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EVALUATION PLAN

HEALTHCOM LESOTHO 1987 - 1988

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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 Lesotho started in March 1987.

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## BACKGROUND AND DESCRIPTION<sup>1</sup>

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 specific health theme. On-going monitoring and evaluation contribute feedback about the relative success of different aspects of the

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

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 Lesotho

The HEALTHCOM Project officially began in Lesotho in August of 1986 when a Project Implementation Letter (PIL No. 7) was signed between USAID and the Ministry of Health (MOH) of Lesotho. The Project is tied to the CCCD (Combatting Childhood Communicable Diseases) Project which dates from May of 1984. According to the PIL, the purpose of HEALTHCOM is to enable the MOH to apply a communications strategy in its use of both mass media and face-to-face interactions in the promotion of health practice. The areas of highest priority for HEALTHCOM are: diarrhoeal diseases, immunizations, breast feeding/nutrition, and child spacing. In these areas the Project will promote changes in behavior to reduce or eliminate the serious health consequences.

HEALTHCOM will concentrate its efforts in two types of activities:

- the production of a series of mass media campaigns to promote changes in behavior coordinated with the training programs of health care personnel;
- providing in-service training to health educators who participate in the implementation of the HEALTHCOM methodology.

The Combatting Childhood Communicable Diseases (CCCD) project seeks to reduce morbidity and mortality in children under five years of age that suffer from diarrhoeal disorders or diseases preventable through immunization. The HEALTHCOM Project is partially funded by CCCD and is expected to play a supporting role in CCCD interventions. These interventions have included the training of health care personnel in oral rehydration therapy, the

establishment of ORT corners in hospitals, the improvement of the Health Information System of the MOH, and improvement of technical aspects of the immunization programme. The mandate of CCCD to provide health education will be fulfilled through the role that HEALTHCOM is assuming in the preparation of messages for the public about CCCD interventions.

HEALTHCOM operates within the structure and policy of the Ministry of Health (MOH). The AED Resident Advisor works within the Health Education Unit (HEU). Training provided by the Project will primarily involve the HEU staff and will concern the use of a communications methodology for health education. The areas to which these methods will be applied are the four areas of highest priority mentioned above.

In Lesotho, HEALTHCOM activities will focus primarily on oral rehydration therapy (ORT) and immunizations. Specific objectives in these two areas are:

- to increase the percentage of children fully immunized toward the MOH goal of achieving 90% coverage by 1990 for all immunizations;
- to decrease the number of cases where children fail to receive their second and third DPT and polio inoculations;
- to increase the percentage of mothers who treat diarrhoeal episodes with some form of ORT recommended by the MOH;
- to increase the utilization of ORS packets by mothers for the treatment of diarrhoea;
- to increase to percentage of mothers using ORT who mix and administer the solution (SSS or ORT) correctly;
- to increase the proportion of mothers who continue feeding children during episodes of diarrhoea;
- to reduce the incidence of the use of enemas, chemical purgatives, and anti-microbials as treatments for diarrhoea.

## Evaluation Issues

The Annenberg School of Communications (ASC) at the University of Pennsylvania has been contracted to carry out evaluation activities related to the HEALTHCOM project in Lesotho. The primary role ASC will take is to carry out a summative evaluation of the activities relating to the promotion of ORT and immunizations. ASC will also assist in carrying out the pre-program formative research. Thus the evaluation will seek evidence for changes that occur during the main communications campaign, changes in what women know and do about oral rehydration and immunizations.

For diarrhoea specifically, the overall objective is the estimation of changes in the utilization of both the water sugar/salt solution (SSS) and the Oral Rehydration Salts solution (ORS). By asking mothers about their knowledge of the preparation of both SSS and ORS, and asking them to demonstrate how they should be mixed, evidence will also be provided on change in knowledge of how these solutions are used.

With regard to immunizations, a household survey informed by results of prior formative research will provide evidence about women's knowledge of the purpose of immunizations and their stated reasons for having children vaccinated or not. The survey will also examine health cards and record the immunization status of each child.

A major part of the evidence for behavioral change in how women respond to diarrhoea of their children will be the reports of mothers on what they did for the last cases of diarrhoea. Other evidence will be derived from records of health facilities.

## Other Information Sources

While the major source of data for the summative evaluation will come from the two national surveys, a great deal of data from other sources will also be examined. This brief section describes

the main sources of background data that will be drawn upon in the planning and implementation of the evaluation.

