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EVALUATION PLAN

HEALTHCOM NIGERIA

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FOR

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The evaluation and research group at the Annenberg School of Communications at the University of Pennsylvania has a subcontract to carry out a summative evaluation in up to fifteen HEALTHCOM sites, and to provide assistance in planning research and formative evaluation in a subset of those sites. The evaluation activity in Niger State, Nigeria, began in July 1987.

TABLE OF CONTENTS

	PAGE
BACKGROUND AND DESCRIPTION	2
HEALTHCOM in Nigeria	3
Niger State: Background	5
EVALUATION PLAN	8
Evaluation Objectives	8
EPI Objectives	8
ORT Objectives	9
Research Activities	9
Current Research	9
Target Populations	11
Baseline Household Survey	11
Sampling	11
Clinic Practice Study	12
WORK SCHEDULE	14
Phase 1: Formative Research	14
Phase 2: Baseline Survey Preparation	14
Phase 3: Baseline Survey	14
Phase 4: Subsequent Survey	15

BACKGROUND AND DESCRIPTION¹

Health Communication for Child Survival (HEALTHCOM) is a five-year communication project designed to assist developing countries increase the impact of child survival programs through improved communications. HEALTHCOM is sponsored by the Office of Health and the Office of Education within the Bureau for Science and Technology of the U.S. Agency for International Development. The project is administered by the Academy for Educational Development.

The project will work in up to 17 countries, using its research and development approach to promote changes in behavior with regard to child health. The approach draws heavily from the methodologies of social marketing, behavioral analysis, instructional design, and anthropology. Specific activities focus on the control of diarrhea, breast feeding, nutrition, immunization, growth monitoring, and other related areas such as hygiene and environmental sanitation.

The HEALTHCOM approach, while it varies from country to country, combines pre-program and continuing research with a multiple channel communication program to address public health problems on a national level. The approach has three stages: pre-program planning and development, the instructional intervention, and ongoing monitoring and evaluation. The planning phase gathers information so that each project can be tailored to the specific needs of the target population. The instructional intervention combines some or all of television, radio, print, and face-to-face communication channels to educate an audience about a

¹This evaluation plan reflects the implementation activities planned by HEALTHCOM as of November 1987. Components of the evaluation may be modified in response to changes in what was actually implemented or changes in other field conditions.

specific health theme. On-going monitoring and evaluation contribute feedback about the relative success of different aspects of the program, allowing for adjustments during the campaign. The final evaluation serves as an example for subsequent programs using the public communication approach, in the same country or elsewhere.

HEALTHCOM in Nigeria: Introduction

HEALTHCOM is part of the USAID-sponsored Nigeria Child Survival Program which seeks to reduce the morbidity and mortality rates of children under five. Other major participants in the Program include the CCCD (Combatting Childhood Communicable Disease), PRITECH, and UNICEF. The specific objectives of HEALTHCOM are:

- 1) to strengthen state and national health communication capabilities through in-service training of health educators;
- 2) to assist in the design, production, and evaluation of programs and materials concerned with priority issues in the Nigeria Child Survival Program;
- 3) to develop and test innovative health communication methods and techniques.

The HEALTHCOM Project in Nigeria began with the signing of a Project Implementation Letter (PIL) between USAID and the Ministry of Health in December 1986. According to the memorandum of understanding with the CCCD, HEALTHCOM was to be the party responsible for providing technical assistance to the CCCD in both health communication and community mobilization. That technical assistance involves planning and evaluation of health communication activities implemented by the CCCD project. The assistance will be at both the Federal and State levels. As the company responsible for implementing the HEALTHCOM Project, the Academy for Educational Development will work closely with

officials from the State and Federal Ministries of Health as well as the CCCD.

The national government, through the Federal Ministry of Health (FMOH), has given high priority in the Child Survival Program to the prevention of dehydration by oral rehydration therapy for diarrhoea, and increasing participation in vaccination programs. Niger State has been designated as the initial site for HEALTHCOM activities at the State level. Following national priorities, the Niger State health officials have indicated that diarrhoea and the EPI programme could be the areas of highest priority for HEALTHCOM in Niger State. Thus HEALTHCOM is expected to promote the use of a water/sugar/salt solution for oral rehydration according to government directives, and to identify ways to persuade mothers to bring their young children for vaccinations at the proper times.

