERVADA 1 NÃO OBSERVADA 2
113	Há quantos meses atrás obtinha a rede mosquiteira SE MENOS QUE UM MÊS REGISTE '00'	HÁ MESES <input type="text"/> 37 OU MAIS MESES 85 NÃO SEI 88	HÁ MESES <input type="text"/> 37 OU MAIS MESES 85 NÃO SEI 88	HÁ MESES <input type="text"/> 37 OU MAIS MESES 85 NÃO SEI 88
114	OBSERVE OU PERGUNTE A MARCA DA REDE MOSQUITEIRA	PERMANET 11 POLYSETE 12 OLYSETE 13 (IR PARA 118) OUTROS 21 (ESPECIFIQUE) 80 NÃO SEI 88	PERMANET 11 POLYSETE 12 OLYSETE 13 (IR PARA 118) OUTROS 21 (ESPECIFIQUE) 80 NÃO SEI 88	PERMANET 11 POLYSETE 12 OLYSETE 13 (IR PARA 118) OUTROS 21 (ESPECIFIQUE) 80 NÃO SEI 88
115	Quando adquire a rede, é feita tratada com inseticida para matar ou repelir os mosquitos?	SIM 1 NÃO 2 NÃO SEI 8	SIM 1 NÃO 2 NÃO SEI 8	SIM 1 NÃO 2 NÃO SEI 8
116	Desde que adquiriu a rede, é a foi alguma vez marcada ou inserido num líquido que mata ou repele os mosquitos?	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 118) ←	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 118) ←	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 118) ←
117	A quantos meses, essa rede foi tratada para matar ou repelir os mosquitos? SE MENOS QUE UM MÊS REGISTE '00'	HÁ MESES <input type="text"/> 25 OU MAIS MESES 88 NÃO SEI 88	HÁ MESES <input type="text"/> 25 OU MAIS MESES 88 NÃO SEI 88	HÁ MESES <input type="text"/> 25 OU MAIS MESES 88 NÃO SEI 88
118	Alguém dormiu na rede na noite passada?	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 120) ←	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 120) ←	SIM 1 NÃO 2 NÃO SEI 8 (IR PARA 120) ←
119	Quem dormiu na rede na noite passada? ESCREVA O NÚMERO DA LINHA DO MÓDULO DO AGREGADO FAMILIAR	NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/>	NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/>	NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/> NOME LINHA No <input type="text"/>
120		VOLTAR PARA 112 PARA PRÓXIMA REDE; OU, SE NÃO TIVER MAIS REDES, IR PARA 121	VOLTAR PARA 112 PARA PRÓXIMA REDE; OU, SE NÃO TIVER MAIS REDES, IR PARA 121	VOLTAR PARA 112 PARA PRÓXIMA REDE; OU, SE NÃO TIVER MAIS REDES, IR PARA 121
		CODIÇOS		
121	Que tipo de sal usa para cozinhar? PEÇA O SAL E FAÇA O TESTE.	SAL NÃO IODADO 0 PPM/SAL LOCAL 1 SAL IODADO MENOS DE 15 PPM 2 15 PPM OU MAIS 3 NÃO HÁ SAL/NÃO QUIS DAR 4 NÃO SE FEZ O TESTE 5		

SCIP
QUESTIONÁRIO PARA PROVEDOR DE CUIDADOS
 (Pessoa que Cuida de Outras Pessoas/Crianças)
 (NAMFULA, SCIP)

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QUESTIONÁRIO NÚMERO

IDENTIFICAÇÃO			
DISTRITO _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>		
ALDEIA/POVOAÇÃO/BAIRRO _____			
NOME E NÚMERO DA ÁREA DE ENUMERAÇÃO _____			
NÚMERO DE SÉRIE (S2#)			
URBANO / RURAL (URBANO = 1; RURAL = 2)			
NOME DO CHEFE DO AGREGADO FAMILIAR _____			
NOME E NÚMERO DA LINHA DA CRIANÇA COM MENOS DE 3 ANOS _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>		
NOME E NÚMERO DA LINHA DO PROVEDOR DE CUIDADOS _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>		

VISITAS DO(A) INQUIRIDOR(A)								
	1	2	3	VISITA FINAL				
DATA	_____	_____	_____	DIA <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>				
HORA INÍCIO	_____	_____	_____	MÊS <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>				
HORA TÉRMINO	_____	_____	_____	ANO <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>				
INQUIRIDOR(A)	_____	_____	_____	CODIG. INQU. <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>				
RESULTADO*	_____	_____	_____	RESULTADO <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>				
PROXIMA VISITA DATA	_____	_____		NÚMERO TOTAL DE VISITAS <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> </tr> </table>				
HORA	_____	_____						
*CÓDIGOS: 1 COMPLETO 2 NÃO ESTÁ EM CASA 3 ADIADO 4 RECUSADO 5 PARCIALMENTE COMPLETO 6 INCAPACITADO 7 OUTROS _____ (ESPECIFIQUE)								

CONTROLADOR <table border="1" style="width: 30px; height: 20px; float: right;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> NOME _____ DATA _____			SUPERVISOR <table border="1" style="width: 30px; height: 20px; float: right;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> NOME _____ DATA _____			DIGITADOR <table border="1" style="width: 30px; height: 20px; float: right;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> NOME _____ DATA _____		

MÓDULO 1 - CARACTERÍSTICAS GERAIS ENTREVISTADO

NO.	QUESTÕES E FILTROS	CÓDIGOS	IR PARA
101	Gostaria de lhe fazer algumas questões sobre (NOME DA CRIANÇA) Qual é o seu relacionamento com (NOME DA CRIANÇA)?	MÃE BIOLÓGICA 01 PAI BIOLÓGICO 02 MADRASTA 03 PADRASTO 04 AVÓ 05 AVÓ 06 PARENTE ADOPTIVO 07 IRMÃ/IRMÃO 08 OUTROS FAMILIARES 09 NÃO RELACIONADOS 10	