### Health Information System

The Ministry of Health (MOH) has now established, with the assistance of CCCD, a Health Information System to provide monthly reports on in-patient treatments, out-patient treatments, and the delivery of MOH services. This data is collected for 37 different categories of diseases. In 1986 more than 80% of all health care facilities filed such reports for each month. When approximately 80% of the facilities have filed their reports, a quarterly computer report is sent out to each health facility. This information is now being put into computer files for easy access and manipulation of the data. In the past few months the process of entering the data has been extremely slow. This problem has delayed the diffusion of quarterly reports.

The usefulness of this data to HEALTHCOM is conditioned to some extent to the ability of the HIS to analyse and interpret the data after it has been filed. At present the HIS does not have adequate staff for such activities. The usefulness of the data is also affected by the basis of its aggregation. The HIS data is aggregated according to catchment areas of health facilities. The boundaries of these catchment areas do not correspond exactly to the district boundaries which serve as the most frequent bases for aggregation of data from other surveys. This limits the potential for comparing the results of different surveys.

In mid 1985, the MOH established a Sentinel Surveillance System to provide additional information about diarrhoeal cases. In some 50 health facilities staffed by nurse clinicians, the nurses were asked to fill out forms stating whether the child was dehydrated or not. About one year later information on measles was added to the form. The system has been plagued by delays in

reporting, and less than half the facilities send their forms to the MOH.

The MOH has now developed another form to replace the current one. This form asks specific information about more than a dozen disease categories, including diarrhoea and measles. The MOH also plans to distribute these forms to all health facilities at some point later in 1987. It is not yet clear how useful this system of data collection will be for the evaluation, since the system is new, it is being modified, and it may or may not be maintained in the long run.

### Formative Research Results

The overall purpose of the formative research is to learn how mothers talk about vaccinations and about diarrhoea and its treatment. We want to learn the terms and concepts that mothers use in thinking and speaking about these phenomena: what symptoms of illness do they notice, how do they make a diagnosis, what do they think of the effectiveness of treatments, etc. Once this information is available, we will review the questions of the household survey instrument to see what changes must be made to reflect how mothers now talk of these illnesses. In the design of the household instrument, we will stress the importance of asking questions that will be understood by mothers without ambiguity. Hence the formative research results are crucial to the formulation of specific questions in the household survey.

### 1986 Census Data

In 1986 a national census was conducted in Lesotho and the results are beginning to appear. To date one publication has been made available, a booklet of 21 pages called Population Census, Preliminary Results. The publication gives the number of

households per district as well as total population figures. We will obtain a list of enumeration areas (a census unit of 200-500 households) and of households for choosing the sample.

## EVALUATION PLAN

### Introduction

The evaluation will provide information about the effects of the media campaigns conducted by the Health Education Unit with assistance from HEALTHCOM. While this will be a summative evaluation, a formative research phase is required to obtain information for the design of the household survey instrument. This phase is mentioned because of its close relationship to the household survey. While the evaluation team is not responsible for formative research per se, it will depend on the results to assure that the questionnaire takes into account local realities. Effects of the communication campaign will be estimated by the comparison of the results of the before and after surveys and other components.

The following instruments or sources of data will be used in the evaluation process:

- household surveys, before and after the intervention
- health information system
- institutional and process portrait

Each of these components is discussed in the following sections. In terms of resources required and data provided, the household survey is the main component. The survey is directed toward women in villages who talk about the actions they take in regard to immunizations and diarrhea, or about specific cases of illness. The other components provide information only about children brought to health facilities for treatment, or about the functioning of the Project itself.

## Household Survey

The household survey instrument will be administered to a national random sample of women with children under five years of age. The structure and content of the questionnaire follows that of an instrument used for such evaluations of other HEALTHCOM projects, but it has been modified to make it appropriate to Lesotho. The instrument consists of closed questions arranged in six parts (see Appendix A for a copy of the questionnaire).

It should be emphasized that the questionnaire will be typed in Sesotho. That is, both questions and possible answers will be in Sesotho, in order to minimize misunderstanding of the questions and the answers.

The content of the different parts of the questionnaire is as follows:

- last case treatment for diarrhoea
- knowledge of SSS and treatment options
- communications channel exposure
- knowledge of immunizations and immunizations obtained
- knowledge and use of ORS packets
- demographic factors

The "last case" section asks questions about how mothers responded to the last case of diarrhoea in their small children. It includes questions on recognition of symptoms of diarrhoea, on the choice of treatment sought, the treatments actually given at home and at health facilities, and on feeding during episodes of diarrhoea. This section provides self-reported data on behavior.