The Annenberg School of Communications of the University of Pennsylvania has a contract with the Academy for Educational Development (AED) to conduct summative evaluations of some fifteen different HEALTHCOM projects. These projects all seek to change the ways that mothers respond to certain childhood diseases or serious threats to health such as diarrhoea, malnutrition, malaria, and the diseases targeted by EPI. The evaluations provide evidence of changes in knowledge and behavior following communication campaigns related to the targeted diseases. The Annenberg School will provide technical assistance in the evaluation of the HEALTHCOM programme in Nigeria. This evaluation design presents a plan for conducting the evaluation of communication activities related to both ORS and the EPI programs in Niger State.

Niger State: Background

Niger State has a population of about 2.5 million people distributed over a large land area. On the western and southern side, the Niger River forms the border with Kwara State. Farming and fishing form the two bases of production for most of the state. While farmers, both cultivators and cattle keepers, are found throughout the state, fishermen are found largely in the south and west. The eastern border area of the state is being drawn into the economy of Abuja, the new Federal capital under construction.

The three main languages spoken in Niger are Nupe, Gwari, and Hausa. Nupe dominates in the south, Gwari in the east (especially Chanchaga LGA), and Hausa in the north and in some urban areas. However, Hausa may be the most important language for communication, since it has a literary history and is the language most often learned as a second language. It is also the principal language spoken to the north and east of the state.

Literacy rates are thought to be between 20 to 30 percent. Both Muslims and Christians are found throughout the state. Since the last census dates from 1963, most statements about population distributions are based on extrapolations from the 1963 results that cannot take into account demographic trends other than the rates of natural increase.

For administrative purposes, Niger has been divided into nine different Local Government Areas (LGA), plus the capital area, Minna. These boundaries are significant for the implementation and evaluation of HEALTHCOM interventions, since certain community mobilization and health education efforts are organized through the LGAs. Community mobilization campaigns depend a great deal on LGA support and participation.

The State has also been divided into four Health Zones, each one with a major hospital. The LGAs of Chanchaga and Rafi in the northeast form one zone; Suleja, Agaie and Lapai form another; Mariga and Magama LGAs constitute a health zone; Lavun and Gbako form a fourth health zone. The capital city, Minna, lies within Chanchaga LGA, yet is considered a separate administrative unit. In 1986 the LGAs of Chanchaga and Rafi were designated as special primary health care demonstration areas, two of fifty-two in the country.

The types of fixed health care facilities include, in addition to hospitals, the Rural Health Centers, Basic Health Clinics, MCH Clinics, and dispensaries. Each LGA has at least one Rural Health Center (except Lapai). There are thirty some Basic Health Clinics in all, about four in each LGA.

The ORT programme in Nigeria seeks to teach parents how to correctly mix and give a water/sugar/salt solution for diarrhoea. This is to be accomplished through large scale health education campaigns, through training of parents by health workers, and by teaching the use of ORT in schools. Health care personnel may also use ORS packets for the treatment of diarrhoea. The overall thrust of the programme, however, is to persuade adults to use ORS in treating their own children.

No data are available on current use of ORT in response to diarrhoea in Niger State. Clinic records provide evidence for seasonal variation in the number of cases of diarrhoea and dehydration treated, but no information is available on what proportion of cases are brought to clinics or what percentages of families use ORT.

The EPI Division within the State Ministry of Health (SMOH) seeks to increase vaccination coverage rates through EPI promotion, the use of mobile teams, and improvement of services

at clinics. The Division collects monthly data on the numbers of vaccinations given and whether they are given by mobile teams or at fixed facilities. Coverage data for the last two years is limited to a few specific areas (LGA, a town, etc.) and is sketchy at best. For example, according to the Two-year Health Education Plan, the municipality of Minna had a coverage rate of 80 percent, with 20 percent defaulting in 1984. That statement by itself is not sufficiently specific to be well understood. In 1986, the overall coverage in the LGA of Suleja was 30 percent. Current coverage rates for the State as a whole are not available. But, without reliable census data to provide a denominator, coverage rates now calculated will be estimates at best.

