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## Performance Evaluation

# USAID/Madagascar Health Survey, in the North and West Regions of the Community Capacity for Health (CCH) Intervention Zones

2016

This publication was produced at the request of USAID/Madagascar. It was prepared independently by the authors of the report.

# Performance Evaluation

## USAID/Madagascar Health Survey, in the North and West Regions of the Community Capacity for Health (CCH) Intervention Zones

2016

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Publication date: May 2017

Cover photo: Brookesia/Madagascar

Recommended citation: Meekers, D., E. Ralison, T. Andrianantoandro, and C. Sherry. 2017. USAID/Madagascar Health Survey, in the North and West Regions of the Community Capacity for Health (CCH) Intervention Zones, 2016. Antananarivo, Madagascar: USAID/Madagascar.

*This report is dedicated to the memory of Mamy Randrianarisoa. Mamy was the lead person responsible for the survey fieldwork. He led the recruitment of the fieldwork team, participated in the fieldwork training, and helped supervise the fieldwork. He tragically passed away during the course of the fieldwork due to illness.*

## Abstract

The United States Agency for International Development (USAID)/Madagascar's health portfolio activities improve the health of the Malagasy people, especially women and children under five years of age, by implementing sustainable programs that deliver essential health services and products with a focus on rural and underserved areas. The programs focus on five main sectors: 1) malaria, 2) maternal and child health, 3) family planning and reproductive health, 4) water supply, hygiene and sanitation, and 5) health system strengthening. To reach its objectives, USAID funded the implementation of two successive community health projects in the northern and western regions of Madagascar: the Madagascar Community-Based Integrated Health Program (MAHEFA) and the Community Capacity for Health (CCH) program.

This report shows survey results that will enable USAID to monitor and evaluate the performance of the USAID-funded MAHEFA and CCH programs. The 2016 health surveys collected health indicator data at different levels, including program beneficiaries (esp. women of reproductive age and caretakers of young children), basic health centers (CSB), and community health volunteers (CHV) in the regions where these two health programs operate.

The general objectives of the surveys are to measure:

- Levels of key health indicators for the MAHEFA project in its six regions of intervention (Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to enable an analysis of the trends in these indicators over the course of the program (2012-2016);
- Baseline levels of key health indicators for the new CCH program in the seven intervention regions of the program (Analanjirifo, Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to facilitate program planning and to track progress in the indicators over time.

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## Acknowledgments

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States Government.

The authors are grateful to Erin Lubin, Annick Ranirisoa and Maggie McGinnis for their assistance, and to Vololontsoa Raharimalala, Azzah Al-Rashid, Hery Ramiandrisoa, Sarah Miner, and Melinda Manning at USAID/Madagascar, and Chuanpit Chua-oon and Andry Rabemamantsoa at CCH for their input, feedback, and support.

## Acronyms

ACT	Artemisinin-Combination Therapy
ARI	Acute Respiratory Infection
CCH	Community Capacity for Health Program
CHV	Community Health Volunteer
CSB	Centre de Santé de Base
CI	Confidence interval
DPT	Diphtheria, Pertussis and Tetanus
INSTAT	National Institute for Statistics
IPTp	Intermittent Preventive Treatment for pregnant women
ITN	Insecticide-Treated Nets
LLN	Long-Lasting Insecticide-Treated Bednets
MAHEFA	Madagascar Community-Based Integrated Health Program
MCH	Maternal and Child Health
OMS	Outcome Monitoring Survey
ORS	Oral Rehydration Solution
RDT	Rapid Diagnostic Test
SI	Sampling Interval
STI	Sexual Transmitted Infection
USAID	United States Agency for International Development
WRA	Women of reproductive age

## List of Indicators

### Maternal care

- Percentage of women seen at ANC at least 4 times during their last pregnancy with a live birth
- Percentage of births attended by a doctor, nurse or trained midwife
- Percentage of women who state they took Vitamin A less than 8 weeks after delivery of their child
- Percentage of women who received at least one tetanus toxoid (TT) shot (or equivalent) during their last pregnancy
- Percentage of women who state they received iron folate supplements during their last pregnancy

### Infant and Child Health

- Percent of infants 0-5 months exclusively breastfed in the past 24 hours
- Percentage of children between 12-23 months of age who received their 3rd dose of Diphtheria, Tetanus, and Pertussis (DTP)
- Percentage of children between 12-23 months of age who are fully vaccinated
- Percentage of children under 5 years with diarrhea in the past 2 weeks who were treated with oral rehydration solution (ORS) and/or zinc supplements.
- Percentage of children under 5 with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider
- Percentage of women exposed to MCH (diarrhea, pneumonia) health messages in the past 2 months, by channel
- Percentage of women who reported they are satisfied with the quality of recent diarrhea services by CHVs
- Percentage of women who reported that they are satisfied with the quality of recent ARI services by CHVs
- Percentage of women who reported that they are satisfied with the quality of recent diarrhea services by a CSB
- Percentage of women who reported that they are satisfied with the quality of recent ARI services by a CSB
- Percentage of CU2 weighed during Growth Monitoring and Promotion (GMP) in the last 2 months

### Family Planning

- Percent of WRA who can name at least 2 modern contraceptive methods
- Contraceptive prevalence rate (CPR) – modern methods, by method
- Percentage of women in union who want to delay or stop childbearing.
- Percentage of WRA who recall hearing or seeing messages about FP or contraceptives in the past two months
- Percentage of WRA with unmet need for family planning
- Percentage of WRA who know at least two public or private sources where they can obtain a product or service to treat an illness
- Percentage of WRA in union who perceive that their partner supports them to use modern contraceptives
- Percentage of WRA in union who received FP services (counseling or products) from a CHV during the past 3 months
- Percentage of WRA who reported that they are satisfied with the quality of recent FP services from a CHV

### Malaria

- Percentage of children under 5 years old who slept under a long-lasting Insecticide Treated Net (ITN) the previous night
- Percentage of pregnant women who slept under a long-lasting insecticide treated net the previous night
- Percentage of children under 5 (CU5) years of age with fever in last 2 weeks who received treatment with ACT within 24 hours from onset of fever
- Percentage of women who received two (2) doses of SP for IPTp for malaria during their last pregnancy in the last two (2) years
- Percentage of women who cite that sleeping under an ITN every night is effective for preventing malaria
- Percentage of women exposed to malaria health messages in the past 2 months

Percentage of CU5 with fever in the last 2 weeks who sought care from specific types of providers (CHVs, CSB)

Percentage of women who were satisfied with the quality of recent CHV care for fever/malaria

Percentage of women who were satisfied with the quality of CSB care for fever/malaria

#### Water and Sanitation

Percentage of households that are practicing effective household water treatment

Percentage of households practicing proper storage of drinking water treated at the household level

Percentage of households with soap and water at a hand washing station commonly used by family members

Percentage of households using an improved sanitation facility

Percent of households practicing open defecation

Percent of households using an improved drinking water source

#### Nutrition

Percentage of children aged 6-23 months fed according to a minimum standard of infant and young child feeding practices

Percentage of children aged 6-23 months receiving a Vitamin A supplement during the last 6 months

#### Cross-cutting

Percentage of WRA confident in their ability to seek proper care (index measure on self-efficacy)

Percentage of households visited by CHVs in the past 3 months

Percentage of WRA who sought health care in the past 3 months, by provider

Percentage of WRA who discussed two or more health topics during their most recent CHV visit

#### CHV Indicators

Percentage of CHVs who provided FP/RH counseling or services during their last visit

Percentage of CHVs who provided STI services during their last visit

Percentage of CHVs provided with supportive supervision in the last 3 months

Percentage of CHVs practicing adequate disposal of hazard materials & equipment

Percentage of CHV with soap and water for hand washing

Percentage of CHVs that experience a stockout of at least one contraceptive method that they normally provide (at time of survey)

Percentage of CHV who are out of stock on at least one tracer drug they normally provide

#### CSB Indicators

Percentage of CSB that normally provide FP/RH products or services

Percentage of CSB that normally provide STI services

Percentage of CSB that experience a stock out of any contraceptive method that they normally provide (at time of survey)

Percentage of CSB that report that at least one tracer drug they normally provide is not available (at time of survey)

Percentage of CSB practicing adequate disposal of hazard materials and equipment

Percentage of CSB with soap and water for hand washing

Percent of CSB receiving supportive supervision in the last quarter

## Executive Summary

This report shows the results of health surveys conducted in the regions where the USAID-funded MAHEFA and CCH programs operate. Specifically, it presents the results of a household survey (4,513 households; 4,381 women of reproductive age), a survey of community health workers (CHV; n=276) and a survey of basic health centers (CSB; n=129). The general aim of the surveys was to measure:

- Levels of key health indicators for the MAHEFA project in its six regions of intervention (Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to enable an analysis of the trends in these indicators over the course of the program (2012-2016);
- Baseline levels of key health indicators for the new CCH program in the seven intervention regions of the program (Analanjirifo, Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to facilitate program planning and to track progress in the indicators over time.

### Summary of findings

***Maternal health:*** Health services received by a mother during her pregnancy, at the time of delivery, and after the delivery, can greatly affect the health status and survival chances of the mother as well as the child. The survey results show that among women with children under age two, 71% reported that they had at least four prenatal care visits and 76% that their last delivery was assisted by a trained health professional. During their last pregnancy, 80% of women had at least one tetanus injection, and 80% received iron supplements. However, only 20% of women received vitamin A supplements within eight weeks of their last delivery. Less than half of all women aged 15-49 recall being exposed to maternal and child health information during the two months before the survey. The main source of exposure for such information is the radio (24%), health staff (18%), and community health volunteers (16%). Women may face several problems that can prevent them from gaining access to health care, including a lack of knowledge of health care sources or their perceived inability to use health services (self-efficacy). Only 53% of women report knowing at least two different public or private sources where one may obtain health products or services. Nevertheless, 38% of women sought healthcare in the three months prior to the survey.

***Infant and child health:*** Child vaccinations are essential tool for reducing infant and child mortality. The results indicate that only 26% of children aged 12-23 months were fully vaccinated and only 34% had received three doses of DPT. Overall, 10% of children had symptoms of acute respiratory infection (ARI) during the two weeks preceding the survey. The majority of these children (63%) were taken to an appropriate health provider. Satisfaction with ARI services from community health volunteers and basic health centers is very high. Eleven percent of children under age 5 experienced fever during the two weeks prior to the survey. Of these, 71% received treatment from a basic health center and 9% from a community health worker. Among children under age five, 10% experienced diarrhea during the two weeks before the survey. Most women who received diarrhea services report being satisfied with those services.

***Family planning:*** Knowledge of modern contraceptive methods is nearly universal, but only 26% of women know at least two sources where they can obtain family planning counseling. Nearly half of sexually active women currently use some type of family planning, particularly injections (25%) and oral contraceptives (24%). Just over half of all women aged 15-49 (53%) report being exposed to family



planning information in the past two months. The most common sources of family planning information are radio (24%), health facility staff (23%), and community health volunteers (21%). One in two women (53%) perceive that their partner is supportive of contraceptive use. The large majority of women who receive family planning services from a basic health center or community health worker are satisfied with those services.

*Fertility preferences:* The results indicate that the desire for child spacing is fairly high. Overall, 57% of recent mothers desire to wait at least two years before having another child. The survey results also show that 17% of women have an unmet need for family planning.

*Malaria:* Awareness of the effectiveness of insecticide-treated bednets (ITN) for malaria prevention is nearly universal (98%). The night before the survey, 88% of young children and 84% of women aged 15-49 slept under an ITN. Only one third of women (36%) received IPTp during their last pregnancy. Exposure to malaria information is fairly high. Overall, 48% of women aged 15-49 have been exposed to malaria messages in the past two months. The main sources of exposure to malaria messages are radio (27%), health facility staff (17%) and CHV (17%).

*Water, sanitation, and hygiene:* Among the households surveyed, 62% used an improved drinking water source. However, only 19% are correctly using an effective water treatment method, and only 10% practice proper storage of drinking water. Less than one in three households (28%) have water and soap available at handwashing stations. Overall, 63% of households use an improved sanitation facility; 31% practice open defecation.

*Child nutrition:* Feeding practices can have an important effect on the nutritional status of infants and children, which can affect morbidity and mortality. Overall, 50% of infants were exclusively breastfed, and 63% of all children aged 6-23 months were fed according to the recommended minimum standards. Slightly more than half of all infants aged 6-23 months (53%) received Vitamin A supplements during the six months preceding the survey.

*Community health workers:* CHVs are an essential component of the health system in Madagascar, particularly in remote rural areas that may not have easy access to a CSB. Survey data indicate that 33% of households were visited by a CHV within the last three months. Overall, 69% of CHV surveyed offered family planning services/products during their last service visit, and 22% provided some type of STI services or counseling. Many CHV suffer from stockouts of family planning products, as well as drugs to treat diarrhea, respiratory infections, and malaria. Most CHV (74%) use adequate disposal procedures for hazardous equipment and materials. Only 57% of CHV have water and soap for handwashing available. Fewer than one in three CHVs (30%) received supportive supervision from the public sector during the last three months.

*Basic health centers:* In Madagascar, basic health centers staffed with a medical doctor or paramedic (levels 1 and 2, respectively) are an essential source of primary health care. All CSBs offer counseling or services for at least one family planning method, and 99% offer some type of STI services. Stockouts of family planning products are common. Over one in ten CSB reported current stockouts of oral contraceptives (13%), female condoms (12%), cycle beads (14%), and injectables (13%). Stockouts of key drugs are also common: ACT was out of stock in 15% of CSB, malaria rapid diagnostics tests in 15%, and sulfadoxine-pyrimethamine in 23% of CSB. Most CSB (80%) use adequate disposal methods for hazardous equipment and materials, and the large majority (70%) have water and soap available for

handwashing. The majority of CSB (64%) received supportive supervision from the public sector during the three months preceding the survey. The survey also shows that nearly all CSB (99%) have an operational system to quantify their stocks, but that only 57% have a system to quantify their needs.

## Chapter 1 Introduction

The United States Agency for International Development (USAID)/Madagascar's health portfolio activities improve the health of the Malagasy people, especially women and children under five years of age, by implementing sustainable programs that deliver essential health services and products with a focus on rural and underserved areas. The programs focus on five main sectors: 1) malaria, 2) maternal and child health, 3) family planning and reproductive health, 4) water supply, hygiene and sanitation, and 5) health system strengthening. To reach its objectives, USAID funded the implementation of two successive community health projects in the northern and western regions of Madagascar: the Madagascar Community-Based Integrated Health Program (MAHEFA) and the Community Capacity for Health (CCH) program.

MAHEFA was a five-year health program that provided basic, quality health care to isolated populations in six north and northwestern regions of Madagascar (Boeny, DIANA, Melaky, Menabe, SAVA, Sofia). The program's overarching goal was to increase the use of proven, community-based interventions and essential products among underserved populations of Madagascar. Activities focused on improving access to and use of an integrated package of maternal, newborn, and child health services; family planning; and improving safe water, hygiene, and sanitation. With the support of MAHEFA, community health workers provided a package of services, including counseling, referrals, treatment, and demand generation. MAHEFA was implemented from 2011-2016 (John Snow, 2016).

CCH (also called Mahefa Miaraka) is a new five-year health program funded by USAID that aims to improve the sustainability of the community health system in Madagascar, as well as increase quality of its services through an integrated approach. The program started in 2016 and will continue through 2021. The project will enhance community engagement and ownership of health services; support behavior change and health promotion; and strengthen health service planning, management, and governance. The new CCH program will operate in the same regions where MAHEFA was implemented, as well as additional districts in two former MAHEFA regions and one new region.

### Survey objectives

The objectives of the 2016 Madagascar Health Surveys are to collect data that will enable USAID to monitor and evaluate the performance of the USAID-funded MAHEFA and CCH programs. The 2016 health surveys will collect health indicator data at different levels, including program beneficiaries (esp. women of reproductive age and caretakers of young children), basic health centers (CSB), and community health volunteers (CHV) in the regions where these two health programs operate.

The general objectives of the surveys are to measure:

- Levels of key health indicators for the MAHEFA project in its six regions of intervention (Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to enable an analysis of the trends in these indicators over the course of the program (2012-2016);
- Baseline levels of key health indicators for the new CCH program in the seven intervention regions of the program (Analanjorofo, Boeny, DIANA, Melaky, Menabe, SAVA, Sofia) to facilitate program planning and to track progress in the indicators over time.

The detailed objectives are to measure the following:

- Maternity care (prenatal care, vitamin A, iron supplements, tetanus vaccination, prevention and treatment of malaria, delivery assistance by trained personnel, use of family planning and prevention of sexually transmitted infections);
- Health of newborns and children under age five (essential newborn care, vaccinations, immediate breastfeeding, exclusive breastfeeding, supplementary feeding, food and liquid intake during illness); prevention, diagnosis and treatment of child illnesses (incl. Malaria, diarrhea, and respiratory infections);
- Essential newborn care (prevention of infections, care of the umbilical cord, prevention of neonatal hypothermia);
- Water, sanitation, and hygiene (access to water, household practices, hand washing, water treatment and storage, and use of latrines);
- Exposure to information about health, water, sanitation, and hygiene.

### Literature review

Like many sub-Saharan African countries, Madagascar faces a number of important public health problems, including a rapid population growth that is caused by a high fertility rate (Institut National de la Statistique (INSTAT) & ICF Macro, 2010); Institut National de la Statistique de Madagascar (INSTAT) (2014a); (Ministere de la Sante, 2007; UNICEF, 2014). The population growth rate is estimated to be 2.7%. Data from 2012 indicate that the Total Fertility Rate is 3.3 children per woman in urban areas, but 5.5 children per woman in rural areas. Over 80% of the population lives in rural areas with limited access to health care; 54% of the rural population lives more than 5 kilometers – the equivalent of a one hour walk – from the nearest primary health center (La Banque Mondiale, 2014).

Madagascar is committed to achieve the Millennium Development Objectives, which included a three quarter reduction in maternal mortality rate and a two third reduction in the mortality rate of children under age five by 2015 (Institut National de la Statistique de Madagascar (INSTAT), 2014c). However, between 2008/9 and 2012, the maternal mortality rate declined only modestly, from 498 to 478 deaths per 100,000 births (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014a). Hence, maternal and child health continue to be a major public health concern. Although the child mortality rate has declined substantially (see below), at 42 deaths per 100,000, it remains too high.

*Maternity care:* The percentage of women who received prenatal care by qualified health personnel declined slightly between 2008/9 and 2012, from 86% to 82% (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT)). Overall, 51% had at least four prenatal care visits, which is only slightly higher than in 2008/9 (49%). The percentage of women who received tetanus injections during their last pregnancy has declined substantially. The percentage of women who received delivery assistance by qualified health personnel has stagnated since 2008/9, remaining at roughly 44%. Delivery assistance by qualified health personnel is strongly associated with the level of urbanization and the level of education of the mother. Only about one in four women receive postnatal care.

*Infant and child health:* Over the past two decades, there have been major improvements in child health in Madagascar. The mortality rate for children under age five has declined from 162.6 deaths per

100,000 in 1992 to 62 per 100,000 in 2012. The infant mortality rate has also declined substantially, from 93 per 100,000 in 1992 to 42 in 2012 (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014c; Refeno, Victor, Mboup, & Schoemaker, 1994). The main causes of death for infants and children are delivery complications (premature delivery; oxygen shortage), neonatal infections, diarrhea, malaria, and acute respiratory infections (ARI).

In recent years, the prevalence of diarrhea, malaria and ARI in young children has increased. The prevalence of ARI increased from 3% in 2008/9 to 11% in 2012, the prevalence of diarrhea increased from 8% to 11%, and the prevalence of fever from 9% to 14% (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014c). Only a fraction of children who suffer from these diseases receive appropriate health care. In 2012, only 40.5% of children with ARI symptoms were taken to qualified health personnel or were treated with antibiotics. Of the children who had diarrhea, only 44.5% received healthcare, and only 24.5% of them received an appropriate treatment. Similarly, of the children who had fever, only 47.7% were taken to an appropriate health provider, and less than one third (31%) of children were prescribed antibiotics. The percentage of children with fever who received antimalarial drugs has been decreasing steadily, from 34% in 2003 to 20% in 2008/9, and further down to 11% in 2012 (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014c; Institut National de la Statistique; Ministère de l'Économie, 2005).

Between 2008/9 and 2012, the percentage of children who have been fully vaccinated has decreased from 55% to 36% (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT)). The prevalence of Bacillus Calmette-Guérin (BCG) and measles vaccinations has decreased substantially; more modest decreases in diphtheria, pertussis and tetanus (DPT3) vaccinations have also been observed. The prevalence of polio vaccinations has remained constant during the same time period. In an effort to increase child vaccination rates, a semi-annual Week of the Health of Mother and Child has been implemented, which is a joint campaign to increase child vaccinations and to distribute long-lasting insecticide-treated bednets (Organisation Mondiale de la Santé, s.d.; UNICEF, 2011).

*Child nutrition:* Chronic malnutrition can make children more vulnerable to diseases. In Madagascar, 8.6% of children suffer from acute malnutrition. The international standards for proper feeding for infants and young children recommend that 1) newborns are breastfed within an hour after delivery, 2) infants are exclusively breastfed up to six months of age, and 3) breastfeeding continues for up to two years, but that supplementary foods are introduced from six months of age onwards. In Madagascar, the percentage of newborns that were breastfed within the first hour after delivery has declined from 72.4% in 2008/9 to 65.8% in 2012. Exclusive breastfeeding of infants under six months of age has declined from 50.7% in 2008/9 to 41.9% in 2012. However, the large majority of children (83%) are breastfed for up to two years of age. In 2012, only 31% of children aged 6-23 months received diversified feeding (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014c).

*Family planning and fertility preferences:* Among married and cohabiting women, the percentage who currently use a modern contraceptive method has increased steadily from 19% in 1997 to 29% in 2008/9, and 33% in 2012. Because of the strict abortion policies in Madagascar, it is important to

address the need for family planning (Gastineau & Rajaonarisoa, 2010). The unmet need for family planning has decreased among women in union, albeit slowly, from 26% in 1997 to 18% in 2012 (Direction de la Démographie et des Statistiques Sociales. Institut National de la Statistique (INSTAT) [Madagascar] & Macro International Inc., 1998; Institut National de la Statistique (INSTAT) & ICF Macro, 2010; Institut National de la Statistique de Madagascar (INSTAT), 2014a; Meekers, Ratovonahary, Andrianantoandro, & Randrianarisoa, 2016; Refeno et al., 1994).

*Malaria:* Malaria is an important cause of morbidity and mortality in Madagascar. The cost of treatment, reduced productivity, and prevention is estimated at \$52 million per year. The Ministry of Health, in collaboration with its partners, has implemented several programs aimed at reducing the malaria burden. Key strategies include the large-scale distribution of long-lasting insecticide-treated bednets (LLN) and indoor residual spraying. There has also been a focus on malaria prevention among pregnant women through intermittent preventive treatment (IPTp), and on early treatment of malaria cases, particularly for children under age five. Recent statistics indicate that 64% of households own at least one bednet, and that 60% own at least one long-lasting bednet. Roughly one third (34%) of households own more than one LLN (Institut National de la Statistique de Madagascar (INSTAT), 2014b; Meekers & Yukich, 2016).

*Water, sanitation, and hygiene:* Access to clean drinking water, improved sanitation facilities, and hygiene have important consequences for child health and infant and child mortality (Institut National de la Statistique (INSTAT) & ICF Macro, 2010; UNICEF, 2014). It has been estimated that access to drinking water has increased from 29% to 48% during the period from 1990 to 2011. However, as a result of population growth, the number of people who do not have access to clean drinking water has increased from 3.2 million to 10.4 million during that same period.

Access to sanitation facilities has increased only modestly, from 8% to 14%. Once again, it is estimated that the number of people who do not have access to an improved sanitation facility has increased, from 10.3 million to 18.4 million. The percentage of people who use open defecation has remained high, at 39%. All these indicators are considerably worse in rural areas.

*Health services:* In Madagascar, CHVs and CSBs are an essential part of the health system, particularly for primary care. Level 1 CSB (CSB-1) focus on vaccinations and treatment of illnesses. CSB-1 are typically staffed by paramedical personnel, such as a nurse or midwife. Level 2 CSB (CSB-2) provide basic obstetric care, as well as the services provided by the CSB-1. CSB-2 are normally staffed by a medical doctor (Emile, 2015; Madagascar Matin, 2015). The total number of CSB has increased over time. Recent estimates suggest that there are a total of 3,240 CSB in Madagascar (Emile, 2015; Ministère de la Santé, 2007).

CHV are community-based and offer basic health services for their local target population. In remote rural areas, the CHV may be the only source of health services, as the nearest CSB may be located more than two hours travel time away (UNICEF Madagascar, s.d.; USAID/Madagascar, 2015). Key CHV activities include increasing awareness of maternal and child health, vaccinations, growth monitoring, nutrition, water, hygiene and sanitation, and family planning. CHVs often provide primary care for child illnesses, such as diarrhea, malaria, and pneumonia. They may also offer family planning products.

## Organization of the surveys

The study consists of three cross-sectional surveys that will be used to obtain data that are representative for the intervention areas of the MAHEFA and CCH projects. Specifically, the surveys cover 33 districts located in 7 intervention regions: Analanjirofo, Boeny, DIANA, Melaky, Menabe, SAVA, and Sofia. The three surveys include:

- A household survey;
- A survey of community health workers;
- A survey of centres de santé de base (CSB).

The study population for the household survey consists of three different groups of respondents that were interviewed:

- Heads of household (or another senior member authorized to speak on behalf of the head of household);
- Women aged 15-49;
- Caretakers of children under age five.

Information provided by mothers and other caretakers of children under age five is be used to calculate indicators that pertain to children in the following age groups: children under 28 days, children aged zero to six months, 12 to 23 months, and zero to 59 months.

In addition to the household survey, community health workers and heads of the CSBs from the seven intervention regions were interviewed.

## Sample design

The study was conducted in the 33 of the 34 target districts of the MAHEFA and CCH projects. Districts that were not targeted by either program were excluded from the sampling frame (four districts in Boeny region and one district in DIANA region). The included districts are:

Region	District
DIANA	Antsiranana 2, Nosy-Be, Ambanja, Ambilobe <sup>1</sup>
SAVA	Sambava, Andapa, Antalaha, Vohemar
BOENY	Soalala, Mitsinjo
SOFIA	Antsohihy, Analalava, Port Berge, Mandritsara, Bealanana, Befandriana, Mampikony
MENABE	Morondava, Manja, Belo, Mahabo, Miandrivazo
ANALANJIROFO	Fenerive Est, Mananara Nord, Maroantsetra, Nosy-Boraha, Soanierana Ivongo, Vavatenina
MELAKY	Maintirano, Besalampy, Morafenobe, Ambatomainty, Antsalova

<sup>1</sup> Although MAHEFA and CCH target all five districts in the DIANA region, the scope of work for the survey did not include Antsiranana 1 district.

Each of the three surveys used a two-stage stratified sample. The funding agency specifically requested that the fokontany, which are the smallest administrative subdivisions, be used as the primary sampling unit, rather than the more conventional census enumeration areas. This decision was motivated by the fact that programs are implemented at the level of the fokontany, as well as by the desire to have consistency in sampling procedures with the 2014 Outcome Monitoring Survey (OMS) (Agence CAPSULE, 2015).

### Household survey

To improve comparability of the results with those of the 2014 OMS (Agence CAPSULE, 2015), the household sample was drawn as follows: for the six regions that were included in the 2014 OMS survey, the household sample was drawn from the same fokontany that had been selected for the earlier survey. For the new region (Analanjirifo), five fokontany were selected per district (from the list of fokontany located at least 5km from the CSB), with probability of selection proportional to size.

In total, the household survey includes 165 fokontany (five fokontany for each of the 33 included districts). The 33 districts constitute the survey strata, and the sample was drawn independently within each stratum. For the household survey, the household constitutes the secondary sampling unit.

The target sample size was 4,000 households. Assuming a non-response rate of 10%, this required selecting 4,400 households. To achieve this, 28 households were randomly selected per fokontany. Each selected household was visited up to three times (one initial visit, and up to two follow-on visits for households where the intended respondents are absent or unavailable). Within the selected households, interviews were conducted with the head of household, with all women of reproductive age (WRA; ages 15-49), and with all caretakers of children under age five.