The two sections on water/sugar/salt (SSS) solution and on Oral Rehydration Salts (ORS) solution concern knowledge about both the mixing and the administration of SSS or ORS. Women who state they know how to mix SSS or ORS will be asked to demonstrate it. The two types of oral rehydration therapy are given a separate section since the Ministry of Health will be promoting both.

The section on communication channels provides information on radio ownership and listening patterns, and exposure to health messages. Parts of this section will be used only in the baseline survey. The section on immunization includes questions on knowledge of the purpose and effects of immunization, and on the immunization status of children under five. This section will provide evidence of changes in knowledge, if that has occurred, as well as data for the calculation of coverage rates.

The final section addresses basic demographic factors in order to permit classification of respondents according to social and economic status. The selection and formulation of the questions of this section will be guided by the questions used in the 1986 census.

### Sampling

The sample for the household survey will be a national random sample of households based on the lists of households from the 1986 census. Separate but equivalent samples will be taken for the before and after campaign surveys. On the basis of information obtained so far, it appears that random selection of forty clusters (enumeration areas) nationally, and twenty-five households per cluster, will provide adequate comparison possibilities. Consideration has been given to stratifying the sample according to the two main ecological zones (mountains and non-mountains). However, so far no systematic differences related to HEALTHCOM activities have been identified for those two zones except for geographic access to health facilities. If the formative research phase is able to identify important regional contrasts, consideration will be given to choosing a stratified sample. That decision will be made after the results of the formative research are available.

The census results of 1986 show a total population of 1,577,536. There were 330,035 households, with an average size of 4.8 persons per household. In the mountain areas the average size

is from 300-350 households. This will need to be verified later as more census data become available, to assure that the households chosen in each cluster constitute a representative sample of households. We will also consider doing the sampling by compact cluster, a procedure that saves time and effort, particularly in areas where access is difficult. According to this procedure, if the approximate total population of an area is known, the area can be divided into subareas with about equal population. One or more of the subareas is then selected and all the households become part of the sample.

### Health Information System

The Ministry of Health (MOH) now has in place a reporting system that provides, among other things, monthly reports on morbidity status of out-patients. In 1986 about eighty percent of all health facilities filed such reports for each month. These monthly reports will be examined as part of the evaluation process to see if any changes have occurred (seasonally adjusted) in the rates of cases of diarrhoea treated. An increase in the number of mothers who treat diarrhoea at home with SSS or ORS should lead to a decrease in the number of cases brought to health facilities.

This same system gives monthly reports on the number of immunizations given at each facility. Changes in the number of monthly immunizations given will likewise be examined before and after the communications campaign.

In 1985, health care facilities staffed with nurse clinicians were asked to complete a separate form for all cases of diarrhoea treated at the facility. This was begun at the time in some fifty hospitals and clinics. The form asks health personnel to note whether the child with diarrhoea was dehydrated or not. It also asks for information about cases of measles brought to the facility.

At the moment the MOH is testing another form and planning to expand its use to most health facilities eventually. That form

also has the same information on dehydration. In the process of evaluation, the team will examine these monthly records to determine if there has been a change in the numbers of children brought with dehydration to health facilities. A decrease in the proportion of children brought with dehydration would suggest an increase in the proportions treated with some kind of ORT at home.

### Institutional and Process Portrait

During the period of the second household survey that will be conducted after a major period of promotional activity, the team will prepare a description of the process of implementing the entire campaign. Information about the project will be collected through a review of project documents, from the study of materials produced for diffusion, from discussions with Health Education Unit staff and other associated with the project, and from observations made by the evaluation team. In this way a portrait will be drawn presenting the stage-by-stage development of materials to their diffusion and reception by the target audience.

This description will provide important background information to better understand the evaluation, and will help the evaluation team to explain the results. The team will also note the kinds of skills which the HEU developed in the process of implementing the HEALTHCOM plan.

### Summary

The summative evaluation will be based on three types of data collection procedures: the design and implementation of a before-after household survey covering knowledge and behavior related to ORT and immunizations; examination of monthly out-patient reports from MOH health facilities; and preparation of the institutional and process portrait of the project.