The overall goal of the EPI programme in Niger State is to achieve 80 percent immunization coverage by 1989. This is to be accomplished through a combination of training of health care personnel and health education directed at both mothers and fathers.

In Niger State, health education is the responsibility of the Health Education and Nutrition Unit (HENU), which is part of the preventive disease section of the MOH. For the past two years, HENU has devoted the major part of its resources to mobilization for ORT and EPI. HEALTHCOM will provide assistance for the planning and implementing of these activities. The lack of resources (personnel, materiel, transportation) of HENU has limited their capabilities in the past.

EVALUATION PLAN

Evaluation Objectives

The evaluation will provide information about the effects of the communication activities undertaken in Niger State related to diarrhoea, dehydration, and vaccination for the EPI diseases.

The major outcomes expected are:

- 1) an increase in the percentage of mothers able to mix correctly the water/sugar/salt solution (SSS) for rehydration;
- 2) an increase in the use of SSS for cases of diarrhoea;
- 3) an increase in the coverage rates of vaccinations.

EPI Objectives

The evaluation will identify changes in knowledge of women (caretakers) about the EPI diseases and the process of vaccination, as well as changes in the degree of participation of parents in bringing young children at the appropriate ages for vaccination. While the latter will be reflected in coverage rate changes, the former will be seen in responses to direct knowledge questions.

The research will identify changes in the knowledge and practices of health workers with relation to vaccination: knowledge of the EPI diseases, teaching about EPI diseases, and teaching about the process of getting vaccinations.

A major portion of HEALTHCOM resources will go into the development of appropriate print materials and their distribution. Thus the evaluation will include a tracing of the distribution of these materials regarding EPI.

The research also will include an examination of the operation of the EPI system. We will seek to describe the operation of this

system in order to better identify the relationships between the various elements of the system. Particular attention will be paid to the distribution of vaccines, to the cold chain, and to information disseminated concerning vaccinations by fixed facilities and by mobile clinics.

ORT Objectives

The research will use three indicators of change in how diarrhoea is treated: knowledge of how to mix the SSS correctly, the use of SSS in the last case of diarrhoea treated, and a self-report ever use measure.

Records of treatment of diarrhoea and dehydration in young children in Rural Health Centers (RHC) and Basic Health Clinics (BHC) will be examined to check for changes in the type of treatment given and the levels of dehydration detected. A decrease in the number of cases brought for treatment of moderate or severe dehydration would suggest that mothers are rehydrating children at home.

The evaluation will monitor the process of teaching health care personnel to deliver the correct messages about management of diarrhoea to mothers. It will also, through observations at health facilities, evaluate the process of teaching mothers how to mix SSS and how and when it should be used.

Research Activities

Current Research

Although this evaluation is summative in nature, information on local knowledge and practices, obtained through qualitative research, is indispensable for instrument development and for getting a general picture of knowledge and practice. In the past

few months several visits to Minna have been made on behalf of HEALTHCOM to discuss possible activities with local health officials. A limited set of research activities has already been initiated.

The early research in NIGER State has examined what women in Chanchaga and Gbako LGAs know and do about diarrhoea, and what they know and do about vaccinating their children. This research was completed in early September by Dr. Adewale Oke, an anthropologist from the University of Ibadan, with direction and assistance from Stanley Yoder of ASC. The results of this qualitative research can be used to provide information for a variety of purposes, including:

- planning and formulating the types and form of messages that the Health Education Unit should produce;
- providing information for development of a survey instrument concerning what people know and do about diarrhoea and vaccination efforts;
- identifying problems that, from the perspective of mothers, keep them from bring their children for vaccinations at the correct age.

At the same time, and in close cooperation with the qualitative research, a behavioral study was initiated by Drs. Scott Geller and Galen Lehman to examine the process to teaching mothers about ORT and EPI in clinic settings. The initial work was done at two clinics: one rural and one urban. The purpose of the study is to find ways to improve the process of health education concerning immunizations. After a combination of observations of teaching and exit interviews with mothers about their knowledge of ORT and EPI, recommendations for specific interventions will be made.

Target Populations

The target populations for promotional activities will be mainly mothers (caretakers) of young children, and health care personnel. Health care personnel will receive training in health education techniques and communication skills related to ORT and vaccinations. Both mothers and fathers will hear messages about ORT and EPI through a variety of channels, including radio, face to face teaching, village meetings, and brochures.