### Community health worker survey

Each fokontany is expected to have two functional community health workers. The Brookesia fieldwork teams identified these community health workers with assistance from the CCH staff as well as the chief of the fokontany. The target sample size for the community health worker surveys was 330 (2 community health workers per fokontany).

### Survey of Centres de Santé de Base (CSB)

All community health workers have a professional link with a CSB. The head of the CSB, typically a government employee, is the main contact for the community health workers at the level of the commune. The survey aimed to interview the head of all CSBs (or in his/her absence another senior CSB staff member) that are linked to the community health workers included in the study. Theoretically, the target sample size for the health center survey was therefore 165 (one CSB per fokontany). However, community health workers from neighboring fokontany may be linked to the same CSB. Therefore, in practice the total number of CSB included in the study was less than 165.

Detailed information about the sampling procedures is included in Appendix.

### Training and fieldwork

Fieldwork training for interviewers, supervisors, and controllers was conducted from September 12 to 20, 2016. The objective of the fieldwork training was to ensure that enumerators, controllers, and



supervisors had good knowledge of the purpose of the survey, the geographic location of the assignment, and the sampling process. In addition, it aimed to make them familiar with the questionnaires and the tablets that were used for data collection. Finally, it educated the field team about the different types of quality control measures used during the data collection.

The 7-day training was led by the Brookesia team leader. The training modules covered the following topics:

- Purpose and objectives of the study;
- Ethics issues, data integrity, sources of data errors;
- Sampling process;
- Interviewing techniques;
- Use of the tablets for data collection;
- Detailed questionnaire review;
- Supervision and data quality control;
- *iSurvey* software training for data entry and data upload;
- Role plays (mock interviews);
- Pretest.

The pretest was conducted in three fokontany outside of Antananarivo (Anosimanjaka and Namorana in the rural commune of Ambohitrimanjaka and Andranomanga in the rural commune of Ambohidratrimo). The pretesting consisted of testing all the sampling methodologies, identification of households, survey implementation (including obtaining consent), tablet-based data entry, and data uploading. The data collected during this test were uploaded for the validation of the questionnaire and the data entry template.

A total of 90 trainees participated in the training, most of whom had prior experience conducting survey fieldwork. Upon completion of the training, 80 were retained for the fieldwork. A total of 14 data collection teams (comprised of a supervisor, controller, and 3-4 interviewers) were organized for the fieldwork. Fieldwork was completed between October 4 and 30, 2016. Data were collected using password-protected iPad mini tablets, using *iSurvey* data collection software ([www.harvestyourdata.com](http://www.harvestyourdata.com)). The fieldwork was monitored by senior Brookesia staff. At the end of each day, each team's supervisor, with assistance from the controller, checked the collected data for completeness, consistency, and data outliers. Upon approval from the supervisor, the data were uploaded to a secure password-protected server.

Fieldwork was successfully completed in all 165 selected fokontany. In total, 4,620 households were contacted (28 per fokontany), which yielded 4,513 completed household interviews, which corresponds with a completion rate of 97.7%. Within the interviewed households, 4,596 women were selected for interviewing, which yielded 4,522 completed interviews (98.4%). After eliminating women whose age was missing, or who were not of reproductive age, the working sample consists of 4,381 women aged 15-49.

In theory, each fokontany has two CHVs, which would yield a sample of 330 CHVs. However, meetings with the chief of each fokontany identified one fokontany that had no CHVs, one fokontany that had only one CHV, and two fokontany that had three CHVs. Hence, a total of 331 CHVs were eligible for inclusion in the study. Interviews were completed with 276 of those 331 CHVs (83.4%).

The sampling population for the CSB survey consisted of all CSB that serve the CHV included in the CHV survey. CHVs who operate in the same fokontany typically all use the same CSB, which would yield a theoretical sampling population of 165 CSBs. However, within each of the 117 communes included in the CHV sample, CHVs from different fokontany may rely on the same CSB. Hence, the sampling population is somewhere between 117 and 165. In total, interviews were successfully completed at 129 CSBs.

### Informed consent and ethical considerations

The study protocol was reviewed by the Office of Human Research Ethics at the University of North Carolina. On August 2, 2016, the Office determined that the study does not constitute human subjects research as defined under federal regulations [45 CFR 456.102 (d or f) and 21 CFR 56.102(c)(e)(1)] and does not require IRB approval (IRB Notice 16-2008). The protocol was also reviewed by the Ethics Committee of the Madagascar Ministry of Public Health. On September 12, 2016, the Ethics Committee authorized BROOKESIA Madagascar to implement the study (document No. 102 – MSANP/CE). The protocol for the analysis of the findings was reviewed by the Tulane University Biomedical IRB, who determined on October 25, 2016 that the proposed analysis did not constitute human subjects research.

The interviewers obtained informed consent from all selected respondents. All respondents were provided with a statement that explained the objectives of the study and the consent procedures, and the content of that statement was explained to them by the interviewer. For example, respondents were informed that they had the right not to participate in the study, to decline to answer specific questions, and/or to end the interview if they did not wish to answer any more questions. The statement also clarified that their responses are confidential. After the consent statement was discussed, the interviewer formally requested consent from the respondent by means of a signed consent form, which explicitly stated the anticipated duration of the interview. Respondents were provided with a copy of the consent statement to keep.

### Sample weights

To ensure that the indicators are representative of the target population, this report shows weighted percentages for all indicators. All denominators shown are unweighted, and reflect the actual number of respondents that were used in the calculation of the weighted percentages. The sample weights were calculated as follows.

For the household data, the weight used is a combined weight that incorporates the probability of selection of the fokontany within each district and the probability of selection of the household within each fokontany. Since five fokontany were selected per district, the probability of selection of a fokontany equals five divided by the total number of fokontany in each district (as provided by INSTAT). The target number of households within each fokontany was 28. Within each fokontany, the probability of selection is the actual number of households interviewed (usually 28) divided by the total number of households in the fokontany. Due to recent changes in the borders of the fokontany, official statistics on the number of households within each fokontany are not available. Therefore, the interview teams asked the chief of each fokontany to show them the borders of the fokontany and to get an estimate of the total number of household located in the fokontany.

For the women's data, the weight also incorporates the probability of selection of a respondent among the females of reproductive age in the household. This probability of selection equals the number of women of reproductive age interviewed divided by the total number of women of reproductive age who live in the household.

Data that pertain to CHVs are weighted to account for the probability of selection of the fokontany and the probability of selection of the CHV. The weight for CSBs is calculated similarly.

To correct for the stratified nature of the sample, all percentages and confidence intervals are calculated using STATA's svy procedures (StataCorp, 2015).

## Chapter 2 Characteristics of the survey respondents

This section describes the characteristics of the four samples that comprise the study: households, women aged 15-49, CHVs, and CSBs. Information about the regional distribution of the samples and the socioeconomic and demographic characteristics of the respondents is important to understand the study population and to interpret the findings. The study population is limited to the areas targeted by the MAHEFA and CCH programs. Four of the six districts in Boeny region and one of the five districts in DIANA region are not targeted and therefore excluded. Hence, all four samples are restricted to the 33 districts targeted by MAHEFA and/or CCH.

Table 1 shows the distribution of the household sample across the seven regions targeted by the MAHEFA and CCH programs and the distribution by level of urbanization. Level of urbanization was coded at the level of the commune, using the four-category classification provided by INSTAT, the national statistics bureau. This classification groups all communes into the following four groups: a) urban, category 1, b) urban, category 2, c) rural, category 1, and d) rural, category 2. Because the sample represents only the program target areas, the results are not comparable with those of existing national surveys.

After weighting, the highest percentage of households are from Sofia (30.4%), DIANA (25.3%), and SAVA (17.7%). Boeny and Melaky account for only a small fraction of the households in the sample (3.1% and 4.6%). Most of the households in the sample are located in communes classified as rural category 2 (49.4%) or urban category 2 (40.9%).

Because many households include only one woman aged 15-49, the regional distribution of the sample of women mirrors the sample of households, with 31.2% of women in the sample residing in Sofia and 25.6% in DIANA. As was the case for the households, most women reside in communes classified as rural category 2 or urban category 2 (48.8% and 41.1%, respectively). Breakdown by level of education shows that 9% of women are uneducated, 38.6% have primary education, and 37% have attended lower secondary education. Only 15% of women have at least upper secondary education. The large majority of women (67.8%) are in union. More than half of the women in the sample (54.5%) have at least one child under age five, and 30.2% have at least one child under age two.

Table 1: Percent distribution of households and women aged 15-49 by selected background characteristics

	Households			Women aged 15-49		
	Weighted percentage	Unweighted percentage	Unweighted n of cases	Weighted percentage	Unweighted percentage	Unweighted n of cases
<b>Region</b>						
DIANA	25.3	12.0	543	25.6	12.1	532
SAVA	17.7	11.9	535	16.4	11.1	487
Boeny	3.1	6.2	280	2.9	5.5	240
Sofia	30.4	21.2	955	31.2	21.2	929
Menabe	8.6	15.5	698	8.6	15.8	690
Analanjirofo	10.4	18.2	820	10.6	19.0	831
Melaky	4.6	15.1	682	4.6	15.3	672
<b>Place of residence</b>						
Urban, Cat.1	1.4	6.0	269	1.4	1.4	273
Urban, Cat.2	40.9	23.7	1,069	41.1	23.8	1,044
Rural, Cat.1	8.3	9.1	412	8.7	9.7	423
Rural, Cat.2	49.4	61.2	2,763	48.8	60.3	2,641
<b>Education</b>						
None				9.0	13.6	596
Primary				38.6	43.8	1,920
Lower secondary				37.0	32.5	1,422
Upper secondary+				15.4	10.1	443
<b>Age (in completed years)</b>						
15-19				17.7	16.2	708
20-29				36.4	37.1	1,624
30-39				28.6	29.2	1,279
40-49				17.3	17.6	771
<b>Marital status</b>						
Not in union				32.2	30.3	1,333
In union				67.8	69.6	3,048
<b>Has children under age 5</b>						
No				45.5	41.2	1,803
Yes				54.5	58.8	2,570
<b>Has children under age 2</b>						
No				69.8	67.7	2,962
Yes				30.2	32.3	1,411
<b>Total</b>	100.0	100.0	4,513	100.0	100.0	4,381

Because the samples of community health volunteers and basic health centers are conducted in the same fokontany that were selected for the household survey, the regional distribution of the CHV and CSB surveys has some similarities with that of the household sample. As shown in Table 2, the largest percentage of CHVs are based in Sofia (30.1%), followed by Analanjirifo (18.7%) and SAVA (18.2). Boeny and Melaky account for only a small fraction of the CHV sample (2.4% and 9.0%, respectively). The large majority of CHV are from rural category 2 communes (61.0%) or from urban category 2 communes (29.5%).

The sample of CSBs is linked to the CHV sample because it consists of those CSBs that serve the health volunteers in the CHV sample. The largest share of CSBs are located in Sofia (29.2%), followed by SAVA (20.4%) and Analanjirifo (16.7%). Once again, most CSB in the sample are in rural category 2 communes (68.8%) or in urban category 2 communes (21.4%).

**Table 2: Percent distribution of community health volunteers (CHV) and basic health centers (CSB) by region and level of urbanization**

	Community Health Volunteers (CHV)			Basic Health Centers (CSB)		
	Weighted percentage	Unweighted percentage	Unweighted n of cases	Weighted percentage	Unweighted percentage	Unweighted n of cases
<b>Region</b>						
DIANA	10.6	11.2	31	12.5	13.2	17
SAVA	18.2	14.5	40	20.4	14.7	19
Boeny	2.4	5.1	14	2.7	6.2	8
Sofia	30.1	21.4	59	29.2	20.9	27
Menabe	11.2	13.0	36	10.5	13.2	17
Analanjirifo	18.7	19.9	55	16.7	17.1	22
Melaky	9.0	14.9	41	8.0	14.7	19
<b>Place of residence</b>						
Urban, Cat.1	1.2	7.3	20	1.2	6.2	8
Urban, Cat.2	29.5	26.1	72	21.4	18.6	24
Rural, Cat.1	8.3	9.8	27	8.7	9.3	12
Rural, Cat.2	61.0	56.9	157	68.8	65.9	85
<b>Total</b>	100.0	100.0	276	100.0	100.0	129

## Chapter 3 Maternal health

Health services received by a mother during her pregnancy, at the time of delivery, and after the delivery, can greatly affect the health status and survival chances of the mother as well as the child. This section examines key indicators of antenatal care, delivery care, and essential newborn care. It also shows indicators of exposure to maternal and child health messages, women's problems in accessing health care and recent use of health care services.

### Antenatal care

Table 3 shows the percentage of women with children under aged two who had at least four prenatal care visits for their last birth. Overall, 71.4% of these women reported to have had at least four prenatal care visits. The level of prenatal care varies by region. The percentage of women who had at least four prenatal care visits is highest in DIANA (81.6%), and lowest in Boeny (59.1%). The likelihood that women had at least four prenatal care visits is strongly associated with the level of urbanization. The percentage having four or more prenatal care visits ranges from 64.8% for women in rural category 1 areas to 84.8% for women in urban category 1 locations. Likewise, the percentage who had at least four prenatal care visits increases with level of education of the mother/caretaker, from 58.4% for those who are uneducated to 85.2% for those with at least upper secondary education.

### Delivery care

As shown in Table 4, the large majority (75.8%) of mothers of children under age two reported that their last delivery was assisted by a trained health professional, such as a doctor, midwife, trained midwife, or nurse. The most commonly used trained health professionals to assist with the delivery were midwives (40.4%) and doctors (24.7%). Relatively few women reported their delivery was assisted by a trained midwife (7.4%) or nurse (3.3%).

Breakdown of the results by region reveals substantial regional variation in the level of delivery assistance. In Boeny, Analanjrofo and Melaky fewer than 65% of women reported that their last delivery was assisted by a trained health professional (57.1%, 60.7%, and 61.9%, respectively). By contrast, the 93.0% of women in DIANA reported their last delivery was assisted by a trained health professional. The level of delivery assistance is strongly associated with both the level of urbanization and the mother's level of education. The percentage of women who received delivery assistance increases from 65.0% for women in rural areas, category 1, to 90.3% for women in urban area category 2 and 83.9% in urban area category 1. Similarly, the percentage receiving delivery assistance increases from 47.2% for uneducated mothers to 91.7% for mothers who have at least upper secondary education. Since the sex of the child is typically unknown prior to the delivery, the level of delivery assistance does not vary by sex of the child.

**Table 3: Percentage of women aged 15-49 who had at least four prenatal care visits during their pregnancy for their last birth**

	4+ prenatal care visits	
	%	(CI)
<b>Region</b>		<i>n</i>
DIANA	81.6	(70.3 – 89.3)
SAVA	65.1	(53.2 – 75.3)
Boeny	59.1	(48.3 – 69.0)
Sofia	71.5	(58.3 – 81.8)
Menabe	75.1	(66.8 – 81.9)
Analanjirofo	63.6	(57.7 – 69.1)
Melaky	63.7	(54.3 – 72.2)
<b>Place of residence</b>		
Urban, Cat.1	84.8	(68.6 – 93.4)
Urban, Cat.2	80.1	(73.0 – 85.8)
Rural, Cat.1	64.8	(47.4 – 78.9)
Rural, Cat.2	65.2	(59.2 – 70.8)
<b>Education</b>		
None	58.4	(47.3 – 68.7)
Primary	62.1	(55.6 – 68.3)
Lower secondary	77.0	(70.0 – 83.1)
Upper secondary +	85.2	(68.4 – 93.9)
<b>Age group</b>		
15-19	60.8	(47.8 – 72.4)
20-29	74.7	(67.2 – 81.0)
30-39	71.2	(64.3 – 77.2)
40+	71.1	(58.5 – 71.1)
<b>Total</b>	71.4	(66.2 – 76.1)

Note: Weighted percentages; unweighted *n* of cases. CI – Confidence interval

Definition: Number of women who reported with at least four antenatal consultations during their last pregnancy with a live birth. Includes only antenatal care visits by skilled providers. Skilled provider includes: medically trained doctor, nurse, or midwife. It does not include traditional birth attendants. Denominator: All women with children under age two.



**Table 4: Percentage of deliveries assisted by a doctor, midwife, trained midwife, or nurse**

	Delivery assisted by trained personnel	
	%	<i>n</i>
<b>Region</b>		
DIANA	93.0 (84.9 – 96.9)	176
SAVA	69.4 (54.3 – 81.1)	147
Boeny	57.1 (51.1 – 63.0)	103
Sofia	77.9 (68.4 – 85.2)	244
Menabe	70.3 (58.7 – 79.8)	180
Analanjirofo	60.7 (47.7 – 72.4)	314
Melaky	61.9 (50.7 – 72.0)	224
<b>Place of residence</b>		
Urban, Cat.1	83.9 (74.6 – 90.2)	99
Urban, Cat.2	90.3 (84.5 – 94.0)	321
Rural, Cat.1	70.8 (50.9 – 85.1)	118
Rural, Cat.2	65.0 (57.2 – 72.1)	850
<b>Mother's education</b>		
None	47.2 (35.8 – 58.9)	183
Primary	69.7 (63.6 – 75.2)	602
Lower secondary	80.6 (74.2 – 85.8)	481
Upper secondary+	91.7 (81.5 – 96.5)	122
<b>Gender</b>		
Female	74.4 (67.9 – 80.0)	720
Male	77.2 (70.4 – 82.8)	688
<b>Total</b>	<b>75.8 (70.8 – 80.1)</b>	<b>1,388</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women whose last birth was delivered with assistance from a skilled birth attendant. Skilled birth attendant includes: medically trained doctor, nurse, or midwife. It does not include traditional birth attendants. Denominator: All women with children under age two.

## Component of prenatal and delivery care

Table 5 shows information on selected components of prenatal and postnatal care, including the percentage of women who received at least one tetanus shot and the percentage who received iron supplements during their last pregnancy. It also shows the percentage who received vitamin A supplements within eight weeks after the delivery.

Overall, 80.0% of women reported that they received at least one tetanus injection during their last pregnancy. The percentage of women who received at least one tetanus injection is highest in DIANA (91.6%) and lowest in Melaky (62.9%). The percentage of women who received a tetanus injection during their last pregnancy is lower in rural than in urban areas. Similarly, the prevalence of tetanus injections increases with the mother's level of education. Breakdown by age group of the mother shows that mothers aged 40 and older have notably lower tetanus injection rates than younger women.

The second column in Table 5 shows that the large majority of mothers (79.7%) received iron supplements during their last pregnancy. Despite these high levels of iron supplementation, notable regional variations are observed, with the percentage of women who received iron supplements ranging from 63.3% in Melaky to 90.1% in DIANA. The percentage of mother who received iron supplements is strongly association with both the level of urbanization and the mother's level of education. The percentage who received iron supplements during their last pregnancy ranges from 72.8% for women in rural category 2 to 94.8% in urban category 1. Similarly, the percentage steadily increased from 64.7% for uneducated mothers to 84.8% for mothers with at least upper secondary education. The prevalence of iron supplementation does not appear to vary by age of the mother.

The third column in Table 5 shows that percentage of mothers who report that they received vitamin A supplements within eight weeks after the delivery of their last child. Almost one in five mothers (19.7%) report that they received vitamin A supplements within eight weeks of their last delivery. Examination of regional variations shows that this percentage is notably lower in Boeny (13.6%), Menabe (14.0%), and Sofia (15.1%), but higher in DIANA (25.0%). The percentage who received vitamin A supplements increases slightly with level of urbanization, from 17.0% among women in rural areas category 2 to 21.4% in urban areas, category 1. The association with mother's level of education is stronger, with the percentage who received vitamin A supplements after the delivery increasing from 12.9% among uneducated mothers to 24.7% and 23.7% respectively for mothers with lower secondary and upper secondary education. The percentage of mothers who received vitamin A supplements does not vary much by age group for women under age 40. However, the prevalence of vitamin A supplementation is notably higher for mothers aged 40 and above (34.2%).

**Table 5: Percentage of women aged 15-49 who report receiving at least one tetanus injection during their last pregnancy, percentage who received iron supplements during pregnancy, and the percentage who report having taken vitamin A within 8 weeks of the delivery of their last child**

	One+ tetanus Injections		Iron supplements		Vitamin A supplements		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>							
DIANA	91.6	(85.6 – 95.2)	90.1	(79.7 – 95.5)	25.0	(14.1 – 40.3)	172
SAVA	77.2	(69.2 – 83.6)	79.2	(63.1 – 89.4)	19.4	(10.5 – 33.1)	142
Boeny	70.4	(69.2 – 83.6)	79.5	(64.6 – 89.2)	13.6	( 7.2 – 24.2)	102
Sofia	78.0	(65.4 – 86.9)	71.5	(64.6 – 77.5)	15.1	( 7.2 – 28.9)	236
Menabe	70.3	(62.7 – 76.9)	72.5	(59.5 – 82.6)	14.0	(10.2 – 18.9)	182
Analanjirofo	79.5	(71.4 – 85.8)	87.6	(82.2 – 91.5)	23.0	(17.8 – 29.1)	307
Melaky	62.9	(54.7 – 70.5)	63.3	(50.7 – 74.2)	23.0	(18.2 – 33.7)	219
<b>Place of residence</b>							
Urban, Cat.1	86.1	(77.7 – 91.7)	94.8	(90.6 – 97.2)	21.4	(15.1 – 29.5)	94
Urban, Cat.2	86.1	(80.0 – 90.6)	87.5	(80.6 – 92.1)	22.9	(14.7 – 34.0)	320
Rural, Cat.1	73.1	(63.1 – 81.2)	81.3	(54.4 – 94.1)	20.5	(14.9 – 27.5)	114
Rural, Cat.2	76.1	(69.5 – 81.6)	72.8	(68.0 – 77.1)	17.0	(11.6 – 24.4)	832
<b>Education</b>							
None	65.2	(56.8 – 72.7)	64.7	(52.5 – 75.3)	12.9	( 8.2 – 19.9)	183
Primary	77.9	(72.7 – 82.4)	78.4	(71.7 – 83.9)	13.9	(10.1 – 18.9)	592
Lower secondary	81.0	(72.9 – 87.2)	81.9	(74.8 – 87.4)	24.7	(16.7 – 35.0)	462
Upper secondary +	90.1	(81.0 – 95.1)	84.8	(69.4 – 93.2)	23.7	(13.3 – 38.5)	123
<b>Age group</b>							
15-19	80.4	(71.9 – 86.9)	81.5	(73.4 – 87.6)	19.7	(14.1 – 26.7)	233
20-29	83.8	(75.6 – 89.6)	78.4	(72.3 – 83.5)	18.7	(12.8 – 26.5)	670
30-39	75.3	(69.7 – 80.2)	80.7	(71.1 – 87.6)	18.8	(12.1 – 27.9)	377
40+	63.3	(50.1 – 74.8)	82.0	(69.2 – 90.2)	34.2	(20.1 – 51.9)	80
<b>Total</b>	<b>80.0</b>	<b>(75.4 -83.9)</b>	<b>79.7</b>	<b>(74.9 – 83.7)</b>	<b>19.7</b>	<b>(14.9 – 25.6)</b>	<b>1,360</b>

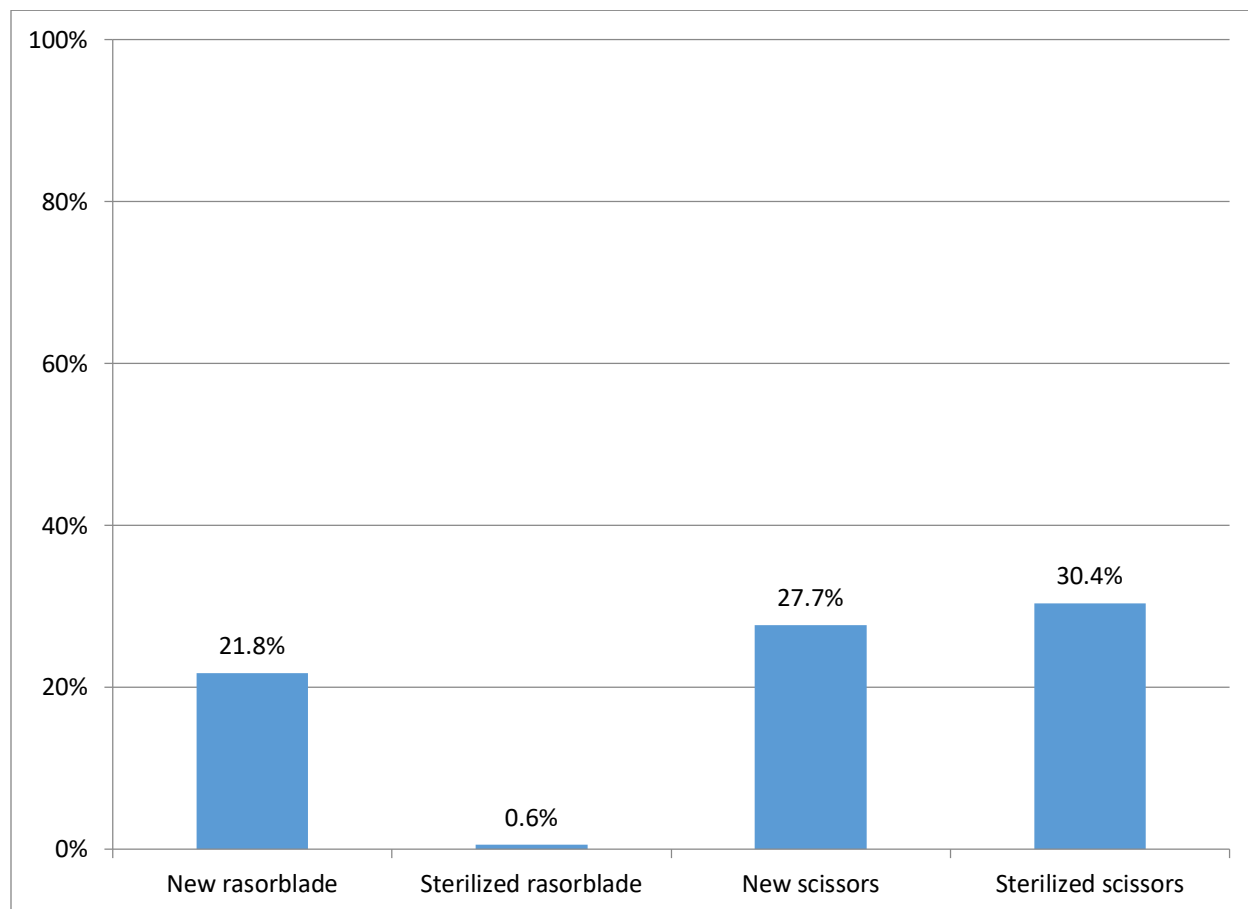
Note: Weighted percentages; unweighted *n* of cases.

Definitions: 1) Tetanus: Number of mothers with children under age two stating they received at least one TT vaccination during their last pregnancy. Denominator: All women with children under age two; 2) Iron supplements: Number of women with children under age two who reported they received iron folate during their last pregnancy. Denominator: All women with children under age two; Vitamin A supplements: Number of women with children age under age two stating they took vitamin A in less than 8 weeks after delivery of their last child. Denominator: All women with children under age two.

### Essential newborn care

Figure 1 shows the percentage of live births for whom the umbilical cord was cut with a new blade, a sterilized blade, new scissors, and sterilized scissors. Because mothers may not be able to accurately recall the type of instrument that was used, the reader is advised to use the results with caution. The finding suggests that the most commonly used instruments to cut the cord are sterilized scissors (30.4%), new scissors (27.7%), and new razor blades (21.8%).

Figure 1: Percentage of live births for whom the umbilical cord was cut with various types of sanitary instruments (among children born in the past two years)



However, Table 6 shows that there are major variations in the type of instrument used by region, type of place of residence, and level of education. As shown in the first column of Table 6, the percentage of children whose umbilical cord was cut with a new razor blade ranges from a low of 7.4% in DIANA to over 40% in Boeny, Menabe, and Melaky (52.1%, 46.5%, 47.9%, respectively). Use of new razor blades in urban areas (4.8% and 11.2% for categories 1 and 2), but higher in rural areas. Use of a new razor blade to cut the umbilical cord has a strong negative association with mother's level of education. The percentage of children whose umbilical cord was cut with a new razor blade ranges from 5.2% for children born to women with at least upper secondary education to 45.4% for children born to uneducated women. Use of a sterilized razor blade to cut the umbilical cord is rare among all subgroups examined (see column 2 in Table 6).