Each of the components of the evaluation design serves a different purpose: to be the sole source of data for certain

variables, or to provide information that can be compared with that from another source, or for validation purposes. For example, the numbers of children brought to a health facility for treatment of diarrhoea can be obtained from the Health Information System. These data will be compared with the number of mothers who report having taken their children to a health facility for treatment in the two survey periods, before and after. Thus the information from each component will not be used in isolation, but will be interpreted in the light of the data from other components.

#### WORK SCHEDULE

##### Phase One: Formative Research

June and July, 1987 Formative research.

Translation of instrument into Sesotho.

The formative research aspect of HEALTHCOM activities is essential to finalizing the household survey instrument for the baseline survey. The formative research concerning diarrhoea and immunizations will take place in June and July of 1987 so that results will be available by mid August. Before June 1, the Health Education Unit (HEU) will have received a draft of the household survey instrument in English along with instructions about which aspects require special attention in the research. The HEU will oversee the translation of the questionnaire into Sesotho during July and August. The evaluation team at the Annenberg School of Communications (ASC) then will review the results of the formative research during August and will make changes to the questionnaire as necessary. For information concerning the process and content of formative research, see the HEALTHCOM Implementation Plan.

## Phase Two: Baseline Household Survey

### Document Review

End Sept to mid Nov. 1987: Baseline Household Survey

This six week time period will be devoted to the selection of the sample, the selection and training of the interviewers and the field supervisors, pretesting of the instrument, and the actual household survey. Candidates for the position of interviewer and field supervisor will be invited to present themselves for selection. We anticipate training twelve interviewers and three field supervisors selected out of a pool of perhaps twenty-five candidates. The field supervisors must have some experience in social science survey work. The interviewers will have at least a high school education, will be able to follow directions responsibly, and will be able to pay close attention to detail. It has been suggested that we could draw upon the pool of unemployed nurses for this position. Individuals with other types of training will also be considered. The Ministry of Health, through the HEU, will be responsible for identifying likely candidates for these positions.

The Ministry of Health will also identify an individual with training and experience in conducting survey research to become the field director of the survey. This individual will serve as the counterpart to the evaluation director named by the ASC. That individual must be available full time for six weeks.

Two months after the data from the survey become available in a usable format, the ASC will send a report of the examination of certain variables to the HEU. The exact content of this report will be determined by the priorities of the HEU in the development of health messages, and the judgement of the ASC team about the most important results.

Phase Three : Second Household Survey

Other evaluation components

October & November, 1988 or 1989

The timing of this phase will be determined by whether or not CCCD and HEALTHCOM in Lesotho receive a project extension. If it should be extended, then the survey will take place most likely in October 1989. Other aspects of data collection for the evaluation will take place while the survey is being conducted.

The process of training interviewers and doing the survey will be the same as for the first round. Personnel required from the Ministry of Health will also be the same. Four months after the data from the second survey and each of the other components becomes available in a usable format, the ASC will send a full report of the findings to the MOH for review.

**APPENDIX A**

**KNOWLEDGE AND PRACTICES RELATED TO  
DIARRHOEA AND IMMUNIZATION IN LESOTHO**

**QUESTIONNAIRE**

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

I. REFERENCE IDENTIFICATIONS

1. District.....
2. Enumeration Area.....
3. Village/town .....
4. Health Service Area .....
5. Identification Number of Household.....
6. Identification Number of Respondent.....
7. Date of Interview.....
8. Identification Number of Interviewer.....
- Date of interview .....
- Signature of interviewer.....

#####

II. LAST CASE TREATMENT

9. My name is ..... I work at the Ministry of Health in Maseru. We are studying the diseases which attack children in your area here and also in other villages in the country. We are also interested in knowing how you take care of children. I ask you some questions about yourself and your children?

- |             |   |
|-------------|---|
| 1. .... yes | 2. .... no<br>(don't proceed any further;<br>stop here) |
|-------------|---|

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

- |                            |            |
|----------------------------|------------|
| 1. .... yes<br>(go to #11) | 2. .... no |
|----------------------------|------------|

10.1 Are you the one taking care of children in this family?

- |            |  |
|------------|--|
| 1. ....yes | 2. ....no<br>(ask who that person is and<br>put her name down here)<br>..... |
|------------|--|



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

.... days            28 .... don't recall            9 .... N/A

17. What symptoms made you suspect the child had diarrhoea?

.... watery stools  
.... frequent running stomach  
.... stools with blood  
.... stools with mucus  
.... other (explain) .....  
.... I don't remember            9 .... N/A

18. Were the stool mixed with blood?

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

19. Was the child vomiting?

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

20. Did the child have a temperature?

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

21. 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    8 .... I don't remember  
2 .... he was somewhat sick    9 .... N/A  
3 .... he was very sick

22. What type of diarrhoea did the child have? Is there any special name given to this type of diarrhoea, or was it just ordinary diarrhoea?