Baseline Household Survey

The evaluation team will conduct a large sample survey of women with children under four years of age with a closed questionnaire before and after the health education campaign. The subjects addressed by the instrument include the following:

- the treatment followed for recent cases of diarrhoea according to the mothers' self report;
- feeding during diarrhoea;
- knowledge and demonstration of the correct way to mix the water/sugar/salt solution;
- understanding of the general purpose of vaccination;
- background characteristics that may affect access to health services or access to educational programs.
- knowledge of the immunization schedule for children 0-12 months old (age, diseases, sequence);
- knowledge of possible side effects;

Sampling

Approximately 1000 mothers (or caretakers) of children under four will be chosen in a stratified cluster sample drawn from the entire State. The clusters will be drawn from the lists of villages obtained from the State Ministry of Health and other

sources of village lists. The actual clusters for the sample will be chosen at random from this list. Fifty clusters will be selected, and twenty women will be interviewed in each cluster.

We recognize that the demographic information available in Nigeria makes random sampling problematic. We believe, however, that our way of proceeding makes the best possible use of the data currently available. Our sample will be a strong basis for drawing inferences about changes produced by the educational intervention, and will provide a statistically strong estimate of coverage rates for the entire State.

Clinic Practices Study

Health care personnel at clinics will be interviewed at the time the research team conducts the baseline and the follow-up surveys of women. During the time between the two surveys, personnel will receive supplementary training in ORT and EPI. While the precise subjects of the interviews must await the planning of training sessions, the interviews will most likely address the following:

- technical aspects of the use of ORT (when, how and in what quantities ORT should be given)
- technical aspects of the EPI program (cold chain maintenance, correct vaccination procedures, when vaccinations can and cannot be given;
- the process of giving vaccinations;
- the process of teaching mothers about ORT and EPI.

While the survey after the campaign will repeat most of the material covered by the baseline survey, certain questions will be added to focus on specific points covered by the training program.

The evaluation team will examine clinic practice from three vantage points. First, clinic records on the use of ORT and giving vaccinations will be examined to check on treatment of diarrhoea and dehydration as well as distribution patterns of vaccines, problems of supply, and the possibilities of follow-up for DPT and polio vaccinations. Second, exit interviews will be done with mothers leaving the clinic after sessions that address ORT and EPI. These interviews will be about mothers' knowledge of both ORT and EPI. Third, the interaction between health care personnel and mothers at times when they deal with ORT and EPI will be observed. For ORT, we want to know what mothers are told about when to use SSS, how much to use, and how they are taught the correct mixing procedure. For EPI, we want to know how the health worker checks on the vaccination status of the child, what he/she tells the mother about scheduling and side effects, and if there is a dialogue between the two persons.

Changes in clinic practice may be reflected in clinic records, in knowledge of mothers about ORT and EPI, and in the interaction between health care workers and mothers. This aspect of the evaluation provides a check on the effects of the training component of the interventions. Thus the study will be conducted before and after the main training period. If funds and personnel permit, the study will be done at the same time as the other before and after studies.

One-half (twenty) of the health centers/clinics in Niger State will be randomly chosen for the practices survey. In each health facility, several interactions between a mother and health worker will be observed, and ten exit interviews will be conducted. There will thus be a total of about 100 observations and 200 exit interviews. Also, clinic records of the past twelve months will be examined.

WORK SCHEDULE

Phase 1: Formative Research

July - Sept. 1987

During these three months research was designed and conducted on what women know about diarrhea and dehydration, what they know about SSS, and what they know about vaccinations. Although this was organized and begun by Stanley Yoder, it was Dr. Adewale Oke of the University of Ibadan who conducted the research. The report of Dr. Oke presents what he found in interviewing small groups of women in Hausa, Nupe, and Gwari.

Phase 2: Preparations for Baseline Household Survey

In November of 1988 the evaluation design was written for presentation to Federal and State health officials in December. During that same time period the group at ASC developed the questionnaire for the baseline survey, by drawing on our experiences in other countries and the research done by Dr. Oke. The questionnaire will be translated into Hausa, Nupe, and Gwari in Minna in December 1987.