The third column of Table 6 shows that use of new scissors to cut the umbilical cord is lowest in Menabe (12.3%) and highest in Sofia (39.5%). Use of new scissors is uncommon in the most urbanized areas (6.8%), but does not vary much across the three other groups. The percentage of children who had their umbilical cord cut with new scissors is lowest among children born to uneducated mothers (6.8%) and highest among those born to highly educated women (36.6%).

Although sterilized scissors are the most popular tool to cut the umbilical cord, their use varies greatly across subgroups. The percentage of children whose umbilical cord was cut with sterilized scissors is below 10% in Boeny and Melaky (3.1% and 9.2%), but reaches 56.9% in DIANA. Use of sterilized scissors is strongly associated with the level of urbanization, ranging from 21.0% in the most rural areas to 79.3% in the most urban areas. The percentage of children whose umbilical cord was cut with sterilized scissors increases with mother's level of education, from 20.8% for children of uneducated women to over 30% for children of mothers with at least some secondary education.

**Table 6: Percentage of live births for whom the umbilical cord was cut, by type of instrument used (among children born 0-23 months ago)**

	New razor blade		Sterilized razor blade		New Scissors		Sterilized scissors		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>									
DIANA	7.4	( 4.1 – 13.2)	1.0	(0.1 – 6.5)	20.8	( 9.6 – 39.3)	56.9	(43.2 – 69.6)	176
SAVA	12.1	( 6.7 – 20.7)	0.9	(0.2 – 3.7)	26.2	(18.2 – 36.2)	35.7	(24.1 – 49.2)	147
Boeny	52.1	(44.9 – 59.2)	0.0		33.6	(22.7 – 46.6)	3.1	( 0.8 – 11.0)	103
Sofia	16.4	( 9.5 – 26.8)	0.0		39.5	(31.8 – 47.7)	19.3	(13.4 – 27.1)	244
Menabe	46.5	(37.7 – 55.7)	0.2	(0.0 – 1.7)	12.3	( 8.9 – 16.8)	19.9	(13.9 – 27.7)	180
Analanjirofo	37.7	(26.5 – 50.4)	1.7	(0.8 – 3.6)	24.5	(18.1 – 32.3)	23.0	(17.4 – 29.8)	314
Melaky	47.9	(40.4 – 55.4)	0.1	(0.0 – 0.1)	21.5	(14.9 – 29.8)	9.2	( 5.8 – 14.2)	224
<b>Place of residence</b>									
Urban, Cat.1	4.8	( 1.1 – 18.9)	1.2	(0.2 – 7.7)	6.8	( 2.9 – 15.2)	79.3	(67.7 – 87.5)	99
Urban, Cat.2	11.2	( 8.8 – 15.4)	0.3	(0.1 – 1.0)	27.9	(18.7 – 39.5)	42.5	(31.2 – 54.7)	321
Rural, Cat.1	30.1	(18.2 – 45.5)	0.0		26.9	(21.6 – 33.0)	19.3	( 8.8 – 37.2)	118
Rural, Cat.2	29.2	(21.3 – 38.7)	0.6	(0.3 – 1.5)	28.4	(23.5 – 33.9)	21.0	(16.3 – 26.7)	850
<b>Mother's education</b>									
None	45.4	(33.9 – 57.4)	0.0	(0.0 – 0.0)	14.2	( 9.3 – 21.0)	20.8	(13.4 – 31.0)	183
Primary	28.4	(22.0 – 35.7)	0.6	(0.2 – 1.8)	28.7	(21.9 – 36.7)	26.2	(19.9 – 33.6)	602
Lower secondary	17.7	(13.8 – 22.3)	0.9	(0.3 – 3.3)	26.3	(19.8 – 34.0)	35.1	(26.5 – 44.8)	481
Upper secondary+	5.2	( 2.7 – 9.8)	0.2	(0.0 – 1.5)	36.6	(22.3 – 53.8)	32.3	(22.6 – 43.7)	122
<b>Gender</b>									
Female	20.7	(16.5 – 25.7)	0.7	(0.2 – 2.5)	27.2	(20.7 – 34.8)	30.2	(23.1 – 38.4)	720
Male	22.9	(17.4 – 29.6)	0.6	(0.2 – 1.6)	28.3	(22.9 – 34.3)	30.5	(23.7 – 38.3)	688
<b>Total</b>	<b>21.8</b>	<b>(17.7 – 26.5)</b>	<b>0.6</b>	<b>(0.3 – 1.5)</b>	<b>27.7</b>	<b>(23.2 – 32.7)</b>	<b>30.4</b>	<b>(25.8 – 35.4)</b>	<b>1,388</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of mothers who reported that for their last birth, the umbilical cord was cut with a new razor blade, a sterilized razor blade, new scissors, or sterilized scissors. Denominator: All women with children under age two.

As shown in Table 7, for the large majority of children (80.3%), the belly-button was treated after the umbilical cord was cut. Treatment of the belly-button is notably lower in Boeny (68.4%), among children born to women who live in rural category 1 areas (73.8%), or who are uneducated (72.8%). Sixty-nine percent of women reported that alcohol was used to treat the belly-button, and 7.5% said that chlorhexidine cream was used. The percentage who reported other types of treatment, or who did not know what type of treatment was used is negligible.

Use of alcohol to treat the belly-button is common among all subgroups. However, it is substantially below average in Boeny (33.1%) and Melaky (54.4%), and in rural category 1 communes (49.1%). By

contrast, use of chlorhexidine is above average in Boeny (31.9) and Melaky (15.8%), and lower in Menabe and Analanjirofo (2.8% each). Use of chlorhexidine is also above average in urban category 1 regions (12.6%) and rural category 1 regions (17.9%).

**Table 7: Percentage of live births for whom the belly-button was treated after cutting the umbilical cord (among children born 0-23 months ago)**

	Any treatment % (CI)	Chlorhexidine % (CI)	Other cream % (CI)	Alcohol % (CI)	<i>n</i>
<b>Region</b>					
DIANA	85.9 (78.6 – 91.0)	6.6 ( 2.8 – 14.7)	0.0	79.1 (69.0 – 86.6)	176
SAVA	78.0 (69.4 – 84.7)	6.3 ( 2.8 – 13.6)	0.9 (0.1 – 6.0)	64.0 (50.9 – 75.3)	147
Boeny	68.4 (61.2 – 74.8)	31.9 (23.6 – 41.6)	0.0	33.1 (18.7 – 51.5)	103
Sofia	78.6 (70.7 – 84.8)	8.0 ( 3.5 – 17.4)	1.5 (0.5 – 4.1)	67.2 (57.4 – 75.7)	244
Menabe	83.3 (71.8 – 90.7)	2.8 ( 1.1 – 6.5)	0.6 (0.1 – 4.1)	74.4 (63.4 – 83.0)	180
Analanjirofo	79.7 (74.0 – 84.5)	2.8 ( 1.4 – 5.6)	0.4 (0.1 – 1.7)	74.4 (69.6 – 78.7)	314
Melaky	75.0 (64.9 – 83.0)	15.8 ( 9.1 – 25.9)	0.9 (0.2 – 3.7)	54.3 (46.2 – 62.2)	224
<b>Place of residence</b>					
Urban, Cat.1	89.7 (81.8 – 94.3)	12.6 ( 5.6 – 26.1)	0.0	77.0 (63.8 – 86.4)	99
Urban, Cat.2	80.5 (72.5 – 86.7)	5.1 ( 2.5 – 10.1)	0.1 (0.0 – 0.7)	73.0 (63.7 – 80.6)	321
Rural, Cat.1	73.8 (62.9 – 82.4)	17.9 ( 9.0 – 32.3)	1.7 (0.3 – 9.1)	49.1 (32.1 – 66.4)	118
Rural, Cat.2	80.8 (76.9 – 84.1)	7.5 ( 4.3 – 12.9)	1.1 (0.5 – 2.5)	69.6 (64.7 – 74.2)	850
<b>Mother's education</b>					
None	72.8 (61.8 – 81.5)	6.7 ( 2.8 – 15.1)	0.6 (0.1 – 2.2)	63.3 (51.7 – 73.5)	183
Primary	81.4 (76.7 – 85.4)	6.4 ( 4.4 – 9.2)	1.5 (0.6 – 3.5)	69.6 (63.9 – 74.8)	602
Lower secondary	80.6 (75.5 – 84.9)	8.7 ( 4.8 – 15.4)	0.4 (0.1 – 1.5)	69.4 (62.1 – 75.8)	481
Upper secondary+	80.7 (68.0 – 89.1)	7.1 ( 3.2 – 15.1)	0.0	72.1 (60.5 – 81.4)	122
<b>Gender</b>					
Female	79.0 (74.5 – 82.8)	7.6 ( 5.1 – 11.0)	0.4 (0.1 – 1.2)	68.3 (62.3 – 73.8)	720
Male	81.6 (76.6 – 85.8)	7.4 ( 4.7 – 11.6)	1.1 (0.5 – 2.7)	70.5 (65.0 – 75.5)	688
<b>Total</b>	<b>80.3 (76.8 – 83.3)</b>	<b>7.5 ( 5.2 – 10.7)</b>	<b>0.7 (0.4 – 1.5)</b>	<b>69.4 (64.7 – 73.7)</b>	<b>1,388</b>

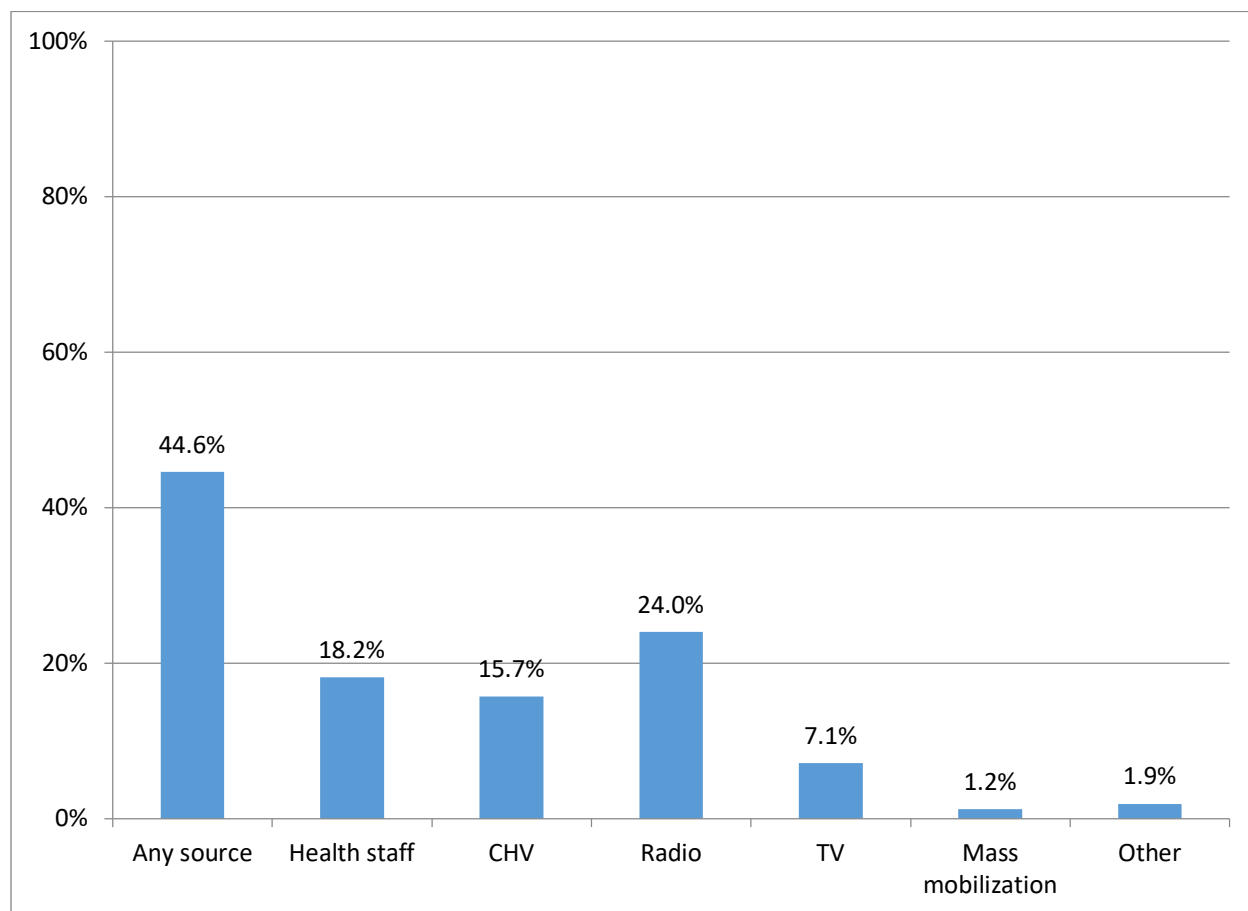
Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of mothers who reported that for their last birth, the belly-button was treated with any kind of product, treated with chlorhexidine, with another cream, or with alcohol. Denominator: All women with children under age two.

### Exposure to maternal and child health messages

Figure 2 shows the percentage of women aged 15-49 who recall being exposed to maternal and child health information during the two months prior to the survey, by source of exposure. The results show that less than half of all women (44.6%) report exposure to maternal and child health (MCH) messages. The main source of exposure to MCH information is radio (24.0%), followed by health staff (18.2%), and community health volunteers (15.7%).

Figure 2: Percentage of all women aged 15-49 who reported being exposed to maternal and child health messages during the past two months, by source of exposure



A more detailed analysis of the sources of recent exposure to MCH messages is shown in Table 8. The first column shows the percentage of women who report being exposed to any source of MCH information. Overall exposure to MCH information varies by region, with levels of exposure being lowest in Analanjirofo (38.1%) and highest in DIANA (50.8%) and Melaky (59.9%). The level of exposure to MCH information has a positive association with level of urbanization, with the percentage recalling MCH messages ranging from 40.6% in the most rural areas to 52.8% in the most urban areas. Similarly, exposure to MCH message increases from 34.3% among uneducated women to 58.0% among women

with at least upper secondary education. The level of exposure to MCH messages does not vary much by age group, and there is no clear pattern.

Radio is the most common source of MCH information, at 24.0%. However, exposure to MCH messages on the radio is notably lower in rural category 2 areas (16.7%) and among uneducated women (10.4%). Exposure to MCH messages on the radio is highest among women with at least upper secondary education (37.5%). Although exposure to MCH message on TV is low overall (7.1%), but is notably higher in urban areas (19.0% and 13.8% for categories 1 and 2, respectively) and among women with at least upper secondary education (19.2%).

Exposure to MCH information from health staff varies relatively little by level of urbanization, education, or age group. Nevertheless, it is noteworthy that exposure to MCH information from health staff is somewhat lower in SAVA (13.2%) and notably higher in Melaky (33.5%).

Community health volunteers are the third most common source of exposure to MCH messages. It is noteworthy that the percentage of women who report receiving MCH messages from a CHV is well above the average of 15.7% in Boeny (36.8%) and Melaky (42.6%). However, there is only modest variation by level of urbanization, education or age group.



**Table 8: Percentage of women who recall being exposed to information about MCH in the past two months, by source of exposure**

	Any source	Health staff	CHV	Radio	TV	Mass mobilization	Other	<i>n</i>
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Region</b>								
DIANA	50.8 (42.0 – 59.5)	20.3 (16.8 – 24.3)	12.8 (10.4 – 15.6)	31.1 (22.8 – 40.9)	11.7 (7.5 – 17.8)	1.4 (0.5 – 4.2)	2.3 (1.7 – 3.0)	532
SAVA	38.6 (30.1 – 47.7)	13.2 (10.5 – 16.5)	11.9 ( 7.8 – 17.9)	19.8 (14.5 – 26.4)	4.3 (1.5 – 11.9)	0.2 (0.0 – 1.6)	1.4 (0.6 – 3.2)	487
Boeny	49.2 (45.0 – 53.4)	23.2 (17.0 – 30.7)	36.8 (31.3 – 42.6)	30.3 (21.9 – 40.4)	7.8 (3.9 – 15.1)	2.0 (1.0 – 3.9)	0.0	240
Sofia	41.0 (35.6 – 46.6)	14.9 (11.9 – 18.6)	13.9 (10.2 – 18.5)	21.5 (14.5 – 30.5)	6.4 (3.6 – 11.2)	0.4 (0.2 – 1.3)	2.2 (1.2 – 3.9)	929
Menabe	48.9 (43.2 – 54.7)	22.5 (18.6 – 26.9)	21.2 (17.6 – 25.2)	21.0 (14.9 – 28.7)	7.8 (4.2 – 14.0)	3.2 (1.7 – 5.8)	2.3 (1.3 – 4.2)	690
Analanjirofo	38.1 (34.4 – 41.9)	18.7 (14.4 – 23.9)	12.4 ( 9.3 – 16.5)	21.0 (16.3 – 26.5)	2.1 (0.8 – 5.3)	1.4 (0.8 – 2.3)	1.2 (0.6 – 2.6)	831
Melaky	59.9 (52.8 – 66.5)	33.5 (28.2 – 39.4)	42.6 (37.2 – 48.0)	24.2 (16.1 – 34.5)	6.5 (3.1 – 13.1)	4.8 (2.4 – 9.6)	2.5 (1.2 – 5.1)	672
<b>Place of residence</b>								
Urban, Cat.1	52.8 (41.3 – 64.1)	20.7 (15.5 – 27.1)	13.0 ( 8.1 – 20.2)	30.5 (21.3 – 41.5)	19.0 (13.6 – 25.8)	0.0	2.4 (1.2 – 4.8)	273
Urban, Cat.2	49.5 (42.7 – 56.4)	17.4 (14.5 – 20.7)	11.6 ( 9.1 – 14.7)	32.8 (26.4 – 39.8)	13.8 (10.6 – 17.8)	1.5 (0.7 – 2.9)	2.1 (1.3 – 3.2)	1,044
Rural, Cat.1	42.1 (29.4 – 56.0)	17.3 (13.2 – 22.3)	19.8 (11.9 – 31.1)	21.8 (13.6 – 33.0)	4.0 ( 1.7 – 9.1)	2.5 (1.0 – 6.2)	1.7 (0.7 – 4.2)	423
Rural, Cat.2	40.6 (37.6 – 43.8)	19.0 (16.2 – 22.1)	18.6 (15.2 – 22.5)	16.7 (13.6 – 20.5)	1.7 ( 0.8 – 3.4)	0.9 (0.5 – 1.6)	1.8 (1.2 – 2.8)	2,641
<b>Education</b>								
None	34.3 (27.9 – 41.3)	18.2 (14.2 – 23.0)	18.6 (14.3 – 24.0)	10.4 ( 6.7 – 15.8)	1.6 ( 0.7 – 3.7)	0.2 (0.1 – 0.9)	0.7 (0.3 – 2.0)	596
Primary	40.8 (36.6 – 45.1)	17.1 (14.5 – 20.2)	17.4 (14.4 – 20.9)	20.8 (16.8 – 25.4)	3.9 ( 2.3 – 6.6)	1.2 (0.6 – 2.3)	0.9 (0.5 – 1.4)	1,920
Lower secondary	45.5 (41.6 – 49.4)	18.6 (15.8 – 21.6)	15.2 (12.2 – 18.9)	24.9 (21.2 – 29.1)	6.7 ( 5.3 – 8.6)	1.0 (0.6 – 1.8)	2.0 (1.2 – 3.3)	1,422
Upper secondary +	58.0 (46.9 – 68.4)	19.9 (15.5 – 25.1)	11.1 ( 7.9 – 15.2)	37.5 (25.4 – 51.5)	19.2 (13.0 – 27.3)	2.6 (1.2 – 5.4)	5.1 (3.0 – 8.5)	443
<b>Age group</b>								
15-19	40.0 (32.2 – 48.3)	15.1 (11.3 – 19.8)	14.0 (10.5 – 18.6)	21.8 (14.6 – 31.2)	3.5 ( 1.4 – 8.3)	1.1 (0.5 – 2.5)	3.0 (1.5 – 6.0)	708
20-29	48.5 (44.9 – 52.2)	22.3 (19.6 – 25.3)	13.9 (11.2 – 17.2)	25.5 (21.6 – 29.8)	9.1 ( 6.8 – 12.2)	1.0 (0.6 – 1.7)	2.3 (1.3 – 4.1)	1,624
30-39	45.9 (41.2 – 50.6)	17.3 (14.6 – 20.3)	17.9 (15.0 – 21.3)	24.6 (19.9 – 29.9)	7.3 ( 5.1 – 10.5)	1.9 (1.0 – 3.5)	1.6 (0.9 – 2.9)	1,278
40+	38.9 (33.0 – 45.2)	14.1 (11.2 – 17.7)	17.7 (14.2 – 21.7)	21.9 (16.4 – 28.6)	6.2 (4.0 – 9.4)	0.9 (0.4 – 1.8)	0.5 (0.2 – 1.2)	771
<b>Total</b>	<b>44.6 (41.2 – 48.1)</b>	<b>18.2 (16.6 – 19.9)</b>	<b>15.7 (13.8 – 17.8)</b>	<b>24.0 (20.2 – 28.2)</b>	<b>7.1 ( 5.3 – 9.5)</b>	<b>1.2 (0.8 – 1.9)</b>	<b>1.9 (1.5 – 2.5)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women who report being exposed to MCH (diarrhea, pneumonia) messages in the past two months through any source, through health staff, interpersonal communication with CHVs, radio, TV, community health mobilization, or other sources. Denominator: Total number of women aged 15-49.

## Problems in accessing health care

Women may face several problems that can prevent them from gaining access to health care, including a lack of knowledge of health care sources or their perceived inability to use health services (self-efficacy). The women's questionnaire asked all women aged 15-49 to name the different types of places where one can obtain products or services to treat an illness.

Table 9 shows the percentage of women who report knowing at least two different public or private sources where one may obtain health products or services (including: public hospital category I, public hospital category II, basic health center category I, basic health center category II, private hospital, private clinic, pharmacy, doctor, FISA<sup>2</sup>, or community health volunteer). Just over half of the respondents (53.0%) reported knowing at least two public or private sources for health products or services.

**Table 9: Percentage of women aged 15-49 who know at least two sources where they can obtain products/services to treat an illness**

	Know 2+ public or private sources for products/services to treat an illness	
	%	<i>n</i>
<b>Region</b>		
DIANA	56.5 (46.1 – 66.4)	532
SAVA	40.8 (27.5 – 55.6)	487
Boeny	70.6 (61.0 – 78.7)	240
Sofia	52.0 (45.6 – 58.3)	929
Menabe	61.6 (53.9 – 68.7)	690
Analanjirofo	49.4 (41.7 – 57.1)	831
Melaky	65.5 (62.1 – 68.9)	672
<b>Place of residence</b>		
Urban, Cat.1	40.6 (33.0 – 48.7)	273
Urban, Cat.2	60.7 (54.1 – 66.8)	1,044
Rural, Cat.1	49.8 (29.4 – 70.3)	423
Rural, Cat.2	47.6 (43.2 – 51.9)	2,641
<b>Education</b>		
None	46.4 (39.4 – 53.5)	596
Primary	47.8 (42.2 – 53.5)	1,920
Lower secondary	54.6 (49.2 – 60.0)	1,422
Upper secondary +	66.1 (56.9 – 74.3)	443
<b>Age group</b>		
15-19	47.4 (41.0 – 53.8)	708
20-29	56.5 (51.6 – 61.3)	1,624
30-39	50.5 (45.3 – 55.7)	1,278
40+	55.8 (48.9 – 62.4)	771
<b>Total</b>	<b>53.0 (48.8 – 57.2)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of WRA who know at least two public or private sources (public hospital category I or II, basic health center category I or II, private hospital or clinic, pharmacy, doctor, FISA, or CHW) where they can obtain a product or service to treat an illness. Denominator: Number of WRA

<sup>2</sup> FISA is a Malgache association that focuses on family health.

Knowledge of two or more health sources was lowest in SAVA (40.8%) and highest in Boeny (70.6%). There is no clear association between the level of urbanization and knowledge of health sources, although knowledge of two or more sources is notably higher among women who reside in urban category 2 areas than in the other three areas. As anticipated, knowledge of sources for health products and services increases with level of education, ranging from 46.4% for uneducated women to 66.1% for women with at least upper secondary education. Knowledge of two or more health sources is higher among women in their 20s (56.5%) and 40s (55.8%) than among women in other age groups.

Even when women have knowledge of sources for health products or services, they may not feel confident in their ability to seek proper health care. All women were asked the following to what extent they agree (from strongly disagree to strongly agree) with the following statement: “I am confident in my ability to seek healthcare for myself and for my children, even when: a) my family members do not approve, b) it requires interrupting my daily activities, and c) I am shy, or somewhat embarrassed or scared.” Our proxy for self-efficacy with respect to women’s ability to seek healthcare, is a dichotomous variable that equals one for women who reported “agree or strongly agree” on each of the three questions.

As shown in Table 10, nearly three out of four women (73.8%) feel quite confident in their ability to seek healthcare for themselves or their children. However, breakdown by region suggests that self-efficacy is notably lower in Melaky (50.2%). Women’s self-efficacy increases with level of urbanization, from 69.3% for the most rural areas to 84.5% for the most urban areas. Surprisingly, there is no clear association between self-efficacy and women’s level of education. Breakdown by age group further suggests that teenage women (aged 15-19) have low levels of self-efficacy, but that there is little variation between the older age groups.

**Table 10: Percentage of women who are confident in their ability to seek proper health care (self-efficacy)**

	Confident in ability to seek proper health care	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	77.9 (71.8 – 83.0)	523
SAVA	72.8 (69.0 – 76.4)	482
Boeny	73.6 (72.0 – 75.0)	240
Sofia	73.3 (66.7 – 79.0)	927
Menabe	81.8 (78.3 – 84.9)	689
Analanjirofo	70.7 (63.4 – 77.2)	830
Melaky	50.2 (45.4 – 55.0)	667
<b>Place of residence</b>		
Urban, Cat.1	84.5 (77.5 – 89.6)	273
Urban, Cat.2	79.5 (75.8 – 82.8)	1,040
Rural, Cat.1	70.6 (64.5 – 76.0)	416
Rural, Cat.2	69.3 (64.8 – 73.4)	2,629
<b>Education</b>		
None	74.9 (68.8 – 80.1)	596
Primary	71.0 (67.4 – 74.4)	1,911
Lower secondary	76.5 (73.2 – 79.5)	1,411
Upper secondary +	73.8 (69.0 – 78.1)	440
<b>Age group</b>		
15-19	56.8 (52.5 – 61.1)	695
20-29	78.4 (74.8 – 81.7)	1,619
30-39	76.4 (72.4 – 80.2)	1,276
40+	77.0 (71.8 – 81.5)	768
<b>Total</b>	<b>73.8 (71.1 – 76.3)</b>	<b>4,358</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women who agree or strongly agree with each of the following three statements: “I am confident in my ability to seek healthcare for myself and for my children, even when: a) my family members do not approve, b) it requires interrupting my daily activities, and c) I am shy, or somewhat embarrassed or scared.” Denominator: Total number of women aged 15-49.

## Use of health care services

Table 11 shows the percentage of women who indicated that they sought healthcare during the three months prior to the survey. Overall, nearly four in ten women (38.3%) sought healthcare during this period. This percentage varies relatively little by region, type of place of residence, or level of education. Breakdown by age shows that women in the prime childbearing ages are most likely to have sought healthcare. Specifically, women aged 20-29 are most likely to have sought healthcare (48.4%) and women aged 40 and older are least likely to have done so (25.1%).