1 ..... red  
2 ..... green  
3 ..... yellow  
4 ..... ordinary diarrhoea  
5 ..... dehydration (mohlala)  
6 ..... other (explain).....  
8 ..... I don't remember            9 .... N/A

23. When ..... (name) had diarrhoea, was he/she playing normally or did his/her playing decline?

1 .... he was playing normally  
2 .... he played just a little bit  
3 .... he was not playing at all  
4 .... I don't recall            9 .... N/A



31. From whom did you seek advice or treatment?  
(note the first one mentioned only)

01 .... friends/family members	06.... clinic
02 .... health work	07.... hospital
03 .... traditional doctor	08.... other (explain).....
04 .... chemist	88.... I don't recall
05 .... spiritual healer	99 ... N/A

32. What kind of advice or remedy did you get?  
(Note all answers given. Write 1 for each mentioned,  
write 2 for not mentioned)

.... nothing	.... kaolin	
.... tea	.... mixture (SSS)	
.... herbal medicine	.... ORS packet	
.... syrups	.... other (explain).....	
.... pills	.... I don't know	
.... enema		9 .... N/A

33. Is there any other place you went to seek help or treatment?

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

34. From whom did you seek advice or treatment?  
(write only first one mentioned)

01 .... friends/family members	06 .... clinic
02 .... health work	07 .... hospital
03 .... traditional doctor	08 .... other(explain.....
04 .... chemist	88 .... I don't recall
05 .... spiritual healer	99 .... N/A

35. What kind of advice or treatment did you get?  
(Note all answers given. Write 1 for each mentioned,  
write 2 for not mentioned)

.... nothing	.... kaolin	
.... tea	.... mixture (SSS)	
.... herbal medicine	.... powdered (ORT)	
.... syrup	.... other (explain).....	
.... pills	.... I don't recall	
.... enema		9 .... N/A

36. Did you or any other person give the child an enema?

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

37. Did you or other person give a child mixture of (SSS)  
or powder (ORS) here at home when the child had diarrhoea?

1 .... yes	2 .... no	9 .... N/A
	(go to #44)	

38. What did you use?

- 1 .... mixture(SSS)  
 2 .... powder(ORS) 9 .... N/A

39. Did the child take this mixture?

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

40. For how many days did you give him this mixture?

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

41. What did he use to drink the mixture?

- 1 .... spoon 4 .... a beer can  
 2 .... a dish 5 .... a feeding bottle  
 3 .... a cup 6 .... other (explain).....  
 9 .... N/A

(Note: write the answer to #41 in #42. and continue with #42)

42. How many of ..... of the mixture of salt and  
 sugar did the child drink on the first day?

- .... number 8 .... I don't know 9 .... N/A

(if it is at the time when the child still has diarrhoea ask #43,  
 but if it is time since diarrhoea has stopped ask #44)

43. Have you given the child a mixture of sugar and salt today?

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

Let us talk about what your child eats and drinks when he has  
 diarrhoea.

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

- 1 .... yes 2 .... no 8 .... I don't recall 9 .... N/A  
 (go to #47)

45. Did you stop breast feeding..... name) when he  
 still had diarrhoea?

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



53. What did you give him?  
 (write 1 for each mentioned, write 2 for not mentioned)

- |                      |                            |
|----------------------|----------------------------|
| .... tea             | .... soda (coca cola, etc) |
| .... herbal medicine | .... sorghum porridge      |
| .... fruit juices    | .... mixture (SSS)         |
| .... water           | .... other (explain.....)  |
|                      | 9 .... N/A                 |

54. Is there a time when you avoided giving certain food to the child while diarrhoea was still in action?

- |            |             |            |
|------------|-------------|------------|
| 1..... Yes | 2..... no   | 9 .... N/A |
|            | (go to #56) |            |

55. What is the type of food

- |         |              |               |
|---------|--------------|---------------|
|         | Kind of Food |               |
| 1 ..... | .....        | 1. milk       |
| 2 ..... | .....        | 2. beans      |
| 3 ..... | .....        | 3. fruits     |
|         |              | 4. solid food |
|         |              | 5. other      |
|         |              | 9 .... N/A    |

#####

III. THE KNOWLEDGE OF TREATMENTS AND THE MIXTURE (SSS)

Let us discuss diarrhoea in general and the different ways of treating people with diarrhoea.