Phase 3: Baseline Household Survey

During January and February of 1988 the baseline survey of women will be conducted. This will demand that we get the questionnaire properly translated into the three languages, that we identify and train interviewers, and that we supervise the process of data collection and subsequent data entry. By mid March 1988 the data should be available on diskette to the Federal Ministry of Health.

A report on the results of the survey will be presented to Federal and State Ministry of Health personnel in person by

someone from the ASC team. The timing of that report depends on other activities of HEALTHCOM. The report will be completed in early June, 1988.

Phase 4: Subsequent Household Survey

After the first major campaign effort in the promotion of vaccinations and/or ORT in Niger State, a second survey will be conducted to see if there are changes in knowledge or behavior. The overall plan of action will be the same as for the baseline survey. The exact timing of this survey will depend upon when the campaign begins and ends.

ID# _____ EDITOR'S INIT _____ DE1 _____ DE2 _____

HEALTHCOM EVALUATION - February, 1988

HOUSEHOLD SURVEY INSTRUMENT: KNOWLEDGE AND PRACTICES RELATED TO DIARRHOEA, ORT AND IMMUNIZATION

I) REFERENCE IDENTIFICATIONS

Name of Household Head: _____

Name of Respondent: _____

- 1) Local Government Area.. _____ / /
- 2) District..... _____ / /
- 3) Village/Ward _____ / /
- 4) Identification Number of Respondent..... / /
- 5) Date of Interview..... / /
- 6) Identification Number of Interviewer..... / /
- 7) Language in which survey took place.

01-Hausa	02-Nupe	03-Gwari-Kuta
04-Gwari-Paiko	05-Gwari-other	06-Ffuldee
07-Koro	08-Kamuku	09-Bassa
88-Other, _____		

Language of this questionnaire..... /1/

8) Record any identification numbers painted on house:)

Signature of interviewer.... _____

#####

II) FAMILY IDENTIFICATION

9) My name is and I am working right now for a State government office in Minna. We are studying the diseases which are common in young children in your area here and in other villages in Niger State. We are also interested in knowing how you take care of children. Could I ask you some questions about yourself and your children?

1-yes 2-no
(go to 10)

(Record here your best guess of the reason that the woman refused to participate. If additional women in the same cluster refuse for the same reason, circle next number.)

- a. her husband denied her permission to participate.....1 2 3 4 5
- b. her husband was not available to ask permission.....1 2 3 4 5
- c. it was not possible to arrange to speak to her in her language or to find a translator.....1 2 3 4 5
- d. she seems suspicious of the purposes of the survey.....1 2 3 4 5
- e. the reason is not clear.....1 2 3 4 5

10) Are you the mother of the young children here?

1-yes 2-no
(go to #12)

11) Do you take care any children in this family?

1-yes 2-no (ask who that person is, find her and interview her)

12) (note who is present at the beginning of the interview)

- 1-woman (respondent) only 2-other women (one or more)
- 3-husband and/or other men 4-both men and women

13) Can you give names and ages of the children 3 years of age or younger? What is the name of the youngest child in the family? The next youngest? The next youngest?

(then ask about each child as follows).

- a) How old is the child?
- b) Is it a boy or a girl?
- c) Are you the mother of this child?
- d) Where was the child born?

Name	Yrs	Mos	Sex		Mother		Birthplace		
			M	F	Y	N	Clin	Not Clin	DK
1	1	2	1	2	1	2	8
2	1	2	1	2	1	2	8
3	1	2	1	2	1	2	8

Write age of child however mother gives it, months, years, or both. Write 88 in years column if she does not know age. For sex, circle for Male and 2 for Female. For Mother, circle 1 for yes, 2 for no. For birthplace, circle a number. "Clinic" means any kind of health facility, "Not Clinic" means any place outside a clinic or hospital and DK means "don't know."

III. LAST CASE TREATMENT

14) Do any of these children have diarrhoea, dysentery, cholera, or bloody diarrhoea today?

- 1-yes
- 2-no (go to #16)

15) Which child is it?

- Number _____ (write number of child) (go to #18)
- Child's name (if more than one child is named, take the younger one and go to #18)
- 9-N/A

16) Which of these children had the most recent case of diarrhoea, dysentery, cholera or bloody diarrhoea?