**Table 11: Percentage of women who report seeking health care in the past three months**

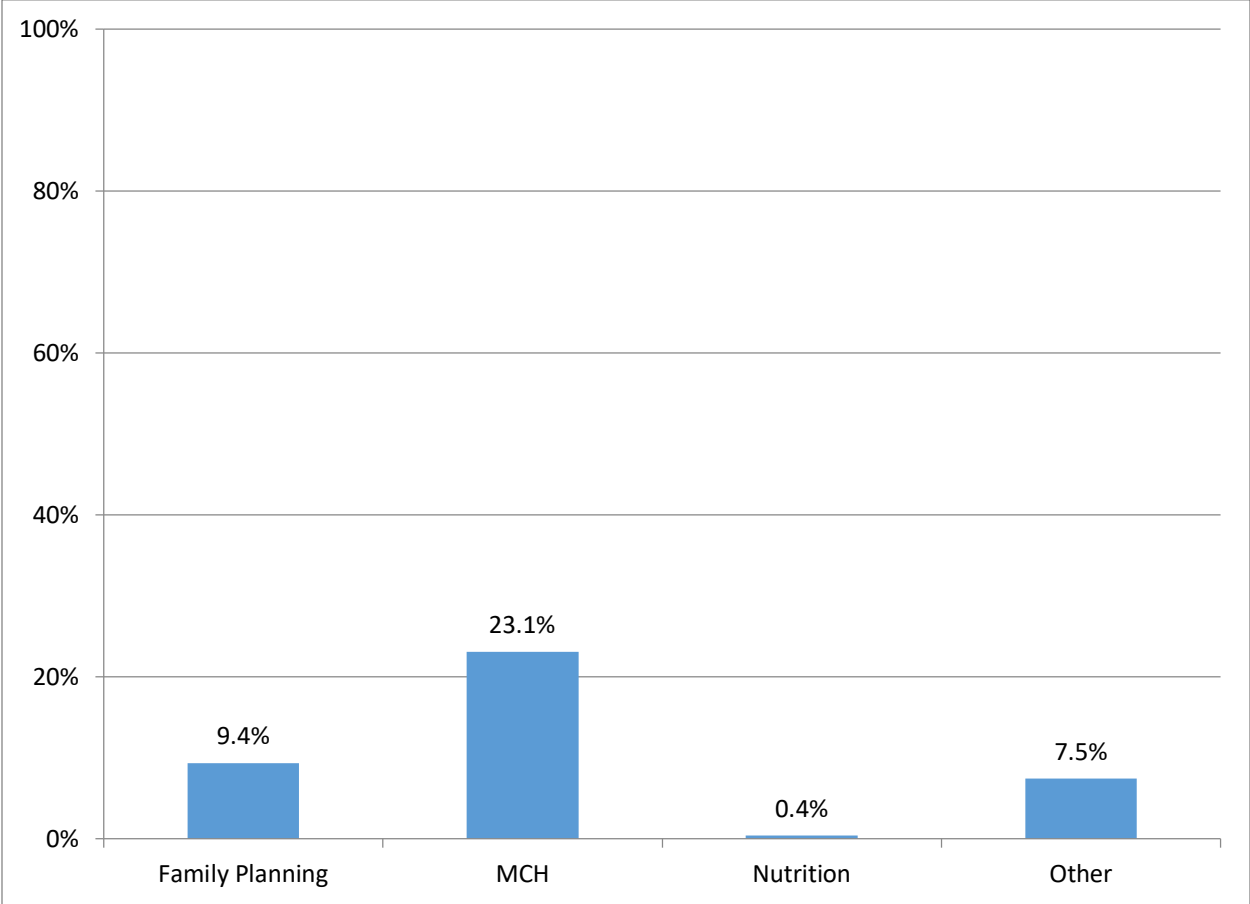
	Sought health care in the past 3 months	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	43.0 (38.4 – 47.9)	532
SAVA	33.4 (28.9 – 38.2)	487
Boeny	46.3 (37.8 – 55.1)	240
Sofia	31.5 (26.1 – 37.4)	929
Menabe	46.6 (40.5 – 52.8)	690
Analanjirofo	45.3 (38.4 – 52.4)	831
Melaky	38.9 (33.5 – 41.0)	672
<b>Place of residence</b>		
Urban, Cat.1	38.0 (32.5 – 43.9)	273
Urban, Cat.2	39.4 (34.6 – 44.4)	1,044
Rural, Cat.1	39.0 (34.9 – 43.4)	423
Rural, Cat.2	37.3 (33.4 – 41.3)	2,641
<b>Education</b>		
None	38.3 (32.1 – 45.0)	596
Primary	38.0 (34.9 – 41.7)	1,920
Lower secondary	38.4 (34.0 – 43.0)	1,422
Upper secondary +	39.0 (32.2 – 46.2)	443
<b>Age group</b>		
15-19	31.1 (25.1 – 37.9)	708
20-29	48.4 (42.6 – 54.3)	1,624
30-39	37.9 (34.3 – 41.6)	1,278
40+	25.1 (19.4 – 31.8)	771
<b>Total</b>	<b>38.3 (35.7 – 41.0)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of WRA who sought health care from a public or private health provider and/or community health volunteers in the past 3 months. Denominator: Number of WRA.

As shown in Figure 3, 23.1% of all women sought care for maternal and child issues in the past three months, while 9.4% sought family planning care. Twenty-two percent of all women reported that they sought care from a CSB-2 in the past three months, 2.4% from a CSB-1, and 4.6% from a CSB (not shown).

Figure 3: Percentage of women who report seeking different types of health care in the past three months



## Chapter 4 Infant and child health

The survey collected data on several indicators of infant and child health, including child vaccinations, growth monitoring, the prevalence of important childhood illnesses (acute respiratory infections, fever, and diarrhea), and the extent to which children received treatment for them. The results for several key indicators are presented below.

### Vaccination coverage

Child vaccinations are essential tool for reducing infant and child mortality. The World Health Organization (WHO) considers children to be fully vaccinated if they have been vaccinated against BCG, received three doses each of the DPT3 and polio vaccines, as well as a measles vaccination by the age of 12 months. Children should receive BCG at birth or at the first clinical contact, while DPT3 and polio vaccines should be given at 4, 8 and 12 weeks of age. Children should receive the measles vaccine upon reaching nine months of age, or shortly thereafter.

The survey asked mothers and caretakers of children about all key vaccinations for children aged 0-23 months at the time of the survey. The information was obtained directly from the children's vaccination or health cards. In addition, women were asked if the children received any vaccinations that were not included on the vaccination or health card, such as vaccinations given as part of the national vaccination program. If so, the type of vaccine and the number of times it was given were recorded.

Table 12 shows the percentage of children aged 12-23 months (n=591) who were fully vaccinated. Overall, only 25.6% of children in the survey population were fully vaccinated. The percentage of children who are fully vaccinated is highest in Analanjirifo (42.1%), Menabe (35.7%), and in urban category 1 communes (34.5%). It is also high for children born to women with at least upper secondary education (38.3%).

Because USAID is particularly interested in DPT3 vaccinations, which protect against diphtheria, pertussis (whooping cough) and tetanus, Table 12 also shows the percentage of children aged 12-23 months who received the three recommended doses of the DPT3 vaccine. Overall, 34.2% of children aged 12-23 months had received three doses of DPT3. Breakdown by region shows that DPT3 vaccinations are highest in Analanjirifo (51.4%) and Menabe (43.9%), and lowest in Sofia (21.9%) and Boeny (30.5%). The percentage of children who received three doses of DPT3 is notably higher among children born to mothers/caretakers who have at second upper secondary education (44.7%). DPT3 coverage is slightly higher among female children (38.3%) than male children (30.7%), but the difference is not statistically significant.

**Table 12: Percentage of children aged 12-23 months who are fully vaccinated, and percentage who received three doses of diphtheria, tetanus, and pertussis (DPT3)**

	Fully vaccinated	Received DPT-3	<i>n</i>
	% (CI)	% (CI)	
<b>Region</b>			
DIANA	30.4 (16.9 – 48.4)	38.9 (18.4 – 64.2)	70
SAVA	26.9 (15.4 – 42.5)	40.2 (25.6 – 56.8)	58
Boeny	30.0 (20.6 – 41.5)	30.5 (21.2 – 41.8)	45
Sofia	13.9 ( 6.2 – 28.3)	21.9 (14.9 – 31.0)	112
Menabe	35.7 (20.6 – 54.3)	43.9 (28.5 – 60.6)	70
Analanjirofo	42.1 (30.7 – 54.4)	51.4 (39.8 – 62.9)	137
Melaky	23.8 (14.1 – 37.3)	31.0 (23.7 – 39.5)	99
<b>Place of residence</b>			
Urban, Cat.1	34.5 (24.5 – 46.0)	38.4 (23.8 – 55.5)	50
Urban, Cat.2	29.1 (19.7 – 40.7)	37.8 (24.2 – 53.9)	151
Rural, Cat.1	29.0 (17.1 – 44.6)	36.5 (24.1 – 51.1)	53
Rural, Cat.2	21.8 (13.6 – 33.0)	30.5 (22.8 – 39.5)	337
<b>Mother's education</b>			
None	25.8 (13.5 – 43.6)	34.2 (20.4 – 51.4)	75
Primary	20.0 (13.6 – 28.3)	31.8 (23.1 – 42.0)	248
Lower secondary	25.2 (16.2 – 37.0)	32.0 (23.4 – 42.0)	209
Upper secondary+	38.3 (22.8 – 56.6)	44.7 (28.0 – 62.6)	59
<b>Gender</b>			
Female	27.0 (19.4 – 36.3)	38.3 (29.6 – 47.8)	283
Male	24.4 (17.0 – 33.6)	30.7 (21.2 – 42.1)	308
<b>Total</b>	25.6 (19.4 – 33.1)	34.2 (27.0 – 42.2)	591

Note: Weighted percentages; unweighted *n* of cases.

Definition, full vaccination: Number of children who are fully vaccinated (received BCG, three doses each of DPT and polio vaccines, and measles vaccination). Denominator: All children between 12-23 months of age.

Definition, DPT3: Number of children who received their 3rd dose of Diphtheria, Tetanus, and Pertussis (DTP3). Denominator: All children between 12-23 months of age.



## Growth monitoring

Growth monitoring is an important function of community health volunteers. The survey asked women who had a child aged 0-23 months whether if their child had been weighted and measured during the last two months as part of growth monitoring.

Table 13 suggests that only 2.8% of the children aged 0-23 months had been weighted and measured during the past two months. The reason for this unexpectedly low percentage is unclear. It is possible that the respondents did not consider measurements taken by the CHV to be part of “growth monitoring”.

**Table 13: Percentage of children who were weighted and measured during growth monitoring in the last two months (among children aged 0-23 months)**

	Was weighted/measured	
	%	(CI)
<b>Region</b>		<i>n</i>
DIANA	4.9 (1.8 – 12.8)	176
SAVA	3.4 (1.0 – 10.8)	147
Boeny	0.0	103
Sofia	0.7 (0.2 – 3.2)	244
Menabe	4.3 (1.7 – 10.8)	180
Analanjirofo	0.0	314
Melaky	11.6 (8.6 – 15.4)	224
<b>Place of residence</b>		
Urban, Cat.1	0.0	99
Urban, Cat.2	2.8 (0.9 – 7.8)	321
Rural, Cat.1	7.9 (3.0 – 19.0)	118
Rural, Cat.2	2.0 (1.1 – 3.6)	850
<b>Mother’s education</b>		
None	7.2 (3.4 – 14.6)	183
Primary	2.2 (1.0 – 4.9)	602
Lower secondary	2.6 (1.1 – 6.0)	481
Upper secondary+	2.2 (0.5 – 9.4)	122
<b>Gender</b>		
Female	4.1 (2.2 – 7.4)	720
Male	1.3 (0.7 – 2.5)	688
<b>Total</b>	2.8 (1.6 - 4.6)	1,388

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of children who were weighted during GMP in the last two months preceding the survey, as reported by their caretaker. Denominator: All children under age two.

### Prevalence and treatment of acute respiratory infection (ARI)

The percentage of children under age five who experienced symptoms of ARI, such as chest-related cough or difficult breathing, during the two weeks preceding the survey is shown in Table 14. Overall, one in ten children (9.9%) had symptoms of ARI. The prevalence of ARI symptoms in children varies by region, from a low of 6.0% in Boeny to 12.7% in SAVA. There is no clear association between urbanization or mother's level of education and the prevalence of ARI symptoms in children. Likewise, there is no significant difference by gender.

The second column in Table 14 shows the percentage of children with ARI symptoms in the past two weeks who were taken to an appropriate health provider (public hospital, private hospital, private clinics, doctor, CSB, CHV). About six out of every ten children with ARI symptoms (63.3%) were taken to an appropriate health provider. The likelihood that a child with ARI symptoms was taken for care varies drastically by region, possibly as a result of the small sample size, ranging from 47.1% in Sofia to over 75% in DIANA, Menabe, Melaky, and Boeny. The percentage who were taken for care varies little between rural areas and urban category 2 areas. Although the percentage who were taken to an appropriate provider is notably lower in urban category 1 areas, that percentage should be interpreted with caution due to the small sample size (n=28). The percentage of children with ARI symptoms who were taken to an appropriate provider increased with the mother's level of education, from 50.6% for children born to uneducated mothers to 74.2% for children of mothers with at least upper secondary education. There are no significant differences in care seeking by gender.

**Table 14: Percentage of children with chest-related cough and fast or difficult breathing in the past two weeks (among children under age 5), and the percentage of those who were taken to an appropriate health provider**

	Experienced cough or difficult breathing		% of those taken to an appropriate health provider	
	% (CI)	<i>n</i>	% (CI)	<i>n</i>
<b>Region</b>				
DIANA	7.7 ( 4.7 – 12.4)	347	81.1 (67.3 – 89.9)	46
SAVA	12.7 ( 7.6 – 20.5)	271	59.4 (42.5 – 74.4)	44
Boeny	6.0 ( 4.0 – 9.0)	223	96.9 (73.9 – 99.7)	19
Sofia	12.3 (10.2 – 14.9)	594	47.1 (26.0 – 69.3)	92
Menabe	8.1 ( 4.8 – 13.2)	419	79.3 (60.9 – 90.4)	64
Analanjirofo	8.6 ( 6.6 – 11.0)	610	60.2 (42.1 – 75.9)	78
Melaky	7.4 ( 5.2 – 10.3)	476	79.7 (64.8 – 89.3)	43
<b>Place of residence</b>				
Urban, Cat.1	12.7 ( 5.0 – 28.7)	184	43.1 (34.5 – 52.2)	28
Urban, Cat.2	8.2 ( 5.6 – 11.7)	630	67.8 (53.5 – 79.4)	86
Rural, Cat.1	10.5 ( 5.2 – 20.3)	270	55.3 (31.0 – 77.3)	30
Rural, Cat.2	10.9 ( 9.2 – 12.9)	1,856	62.2 (42.6 – 78.5)	242
<b>Mother's education</b>				
None	11.7 ( 7.8 – 17.0)	452	50.6 (29.2 – 71.7)	51
Primary	9.8 ( 7.8 – 12.2)	1,373	63.6 (51.3 – 74.4)	183
Lower secondary	9.8 ( 7.4 – 12.9)	885	62.1 (45.8 – 76.1)	122
Upper secondary+	9.1 ( 5.3 – 15.3)	230	74.2 (42.9 – 91.7)	30
<b>Gender</b>				
Female	9.2 ( 7.2 – 11.5)	1,528	65.8 (55.0 – 75.1)	205
Male	10.7 ( 8.3 – 13.6)	1,412	60.6 (41.8 – 76.7)	181
<b>Total</b>	<b>9.9 ( 8.3 – 11.7)</b>	<b>2,940</b>	<b>63.3 (51.5 – 73.6)</b>	<b>386</b>

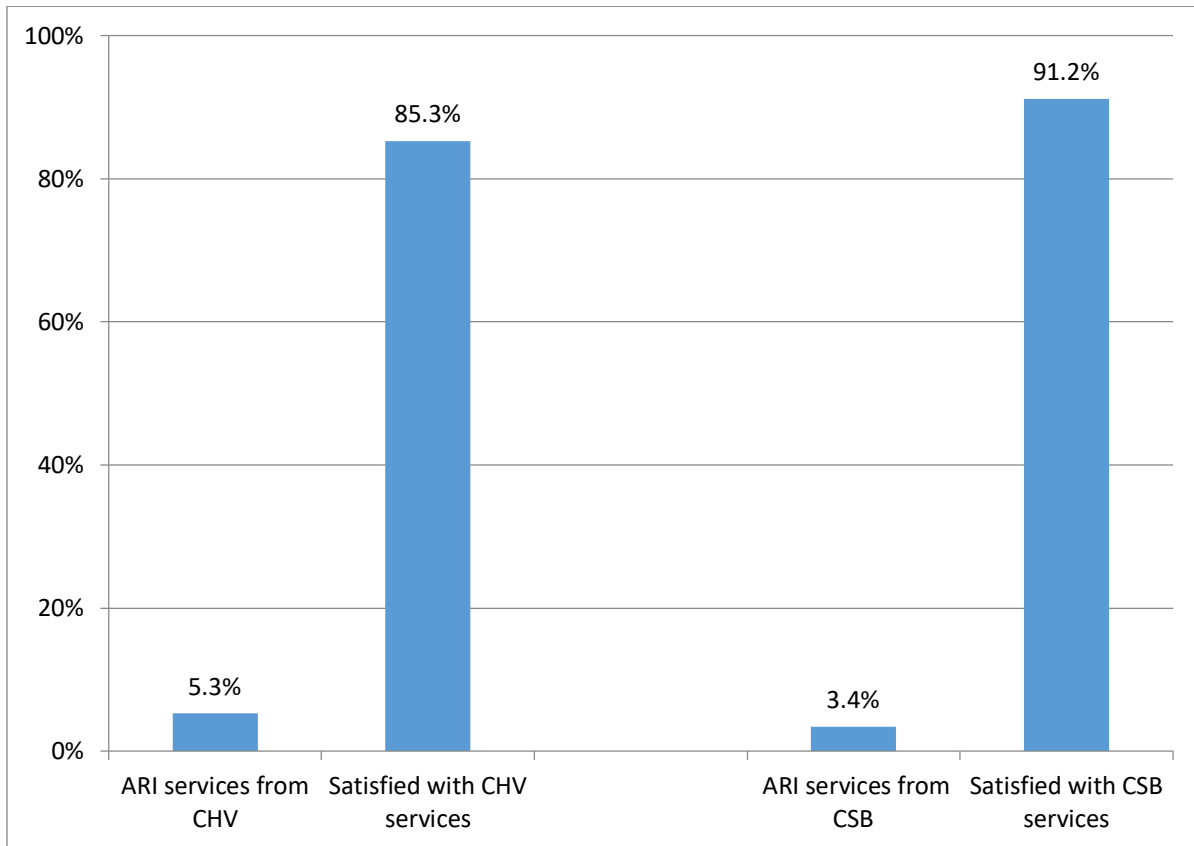
Note: Weighted percentages; unweighted *n* of cases.

Definition, prevalence of cough/difficult breathing: Number of children with chest-related cough and fast and/or difficult breathing in the past two weeks. Denominator: Number of children under age 5.

Definition, appropriate provider: Number of children with chest-related cough/difficult breathing who were taken to an appropriate health provider (public or private hospital, private clinic, doctor, CSB, CHV). Denominator: Number of children under age 5 who experienced chest-related cough and fast and/or difficult breathing in the past two weeks.

Figure 4 shows the percentage of all women who received ARI services (either counseling or treatment) from a CHV and CSB during the three months preceding the survey, as well as the percentage of those women who report that they were satisfied with each of those services. Overall, 5.3% of all women aged 15-49 report receiving ARI services from a CHV during the past three months, and 3.4% received such services from a CSB. The reported level of satisfaction with both types of services is very high. Of the 284 women who reported receiving ARI services from a CHV, 88.7% reported being satisfied with those services. Similarly, of the 155 women who reported receiving ARI services from a CSB, 91.2% reported being satisfied with the CSB services.

Figure 4: Percentage of all women aged 15-49 who received ARI services (counseling or treatment) during the past three month, and the percentage who reported being satisfied with those services



Definition, ARI services: Number of women who reported receiving ARI services (counseling or treatment) from a CHV/CSB in the past three months. Denominator: Number of women aged 15-49.

Definition, satisfaction with services: Number of women who reported they were satisfied with the quality of the most recent CHV/CSB services. Denominator: Number of women who received ARI services during the most recent CHV/CSB visit within the past three months.

More detailed information about ARI services from CHVs and CSBs is shown in Table 15. The results indicate that women in Boeny and Melaky are most likely to have received ARI services from a CHV (10.5% and 11.6% of all women, respectively), while those in Analanjirofo, SAVA, and Boeny were least likely to have received such services (2.5%, 2.8%, 3.3%). The percentage of all women who received ARI services in the past three months varies little by subgroups. The sample size for the number of women who received ARI services from a CHV and CSB is too small to draw meaningful conclusions about differences in the level of satisfaction by subgroup.

**Table 15: Percentage of women aged 15-49 who received ARI services from a CHV and CSB in the past three months**

	Received ARI services from CHV		<i>n</i>	Received ARI services from CSB		<i>n</i>
	%	(CI)		%	(CI)	
<b>Region</b>						
DIANA	3.3	(2.0 – 5.4)	532	4.2	(3.0 – 6.0)	530
SAVA	2.8	(1.7 – 4.6)	487	2.0	(0.9 – 4.3)	479
Boeny	10.5	(6.7 – 16.0)	240	5.3	(3.6 – 7.9)	240
Sofia	8.1	(4.6 – 13.7)	929	3.3	(1.9 – 5.5)	927
Menabe	4.9	(3.3 – 7.3)	690	4.2	(2.7 – 6.4)	687
Analanjirofo	2.5	(1.2 – 5.1)	831	2.0	(1.3 – 3.1)	830
Melaky	11.6	(8.0 – 16.7)	672	5.5	(3.3 – 8.8)	668
<b>Place of residence</b>						
Urban, Cat.1	4.4	(2.0 – 9.6)	273	1.9	(0.6 – 6.1)	273
Urban, Cat.2	3.6	(2.5 – 5.1)	1,044	3.0	(2.0 – 4.4)	1,038
Rural, Cat.1	4.5	(2.7 – 7.2)	423	3.5	(1.8 – 6.8)	420
Rural, Cat.2	7.0	(4.5 – 10.8)	2,641	3.8	(2.8 – 5.1)	2,630
<b>Education</b>						
None	5.2	(3.0 – 8.6)	596	2.9	(1.4 – 5.8)	593
Primary	6.7	(4.7 – 9.5)	1,920	2.9	(2.1 – 4.1)	1,912
Lower secondary	5.2	(3.7 – 7.2)	1,422	3.2	(2.0 – 5.2)	1,415
Upper secondary +	2.6	(1.4 – 4.5)	443	5.4	(3.1 – 9.2)	441
<b>Age group</b>						
15-19	2.9	(1.6 – 5.3)	708	3.4	(1.4 – 8.1)	704
20-29	4.0	(2.7 – 5.9)	1,624	4.2	(2.9 – 6.2)	1,618
30-39	7.6	(5.6 – 10.2)	1,278	2.5	(1.5 – 4.2)	1,271
40+	7.0	(4.8 – 10.1)	771	3.2	(1.8 – 5.6)	768
<b>Total</b>	<b>5.3</b>	<b>(4.0 – 7.0)</b>	<b>4,381</b>	<b>3.4</b>	<b>(2.7 – 4.3)</b>	<b>4,361</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition, ARI services: Number of women who reported receiving ARI services (counseling or treatment) from a CHV/CSB in the past three months. Denominator: All women aged 15-49.

## Prevalence and treatment of fever

Table 16 shows that nearly one out of every nine children under age five (10.8%) experienced fever in the past two weeks. The prevalence of fever in young children varies by region, from a low of 5.2% in Melaky to a high of 15.8% in SAVA. Breakdown by level of urbanization suggests that the prevalence of fever is lower in urban category 1 areas (5.2%) than in other areas, where it exceeds 10%.

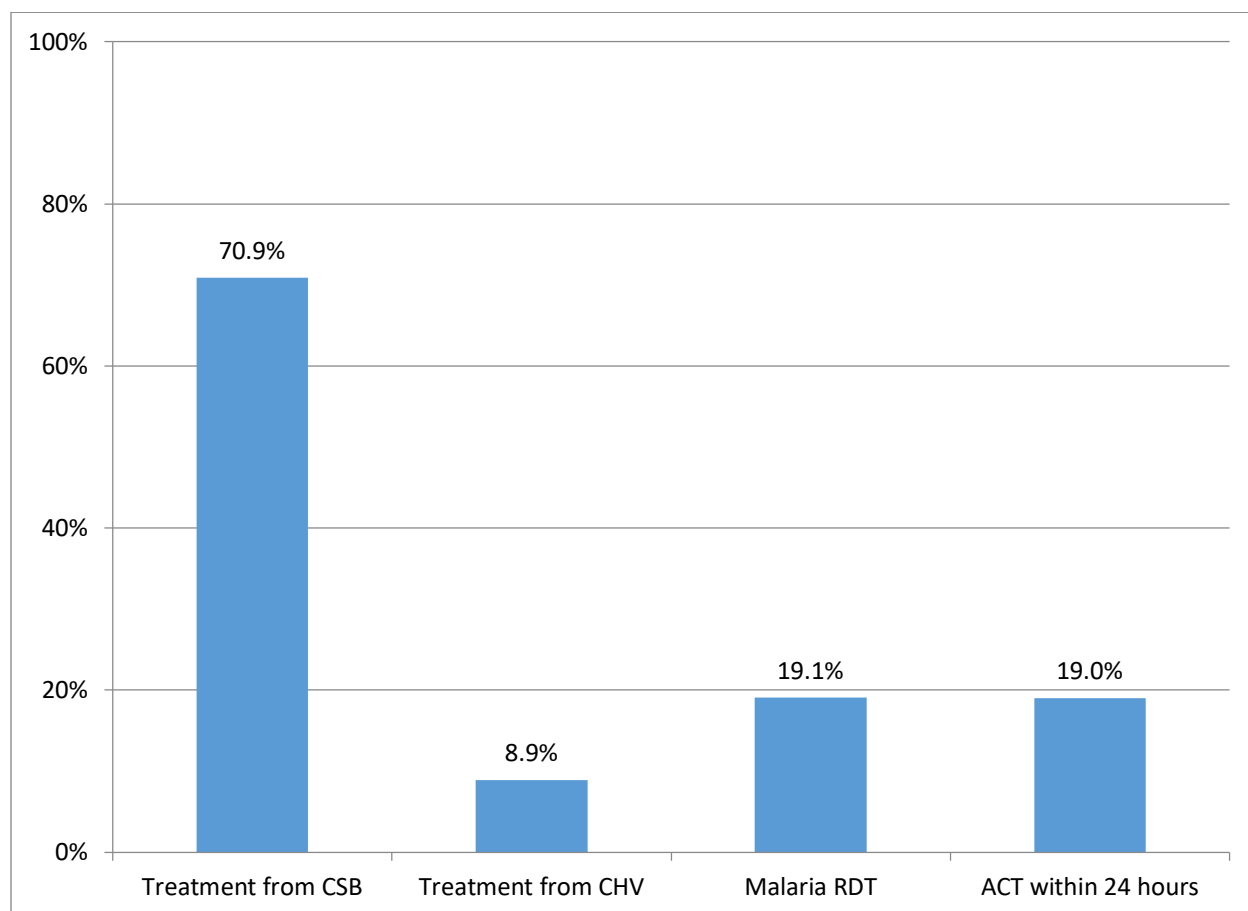
**Table 16: Percentage of children aged 0-59 months who had fever in the past two weeks**

	Experienced fever		<i>n</i>
	%	(CI)	
<b>Region</b>			
DIANA	11.0	( 7.0 – 17.0)	349
SAVA	15.8	(11.8 – 20.9)	271
Boeny	7.5	( 5.5 – 10.0)	223
Sofia	10.5	( 7.0 – 15.5)	594
Menabe	11.2	( 8.0 – 15.5)	424
Analanjirofo	8.9	( 7.1 – 11.0)	610
Melaky	5.2	( 3.3 – 8.2)	477
<b>Place of residence</b>			
Urban, Cat.1	5.2	( 3.4 – 7.8)	184
Urban, Cat.2	10.7	( 7.7 – 14.8)	632
Rural, Cat.1	12.5	( 8.1 – 19.0)	270
Rural, Cat.2	10.7	( 8.1 – 13.9)	1,862
<b>Mother's education</b>			
None	10.2	( 6.6 – 15.3)	456
Primary	9.8	( 7.8 – 12.3)	1,373
Lower secondary	10.4	( 7.2 – 14.9)	888
Upper secondary+	15.1	( 9.9 – 22.2)	231
<b>Gender</b>			
Female	11.7	( 9.5 – 14.5)	1,532
Male	9.7	( 7.2 – 12.8)	1,416
<b>Total</b>	<b>10.8</b>	<b>( 8.9 – 12.9)</b>	<b>2,948</b>

Note: Weighted percentages; unweighted *n* of cases.