56. Which signs show that diarrhoea is serious?  
 (do not read answers; mark each item mentioned with a 1; mark each item not mentioned with a 2; yes=1, no=2)

- |                                      |                     |
|--------------------------------------|---------------------|
| .... stools that come often          | .... body is hot    |
| .... stools that are liquid          | .... tiredness      |
| .... diarrhoea that does not stop    | .... loss of weight |
| .... fontanelle sinks                | .... I don't know   |
| .... the loss of appetite            |                     |
| .....stools that is mixed with blood |                     |
| .....sunken eyes                     |                     |
| .....other (explain) .....           |                     |

57. What happens in body of the child if child has diarrhoea for a long time?

(do not read answers: mark each item mentioned with a 1; write a 2 by each of the items not mentioned: 1=yes, 2=no)

- .... a child is weak
- .... a child loses appetite of food
- .... a child loses weight
- .... a child loses water
- .... the fontanelle sinks
- .... a child's eyes are not bright
- .... other (explain) .....
- .... I don't know

58. Have you ever gone to a chemist to seek help in related to diarrhoea?

1 .... yes                      2 .... no                      8 .... I don't know

59. What medicine do they recommend or give for diarrhoea?

(do not read answers; mark each item mentioned with a 1, and write a 2 by each of the items not mentioned: 1=yes, 2=no)

- |                           |                           |
|---------------------------|---------------------------|
| .... kaolin               | .... di-colic             |
| .... enema                | .... mixture (SSS)        |
| .... traditional medicine | .... powder (ORS)         |
| .... syrup                | .... other (explain)..... |
| .... pills                | .... I don't know/recall  |

60. Have you ever taken a child who has diarrhoea to a traditional healer?

1 .... yes                      2 .... no                      8 .... I don't quite remember

61. What medicines do the traditional doctors usually give when children have diarrhoea?

(do not read answers; mark each item mentioned with a 1; write a 2 by each of the items not mentioned)

- |                           |                           |
|---------------------------|---------------------------|
| .... tea                  | .... injection            |
| .... enema                | .... mixture (SSS)        |
| .... traditional medicine | .... other (explain)..... |
| .... syrup                | .... I don't know         |
| .... tablets(pills)       |                           |

62. Do you have any village health workers here?

1 .... yes                      2 .... no                      8 .... I don't know

63. Have you ever taken a child who has diarrhoea to a village health worker for help?

1 .... yes                      2 .... no                      8 .... I don't know



71. When did you know how to make that mixture? from whom?

- |                                 |                             |
|---------------------------------|-----------------------------|
| 1 .... friends/family members   | 5 .... radio station        |
| 2 .... midwife                  | 6 .... other (explain)..... |
| 3 .... Health worker in village | 8 .... I don't know         |
| 4 .... nurse                    | 9 .... N/A                  |

72. Tell how you make the mixture.

A. What do you use to make the mixture?  
(write a 1 for mentioned and a 2 for not mentioned in column A below)

B. How much of each ingredient do you use?  
(write the answers in column B)

C. please show me how much water you use for one preparation.

A. Materials

B. Measurements

.... water	How many	1 cups	2 cans	3 liters
.... pure/boiled water	_____			4 other
				8 I don't know

	How many?	Code	
.... sugar	_____	_____	1 pinch
.... salt	_____	_____	2 scoops
.... others	_____	_____	3 teaspoons
			4 Tablespoons
			5 other
			8 I don't know

Measure the water that the woman says one should use and write the amount in ml. here \_\_\_\_\_ ml.

9 .... N/A

#####

IV. THE MEANS OF COMMUNICATIONS/RADIO

We have few question about radio.

73. Do you have a radio at home?

- |            |             |
|------------|-------------|
| 1 .... yes | 2 .... no   |
|            | (go to #75) |

74. Does it still work even today?

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

75. Do you ever listen to your radio?

- |            |             |            |
|------------|-------------|------------|
| 1 .... yes | 2 .... no   | 9 .... N/A |
|            | (go to #82) |            |

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83. Why do you think that children should have vaccinations?