- Number _____
- Name

- 8-no child has ever had diarrhoea. (go to #53)
- 9-N/A

17) When did the child have diarrhoea?

- 1-one to two weeks ago(1-15 days ago)
- 2- 3 to 4 weeks ago (16-30 days ago)
- 3-one month ago (1-2 months ago)
- 4-two months ago (2-3 months)
- 5-three months ago
- 6-more than three months ago } (go to #51)
- 7-don't recall
- 8-they have never had diarrhoea (go to #53)
- 9-N/A

18) For how long did the child have diarrhoea?
(write the number of days)

___ days 15-two weeks or more
 88-Don't remember 9-N/A

19) Is there any special name given to this type of diarrhoea, or was it just ordinary diarrhoea?

(do not read answers)
1-ordinary diarrhoea 2-dysentery
3-cholera 4-bloody diarrhoea
5-dehydration (nakannayan)
7-other (explain).....
8-I don't remember 9-N/A

20) What signs told you the child had diarrhoea? (do not read answers; if woman doesn't know or N/A, leave responses blank except last which is 8 for don't remember and 9 for N/A.)

<u>yes</u> <u>no</u>		<u>yes</u> <u>no</u>	
watery stools.....	1 2	frequent stools.....	1 2
stools with blood..	1 2	stools with mucus...	1 2
sunken eyes.....	1 2	weakness.....	1 2
other.....	1 2 (explain)	.....	.....
___	8-I don't remember	9-	N/A

21) Was there blood in the stool?

1-yes 2-no 8-I don't remember 9-N/A

22) Was the child vomiting?

1-yes 2-no 8-I don't remember 9-N/A

23) Did the child have a temperature?

1-yes 2-no 8-I don't remember 9-N/A

24) Did the child have sunken eyes?

1-yes 2-no 8-I don't remember 9-N/A

25) In your opinion, what was the child's condition? Was the child not sick, was the child somewhat sick, or was the child very sick?

1-he was not at all sick 2-he was somewhat sick
3-he was very sick
8-I don't recall 9-N/A

26) When (name) had diarrhoea, was he playing normally, less than normal, or not at all?

1-playing normally 2-less than normally
3-not playing at all
8-I don't recall 9-N/A

27) Did you give the child something for the diarrhoea, or did you decide the child did not need anything?

1-gave something 2-gave nothing 9-N/A
(go to #36)

28) Did you give the child something at home for the diarrhoea?

1-yes 2-no 9-N/A
(go to #30)

29) What did you give? (Note: mark all items given, do not read answers; if woman doesn't know or N/A, leave responses blank except last which is 8 for don't remember and 9 for N/A.)

	<u>yes</u>	<u>no</u>		<u>yes</u>	<u>no</u>
Only water.....	1	2	ORS packet.....	1	2
Tea.....	1	2	Suger-Salt mixture...	1	2
Herbal medicine	1	2	Pills.....	1	2
Kaolin.....	1	2	purgative.....	1	2
Enema.....	1	1	syrups.....	1	2
Other.....	1	2 explain			
- 8-I don't know		9-N/A			

30) Did you seek any advice or treatment anywhere?

1-yes 2-no 9-N/A
(go to #36)

31) From who did you seek advice or treatment?
(note first one mentioned only, do not read answers)

01-friends/family members	02-clinic
03-Traditional Birth Att.	04-hospital
05-traditional healer	06-imam
07-chemist	88-other
98-I don't recall	99-N/A

32) What kind of advice or treatment did you get? (Note: mark all answers given, do not read answers; if woman doesn't know or N/A, leave responses blank except last which is 8 for don't remember and 9 for N/A.)

	<u>yes</u>	<u>no</u>		<u>yes</u>	<u>no</u>
nothing.....	1	2	kaolin.....	1	2
tea.....	1	2	Sugar-Salt solution.	1	2
herbal medicine..	1	2	ORS packet.....	1	2
syrups.....	1	2	pills.....	1	2
enema.....	1	2	purgatives.....	1	2
other.....	1	2 (explain).....			
- 8-I don't recall		9-N/A			

33) Is there anywhere else you went for advice or treatment for the diarrhoea?