As shown in Figure 5, the large majority (70.9%) of young children who had fever received treatment from a CSB. However, only 8.9% received treatment from a CHV. Of the children with fever, 19.1% received a malaria rapid diagnostic test (RDT), and 19.0% were given artemisinin-combination therapy (ACT) within 24 hours of the onset of the fever.

Figure 5: Percentage of children aged 0-59 months with fever who received treatment from a CSB or CHV, percentage who received rapid diagnostic test, and percentage who received ACT within 24 hours of the onset of fever



Definitions: 1) Treatment: Number of CU5 who obtained fever treatment from a CSB/CHV. Denominator: Total number of children under five who had a fever during the two weeks prior to the survey; 2) Malaria RDT: Number of CU5 who received malaria RDT. Denominator: Total number of children under five who had a fever during the two weeks prior to the survey; 3) ACT within 24 hours: Number of CU5 who received Artemisinin Combination Treatment (ACTs) for treatment within 24 hours of onset of fever. Denominator: Total number of children under five who had a fever during the two weeks prior to the survey.

### Prevalence and treatment of diarrhea

One in ten children under age five (9.9%) experienced diarrhea during the two weeks before the survey (see Table 17). The diarrhea prevalence was lowest in Boeny (4.8%) and highest in SAVA (13.3%). There is no clear association between the level of urbanization or mother's education and the prevalence of childhood diarrhea. Treatment of diarrhea is nearly universal. Overall, 96.8% of the 270 children who experienced diarrhea in the past two weeks were treated with oral rehydration therapy (ORS, home-made solution, or an increased quantity of liquids) and/or zinc supplements (not shown).

**Table 17: Percentage of children aged 0-59 months who had diarrhea during the past two weeks**

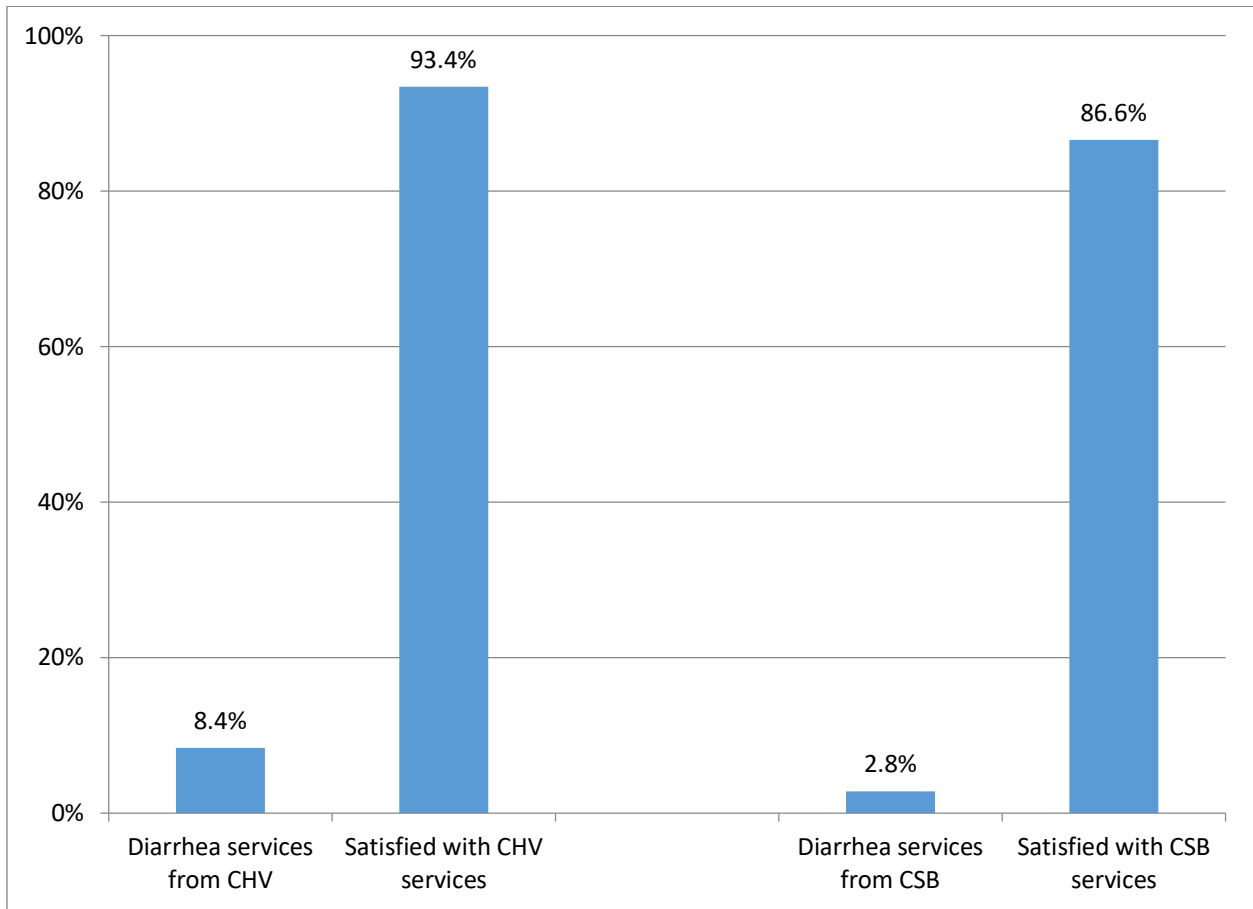
	Experienced diarrhea	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	9.4 (5.7 - 14.9)	348
SAVA	13.3 (9.2 – 18.8)	271
Boeny	4.8 (2.9 – 8.0)	223
Sofia	11.9 (8.3 – 16.7)	594
Menabe	8.5 (5.7 – 12.4)	419
Analanjirofo	6.5 (4.3 – 9.7)	610
Melaky	6.6 (4.3 – 9.9)	476
<b>Place of residence</b>		
Urban, Cat.1	9.1 (7.5 – 11.0)	184
Urban, Cat.2	8.7 (6.5 – 11.6)	630
Rural, Cat.1	6.7 (3.8 – 11.5)	270
Rural, Cat.2	11.3 (8.6 – 14.7)	1,857
<b>Mother's education</b>		
None	7.5 (4.1 – 13.6)	452
Primary	10.1 (7.9 – 12.9)	1,373
Lower secondary	10.4 (7.8 – 13.8)	886
Upper secondary+	9.5 (5.0 – 17.5)	230
<b>Gender</b>		
Female	9.4 (7.2 – 12.1)	1,529
Male	10.5 (8.5 – 13.0)	1,412
<b>Total</b>	<b>9.9 (8.2 – 11.9)</b>	<b>2,941</b>

Note: Weighted percentages; unweighted *n* of cases.

Figure 6 shows the percentage of all women aged 15-49 who received diarrhea services (counseling or treatment) from a CHV or CSB, and the percentage who report being satisfied with those services. Overall, 8.4% of all women received diarrhea services from a CHV, while 2.8% received such services from a CSB. Levels of satisfaction with both types of services are very high (93.4% and 86.6%, respectively).



Figure 6: Percentage of all women aged 15-49 who received diarrhea services (counseling or treatment) during the past three months, and the percentage who reported being satisfied with those services



Definition, diarrhea services: Number of women who received diarrhea services (counseling or treatment) from a CHV/CSB in the past three months. Denominator: All women aged 15-49.

Definition, service satisfaction: Number of women who reported they were satisfied with the quality of the most CHV/CSB services. Denominator: Number of women who received diarrhea services during the most recent CHV/CSB visit within the past three months.

Breakdowns by subgroup, shown in Table 18, indicate that women in Analanjirofo are least likely to have received diarrhea services from a CHV (2.8%), while women in Boeny and Melaky are most likely to have received such services (14.6% and 16.2%, respectively). The percentage of women who received diarrhea services from a CHV is higher in rural areas, especially in rural category 2 areas. Young women aged 15-19 are least likely to have received diarrhea services from a CHV, possibly because many of these women do not yet have young children. The extent to which women received diarrhea services from a CSB is low among all subgroups.

**Table 18: Percentage of all women aged 15-49 who received diarrhea services from a CHV and from a CSB in the past three months**

	Received diarrhea services from CHV % (CI)	<i>n</i>	Received diarrhea care from CSB % (CI)	<i>n</i>
<b>Region</b>				
DIANA	5.4 ( 3.0 – 9.5)	532	2.6 (1.5 – 4.4)	530
SAVA	4.8 ( 3.0 – 7.6)	487	2.5 (1.6 – 4.1)	479
Boeny	14.6 (11.0 – 19.1)	240	2.4 (0.6 – 8.4)	240
Sofia	12.5 ( 8.3 – 18.6)	929	3.5 (2.4 – 5.2)	927
Menabe	9.9 ( 7.0 – 13.9)	690	3.7 (2.6 – 5.3)	687
Analanjirofo	2.8 ( 1.6 – 4.9)	831	0.9 (0.4 – 1.9)	830
Melaky	16.2 (11.3 – 22.7)	672	3.9 (2.3 – 6.7)	668
<b>Place of residence</b>				
Urban, Cat.1	5.8 ( 5.8 – 7.9)	273	4.5 (1.5 – 12.7)	273
Urban, Cat.2	5.9 ( 3.7 – 9.4)	1,044	2.6 (1.5 – 4.3)	1,038
Rural, Cat.1	7.4 ( 4.6 – 11.7)	423	2.7 (1.6 – 4.6)	420
Rural, Cat.2	10.7 ( 7.6 – 14.9)	2,641	3.0 (2.2 – 4.0)	2,630
<b>Education</b>				
None	7.2 ( 4.5 – 11.3)	596	1.1 (0.4 – 2.8)	593
Primary	9.6 ( 7.4 – 12.2)	1,920	3.2 (2.1 – 5.0)	1,912
Lower secondary	8.3 ( 6.3 – 10.9)	1,422	3.4 (2.3 – 5.0)	1,415
Upper secondary +	6.4 ( 3.3 – 11.8)	443	1.5 (0.6 – 3.8)	441
<b>Age group</b>				
15-19	4.4 ( 2.7 – 7.0)	708	1.8 (0.9 – 3.3)	704
20-29	8.6 ( 6.3 – 11.5)	1,624	3.2 (2.1 – 4.8)	1,618
30-39	9.9 ( 7.8 – 12.4)	1,278	3.3 (2.2 – 5.1)	1,271
40+	9.8 ( 7.4 – 12.7)	771	2.3 (1.4 – 3.9)	768
<b>Total</b>	<b>8.4 ( 6.7 – 10.5)</b>	<b>4,381</b>	<b>2.8 (2.3 – 3.5)</b>	<b>4,361</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition, diarrhea services: Number of women who received diarrhea services (counseling or treatment) from a CHV/CSB in the past three months. Denominator: All women aged 15-49.

## Chapter 5 Family planning

Madagascar experienced a notable decline in fertility between 1992 and 2008/9, but fertility levels subsequently stagnated. The initial fertility decline corresponds with a rapid increase in knowledge and use of modern contraceptives. However, between 2008/9 and 2012 there were only modest increases in contraceptive use (Institut National de la Statistique de Madagascar (INSTAT), 2014a; Meekers et al., 2016). The survey measured key indicators of family planning, including knowledge of contraceptive methods and sources, current use of different methods, exposure to family planning messages, and perceived partner support for family planning. Women were also asked whether they recently received family planning services (including counseling and products) from a CHV or CSB, and whether they were satisfied with those services.

### Knowledge of contraceptive methods

Knowledge of modern contraceptive methods is nearly universal (see Table 19). Among women aged 15-49, 95.2% know at least two modern contraceptive methods. There are little or no variations in contraceptive knowledge by subgroup. The only possible exception are young women aged 15-19 (89.2%).

### Knowledge of sources of family planning methods

All women aged 15-49 were also asked to name the different types of sources they know where and who they can ask advice about contraception and reproductive health. One out of every four women (25.9%) know at least two types of sources where they can obtain family planning counseling (see the second column of Table 19). Knowledge of contraceptive counseling sources varies considerably by region. Knowledge of contraceptive counseling sources is lowest in Analanjirifo (21.1%) and highest in Melaky (32.3%) and Boeny (40.3%). There is no clear association between level of urbanization and knowledge of contraceptive counseling sources. Knowledge of at least two types of contraceptive counseling sources increased only modestly with level of education, from 22.6% for uneducated women to 26.4% for women with lower secondary education. Only women with at least upper secondary education have notably better knowledge of contraceptive counseling sources (31.1%). Knowledge of contraceptive counseling sources is better among women aged 15-19 and women aged 40+, than among women in their 20s and 30s.

**Table 19: Percentage of women aged 15-49 who can name at least two modern contraceptive methods, and percentage who know at least two types of sources for family planning counseling**

	Knows two or more modern contraceptive methods		Knows two or more types of sources for family planning counseling	
	% (CI)	<i>n</i>	% (CI)	<i>n</i>
<b>Region</b>				
DIANA	95.9 (92.4 – 97.8)	532	27.2 (21.4 – 33.9)	532
SAVA	92.6 (89.2 – 95.0)	487	24.5 (18.7 – 31.4)	487
Boeny	94.6 (90.3 – 97.1)	240	40.3 (37.4 – 43.3)	240
Sofia	94.6 (92.5 – 96.1)	929	23.3 (19.6 – 27.5)	929
Menabe	97.6 (96.7 – 98.3)	690	31.9 (26.3 – 38.1)	690
Analanjirofo	97.6 (96.2 – 98.5)	831	21.1 (17.2 – 25.7)	831
Melaky	95.1 (92.9 – 96.7)	672	32.3 (29.0 – 35.9)	672
<b>Place of residence</b>				
Urban, Cat.1	99.4 (98.2 – 99.8)	273	25.6 (19.8 – 32.5)	273
Urban, Cat.2	95.9 (93.6 – 97.3)	1,044	24.9 (20.4 – 30.0)	1,044
Rural, Cat.1	96.2 (93.4 – 97.9)	423	32.0 (22.6 – 43.2)	423
Rural, Cat.2	94.4 (92.8 – 95.6)	2,641	25.7 (23.1 – 28.4)	2,641
<b>Education</b>				
None	94.1 (90.1 – 96.6)	596	22.6 (17.6 – 28.5)	596
Primary	94.5 (92.9 – 96.0)	1,920	24.1 (20.9 – 27.6)	1,920
Lower secondary	95.0 (93.1 – 96.5)	1,422	26.4 (21.5 – 32.1)	1,422
Upper secondary +	97.7 (94.7 – 99.0)	443	31.1 (25.6 – 37.2)	443
<b>Age group</b>				
15-19	89.2 (86.1 – 91.7)	708	31.2 (26.1 – 36.8)	708
20-29	96.7 (95.5 – 97.7)	1,624	21.4 (18.8 – 24.2)	1,624
30-39	97.1 (95.9 – 98.0)	1,278	23.4 (19.9 – 27.3)	1,278
40+	95.0 (89.8 – 97.6)	771	34.2 (29.2 – 39.5)	771
<b>Total</b>	<b>95.2 (94.1 – 96.1)</b>	<b>4,381</b>	<b>25.9 (23.5 – 28.5)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

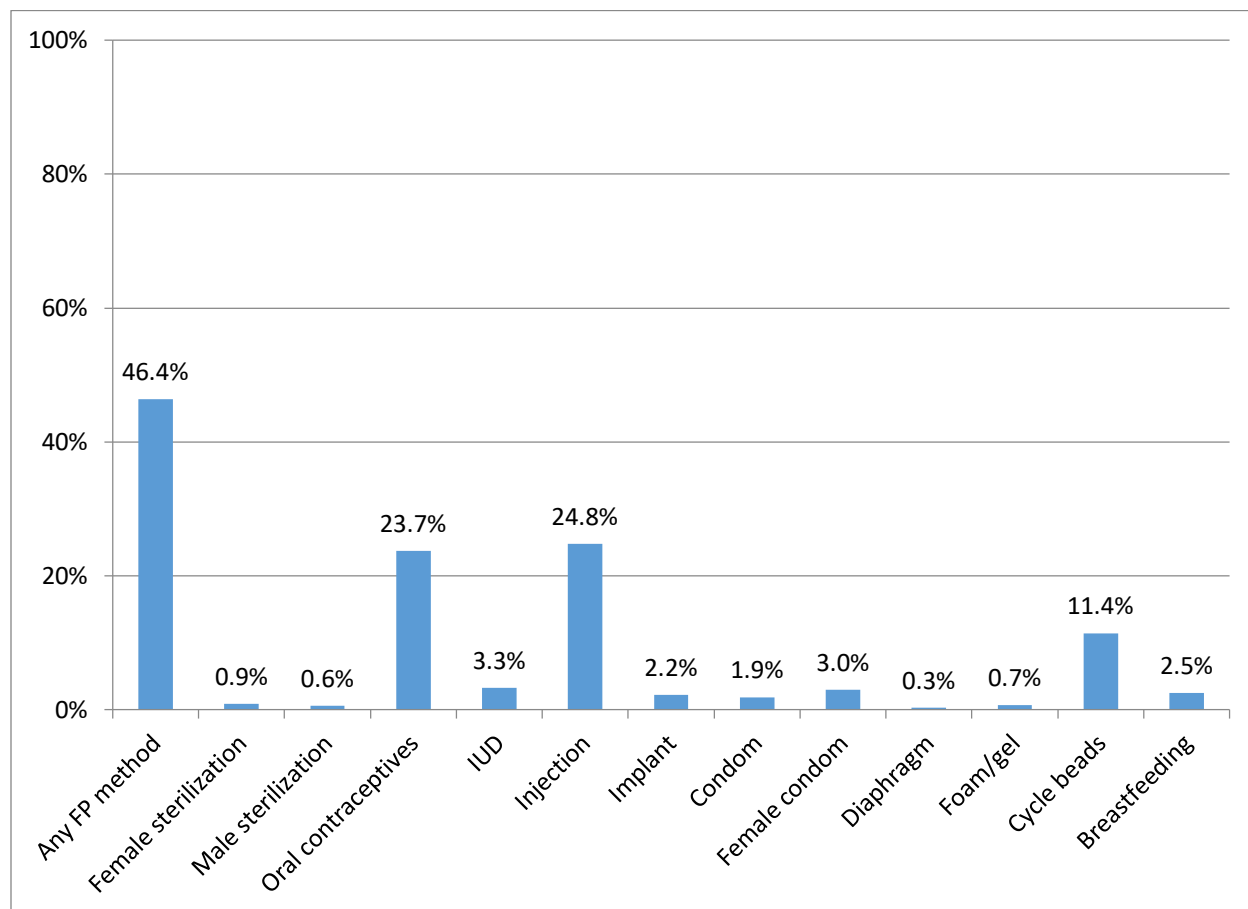
Definition: Number of WRA who can name at least two modern contraceptive methods. “Modern” family planning (FP) methods include: pill, intrauterine device (IUD), implant, injection, male and female condom, spermicide, diaphragm, cycle beads, breastfeeding, and sterilization (tubal ligation and vasectomy). Denominator: Total number of WRA.

Definition: Number of WRA who know at least two sources to obtain family planning counseling (health center/hospital, health personnel, CHV, or other). Denominator: Total number of WRA.

### Current use of contraceptive methods

As shown in Figure 7, the percentage of sexually active women who currently use any type of family planning is fairly high, at 46.4%. The most commonly used methods are injections (used by 24.8% of sexually active women), oral contraceptives (23.7%), and cycle beads (11.4%). Use of other family planning methods is negligible.

Figure 7: Percentage of sexually active women who currently use family planning, by method



Definition: Any FP method refers either modern or traditional methods. Denominator: All sexually experienced women of reproductive age.

Table 20 and Table 21 show the method-specific contraceptive prevalence for different subgroups. Use of any type of family planning is highest in Menabe and Analanjirofo (57.3% and 54.0%, respectively) and lowest in SAVA (33.9%). There is no clear association between the level of urbanization and the contraceptive prevalence rate, and there are only modest differences by level of education. Breakdown by age group suggest that the overall contraceptive prevalence rate is highest among women in the prime childbearing ages, and lower among teenage women (37.9%) and women aged 40 and above (33.1%).

Use of injectables, which is the most commonly used family planning method, is very high in Menabe (34.9%), and notably lower in SAVA (16.8%). Injectable use is also much less common among women with upper secondary or higher education (16.1%) than among those with lower levels of education. Breakdown by age shows that injectable use is highest among women aged 20-29, but it decreases gradually with age to 14.8% among women aged 40 and above.

The percentage of women who use oral contraceptives is highest in Menabe (31.5%) and lowest in DIANA (18.6%) and SAVA (19.5%). Use of oral contraceptives is relatively low among women living in urban category 1 areas (15.9%), women with at least upper secondary education (17.7%), and women aged 40 and above (15.3%).

The percentage of women relying on cycle beads varies greatly by region. Use of cycle beads is uncommon in DIANA and SAVA (6.5% and 5.7%), but exceeds 20% in both Boeny and Melaky (22.3% and 24.6%). Use of cycle beads is inversely related with level of urbanization, ranging from 5.2% among women in urban category 1 communes to 15.1% in rural category 2 communes. Use of cycle beads also decreases with level of education, from 12.1% for uneducated women to 7.7% for women with upper secondary or higher education. Women in their prime childbearing ages, their 20s and 30s, are more likely to use cycle beads than either young or older women.

The method-specific contraceptive prevalence among women who are in union (i.e. who are married or cohabiting) is shown in Table 22 and Table 23. Because most women in the sample are in union, the results for women in union closely resemble those for the total sample. Overall, 49.4% of women in union reported using some type of family planning. The most commonly used family planning methods used by women in union are injections (26.4%), contraceptive pills (24.9%), and cycle beads (12.3%).

**Table 20: Percentage of women who currently use family planning (sexually experienced women only)**

	Any FP		Female sterilization		Male sterilization		Pill		IUD		Injection		Implant		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>															
DIANA	39.7	(34.0 – 45.7)	0.7	(0.1 – 4.7)	1.5	(0.7 – 3.4)	18.6	(14.8 – 23.2)	4.9	(1.2 – 17.7)	25.3	(21.1 – 30.0)	1.0	(0.4 – 2.5)	473
SAVA	33.9	(28.2 – 40.2)	0.2	(0.0 – 1.3)	0.0		19.5	(13.7 – 27.0)	0.8	(0.1 – 4.8)	16.8	(11.4 – 24.1)	0.9	(0.2 – 3.5)	430
Boeny	45.2	(41.0 – 49.4)	0.0		0.0		25.4	(17.1 – 36.0)	0.0		28.2	(23.2 – 33.8)	2.2	(0.8 – 5.9)	229
Sofia	51.6	(45.4 – 57.9)	1.6	(0.8 – 3.5)	0.4	(0.1 – 1.2)	27.0	(22.3 – 32.2)	2.9	(1.6 – 5.2)	21.5	(17.2 – 26.5)	3.8	(2.4 – 6.0)	851
Menabe	57.3	(52.0 – 62.4)	1.6	(0.7 – 3.9)	0.2	(0.0 – 0.8)	31.5	(26.2 – 37.2)	0.8	(0.4 – 1.9)	34.9	(28.7 – 41.7)	4.4	(2.5 – 7.4)	598
Analanjirofo	54.0	(48.6 – 59.3)	0.1	(0.0 – 0.2)	0.5	(0.1 – 2.2)	25.1	(20.0 – 29.8)	7.4	(4.1 – 13.2)	33.6	(28.1 – 39.7)	0.3	(0.1 – 1.1)	779
Melaky	50.9	(47.7 – 54.0)	1.6	(0.5 – 5.2)	0.2	(0.0 – 1.2)	25.3	(21.1 – 30.1)	3.5	(1.7 – 7.1)	28.7	(24.3 – 33.5)	4.1	(2.6 – 6.6)	600
<b>Place of residence</b>															
Urban, Cat.1	34.3	(28.9 – 40.1)	0.6	(0.2 – 2.0)	1.4	(0.0 – 1.1)	15.9	( 7.5 – 30.6)	7.3	(1.8 – 25.6)	23.4	(20.4 – 26.7)	0.6	(1.3 – 3.0)	242
Urban, Cat.2	47.9	(43.3 – 52.5)	1.8	(0.8 – 3.7)	1.2	(0.6 – 2.5)	22.9	(18.8 – 27.6)	4.5	(1.7 – 11.4)	25.6	(21.9 – 29.6)	1.5	(0.8 – 2.7)	890
Rural, Cat.1	39.0	(31.9 – 46.6)	0.0	(0.0 – 0.2)	0.3	(0.1 – 1.1)	20.2	(13.5 – 29.1)	3.0	(0.8 – 10.3)	19.5	(12.4 – 29.3)	1.5	(0.6 – 3.6)	375
Rural, Cat.2	46.9	(42.4 – 51.5)	0.5	(0.2 – 1.1)	0.2	(0.1 – 0.6)	25.2	(22.2 – 28.5)	2.4	(1.4 – 4.3)	25.1	(21.4 – 29.3)	3.0	(2.0 – 4.5)	2,453
<b>Education</b>															
None	43.2	(37.1 – 49.5)	0.0		0.3	(0.1 – 1.3)	24.4	(18.9 – 30.8)	4.0	(1.4 – 11.0)	26.8	(21.2 – 33.3)	2.4	(1.2 – 4.6)	582
Primary	47.9	(43.9 – 51.9)	0.9	(0.4 – 1.8)	0.3	(0.1 – 0.8)	26.2	(22.8 – 29.9)	3.5	(1.9 – 6.1)	25.4	(21.6 – 29.7)	2.6	(1.2 – 5.2)	1,847
Lower secondary	47.0	(42.1 – 51.8)	1.0	(0.5 – 2.0)	0.9	(0.3 – 2.8)	22.7	(19.3 – 26.5)	3.8	(2.1 – 6.9)	26.2	(22.0 – 30.8)	1.5	(0.9 – 2.6)	1,216
Upper secondary +	42.1	(36.2 – 48.3)	1.7	(0.5 – 5.8)	1.2	(0.2 – 6.2)	17.7	(12.5 – 24.4)	0.8	(0.3 – 2.3)	16.1	(10.4 – 24.0)	3.2	(1.5 – 7.1)	315
<b>Age group</b>															
15-19	37.9	(29.9 – 46.6)	1.0	(0.2 – 5.4)	0.4	(0.1 – 1.8)	18.3	(13.9 – 23.6)	3.1	(1.3 – 7.2)	21.3	(15.0 – 29.3)	0.6	(0.2 – 1.9)	415
20-29	51.6	(47.7 – 55.4)	0.3	(0.1 – 0.9)	0.3	(0.1 – 1.1)	27.3	(23.3 – 31.7)	3.2	(1.6 – 6.2)	31.0	(28.0 – 34.0)	3.4	(1.9 – 6.0)	1,509
30-39	51.3	(46.9 – 55.4)	1.6	(0.8 – 3.1)	0.2	(0.1 – 0.5)	26.5	(23.0 – 30.3)	4.4	(2.3 – 8.1)	24.7	(21.1 – 28.7)	1.9	(1.2 – 3.0)	1,267
40+	33.1	(27.5 – 39.2)	1.1	(0.5 – 2.6)	2.0	(0.8 – 4.9)	15.3	(11.5 – 20.1)	2.1	(0.8 – 5.4)	14.8	(10.9 – 19.8)	1.4	(0.6 – 2.9)	769
<b>Total</b>	<b>46.4</b>	<b>(43.7 – 49.2)</b>	<b>0.9</b>	<b>(0.5 – 1.7)</b>	<b>0.6</b>	<b>(0.3 – 1.2)</b>	<b>23.7</b>	<b>(21.4 – 26.2)</b>	<b>3.3</b>	<b>(1.9 – 5.8)</b>	<b>24.8</b>	<b>(22.4 – 27.3)</b>	<b>2.2</b>	<b>(1.6 – 3.2)</b>	<b>3,960</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Any FP method refers either modern or traditional methods. Denominator: All sexually experienced women of reproductive age.