- 1 .... to cure certain diseases
- 2 .... to protect children from certain diseases
- 3 .... so a child may have a health card
- 4 .... to give good health to children
- 5 .... to get food
- 6 .... acceptance of a child at school
- 7 .... other (explain) .....
- 8 .... I don't know
- 9 .... N/A

(go back to page 2 and write the names of the children under 5 years and less, starting with the youngest.

- 1) .....
- 2) .....
- 3) .....

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

84. Now we speak about .....do you have vaccination

- 1 .... yes
  - 2 .... no
  - 8 .... I don't know
  - 9 .... N/A
- (go to #89)

85. Do you have the vaccination card of .....(name of the child)

- 1 .... yes
  - 2 .... no
  - 8 .... I don't know
  - 9 .... N/A
- (go to #87)

86. May I ask for the card?

- 1 .... shows the card
- 2 .... does not show card
- 9 .... N/A

87. (write in)

- 1 .... the card is present
- 2....the card is not there
- 9 .... N/A

88. (Instructions: examine card & fill out table. Write 1=yes or 2=no. Write date in four digits. month and year only: MO/YR. Write 8888 if date is missing.)

(For each vaccine in table below, ask mother if child has had vaccination. Write 1=yes or 2=no. Write 8888 in all blanks for date)

88. Vaccine,!	BCG	! DWT1	! DWT2	! DWT3	! Pol1	! Pol2	! pol3	! Meas	!
1=yes, 2=no	!	!	!	!	!	!	!	!	!
Date	!	!	!	!	!	!	!	!	!

9 .... N/A

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(if there is another child less than five years old, continue with #89-93 by writing the name in #89. If not, go to #99)

89. Let us speak about ..... Does he have a vaccination?

- 1 .... yes      2 .... no      8 .... I don't know      9 .... N/A  
(go to #109)

90. Do you have a vaccination card for ..... (name)?

- 1 .... yes      2 .... no      8 .... I don't know      9 .... N/A  
(go to #92)

91. May I see your card?

- 1 .... shows the card  
2 .... does not show card  
9 .... N/A

92. (write in)

- 1 .... the card is present  
2 .... the card is not there  
9 .... N/A

93. (Instructions: examine card & fill out table. Write 1=yes or 2=no. Write date in four digits. month and year only: MO/YR. Write 8888 if date is missing.)

(For each vaccine in table below, ask mother if child has had vaccination. Write 1=yes or 2=no. Write 8888 in all blanks for date)

93. Vaccine,!	BCG	!	DWT1	!	DWT2	!	DWT3	!	Pol1	!	Pol2	!	pol3	!	Meas	!
1=yes, 2=no	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!
Date	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!	!
																9 .... N/A

(If there is another child less than five years old, ask #94-98. First write in name of child in #94. If not, continue with #99)

94. .... How about him? Did he get a vaccination also?

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

95. Do you have a vaccination card for .....?

- 1 .... yes      2 .... no      8 .... I don't know      9 .... N/A  
(go to #97)

96. May I see your card?

- 1 .... shows the card  
2 .... does not show card  
9 .... N/A

97. (write in)

- 1 .... the card is present  
2 .... card is not there  
9 .... N/A

98 . (Instructions: examine card & fill out table. Write 1=yes or 2=no. Write date in four digits. month and year only: MO/YR. Write 8888 if date is missing.) (For each vaccine in table below, ask mother if child has had vaccination. Write 1=yes or 2=no. Write 8888 in all blanks for date)

98. Vaccine	BCG	DWT1	DWT2	DWT3	Pol1	Pol2	pol3	Meas
1=yes, 2=no								
Date								

9 .... N/A

Let us discuss the youngest child for a short time.

99. Write the name of the child here.....  
 Write his/her age.....  
 (Check to see if the youngest child has been vaccinated and has a card. If the child has been vaccinated and has a card, continue with #100. If the child has not been vaccinated, or does not have a card, go to #109).

(Look on the card and write the month of the last vaccination the child received here .....