1-yes 2-no 9-N/A
(go to #36)

34) From what other person did you seek advice or treatment?
(note the first one mentioned only, do not read answers)

- 01-friends/family members
- 02-clinic
- 03-Traditional Birth Att.
- 04-hospital
- 05-traditional healer
- 06-imam
- 07-chemist
- 88-other
- 98-I don't recall
- 99-N/A

35) What kind of advice or treatment did you get? (Note: mark all answers given, do not read answers; if woman doesn't know or N/A, leave responses blank except last which is 8 for don't remember and 9 for N/A.)

	<u>yes</u>	<u>no</u>		<u>yes</u>	<u>no</u>
nothing.....	1	2	kaolin.....	1	2
tea.....	1	2	Sugar-Salt Solution.	1	2
herbal medicine..	1	2	ORS packet.....	1	2
syrups.....	1	2	pills.....	1	2
enema.....	1	2	purgatives.....	1	2
other.....	1	2	(explain).....		
8-I don't remember					9-N/A

36) Did you or any other person give the child a special mixture to drink here at home when the child had diarrhoea?

- 1-yes
 - 2-no
 - 8-I don't remember
 - 9-N/A
- (if no, don't remember or N/A go to #42)

37) What did you give?

- 1-Sugar-Salt solution
- 2-ORS packet
- 7-other
- 9-N/A

38) Did the child take this mixture?

- 1-yes
- 2-no
- 9-N/A

39) For how many days did you give him this mixture?

- 1-a day
- 2-two days
- 3-three days
- 4-More than three days
- 8-I don't recall
- 9-N/A

40) We would like to know how much of the mixture he drank on the first day of the diarrhea.

- A). What did he use to drink the mixture?
- B) How many of those did he drink the first day?

(If more than one item were used to feed the child the solution mark only the largest one.)

Code for Container: _____
Number given to child: _____

- Codes:
- 1. a spoon
 - 2. a can
 - 3. a dish
 - 4. a cup
 - 5. a feeding bottle
 - 6. gourd
 - 7. a bowl
 - 8. other (explain).....

(if this is a current case of diarrhoea, ask #41. If it is not a current case, go to #42)

41) Did you give the child any of this mixture today?

1-yes 2-no 9-N/A

Let us talk about what your child ate and drank while he was sick with diarrhoea the last time.

42) Was(name of child) breast feeding before he had diarrhoea?

1-yes 2-no 8-I don't recall 9-N/A
(if "no" or "don't recall" go to #45)

43) Did you stop breast feeding him while he had diarrhoea?

1-yes 2-no 9-N/A

44) Were you giving a child food and still breast feeding him before he had diarrhoea?

1-yes 2-no 9-N/A
(go to #50)

45) When..... still had diarrhoea, was he eating the usual amount of food or less, or was he not eating at all?

1-the usual amount of food (go to #47)
2-eating a lot (go to #47)
3-smaller than usual
5-he did not eat at all 9-N/A

46) Did the child not eat (or eat less) because the child was not given food or because he did not want to eat?

1-I did not give him food (go to #50)
2-he refused to eat
3-I don't remember 9-N/A

47) When the child was still sick were you giving him special food or the usual food?

1-usual food 2-other food 9-N/A
(go to #49)

48) What kind of food did you give the child?
(Fill the space provided with the kinds of food given and then write the codes. 1,2,3,4,5,8 and 9 under the heading "Kind", do not read answers)

		Kind of Food		
1	.....	.....	1.	pap (maize)
2	.....	.....	2.	pap with milk
3	.....	.....	3.	porridge (yam)
			4.	other soft foods
			5.	fruits
			8.	nothing
			9.	N/A
	7. other _____			

(use the name of child number 1, and ask:)

91) Let's talk a bit about _____ Has he ever had measles?

1=yes 2=no 8-I don't know 9-N/A

92) Has _____ (name) ever been vaccinated?

1=yes 2=no 8-I don't know 9-N/A
(if "no" or "don't know" or N/A go to #94)

93) For what disease was the last vaccination given?
(do not ask for location, accept a name only)

- 1-tuberculosis (BCG) 2-measles
- 3-polio 4-DPT and polio
- 5-diphtheria/whooping cough/tetanus (DPT)
- 7-other.....