**Table 21: Percentage of women who currently use family planning (sexually experienced women only)**

	Condom		Female condom		Diaphragm		Foam/gel		Cycle beads		Lactational Amenorrhea		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>													
DIANA	2.0	(1.0 – 4.1)	3.9	(1.7 – 9.0)	0.0		1.0	(0.4 – 3.0)	6.5	( 3.1 – 13.2)	0.4	(0.1 – 1.7)	473
SAVA	2.9	(1.6 – 5.0)	2.6	(1.4 – 4.9)	0.0		0.5	(0.1 – 1.8)	5.7	( 3.1 – 10.1)	4.0	(2.5 – 6.2)	430
Boeny	0.5	(0.1 – 4.6)	0.6	(0.1 – 4.2)	0.0		0.9	(0.1 – 5.8)	22.3	(16.2 – 29.9)	3.9	(1.9 – 7.7)	229
Sofia	1.5	(0.8 – 2.6)	2.0	(1.2 – 3.5)	0.4	(0.1 – 1.6)	0.8	(0.2 – 3.4)	13.4	( 8.7 – 20.2)	3.2	(1.8 – 5.4)	851
Menabe	0.8	(0.4 – 1.8)	2.9	(1.7 – 4.9)	1.3	(0.5 – 3.7)	0.0		15.4	(10.2 – 22.5)	1.5	(0.7 – 3.3)	598
Analanjirofo	3.1	(1.9 – 5.0)	5.9	(2.7 – 14.2)	0.0		0.7	(0.1 – 4.4)	13.2	( 8.2 – 20.6)	1.5	(0.6 – 3.4)	779
Melaky	1.7	(0.7 – 4.1)	1.6	(0.4 – 5.6)	0.3	(0.0 – 1.9)	0.0		24.6	(18.7 – 31.6)	8.1	(5.6 – 11.6)	600
<b>Place of residence</b>													
Urban, Cat.1	0.7	(0.4 – 11.5)	2.8	(0.0 – 2.1)	0.0		0.0		5.2	( 3.0 – 8.9)	3.4	(1.2 – 9.5)	242
Urban, Cat.2	2.4	(1.5 – 3.8)	5.3	(3.3 – 8.4)	0.6	(0.3 – 1.6)	1.4	(0.6 – 3.3)	6.7	( 4.0 – 11.1)	2.6	(1.6 – 4.2)	890
Rural, Cat.1	2.3	(0.7 – 7.0)	2.5	(1.2 – 5.2)	0.0		0.0		11.6	( 5.9 – 21.5)	2.8	(1.6 – 4.8)	375
Rural, Cat.2	1.4	(0.9 – 2.3)	1.5	(1.0 – 2.4)	0.0	(0.0 – 0.1)	0.3	(0.1 – 0.8)	15.1	(11.4 – 19.7)	2.4	(1.6 – 3.5)	2,453
<b>Education</b>													
None	2.5	(0.7 – 8.7)	1.8	(0.8 – 4.2)	0.0		1.6	(0.4 – 7.1)	12.1	( 8.8 – 16.6)	1.1	(0.6 – 2.4)	582
Primary	1.4	(0.8 – 2.6)	2.4	(1.4 – 3.9)	0.2	(0.1 – 0.9)	0.3	(0.1 – 0.8)	13.3	(10.6 – 16.6)	2.3	(1.5 – 3.4)	1,847
Lower secondary	2.0	(1.1 – 3.6)	3.7	(2.2 – 6.3)	0.3	(0.1 – 1.2)	0.8	(0.3 – 2.3)	10.2	( 7.6 – 13.5)	2.9	(2.0 – 4.4)	1,216
Upper secondary +	3.0	(1.1 – 7.6)	4.4	(1.2 – 14.9)	0.5	(0.1 – 1.8)	0.9	(0.2 – 3.8)	7.7	( 3.4 – 16.7)	3.2	(1.3 – 7.4)	315
<b>Age group</b>													
15-19	1.4	(0.4 – 4.5)	1.8	(0.7 – 4.3)	0.2	(0.0 – 1.2)	0.0		8.4	( 4.4 – 15.3)	2.3	(1.2 – 4.2)	415
20-29	1.5	(0.9 – 2.7)	3.4	(2.3 – 5.2)	0.4	(0.1 – 1.0)	0.7	(0.3 – 1.9)	12.7	( 9.9 – 16.2)	4.5	(3.2 – 6.4)	1,509
30-39	2.6	(1.5 – 4.5)	4.1	(1.9 – 8.4)	0.1	(0.0 – 0.4)	0.1	(0.4 – 3.6)	13.9	(10.7 – 17.8)	1.1	(0.6 – 2.0)	1,267
40+	2.0	(0.8 – 4.6)	1.3	(0.6 – 2.7)	0.4	(0.1 – 2.6)	0.2	(0.0 – 1.0)	6.4	( 4.3 – 9.3)	0.9	(0.4 – 2.3)	769
<b>Total</b>	1.9	(1.5 – 2.6)	3.0	(2.1 – 4.4)	0.3	(0.1 – 0.6)	0.7	(0.3 – 1.4)	11.4	( 9.2 – 14.1)	2.5	(1.9 – 3.3)	3,960

Note: Weighted percentages; unweighted *n* of cases.

Definition: Any FP method refers either modern or traditional methods. Denominator: All sexually experienced women of reproductive age.



**Table 22: Percentage of women in union who currently use family planning (married and cohabiting women only)**

	Any FP		Female sterilization		Male sterilization		Pill		IUD		Injection		Implant		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>															
DIANA	41.9	(36.9 – 47.0)	0.9	(0.1 – 6.2)	2.0	(0.9 – 4.3)	18.6	(14.9 – 22.8)	5.1	(1.4 – 17.0)	27.0	(22.3 – 32.2)	0.9	(0.3 – 2.5)	355
SAVA	37.7	(31.7 – 44.0)	0.2	(0.0 – 1.7)	0.0		20.4	(14.4 – 28.0)	1.0	(0.2 – 6.3)	19.3	(13.8 – 26.4)	1.2	(0.3 – 4.6)	340
Boeny	47.4	(42.9 – 52.0)	0.0		0.0		29.4	(17.8 – 44.6)	0.0		28.1	(21.7 – 35.5)	2.8	(0.1 – 7.4)	175
Sofia	55.5	(49.9 – 70.0)	1.8	(0.8 – 4.0)	4.5	(0.1 – 1.5)	29.2	(23.7 – 35.3)	3.1	(1.6 – 5.9)	23.3	(19.1 – 28.0)	4.5	(2.7 – 7.3)	703
Menabe	60.0	(53.4 – 65.5)	1.6	(0.7 – 3.5)	2.3	(0.1 – 1.0)	32.5	(25.7 – 40.1)	0.5	(0.1 – 1.9)	37.0	(30.3 – 44.2)	4.9	(2.4 – 9.4)	448
Analanjirofo	55.5	(50.1 – 60.8)	0.1	(0.0 – 0.3)	4.3	(0.1 – 1.9)	25.3	(20.8 – 30.4)	7.5	(3.7 – 14.8)	34.2	(28.0 – 41.1)	0.2	(0.1 – 0.7)	625
Melaky	50.8	(44.2 – 57.5)	0.1	(0.1 – 6.9)	3.6	(0.1 – 1.9)	24.8	(18.5 – 32.5)	3.7	(2.0 – 7.0)	28.2	(23.9 – 33.1)	3.9	(2.3 – 6.6)	397
<b>Place of residence</b>															
Urban, Cat.1	36.0	(28.9 – 43.9)	0.9	(0.2 – 3.0)	0.0		21.1	( 8.8 – 42.6)	7.1	(2.2 – 20.5)	21.6	(20.0 – 23.3)	0.7	(0.2 – 2.9)	183
Urban, Cat.2	51.3	(46.5 – 56.1)	2.1	(0.9 – 4.6)	1.5	(0.7 – 3.1)	23.4	(18.9 – 28.6)	4.8	(2.0 – 11.4)	27.4	(23.4 – 31.8)	1.6	(0.8 – 3.2)	685
Rural, Cat.1	41.9	(35.0 – 49.2)	0.0		0.2	(0.0 – 1.0)	21.9	(13.5 – 33.6)	3.7	(1.0 – 12.5)	21.6	(13.5 – 32.7)	1.8	(0.7 – 4.7)	272
Rural, Cat.2	49.5	(45.4 – 53.6)	0.4	(0.2 – 1.1)	2.4	(0.1 – 0.7)	26.5	(23.0 – 30.3)	2.5	(1.3 – 4.8)	26.5	(23.0 – 30.3)	3.4	(2.1 – 5.4)	1,902
<b>Education</b>															
None	48.3	(41.3 – 55.3)	0.0		0.4	(0.1 – 1.7)	26.0	(19.9 – 33.0)	4.2	(1.7 – 10.3)	30.4	(24.1 – 37.5)	2.7	(1.3 – 5.7)	463
Primary	52.6	(47.6 – 57.6)	0.9	(0.4 – 2.0)	0.2	(0.1 – 0.9)	28.7	(24.3 – 33.5)	3.8	(2.1 – 6.8)	27.8	(23.5 – 32.6)	2.7	(0.1 – 6.4)	1,432
Lower secondary	48.2	(42.9 – 53.5)	1.1	(0.5 – 2.4)	1.1	(0.4 – 3.6)	22.0	(18.4 – 26.0)	4.0	(2.1 – 7.2)	26.6	(22.2 – 31.6)	1.8	(0.1 – 3.3)	915
Upper secondary +	42.4	(32.3 – 53.2)	2.2	(0.6 – 7.4)	1.5	(0.3 – 7.9)	19.3	(13.2 – 27.5)	0.6	(0.1 – 2.8)	16.6	(11.2 – 24.0)	4.1	(1.8 – 9.1)	233
<b>Age group</b>															
15-19	40.5	(31.7 – 49.8)	1.3	(0.2 – 8.7)	0.6	(0.1 – 2.7)	20.2	(14.8 – 27.0)	1.9	(0.6 – 5.9)	24.4	(17.4 – 33.2)	0.9	(0.3 – 2.9)	266
20-29	53.7	(49.2 – 58.1)	0.3	(0.1 – 1.2)	0.3	(0.1 – 1.5)	27.5	(22.5 – 33.2)	3.5	(1.8 – 6.9)	31.9	(28.4 – 35.5)	3.8	(2.0 – 7.1)	1,159
30-39	52.8	(48.3 – 57.3)	1.7	(0.9 – 3.5)	0.2	(0.1 – 0.6)	27.2	(23.5 – 31.2)	4.8	(2.6 – 8.6)	25.4	(21.7 – 29.7)	2.1	(1.3 – 3.3)	1,032
40+	38.8	(32.8 – 45.2)	1.2	(0.4 – 3.2)	0.3	(0.1 – 6.4)	17.7	(13.2 – 23.4)	2.1	(0.8 – 5.7)	17.9	(13.1 – 24.0)	1.7	(0.8 – 3.7)	586
<b>Total</b>	<b>49.4</b>	<b>(46.7 – 52.1)</b>	<b>1.0</b>	<b>(0.6 – 2.0)</b>	<b>0.7</b>	<b>(0.4 – 1.4)</b>	<b>24.9</b>	<b>(22.2 – 27.8)</b>	<b>3.6</b>	<b>(2.1 – 6.0)</b>	<b>26.4</b>	<b>(23.9 – 29.0)</b>	<b>2.5</b>	<b>(1.7 – 3.8)</b>	<b>3,043</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Any FP method refers either modern or traditional methods. Denominator: Married and cohabiting women of reproductive age.

**Table 23: Percentage of women in union who currently use family planning (married and cohabiting women only)**

	Condom		Female condom		Diaphragm		Foam/gel		Cycle beads		Lactational Amenorrhea		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>													
DIANA	2.4	(1.1 – 5.2)	3.3	(1.5 – 7.2)	0.0		0.9	(0.3 – 3.4)	7.2	( 3.5 – 14.5)	0.5	(0.1 – 2.2)	355
SAVA	1.4	(0.6 – 3.4)	3.6	(1.8 – 6.9)	0.0		0.7	(0.2 – 2.3)	6.4	( 3.8 – 10.6)	4.8	(2.8 – 8.2)	340
Boeny	0.3	(0.0 – 3.2)	0.5	(0.1 – 2.9)	0.0		1.2	(0.2 – 7.0)	23.8	(16.8 – 32.4)	4.5	(2.1 – 9.2)	175
Sofia	1.6	(0.8 – 3.2)	2.2	(1.2 – 3.9)	0.5	(1.5 – 1.9)	0.6	(0.1 – 2.9)	14.9	( 9.8 – 22.1)	2.8	(1.5 – 5.0)	703
Menabe	0.5	(1.5 – 1.4)	3.1	(1.6 – 5.8)	0.8	(0.1 – 5.6)	0.0		16.3	(10.6 – 24.3)	1.6	(0.7 – 3.6)	448
Analanjirofo	3.7	(2.2 – 6.2)	4.8	(1.9 – 11.8)	0.0		0.8	(0.1 – 5.1)	13.7	( 8.5 – 21.1)	1.4	(0.6 – 3.2)	625
Melaky	1.4	(0.5 – 3.6)	2.5	(0.7 – 8.8)	0.0		0.0		22.8	(15.8 – 31.7)	7.4	(4.8 – 11.2)	397
<b>Place of residence</b>													
Urban, Cat.1	7.1	(4.2 – 12.0)	0.4	(0.1 – 3.3)	0.0		0.0		3.5	( 0.7 – 15.0)	0.5	(0.2 – 1.5)	183
Urban, Cat.2	2.2	(1.2 – 4.0)	5.0	(3.1 – 7.9)	0.6	(0.2 – 1.9)	1.2	(0.4 – 3.3)	7.5	( 4.5 – 12.2)	2.8	(1.6 – 4.7)	685
Rural, Cat.1	1.1	(0.2 – 0.6)	2.8	(1.3 – 5.9)	0.0		0.0		12.7	( 7.0 – 21.9)	3.0	(1.8 – 4.9)	272
Rural, Cat.2	1.7	(1.0 – 2.8)	1.7	(1.1 – 2.6)	0.0	(0.0 – 0.1)	0.4	(0.2 – 1.0)	15.9	(12.0 – 20.8)	2.2	(1.4 – 3.3)	1,902
<b>Education</b>													
None	3.3	(0.9 – 12.0)	2.4	(1.0 – 5.5)	0.0		2.2	(0.5 – 9.2)	12.7	( 9.0 – 17.6)	0.8	(0.3 – 2.1)	463
Primary	1.6	(0.8 – 3.0)	2.9	(1.7 – 4.8)	0.2	(0.0 – 1.3)	0.4	(0.1 – 1.1)	14.6	(11.7 – 18.2)	2.5	(1.6 – 4.1)	1,432
Lower secondary	1.6	(0.8 – 3.1)	4.1	(2.3 – 7.3)	0.3	(0.5 – 1.6)	0.4	(0.1 – 2.8)	10.8	( 7.9 – 14.7)	2.7	(1.7 – 4.3)	915
Upper secondary +	2.9	(0.9 – 9.3)	0.4	(0.1 – 1.6)	0.5	(0.1 – 2.4)	1.1	(0.3 – 4.8)	7.9	( 3.8 – 15.8)	2.7	(1.1 – 6.9)	233
<b>Age group</b>													
15-19	1.5	(0.3 – 6.3)	2.0	(0.8 – 5.2)	0.0		0.0		7.8	( 4.2 – 14.3)	1.3	(0.4 – 3.8)	266
20-29	1.3	(0.7 – 2.7)	3.5	(2.2 – 5.6)	0.4	(0.1 – 1.3)	0.1	(0.2 – 1.9)	13.3	(10.2 – 17.1)	4.8	(3.3 – 7.1)	1,159
30-39	2.5	(1.4 – 4.6)	3.4	(2.0 – 5.6)	0.1	(0.0 – 0.5)	1.1	(0.3 – 3.5)	15.0	(11.4 – 19.4)	1.1	(0.6 – 2.1)	1,032
40+	2.1	(0.7 – 6.1)	1.7	(0.8 – 3.5)	0.5	(0.1 – 3.4)	0.3	(0.1 – 1.3)	7.6	( 5.1 – 11.3)	0.6	(0.3 – 1.5)	586
<b>Total</b>	1.9	(1.4 – 2.7)	3.0	(2.1 – 4.3)	0.3	(0.1 – 0.7)	0.7	(0.3 – 1.4)	12.3	( 9.9 – 15.2)	2.5	(1.8 – 3.4)	3,043

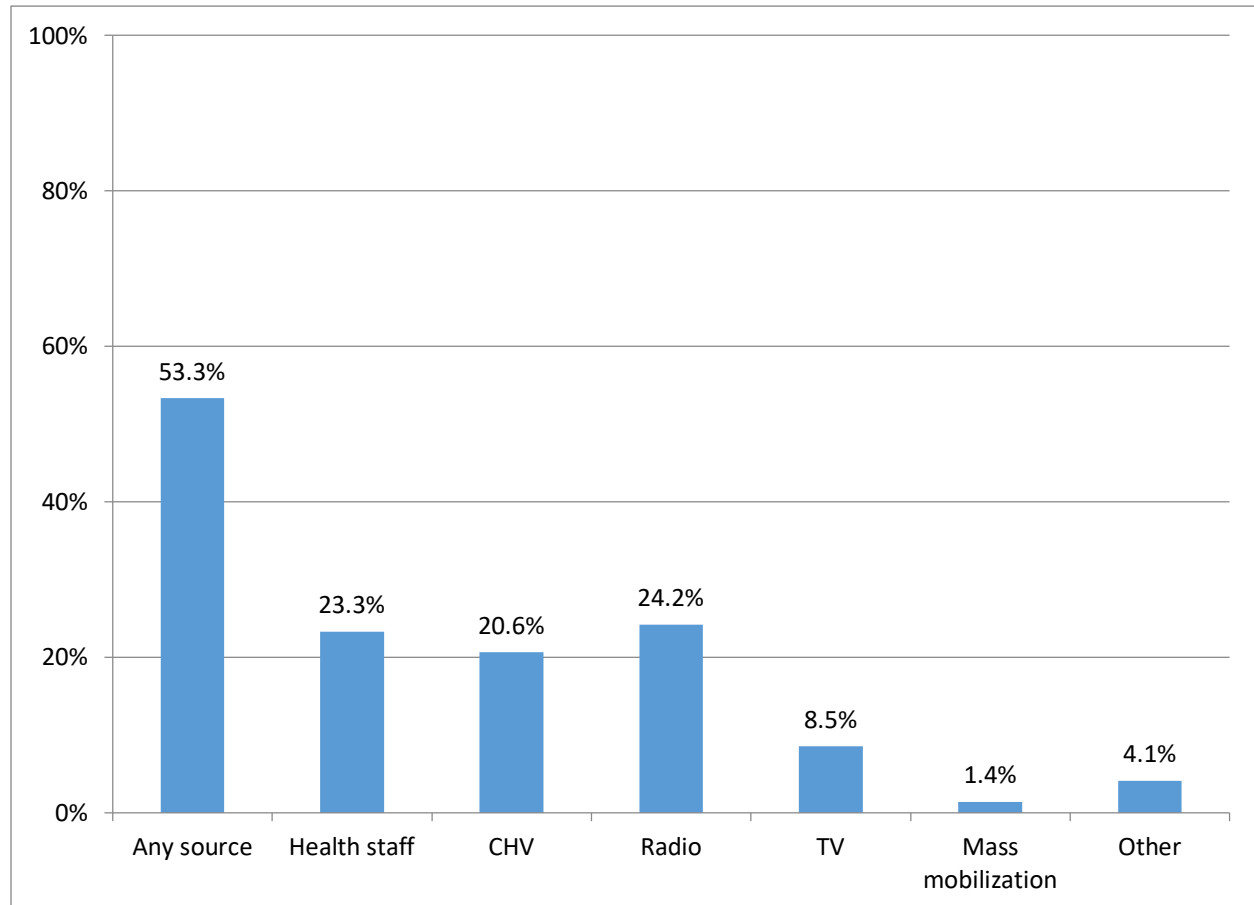
Note: Weighted percentages; unweighted *n* of cases.

Definition: Any FP method refers either modern or traditional methods. Denominator: Married and cohabiting women of reproductive age.

### Exposure to family planning messages

Figure 8 shows the percentage of all women aged 15-49 who report being exposed to family planning information in the past two months. Overall, 53.3% of women report recent exposure to family planning information. The most common sources of family planning information are radio (24.2%), health facility staff (23.2%), and community health volunteers (20.6%).

Figure 8: Percentage of women aged 15-49 who reported being exposed to family planning messages in the past two months, by source



Variations in exposure to family planning information are shown in Table 24. The overall level of exposure – irrespective of the type of source – is highest in Melaky (65.5%) and DIANA (63.6%), and notably lower in SAVA (42.0%). As anticipated, the level of exposure is positively associated with the level of urbanization and education. The percentage of women who report exposure to family planning information ranges from 44.7% in rural category 1 regions to 60.8% in urban category 1 regions. Similarly, exposure to family planning information increased from 39.7% among uneducated women to 64.3% among women with upper secondary or higher education. Teenage women and women aged 40 and older are less likely than women in their 20s and 30s to report exposure to family planning information.

Health facility staff are an important source of information about family planning for women in Melaky (37.4%), Boeny (30.3%) and urban category 1 communes (31.0%). By contrast, women living in SAVA and women aged 15-19 are much less likely to have received family planning information from health facility staff.

CHVs are very important sources of family planning information in Boeny and Melaky. In these two regions, the percentage of women who report receiving family planning information is twice as high as in other regions (46.8% and 45.1%, respectively). In SAVA, only 10.1% of women received family planning information from a CHV. The percentage of women who received family planning information from a CHV varies with level of urbanization, ranging from 12.4% among women living in urban category 1 communes to 25.9% for women in rural category 2 communes. Women with the highest levels of education are notably less likely to have received family planning information from a CHV (10.9%) than women with lower levels of education.

In most regions, the percentage of women who received family planning information from the radio is fairly close to the average of 24.2%, the exceptions being Menabe and Analanjirofo where only 15.8% and 17.1% of women heard family planning information on the radio.

Although the overall percentage of women who received family planning information on TV in the past two months is fairly low (8.5%), it is worth noting that this percentage is substantially higher in urban areas (21.4% for category 1 and 16.0% for category 2) and among women with at least upper secondary education (20.0%).

**Table 24: Percentage of women who recall being exposed to information about FP in the past two months**

	Any source		Health staff		CHV		Radio		TV		Mass mobilization		Other		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>															
DIANA	63.6	(58.8 – 68.2)	27.6	(23.1 – 32.6)	19.1	(13.9 – 25.6)	29.9	(20.7 – 41.2)	13.9	( 9.6 – 19.7)	0.7	( 0.2 – 2.8)	7.7	( 4.8 – 12.0)	532
SAVA	42.0	(35.0 – 49.3)	12.5	( 8.9 – 17.2)	10.1	( 5.8 – 17.0)	25.4	(21.0 – 30.4)	7.4	( 2.8 – 18.1)	3.7	( 1.1 – 11.3)	2.7	( 1.4 – 5.2)	487
Boeny	61.2	(57.3 – 65.0)	30.3	(26.5 – 34.5)	46.8	(39.5 – 54.3)	29.5	(21.9 – 38.4)	10.3	( 5.4 – 18.9)	3.3	( 1.6 – 6.6)	2.1	( 1.2 – 3.7)	240
Sofia	51.8	(45.3 – 58.3)	21.0	(17.1 – 25.7)	22.4	(17.3 – 28.4)	22.9	(14.7 – 33.7)	7.4	( 4.5 – 11.7)	0.6	( 0.1 – 2.5)	3.4	( 2.3 – 4.8)	929
Menabe	48.5	(41.9 – 55.2)	26.8	(23.1 – 30.9)	24.0	(18.9 – 30.0)	15.8	(10.9 – 22.2)	7.7	( 3.9 – 14.8)	1.6	( 0.8 – 3.2)	0.8	( 0.3 – 1.9)	690
Analanjirofo	46.7	(43.6 – 49.9)	25.4	(22.6 – 28.5)	14.5	(10.0 – 20.6)	17.1	(12.5 – 23.0)	1.9	( 0.9 – 3.7)	1.2	( 0.6 – 2.4)	3.9	( 2.1 – 7.2)	831
Melaky	65.5	(59.2 – 71.2)	37.4	(32.2 – 43.0)	45.1	(38.0 – 52.4)	25.2	(16.5 – 36.5)	5.1	( 2.5 – 10.2)	1.2	( 0.4 – 3.4)	2.1	( 0.8 – 5.1)	672
<b>Place of residence</b>															
Urban, Cat.1	60.8	(57.2 – 64.3)	31.0	(25.7 – 37.0)	12.4	( 6.8 – 21.8)	34.1	(22.6 – 47.9)	21.4	(15.5 – 28.8)	0.1	(0.0 – 0.5)	7.7	(5.6 – 10.4)	273
Urban, Cat.2	57.9	(51.4 – 64.1)	23.6	(19.5 – 28.4)	14.8	(10.5 – 20.4)	33.6	(27.8 – 40.0)	16.0	(12.6 – 20.0)	1.8	(0.6 – 5.3)	5.7	(3.5 – 9.1)	1,044
Rural, Cat.1	44.7	(34.1 – 55.8)	18.2	(11.2 – 28.1)	19.2	(10.3 – 32.9)	24.7	(18.3 – 32.5)	4.9	( 2.3 – 10.0)	1.7	(0.7 – 3.9)	1.8	(0.7 – 4.6)	423
Rural, Cat.2	50.8	(46.7 – 54.8)	23.7	(20.3 – 27.4)	25.9	(21.5 – 30.8)	15.8	(11.6 – 21.1)	2.4	( 1.3 – 4.6)	1.0	(0.6 – 1.8)	3.0	(2.2 – 4.3)	2,641
<b>Education</b>															
None	39.7	(33.0 – 46.9)	21.9	(17.2 – 27.4)	22.7	(17.2 – 29.2)	12.6	( 8.4 – 18.3)	1.3	( 0.5 – 3.5)	0.1	(0.0 – 0.4)	0.4	( 0.1 – 1.0)	596
Primary	49.0	(44.4 – 53.5)	23.1	(20.3 – 26.2)	21.6	(17.3 – 26.5)	20.4	(16.4 – 25.0)	3.6	( 2.2 – 5.7)	1.4	(0.7 – 2.5)	2.4	( 1.6 – 3.6)	1,920
Lower secondary	56.6	(51.6 – 61.5)	24.5	(21.6 – 27.6)	23.0	(18.2 – 26.7)	26.1	(21.2 – 31.6)	10.5	( 7.7 – 14.3)	0.8	(0.5 – 1.5)	4.3	( 2.8 – 6.6)	1,422
Upper secondary +	64.3	(56.2 – 71.6)	21.8	(17.2 – 27.2)	10.9	( 6.7 – 17.2)	35.8	(24.9 – 48.5)	20.0	(15.7 – 25.2)	3.5	(1.1 – 10.5)	10.0	( 6.3 – 15.5)	443
<b>Age group</b>															
15-19	42.3	(34.4 – 50.7)	15.8	(12.4 – 20.1)	15.3	(12.0 – 19.4)	20.4	(14.8 – 27.5)	4.5	( 2.0 – 9.8)	1.0	(0.5 – 2.1)	6.7	(4.2 – 10.4)	708
20-29	60.9	(56.9 – 64.7)	27.1	(23.8 – 30.7)	21.8	(18.2 – 26.0)	26.4	(21.2 – 32.4)	11.2	( 8.1 – 15.4)	1.8	(0.5 – 6.0)	3.9	(2.3 – 6.4)	1,624
30-39	54.6	(50.1 – 58.6)	25.5	(21.9 – 29.5)	22.5	(18.6 – 27.0)	24.8	(20.6 – 29.4)	7.5	( 4.8 – 11.4)	1.3	(0.6 – 2.7)	4.0	(2.2 – 7.4)	1,278
40+	46.4	(42.3 – 50.6)	19.2	(15.9 – 23.1)	20.1	(16.6 – 24.2)	22.6	(16.8 – 29.0)	8.5	( 5.2 – 13.5)	1.1	(0.4 – 2.5)	2.1	(0.9 – 4.7)	771
<b>Total</b>	<b>53.3</b>	<b>(50.1 – 56.5)</b>	<b>23.3</b>	<b>(21.2 – 25.5)</b>	<b>20.6</b>	<b>(17.8 – 23.6)</b>	<b>24.2</b>	<b>(20.0 – 28.9)</b>	<b>8.5</b>	<b>( 6.4 – 11.1)</b>	<b>1.4</b>	<b>( 0.7 – 2.6)</b>	<b>4.1</b>	<b>(3.1 – 5.4)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women aged 15-49 who report hearing or seeing messages about FP or contraceptives in the past two months. Denominator: Number of women aged 15-49.