I realize that a child has had vaccination in.....(month)

100. Where did you take the child for vaccination?

- 1 .... clinic/hospital
- 2 .... L.F.D.S.
- 3 .... L.P.I. Mobile clinics
- 8 .... I don't know

9 .... N/A

101. What was the main reason for going to the clinic?

- 1 .... a child was sick/I had gone for check up
- 2 .... I had gone for food
- 3 .... I had gone mainly for vaccinations
- 4 .... I had gone to deliver a baby
- 5 .... other .....
- 8 .... I don't know

9 .... N/A

102. Do you remember the type of vaccination received?

- 1 .... measles
- 2 .... whooping cough
- 3 .... tuberculosis
- 4 .... polio
- 5 .... diphtheria
- 6 .... other
- 7 .... looked at card
- 8 .... I don't know

9 .... N/A



111. Have you ever used this packet to help a child with diarrhoea?

- 1.... yes
- 2 .... no  
(go to #115)
- 9 .... N/A

112. From whom did you get it, and where?

- 1 .... a friend/the family
- 2 .... midwife
- 3 .... a village health worker
- 4 .... the clinic
- 5 .... hospital
- 6 .... other (explain) .....
- 8 .... I don't know
- 9 .... N/A

113. Do you have this packet here at your home?

- 1 .... yes
- 2 .... no  
(go to #115)
- 9 .... N/A

114. Please show me the packet.

- 1 .... she refuses to show me
- 2 .... she shows me
- 3.....she shows me a wrong packet
- 9 .... N/A

#####  
 VII. DEMOGRAPHICS

To finish, I want to ask you a few questions about your family and your life.

115. How many people stay here at your home?/include children  
.... number in the family

116. When were you born?

(note: if the year is not given, write the age here .....)  
 ..... year  
 6666 .... event  
 8888 .... does not know

117. What languages do you know? (write a 1 (yes) beside each one mentioned and a 2 (no) beside each one not mentioned).

- .... Sesotho
- .... English
- .... Xhosa
- .... Sephuthi
- .... Other African language .....

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118. Can you read Sesotho?

- 1 .... yes                      2 .... no

119. Can you read English?

- 1 .... yes                      2 .... no

120. What was your last standard in school? (mark an x at the correct level and circle the year.

- .... I did not go to school  
 .... primary level 1, 2, 3, 4, 5, 6, 7  
 .... High School level 1, 2, 3, 4, 5  
 .... Beyond High School level and Technical School 1 2 3 4

(write total years of School here.....)

121. Are you married right now?

- 1 .... yes                      2 .... no  
 (go to #125)

122. What was your husband's last standard in School?  
 (write "x" at the correct level and circle the year)

- .... he never went to school  
 .... primary level 1, 2, 3, 4, 5, 6, 7  
 .... High School level 1, 2, 3, 4, 5  
 .... Beyond high school level and technical school 1,2,3,4  
 88 .... I don't know

Write total years of school here .....

123. Does your husband work? what type of work does he do?

- 1 .... he is employed  
 2 .... temporary work  
 3 .... self-employed

- 
- 4 .... he is not working  
 8 .... I don't know

(ask #125)

9 .... N/A

124. Does he work in Lesotho or R.S.A.

- 1 .... Lesotho                      3 .... other country  
 2 .... R.S.A.

9 .... N/A

125. How many fields do you plough?

- 0 .... none                      5 .... more than five fields  
 1 .... one field                      8 .... I don't know  
 2 .... two fields  
 3 .... three fields  
 4 .... four fields

126. Where are you getting your drinking water?

- 1 .... from the spring
- 2 .... from the river
- 3 .... from the borehole tap
- 4 .... from the tap
- 5 .... other sources (explain).....

127. Can you tell me what you have from the following:  
(read each item; write 1 for each item mentioned, 2 for each one not mentioned).

- .... Electricity at home
- .... Radio
- .... Sewing machine
- .... Bicycle
- .... T.V.
- .... Coal stove

128. What kind of salt are you using here at your home?

- 1 .... rough salt
- 2 .... fine salt
- 3 .... both of above

Examine the house and answer the following questions:

#129, 130, 131 and 132.

129. Look at the material used to build the house;

- 1 .... mud bricks and poles
- 2 .... plaster
- 3 .... cement
- 4 .... stones
- 5 .... other (explain).....

130. Observe the roofing of the house.

- 1 ..... grass
- 2 .... corrugated iron
- 3 .... tiles
- 4 .... other (explain) .....

131. Look at the toilet used.

- 1 .... in the bush
- 2 .... the bucket system
- 3 .... pit latrine
- 4 .... VIP
- 5 .... water system

132. Try to observe for swelling around neck and answer the following question.

- 1 .... there are signs of swelling
- 2 .... there are no signs of swelling
- 3 .... the neck is not seen

"END"

(please thank the woman very warmly for answering the questions)

Note: If anything unusual happened or the interview situation seems very different from usual, please explain here.

- 1.....
- 2.....
- 3.....