94) (Ask the mother to see the youngest child whose name is Look at the fore arm for the BCG scar.)

1-scar there 2-scar not there 3-child not there
8-I don't know 9-N/A

95) Do you have a vaccination card for(name)

1=yes 2=no 8-I don't know 9-N/A
(If the child has never been vaccinated and does not have a card go to 99. If he has been vaccinated but does not have a card, go to 97 and ask the mother which vaccinations he has had.)

96) May I see the card?

1-shows the card 2-does not show card (go to #98) 9-N/A

97) (look for date of birth on card; write it in below: DY/MO/YR.
(write 99 for missing items on card, 99/99/99 for no date)

..../..../....

98) (Examine card to determine which vaccinations the child has had Mark 1 for yes, 2 for no. Enter the date that each vaccinations wa received. Enter 99/99/99 if the date is missing. If the vaccinati was reported on a card, enter a 1 in the "Source" row; if it was reported by the mother, enter a 2.)

BCG in forearm, Polio in Mouth, DPT in thigh, Measles in shoulder

Vaccine	BCG	Pol1	DPT1	Pol2	DPT2	Pol1	DPT3	Meas
1=yes, 2=no								
Date								
Day/Mo/Yr								
Source: 1=Card								
2=Mother								

(if there is another child, continue with #99-104. If not, go to #105.)

99) Let us speak about Has he ever had measles?

1=yes 2=no 8-I don't know 9-N/A

100) Has ever been vaccinated?

1=yes 2=no 8-I don't know 9-N/A

101) Do you have a vaccination card for (name)?

1=yes 2=no 8-I don't know 9-N/A

(If the child has never been vaccinated and does not have a card go to 107. If he has been vaccinated but does not have a card go to 104 and ask the mother which vaccinations he has had.)

102) May I see his card?

1-shows the card 2-does not show card (go to #104)

103) (look for date of birth on card; write in below: DY/MO/YR.
(write 88 for missing items on card, 88/88/88 for no date)

...../...../.....

104) (Examine card to determine which vaccinations the child has had Mark 1 for yes, 2 for no. Enter the date that each vaccinations wa received. Enter 9999 if the date is missing. If the vaccination w reported on a card, enter a 1 in the "Source" row; if it was report by the mother, enter a 2.)

Vaccine	BCG	DPT1	DPT2	DPT3	Pol1	Pol2	pol3	Meas
1=yes, 2=no								
Date								
Day/Mo/Yr								
Source: 1=Card								
2=Mother								

Let's think about the last time one of your children was vaccinated.

105) Where was the child vaccinated? Here in the village/neighborhoo at a health clinic, or somewhere else?

1-clinic 2-mobile team 8-I don't know 9-N/A
(if 2, 8 or 9 go to #107)

106) On the day the child was vaccinated at the clinic, what was the main reason you went to the clinic? (mark only one answer

1-a child was sick 2-went for a checkup (weighing, etc.)
3-went to have a baby 4-went mainly for the vaccination
5-the nurse told me to come back
7-other (explain)
8-I don't know/remember 9-N/A

121) Do you have a beer (full-kerosine) bottle in the house?

- 1-yes
- 2-no (go to 122)
- 9-N/A

122) Please show it to me.

- 1-shows a beer bottle
- 2-shows a different kind of bottle
- 3-does not show a bottle

123) Do you have a mineral (half-kerosine) bottle in the house:

- 1- yes
- 2-no (go to 124)

124) Please show it to me.

- 1-shows a mineral bottle
- 2-shows a different kind of bottle
- 3-does not show a bottle

Examine the house and answer the following questions:

125) The material used to build the house:

- 1-mud bricks
- 2-cement blocks
- 3-wood
- 7-other.....

126) Observe the roofing of the house.

- 1-thatch
- 2-mud
- 3-zinc, tin or aluminum sheets
- 7-other.....

127) Observe the material that the flooring is made of.

- 1-dirt
- 2-cow dung
- 3-gravel
- 4-cement
- 9-N/A

Thank you very much for your help with this survey. Your answers will help the Ministry of Health in Minna to design better health programs to assist you and your neighbours.

END

17