## Men's support for contraceptive use

The survey asked women whether their husband or partner encourages and supports them to use contraceptives. Table 25 shows that one in two women (53.4%) perceive that their partner is supportive of contraceptive use. Breakdown by region shows that there is relatively little variation in perceived partner support, except for Analanjirofo where 69.6% of women feel their partner is supportive of contraceptive use. There are no clear variations by level of urbanization, education, or age group.

**Table 25: Percentage of women aged 15-49 who perceive that their partner supports them to use family planning**

	Perceives partner supports FP use	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	51.1 (44.1 – 58.1)	355
SAVA	48.5 (42.9 – 54.2)	340
Boeny	50.0 (38.6 – 61.5)	175
Sofia	52.6 (44.4 – 60.6)	704
Menabe	52.4 (46.0 – 58.8)	450
Analanjirofo	69.6 (64.4 – 74.3)	626
Melaky	48.3 (41.0 – 55.7)	398
<b>Place of residence</b>		
Urban, Cat.1	44.1 (34.2 – 54.6)	184
Urban, Cat.2	54.5 (48.8 – 60.2)	685
Rural, Cat.1	47.8 (40.0 – 55.7)	273
Rural, Cat.2	53.8 (48.1 – 59.4)	1,906
<b>Education</b>		
None	51.0 (44.6 – 57.3)	464
Primary	55.2 (49.2 – 61.1)	1,434
Lower secondary	53.5 (48.6 – 58.4)	916
Upper secondary +	48.8 (42.0 – 55.5)	234
<b>Age group</b>		
15-19	47.6 (36.9 – 58.6)	269
20-29	57.4 (52.7 – 61.9)	1,160
30-39	55.4 (48.8 – 61.7)	1,033
40+	44.8 (39.1 – 50.7)	586
<b>Total</b>	53.4 (49.8 – 57.0)	3,048

Note: Weighted percentages; unweighted *n* of cases.

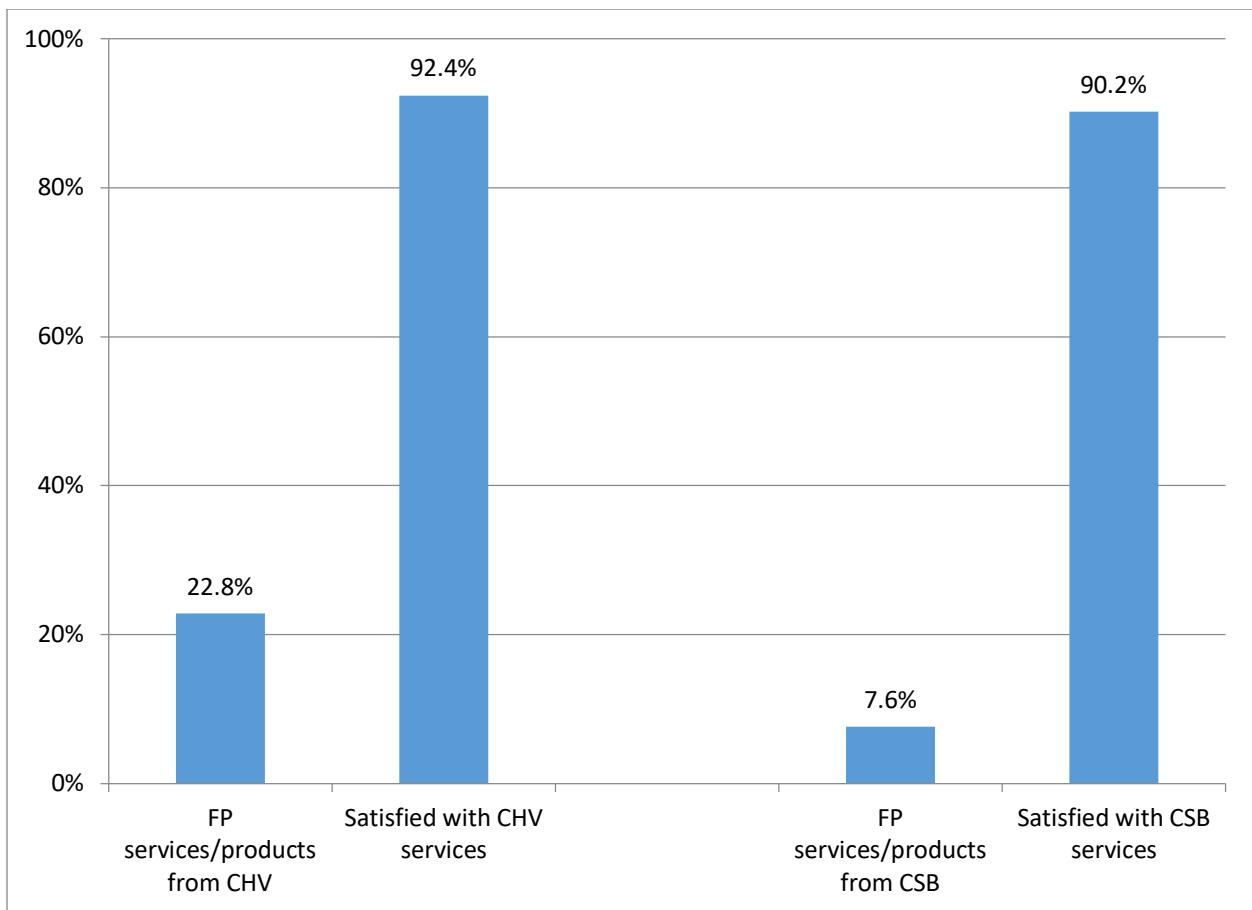
Definition: Number of WRA in union who stated that their husband or partner encourages and supports them to use modern contraceptives. Denominator: Number of WRA in union.

### CHV and CSB family planning services: Use and satisfaction

All women aged 15-49 were asked if they received family planning services or products from a CHV or CSB in the past three months.<sup>3</sup> Figure 9 shows that more than one out of every five women (22.8%) reported that they received family planning services or products from a CHV in the past three months. Nearly all these women (92.4%) reported that they were satisfied with the CHV services.

In the past three months, only 7.6% of women received family services or products from a CSB. The large majority (90.2%) of the 384 women who received family planning services/products from a CSB reported being satisfied.

**Figure 9: Percentage of women aged 15-49 who received family planning services or products from a CHV or CSB and the percentage satisfied with those services.**



Definition, FP services/products: Number of women who received family planning services (counseling or products) from a CHV/CSB during the past three months. Denominator: All women aged 15-49.

Definition, service satisfaction: Number of women who report being satisfied with the quality of the most recent CHV/CSB visit. Denominator: Number of women who received FP services during the most recent CHV/CSB visit within the past three months.

<sup>3</sup> Note that CHV services include family planning counseling and information.

**Table 26: Percentage of all women aged 15-49 who received family planning services (counseling or products) from a CHV during the past three months and percentage who report they were satisfied with the quality of those services**

	% received FP services/products from CHV		<i>n</i>	% satisfied with those CHV services		<i>n</i>
	%	(CI)		%	(CI)	
<b>Region</b>						
DIANA	23.3	(15.7 – 33.1)	532	97.8	(92.3 – 99.4)	88
SAVA	16.1	(11.9 – 21.4)	487	95.7	(88.0 – 98.5)	69
Boeny	43.0	(35.0 – 51.4)	240	98.9	(91.9 – 99.9)	83
Sofia	22.7	(17.0 – 29.7)	929	84.1	(74.6 – 90.5)	198
Menabe	22.3	(17.1 – 28.5)	690	97.9	(86.1 – 99.7)	135
Analanjirofo	18.7	(13.5 – 25.3)	831	94.5	(87.8 – 97.6)	86
Melaky	41.4	(35.6 – 47.6)	672	95.7	(89.6 – 98.3)	223
<b>Place of residence</b>						
Urban, Cat.1	14.9	( 8.8 – 24.1)	273	99.6	(95.0 – 100.0)	22
Urban, Cat.2	17.2	(12.1 – 23.9)	1,044	91.5	(79.4 – 96.8)	172
Rural, Cat.1	23.5	(14.1 – 36.6)	423	96.1	(87.2 – 98.9)	87
Rural, Cat.2	27.6	(22.7 – 33.0)	2,641	92.3	(88.6 – 85.2)	601
<b>Education</b>						
None	25.3	(19.3 – 32.4)	596	92.7	(78.2 – 97.8)	127
Primary	25.3	(21.4 – 29.6)	1,920	91.7	(83.8 – 95.9)	422
Lower secondary	23.1	(20.1 – 26.3)	1,422	92.7	(85.4 – 96.5)	269
Upper secondary +	14.2	( 8.2 – 23.3)	443	94.6	(78.0 – 98.9)	64
<b>Age group</b>						
15-19	15.4	(10.6 – 21.9)	708	84.5	(68.7 – 93.1)	93
20-29	25.0	(20.9 – 29.5)	1,624	98.9	(96.5 – 99.7)	355
30-39	26.1	(22.3 – 30.3)	1,278	88.3	(80.3 – 93.3)	294
40+	20.1	(15.5 – 25.7)	771	90.1	(80.1 – 95.4)	140
<b>Total</b>	<b>22.8</b>	<b>(19.6 – 26.3)</b>	<b>4,381</b>	<b>92.4</b>	<b>(88.6 – 95.1)</b>	<b>882</b>

Note: Weighted percentages; unweighted *n* of cases. Perceived quality of services refers to those who received FP counseling.

Definition, FP services: Number of women who received family planning services (counseling or products) from a CHV during the past three months. Denominator: All women aged 15-49.

Definition, service satisfaction: Number of women who report being satisfied with the quality of the most recent CHV visit. Denominator: Number of women who received FP services during the most recent CHV visit within the past three months.

Table 26 and Table 27 show more detailed breakdowns of these indicators. The percentage of women who recently received family planning services/products from a CHV varies by region. It is highest in Boeny (43.0%) and Melaky (41.4%), and lowest in SAVA (16.1% and Analanjirofo (18.7%). Rural women are more likely than urban women to have obtained family planning services or products from a CHV. Women with upper secondary or higher education and young women are less likely than other women to have obtained family planning services from a CHV. The level of satisfaction with family planning services/products obtained from a CHV varies little across subgroups.

In Menabe and Analanjirofo, women are somewhat more likely than women in other regions to have obtained family planning services or products from a CSB (11.9% and 11.6%, respectively). Due to the small sample size, differentials in user-satisfaction must be used with caution. User-satisfaction exceeds 85% for all subgroups with a sample size of at least 50 respondents.



**Table 27: Percentage of all women aged 15-49 who received family planning services from a CSB during the past three months and percentage who report they were satisfied with the quality of those services**

	Received FP services/productse from CSB		<i>n</i>	Satisfied with those CSB services		<i>n</i>
	%	(CI)		%	(CI)	
<b>Region</b>						
DIANA	8.9	(5.1 – 14.8)	530	88.9	(57.4 – 97.9)	47
SAVA	4.5	(2.0 – 9.8)	479	79.5	(63.6 – 89.5)	18
Boeny	6.5	(3.3 – 12.5)	240	77.1	(57.5 – 89.4)	17
Sofia	6.0	(4.6 – 7.9)	927	97.6	(83.5 – 99.7)	59
Menabe	11.9	(8.6 – 16.4)	687	94.8	(82.1 – 98.7)	95
Analanjirofo	11.6	(9.0 – 14.8)	830	86.2	(74.1 – 93.2)	99
Melaky	6.4	(4.2 – 9.8)	668	89.1	(59.9 – 97.8)	49
<b>Place of residence</b>						
Urban, Cat.1	7.7	(4.5 – 12.9)	273	93.4	(82.2 – 97.7)	29
Urban, Cat.2	8.6	(5.8 – 12.5)	1,038	86.4	(70.2 – 94.5)	108
Rural, Cat.1	6.6	(4.4 – 9.8)	420	78.0	(57.3 – 90.4)	37
Rural, Cat.2	7.0	(5.7 – 8.5)	2,630	96.1	(91.9 – 98.2)	210
<b>Education</b>						
None	8.9	(5.8 – 13.3)	593	91.0	(66.6 – 98.1)	48
Primary	7.7	(6.0 – 10.0)	1,912	87.0	(74.8 – 93.8)	176
Lower secondary	8.0	(6.3 – 10.2)	1,415	93.2	(83.7 – 97.4)	122
Upper secondary +	5.7	(3.3 – 9.5)	441	90.1	(71.9 – 97.0)	38
<b>Age group</b>						
15-19	6.0	(3.9 – 9.0)	704	90.0	(70.5 – 97.1)	50
20-29	10.4	(8.2 – 13.0)	1,618	92.7	(86.0 – 96.3)	188
30-39	7.1	(5.2 – 9.7)	1,271	85.7	(68.4 – 94.3)	104
40+	4.4	(2.5 – 7.5)	768	90.3	(64.2 – 98.0)	42
<b>Total</b>	<b>7.6</b>	<b>(6.3 – 9.3)</b>	<b>4,361</b>	<b>90.2</b>	<b>(82.0 – 94.9)</b>	<b>384</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition, FP services: Number of women who received family planning services from a CSB during the past three montns.  
Denominator: All women aged 15-49.

Definition, service satisfaction: Number of women who report being satisfied with the quality of the most recent CSB visit.  
Denominator: Number of women who received FP services during the most recent CSB visit within the past three months.

## Chapter 6 Fertility preferences

The survey collected information on women's fertility preferences, which may help understand women's need for family planning. Specifically, women were asked how long they wanted to wait before having another child. In addition, the questionnaire included a lengthy series of questions that can be used to calculate the unmet need for family planning.

### Desire to delay the next birth

The first column in Table 28 shows the percentage of mothers of children under age one (n=815) who indicated they would prefer to wait at least two years before having another child. The results indicate that the desire for child spacing is fairly high. Overall, 57.3% of these recent mothers desire to wait at least two years before having another child. The desire to delay the next birth varies considerably by region, ranging from a low of 37.5% in Boeny and 39.2% in SAVA to 59.4% in Melaky and 73.6% in Sofia. There are also substantial variations by type of place of residence, but – possibly due to the small sample size – there is no clear association between the desire to space and level of urbanization. Similarly, there is no clear association between the desire to space and the mother's level of education. However, the percentage of recent mothers who would like to wait at least 24 months before having another child increased steadily with age, ranging from 37.9% for women aged 15-19 to 81.4% for women aged 40 and older.

### Unmet need for family planning

The percentage of all women aged 15-49 who have an unmet need for family planning is shown in the second column of Table 28. Overall, 17.3% of women have an unmet need for family planning. The level of unmet need varies by region, with the lowest levels being observed in Melaky (10.0%) and Boeny (11.1%), and the highest levels in DIANA (20.8%) and SAVA (20.5%). There is very little difference in the levels of unmet need between women living in rural category 1, rural category 2, and urban category 2 regions. However, among women living in urban category 1 areas the unmet need for family planning is notably higher (28.0%). The unmet need for family planning does not vary much by level of education. However, there is a clear association between the unmet need for family planning and women's age. The percentage of women who report an unmet need for family planning increases steadily from 10.5% for women aged 15-19 to 19.5% for women aged 30-39, and reached a high of 28.0% for women aged 40 and older.

**Table 28: Percentage of women who want to wait at least 24 months before having another child (among mothers of children under age 1), and the percentage of women aged 15-19 who have an unmet need for family planning**

	Among women who have a child under age one		Among all women aged 15-49	
	% who would like to wait 24+ months before having another child (CI)	<i>n</i>	% who have an unmet need for family planning (CI)	<i>n</i>
<b>Region</b>				
DIANA	42.9 (34.1 – 52.1)	111	20.8 (16.5 – 25.9)	518
SAVA	39.2 (28.2 – 51.3)	77	20.5 (17.3 – 24.0)	475
Boeny	37.6 (26.3 – 50.5)	57	11.1 ( 8.5 – 14.5)	239
Sofia	73.6 (65.0 – 80.8)	131	16.9 (14.6 – 19.5)	905
Menabe	55.4 (40.9 – 69.0)	107	12.6 (10.4 – 15.2)	673
Analanjirofo	68.8 (61.5 – 75.2)	214	13.8 (11.2 – 17.0)	811
Melaky	59.4 (45.6 – 71.8)	118	10.0 ( 8.2 – 12.1)	652
<b>Place of residence</b>				
Urban, Cat.1	61.4 (37.4 – 80.8)	55	28.0 (19.4 – 38.5)	262
Urban, Cat.2	57.4 (47.0 – 67.1)	188	15.9 (13.0 – 19.3)	1,025
Rural, Cat.1	36.4 (26.2 – 48.0)	57	18.9 (15.5 – 22.8)	413
Rural, Cat.2	60.1 (54.3 – 65.6)	515	17.9 (16.1 – 19.8)	2,573
<b>Education</b>				
None	58.8 (43.8 – 72.2)	113	16.5 (12.4 – 21.7)	578
Primary	64.0 (56.4 – 71.0)	349	18.6 (16.4 – 21.1)	1,857
Lower secondary	55.5 (46.2 – 64.5)	283	17.6 (14.4 – 21.3)	1,401
Upper secondary +	44.8 (27.5 – 63.4)	70	13.9 (10.7 – 17.9)	437
<b>Age group</b>				
15-19	37.9 (27.6 – 49.5)	143	10.5 ( 7.4 – 14.6)	706
20-29	56.0 (49.4 – 62.3)	404	14.5 (11.9 – 17.5)	1,614
30-39	66.5 (56.4 – 75.3)	226	19.5 (16.8 – 22.6)	1,254
40+	81.4 (65.2 – 91.1)	42	28.0 (24.1 – 32.2)	699
<b>Total</b>	<b>57.3 (52.6 – 61.9)</b>	<b>815</b>	<b>17.3 (15.8 – 18.9)</b>	<b>4,273</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition, desire to wait: Number of mothers of a child under age one who stated a desire to wait at least 24 months to have another child or do not want to have another child. Denominator: Total number of mothers of a child under age one.

Definition, unmet need for FP: Number of women who report not wanting to get pregnant but who are not using FP. Denominator. All women of aged 15-49.

## Chapter 7 Malaria

Malaria is a major public health problem in Madagascar, particularly in areas at lower altitudes, and accounts for a substantial fraction of morbidity and mortality (Institut National de la Statistique de Madagascar (INSTAT), 2014b; Meekers & Yukich, 2016). The survey inquired about the perceived effectiveness of long-lasting insecticide-treated bednets, use of such nets by women and children, IPTp during pregnancy, and exposure to malaria information. Women were also asked whether the recently received malaria services from a CHV or CSB, and whether they were satisfied with those services.

### Perceived effectiveness of long-lasting insecticide-treated bednets

Awareness of the effectiveness of insecticide-treated bednets (ITN) for malaria prevention is nearly universal. Table 29 shows that 97.7% of women aged 15-19 believe that sleeping under an ITN each night is an effective way to prevent malaria. The level of perceived effectiveness does not vary by subgroup.

**Table 29: Percentage of all women aged 15-49 who cite that sleeping under an ITN each night is effective for preventing malaria**

	Believes ITNs are effective		<i>n</i>
	%	(CI)	
<b>Region</b>			
DIANA	98.6	(96.4 – 99.5)	528
SAVA	98.3	(93.3 – 99.6)	480
Boeny	100.0		238
Sofia	95.7	(93.4 – 97.2)	925
Menabe	99.7	(99.1 – 99.9)	687
Analanjirofo	99.2	(98.2 – 99.6)	828
Melaky	96.3	(92.5 – 98.2)	670
<b>Place of residence</b>			
Urban, Cat.1	99.8	(99.2 – 100.0)	270
Urban, Cat.2	98.3	(96.3 – 99.2)	1,040
Rural, Cat.1	98.7	(95.1 – 99.7)	420
Rural, Cat.2	97.0	(95.3 – 98.1)	2,626
<b>Education</b>			
None	97.6	(94.7 – 98.9)	594
Primary	97.1	(94.0 – 98.6)	1,906
Lower secondary	98.0	(96.1 – 99.0)	1,416
Upper secondary +	98.7	(96.1 – 99.6)	440
<b>Age group</b>			
15-19	98.3	(96.7 – 99.1)	704
20-29	97.8	(96.1 – 98.8)	1,615
30-39	97.3	(95.5 – 98.4)	1,269
40+	98.5	(91.4 – 99.3)	768
<b>Total</b>	<b>97.7</b>	<b>(96.7 – 98.4)</b>	<b>4,356</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women who cite that sleeping under an ITN every night is an effective way to prevent malaria.  
Denominator: Number of women aged 15-49.

## Use of long-lasting insecticide-treated bednets

Consistent with the nearly universal awareness of the effectiveness of long-lasting insecticide-treated bednets, very high levels of bednet use are reported. Young children are very vulnerable to malaria and are a key target group for ITN distribution programs. As shown in Table 30, almost nine out of every ten children aged 0-59 months (87.8%) slept under a long-lasting ITN during the night before the survey. There are only regional variations in children's bednet use. There are no clear differences in children's use of bednets by urbanization, mother's level of education, or gender of the child.

**Table 30: Percentage of children who slept under a long-lasting ITN the previous night (among children aged 0-59 months)**

	Among children aged 0-59 months, % who slept under long-lasting ITN	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	82.7 (75.1 – 88.4)	347
SAVA	93.7 (86.2 – 97.2)	271
Boeny	96.8 (91.8 – 98.8)	223
Sofia	83.9 (78.9 – 87.8)	594
Menabe	91.1 (86.5 – 94.2)	419
Analanjirofo	94.8 (88.9 – 97.6)	610
Melaky	93.4 (89.1 – 96.1)	476
<b>Place of residence</b>		
Urban, Cat.1	94.1 (82.6 – 98.2)	184
Urban, Cat.2	88.8 (84.3 – 92.2)	630
Rural, Cat.1	95.7 (91.4 – 97.9)	270
Rural, Cat.2	85.7 (81.3 – 89.2)	1,856
<b>Mother's education</b>		
None	88.0 (80.0 – 93.1)	452
Primary	87.5 (83.0 – 91.0)	1,373
Lower secondary	89.4 (85.5 – 92.4)	885
Upper secondary+	84.2 (70.5 – 92.3)	230
<b>Gender</b>		
Female	87.8 (84.8 – 90.3)	1,528
Male	87.9 (83.8 – 91.0)	1,412
<b>Total</b>	87.8 (85.0 – 90.2)	2,940

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of children under 5 years old who slept under a long-lasting ITN the night before the survey. Denominator: Total number of children under 5 years.

Table 31 shows that eight out of ten women aged 15-49 (83.6%) also slept under a long-lasting ITN the night before the survey. Once, again there is only limited variation in women's level of bednet use across subgroups.

**Table 31: Percentage of all women aged 15-49 who slept under a long-lasting ITN the previous night**

	Among all women, % who slept under long-lasting ITN		<i>n</i>
	%	(CI)	
<b>Region</b>			
DIANA	90.1	(85.6 – 93.3)	528
SAVA	85.7	(79.8 – 90.1)	478
Boeny	97.8	(94.1 – 99.2)	239
Sofia	77.4	(70.7 – 82.9)	918
Menabe	89.5	(85.8 – 92.4)	686
Analanjirofo	94.6	(89.8 – 97.2)	828
Melaky	94.7	(90.6 – 97.0)	669
<b>Place of residence</b>			
Urban, Cat.1	91.4	(73.1 – 97.6)	272
Urban, Cat.2	88.8	(85.2 – 91.7)	1,035
Rural, Cat.1	91.0	(87.5 – 93.6)	421
Rural, Cat.2	83.2	(77.8 – 87.5)	2,618
<b>Education</b>			
None	87.2	(78.8 – 92.6)	594
Primary	84.3	(79.1 – 88.4)	1,899
Lower secondary	87.9	(84.8 – 90.4)	1,413
Upper secondary +	87.0	(80.9 – 91.3)	440
<b>Age group</b>			
15-19	82.6	(76.1 – 87.6)	702
20-29	87.0	(84.1 – 89.5)	1,615
30-39	89.2	(85.8 – 91.9)	1,265
40+	83.7	(76.9 – 88.8)	764
<b>Total</b>	<b>83.6</b>	<b>(83.2 – 88.9)</b>	<b>4,346</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women aged 15-49 who slept under a long-lasting ITN the night before the survey. Denominator: Total number of women aged 15-49.

### Malaria prevention among pregnant women

In addition to young children, pregnant women tend to be very vulnerable to malaria, making them an important target group for ITN distribution programs as well as IPTp.

Table 32 shows the percentage of pregnant women who slept under a long-lasting ITN the night before the survey and the percentage of women who received at least two doses of sulfadoxine-pyrimethamine (SP) for IPTp. The results show that of the 249 pregnant respondents, 81.7% reported having slept under a long-lasting ITN the night before the survey. The number of pregnant respondents is too small to draw firm conclusions about differences in ITN use across subgroups. Nevertheless, the comparatively low levels of ITN use among pregnant women in Boeny (63.5%; n=61) may merit further attention.

The data also show that only one third of women (35.6%) received IPTp during their last pregnancy (among women who had a child in the two years preceding the survey). IPTp use during pregnancy was highest in Menabe (51.3%) and DIANA (42.6%), and lowest in Sofia (24.8%) and Boeny (26.8%). IPTp use during pregnancy is strongly associated with level of urbanization, increasing from 27.2% for women residing in rural category 2 communes to 55.7% for those in urban category 1 communes. There is no clear association between IPTp use during pregnancy and level of education or age group.

**Table 32: Percentage of pregnant women who slept under a long-lasting ITN the previous night, and percentage of women who received two doses of sulfadoxine-pyrimethamine (SP) for IPTp during their last pregnancy**

	Among pregnant women, % who slept under long-lasting ITN			For last pregnancy, % who received 2+ doses of SP for IPTp		
	%	(CI)	<i>n</i>	%	(CI)	<i>n</i>
<b>Region</b>						
DIANA	94.9	(67.2 – 99.4)	24	42.6	(31.5 – 54.6)	182
SAVA	91.0	(65.5 – 98.2)	30	36.2	(24.9 – 49.3)	143
Boeny	96.6	(71.1 – 99.7)	13	26.8	(19.4 – 35.9)	100
Sofia	63.5	(53.4 – 72.4)	61	24.8	(16.4 – 35.5)	243
Menabe	82.6	(68.3 – 91.3)	29	51.3	(41.2 – 61.3)	187
Analanjirofo	90.4	(73.7 – 97.0)	62	39.7	(34.2 – 45.5)	332
Melaky	100.0		30	32.1	(24.1 – 41.3)	223
<b>Place of residence</b>						
Urban, Cat.1	97.7	(83.5 – 99.7)	16	55.7	(47.1 – 63.9)	102
Urban, Cat.2	88.0	(71.5 – 95.6)	54	44.8	(37.7 – 52.1)	334
Rural, Cat.1	96.8	(79.2 – 99.6)	21	38.7	(25.4 – 54.1)	114
Rural, Cat.2	75.8	(67.6 – 82.5)	158	27.2	(21.9 – 33.2)	860
<b>Education</b>						
None	98.3	(87.9 – 99.8)	41	36.0	(27.0 – 46.2)	188
Primary	74.9	(59.9 – 85.7)	111	31.4	(25.0 – 38.6)	609
Lower secondary	84.9	(71.9 – 92.5)	77	37.3	(28.1 – 47.6)	486
Upper secondary +	82.8	(55.8 – 94.8)	20	40.2	(32.4 – 48.6)	127
<b>Age group</b>						
15-19	73.8	(46.0 – 90.3)	52	29.1	(21.9 – 37.4)	238
20-29	83.1	(69.0 – 91.6)	121	37.1	(30.2 – 44.6)	688
30-39	86.9	(71.9 – 94.5)	61	33.5	(25.5 – 42.6)	398
40+	79.6	(44.6 – 95.0)	14	47.7	(35.4 – 60.3)	86
<b>Total</b>	<b>81.7</b>	<b>(75.4 – 86.8)</b>	<b>249</b>	<b>35.6</b>	<b>(30.0 – 41.5)</b>	<b>1,410</b>

Note: Weighted percentages; unweighted *n* of cases.

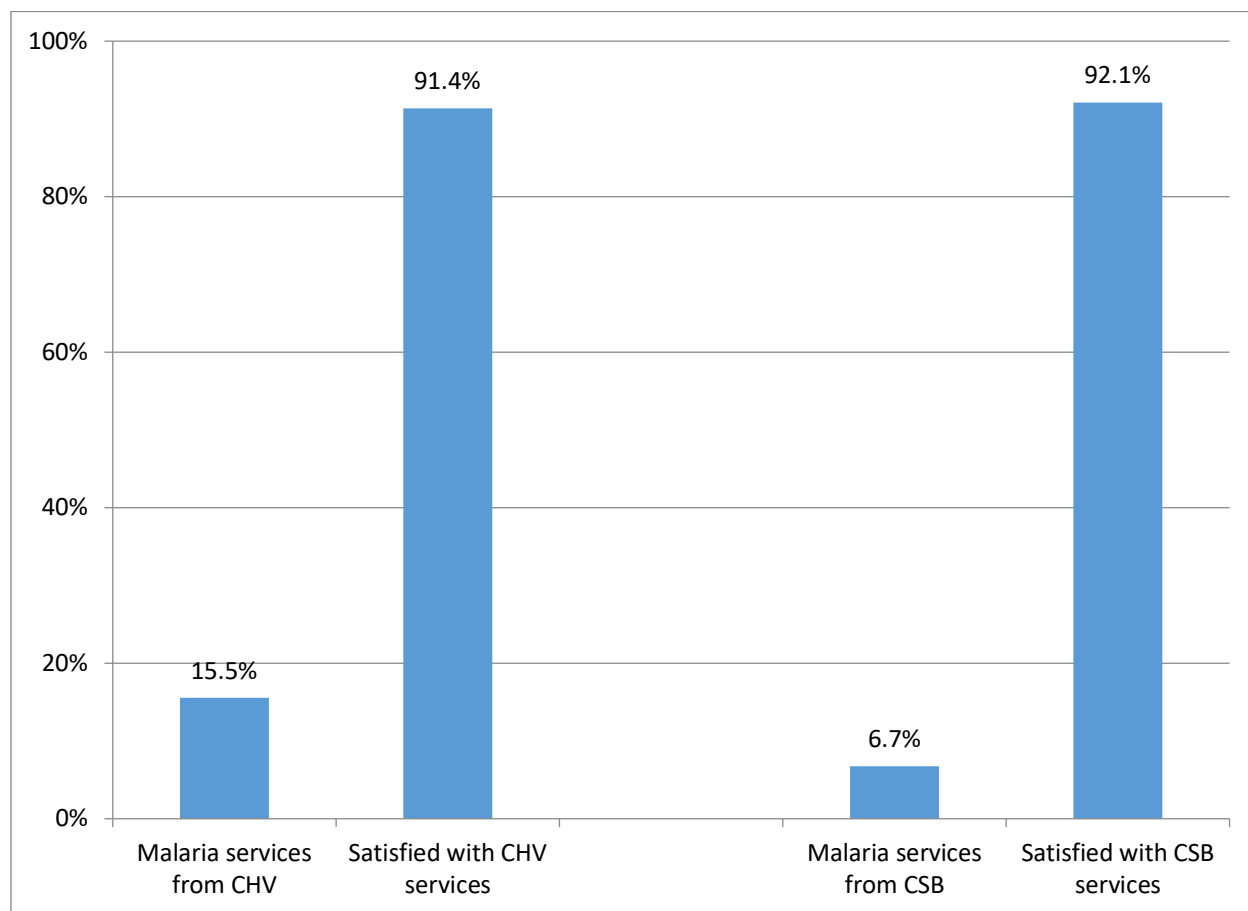
Definitions: 1) LLN use: Number of pregnant women who slept under a long-lasting ITN the night before the survey.

Denominator: Total number of pregnant women; 2) IPTp treatment: Number of women who received two doses of IPTp during their last pregnancy. Denominator: women who have children under age two.

### CHV and CSB malaria services: Use and user-satisfaction

Figure 10 shows that 15.5% of all women aged 15-49 who reported that they received malaria services from a CHV during the three months preceding the survey, and that 91.4% of these women were satisfied with the services provided by the CHV. The percentage of women who received malaria services from a CSB in the past three months is considerably lower, at 6.7%. Nearly all women reported being satisfied with the CSB services.

Figure 10: Percentage of women aged 15-49 who received malaria services from a CHV and CSB in the past three months, and the percentage satisfied with those services



Definition, malaria services: Number of women who received malaria services from a CHV/CSB during the past three months.  
Denominator: All women aged 15-49.

Definition, service satisfaction: Number of women who report being satisfied with the quality of the most recent CHV/CSB visit.  
Denominator: Number of women who received malaria services during the most recent CHV/CSB visit within the past three months.

More detailed examination of the extent to which women received malaria services from a CHV, shown in Table 33, reveals large regional variations. In DIANA and SAVA, only 9% of women received malaria services from a CHV during the past three months, compared to 27.3% in Boeny and 40.9% in Melaky.



The percentage of women who received malaria services from a CHV decreases steadily with level of urbanization, from 20.1% for women living in rural category 2 communes to 6.3% for those in urban category 1 communes. There also is an inverse association between level of education and the percentage that received malaria services from a CHV. The percentage who received such services decreases from 17.3% among uneducated women and women who only have primary education to 10.5% for women who have upper secondary or higher education.

There is much less variation in the percentage of women who recently received malaria services from a CSB. Women who are least likely to have received malaria services from a CSB include those living in urban category 1 communes (2.9%) and those who have upper secondary or higher education (4.0%). By contrast, women in Menabe are more likely than other women to have received malaria services from a CSB (10.3%).

**Table 33: Percentage of women aged 15-49 who received malaria services from a CHV in the past three months, and the percentage of those women who were satisfied with the services**

	Received malaria services from CHV			Received malaria services from CSB		
	%	(CI)	<i>n</i>	%	(CI)	<i>n</i>
<b>Region</b>						
DIANA	9.0	( 5.0 – 15.5)	532	7.4	(4.8 – 11.3)	530
SAVA	9.0	( 6.0 – 13.4)	487	6.0	(4.4 – 8.0)	479
Boeny	27.3	(23.6 – 31.4)	240	8.0	(5.3 – 11.0)	240
Sofia	21.5	(14.4 – 30.8)	929	6.1	(3.7 – 10.1)	927
Menabe	13.3	( 9.3 – 18.9)	690	10.3	(7.5 – 14.1)	687
Analanjirofo	11.5	( 7.7 – 16.8)	831	4.4	(2.7 – 7.1)	830
Melaky	40.9	(30.7 – 52.0)	672	7.6	(5.2 – 9.2)	7668
<b>Place of residence</b>						
Urban, Cat.1	6.3	( 3.2 – 12.3)	273	2.9	(1.4 – 6.0)	273
Urban, Cat.2	10.5	( 7.0 – 15.6)	1,044	6.6	(4.7 – 9.3)	1,038
Rural, Cat.1	15.2	( 8.9 – 24.7)	423	8.5	(6.0 – 11.9)	420
Rural, Cat.2	20.1	(14.9 – 26.6)	2,641	6.6	(4.8 – 9.0)	2,630
<b>Education</b>						
None	17.3	(13.3 – 22.1)	596	7.8	(5.5 – 10.8)	593
Primary	17.3	(12.8 – 23.0)	1,920	7.0	(5.3 – 9.2)	1,912
Lower secondary	15.3	(12.4 – 18.8)	1,422	7.4	(5.5 – 9.7)	1,415
Upper secondary +	10.5	( 6.0 – 17.9)	443	4.0	(2.3 – 6.9)	441
<b>Age group</b>						
15-19	7.5	( 4.9 – 11.3)	708	4.6	(2.4 – 8.5)	704
20-29	15.2	(11.6 – 19.8)	1,624	8.3	(5.9 – 11.5)	1,618
30-39	18.0	(14.5 – 22.2)	1,278	6.5	(4.7 – 8.9)	1,271
40+	20.3	(15.9 – 25.5)	771	6.2	(4.2 – 9.1)	768
<b>Total</b>	<b>15.5</b>	<b>(12.6 – 19.0)</b>	<b>4,381</b>	<b>6.7</b>	<b>(5.5 – 8.2)</b>	<b>4,361</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women who received malaria services from a CHV/CSB during the past three months. Denominator: All women aged 15-49.

### Exposure to malaria messages

Exposure to malaria information is fairly high. Overall, 47.7% of women aged 15-49 have been exposed to malaria messages in the past two months (see Figure 11). The main source of exposure to malaria messages is radio (26.7%), followed by health facility staff (17.3%) and CHV (16.6%).

Figure 11: Percentage of women aged 15-49 to reported exposure to malaria information in the past two months, by channel

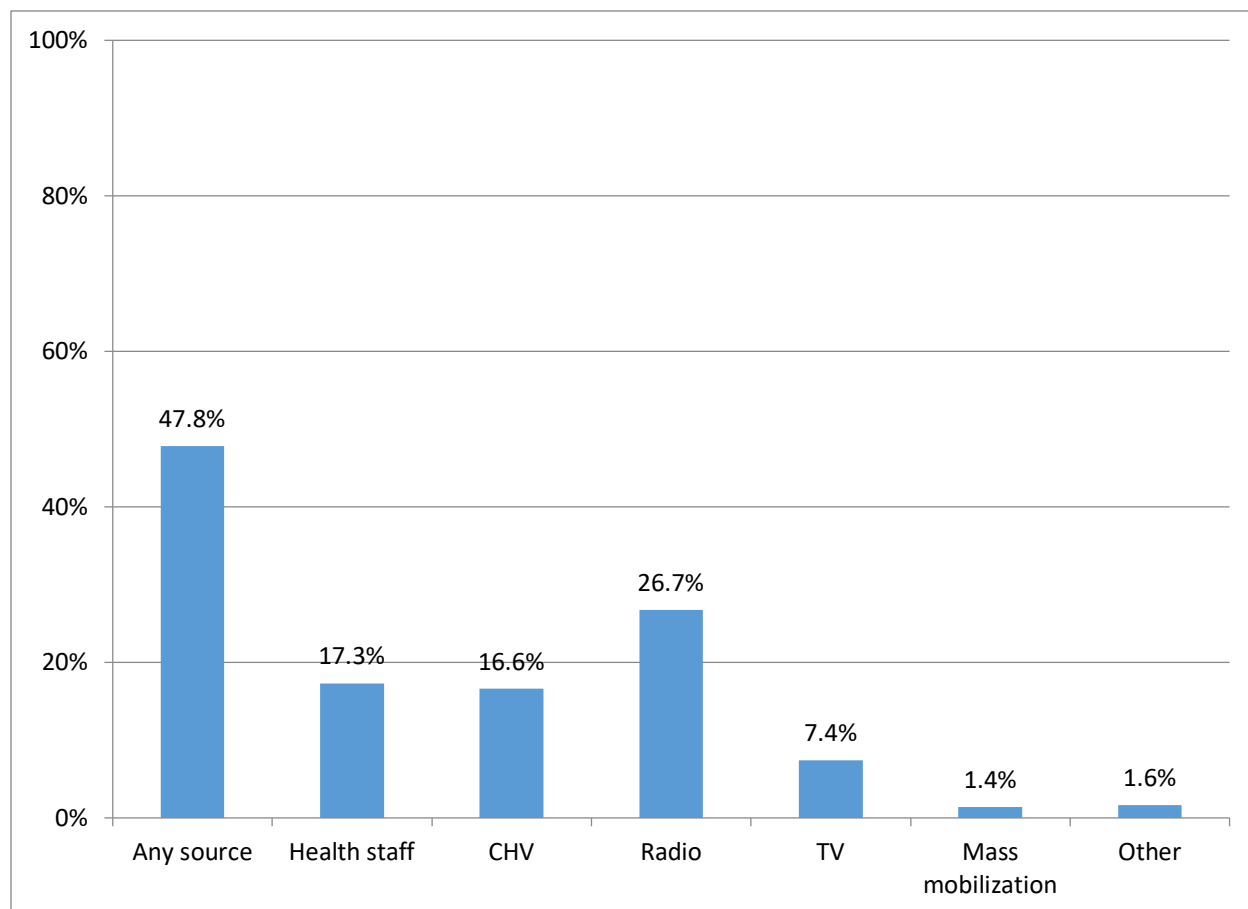


Table 34 shows that women in Melaky have an above-average level of exposure to malaria information (65.3%), while those in SAVA have low levels of exposure (39.5%). The overall level of exposure to malaria messages does not vary much by level of urbanization. However, uneducated women and young women have somewhat lower levels of exposure (35.0% and 40.6%, respectively).

Exposure to malaria information on the radio is common among all subgroups, and the level does not vary much across subgroups. The most notable exception are uneducated women, among whom only 12.3% report hearing malaria information on the radio in the past two months. Exposure to malaria information from health facility staff is high in Melaky (32.6%) and to a lesser extent in Boeny (24.8%), and very low in SAVA (10.4%). Radio exposure to malaria information does not vary much by level of urbanization or level of education. Teenage women and women aged 40 and above have somewhat lower exposure to radio messages about malaria than other women. CHVs are the third most important source of information about malaria (16.6% overall), but the level of exposure varies drastically by

region. The percentage of women who recently received malaria information from a CHV is very low in SAVA (8.1%), but very high in Melaky (44.2%) and Boeny (36.8%). In fact, in these latter two regions CHVs are a more important source of malaria information than radio. Women in rural areas tend to have somewhat higher levels of exposure to malaria information from a CHV than urban women. And women with no more than lower secondary education have somewhat higher levels of exposure than women with upper secondary education or more. The percentage of women who received malaria information from a CHV tends to increase with age, from a low of 10.3% for women aged 15-19 to 21.0% among those aged 40 and above.

Although the level of exposure to malaria information from TV is quite low overall (7.4%), the level is considerably higher among women who live in urban areas (16.7% for category 1 and 13.5% for category 2) or who have at least upper secondary education (16.6%). In fact, for each of these groups TV is a slightly more important source of malaria information than CHVs.

**Table 34: Percentage of women who recall being exposed to information about malaria in the past two months, by source of exposure**

	Any Source	Health staff	CHV	Radio	TV	Mass mobilization	Other	<i>n</i>
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Region</b>								
DIANA	53.2 (47.6 – 58.7)	19.4 (16.2 – 23.0)	16.0 (11.5 – 21.7)	31.9 (25.0 – 39.5)	11.1 (7.4 – 16.3)	1.2 (0.4 – 3.3)	2.2 (1.1 – 4.1)	532
SAVA	39.5 (28.9 – 51.2)	10.4 ( 7.3 – 14.5)	8.1 ( 4.8 – 13.3)	26.3 (17.3 – 37.8)	5.8 (1.9 – 16.5)	1.4 (0.3 – 6.8)	0.2 (0.0 – 1.3)	487
Boeny	52.5 (44.8 – 60.1)	24.8 (18.7 – 32.0)	36.8 (29.9 – 44.2)	29.8 (24.0 – 36.3)	9.6 (4.4 – 19.7)	0.9 (0.1 – 5.5)	1.1 (0.2 – 4.9)	240
Sofia	46.8 (40.0 – 53.8)	15.4 (11.5 – 20.4)	16.3 (11.9 – 21.8)	25.6 (17.6 – 35.7)	6.8 (4.0 – 11.3)	0.4 (0.1 – 1.3)	1.7 (1.0 – 2.7)	929
Menabe	47.4 (42.5 – 52.4)	21.4 (17.8 – 25.5)	17.5 (14.5 – 20.9)	20.1 (15.0 – 26.4)	8.0 (4.2 – 14.8)	2.6 (1.5 – 4.3)	2.6 (1.4 – 5.0)	690
Analanjirofo	41.7 (37.8 – 45.7)	16.7 (12.7 – 21.6)	13.8 (10.5 – 18.0)	21.4 (17.4 – 26.1)	2.2 (1.0 – 5.1)	2.7 (1.5 – 4.9)	1.5 (0.7 – 3.3)	831
Melaky	65.3 (58.7 – 71.5)	32.6 (28.1 – 37.5)	44.2 (37.7 – 50.9)	28.8 (20.7 – 38.4)	6.1 (2.8 – 13.0)	5.0 (2.3 – 10.3)	0.9 (0.3 – 2.9)	672
<b>Place of residence</b>								
Urban, Cat.1	49.0 (44.3 – 53.7)	19.4 (11.6 – 30.5)	12.2 ( 8.1 – 18.1)	25.6 (17.3 – 36.0)	16.7 (13.0 – 21.1)	0.8 (0.1 – 4.3)	2.8 (1.4 – 5.3)	273
Urban, Cat.2	50.7 (44.7 – 56.7)	15.1 (11.9 – 19.0)	12.8 ( 9.4 – 17.3)	33.6 (27.4 – 40.4)	13.5 (10.1 – 17.6)	1.5 (0.7 – 3.1)	1.8 (1.0 – 3.3)	1,044
Rural, Cat.1	48.7 (32.0 – 65.7)	19.4 (13.2 – 27.6)	19.9 (11.5 – 32.3)	27.8 (16.5 – 42.9)	4.3 ( 2.1 – 8.7)	2.0 (0.6 – 6.3)	1.2 (0.4 – 3.8)	423
Rural, Cat.2	45.1 (40.7 – 49.6)	18.8 (16.0 – 21.9)	19.3 (15.6 – 23.5)	20.7 (16.0 – 26.3)	2.6 ( 1.3 – 5.2)	1.3 (0.8 – 2.1)	1.4 (0.9 – 2.1)	2,641
<b>Education</b>								
None	35.0 (29.9 – 40.4)	17.4 (13.7 – 21.9)	16.1 (12.6 – 20.3)	12.3 ( 8.9 – 17.1)	2.6 ( 1.1 – 6.4)	1.0 (0.4 – 2.5)	2.8 (0.9 – 8.9)	596
Primary	44.6 (39.6 – 49.8)	16.4 (13.8 – 19.3)	17.5 (14.2 – 21.4)	23.3 (19.0 – 28.1)	4.1 ( 2.5 – 6.8)	1.5 (0.8 – 2.7)	1.4 (0.7 – 2.7)	1,920
Lower secondary	53.0 (48.4 – 57.5)	19.0 (15.7 – 22.8)	18.0 (14.1 – 22.8)	31.4 (26.4 – 36.8)	8.2 ( 6.5 – 10.4)	1.2 (0.6 – 2.1)	1.7 (0.9 – 3.5)	1,422
Upper secondary +	50.6 (44.2 – 57.0)	15.5 (11.3 – 20.9)	11.0 ( 7.9 – 15.2)	32.3 (26.4 – 38.7)	16.6 (11.1 – 24.0)	2.3 (1.0 – 5.1)	1.0 (0.4 – 2.2)	443
<b>Age group</b>								
15-19	40.6 (35.9 – 45.5)	13.6 ( 9.8 – 18.7)	10.3 ( 7.7 – 13.7)	25.2 (20.0 – 31.3)	4.3 ( 2.3 – 7.7)	0.6 (0.3 – 1.4)	1.3 (0.6 – 2.7)	708
20-29	53.9 (49.4 – 58.2)	21.9 (18.7 – 25.5)	16.4 (13.6 – 19.7)	30.4 (25.0 – 36.4)	8.4 ( 5.7 – 12.2)	1.6 (1.0 – 2.7)	0.9 (0.4 – 2.2)	1,624
30-39	45.4 (40.5 – 50.4)	16.7 (13.8 – 20.1)	17.9 (14.7 – 21.8)	23.4 (19.5 – 27.8)	8.6 ( 5.6 – 12.8)	1.6 (0.8 – 3.3)	1.9 (1.1 – 3.5)	1,278
40+	46.2 (41.0 – 51.5)	12.5 ( 9.4 – 16.4)	21.0 (16.7 – 26.1)	25.7 (20.2 – 31.9)	6.7 ( 4.2 – 10.5)	1.4 (0.6 – 3.3)	2.7 (1.2 – 6.2)	771
<b>Total</b>	<b>47.8 (44.5 – 51.1)</b>	<b>17.3 (15.5 – 19.3)</b>	<b>16.6 (14.3 – 19.2)</b>	<b>26.7 (22.8 – 30.9)</b>	<b>7.4 ( 5.7 – 9.7)</b>	<b>1.4 (0.9 – 2.2)</b>	<b>1.6 (1.1 – 2.2)</b>	<b>4,381</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of women aged 15-49 who report hearing or seeing messages about malaria in the past two months. Denominator: Number of women aged 15-49.

## Chapter 8 Water, sanitation, and hygiene

The household questionnaire collected information to calculate key indicators of use of improved drinking water sources, effective water treatment methods, and proper water storage. In addition, information was collected on the availability of water and soap at handwashing stations used by the household, and on the sanitation facilities used.

### Source of drinking water

Improved drinking water sources are defined as those that, by the nature of their construction, are protected from outside contamination, particularly fecal matter. Consistent with the recommendation of the WHO/UNICEF Joint Monitoring Programme (WHO / UNICEF Joint Monitoring Programme, s.d.), the following drinking water sources were considered to be improved sources: bottled water with solar treatment; a tap in the dwelling, a tap in the yard, a public tap or fountain, a borehole, a protected well, a protected spring, and rainwater.

As shown in Table 35, the overall percentage of households using an improved drinking water source is 61.9%. The percentage of households reporting using an improved water source varies by type of place of residence. Interestingly, households in rural communes are more likely to report that they use an improved water source (84.1% for category 1 and 75.2% for category 2) than those in urban communes (62.3% for category 1; 49.4% for category 2). The regions with the highest percentage of households using an improved drinking water source are Sofia (69.3%) and Menabe (68.3%), followed by DIANA and SAVA (66.6% and 63.2%, respectively). Use of improved drinking water sources is lowest among households in Boeny (38.4%) and Analanjirifo (37.1%).

**Table 35: Percentage of households using an improved drinking water source**

	Uses improved drinking water source	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	66.6 (58.6 – 73.7)	533
SAVA	63.2 (45.8 – 77.7)	526
Boeny	38.4 (21.9 – 58.0)	278
Sofia	69.3 (54.9 – 80.8)	947
Menabe	68.3 (51.6 – 81.2)	691
Analanjirofo	37.1 (22.2 – 55.0)	813
Melaky	41.5 (30.3 – 53.7)	674
<b>Place of residence</b>		
Urban, Cat.1	62.3 (48.4 – 80.5)	267
Urban, Cat.2	49.4 (40.4 – 58.5)	1,060
Rural, Cat.1	84.1 (73.4 – 91.1)	405
Rural, Cat.2	75.2 (63.3 – 82.4)	2,730
<b>Total</b>	61.9 (55.6 – 67.7)	4,462

Note: Weighted percentages; unweighted *n* of cases.

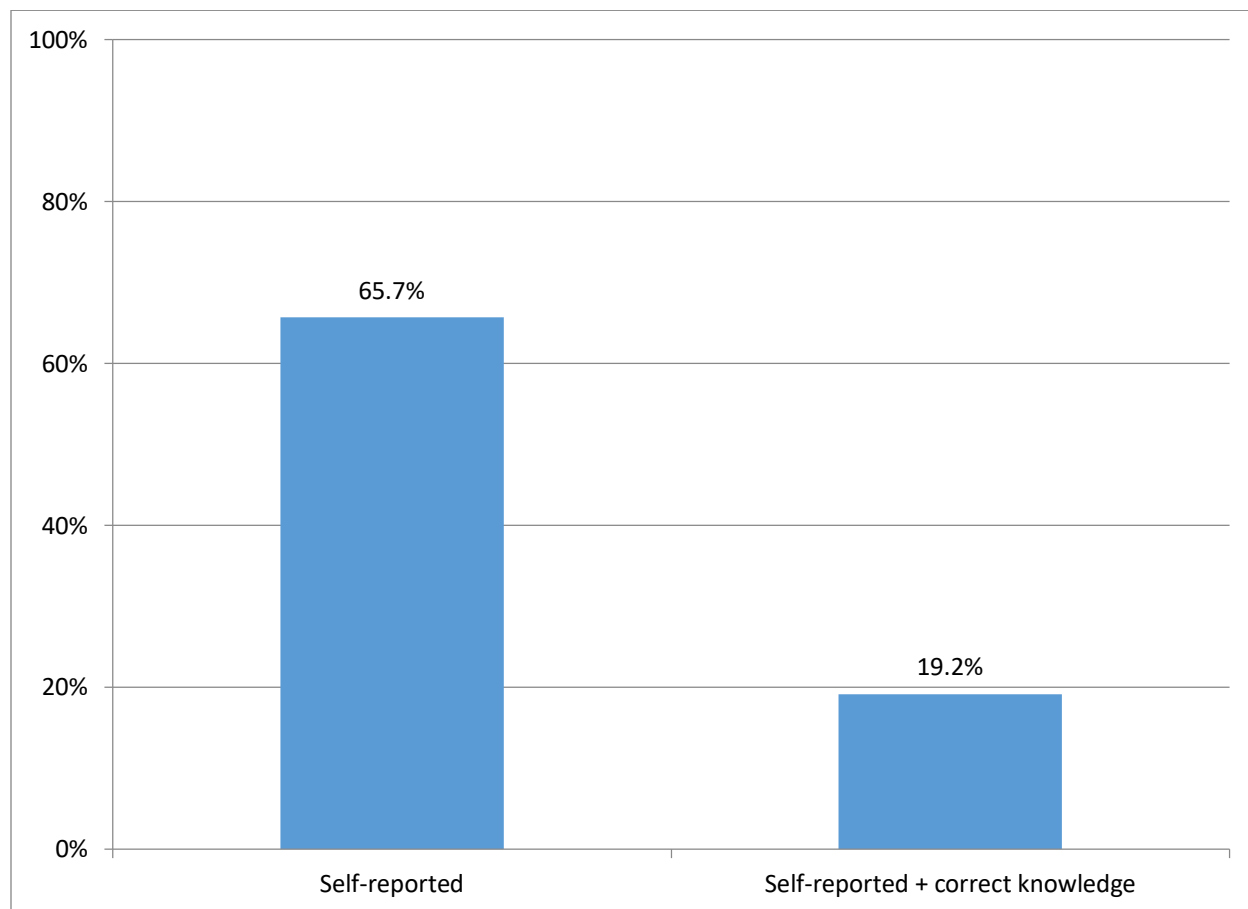
Definition: Number of households for which the main source of drinking water for members of your household consists of: water piped into dwelling, piped into yard/plot, public tap, protected well in dwelling, protected well in yard/plot, protected public well, tubewell/ borehole, protected spring, or rainwater harvesting, or bottled water with solar treatment. Denominator: Number of households.

### Drinking water treatment

The household questionnaire asked respondents whether they treat water before drinking. Use of boiling, chlorination, Sur Eau, biosander filters, ceramic filter, and solar infection were considered effective treatment methods. As shown in Figure 12, 65.7% (62.5% - 68.7%) self-report that they use one of these effective water treatment methods.

However, the questionnaire also asked respondent to clarify how the method is supposed to be used. A large fraction of respondent did not have correct knowledge of the treatment method they were using. Hence our proxy of correct use of water treatment is a dichotomous indicator that equals one for respondents who not only report to use the treatment methods but who also know how to correctly use that method, and zero for all other respondents. As shown in Figure 12, we estimate that only 19.2% of households are correctly using an effective water treatment method.

Figure 12: Percentage of households that report practicing an effective water treatment method and percentage that report using an effective method and have correct knowledge of that method



Definitions: 1) Effective water treatment (self-reported): Number of households that self-report that they use boiling, chlorination, Sur Eau, biosander filters, ceramic filter, and solar infection to treat drinking water. Denominator: All households; 2) Effective water treatment (self-reported and correct knowledge): Number of household that self-report that they use boiling, chlorination, Sur Eau, biosander filters, ceramic filter, and solar infection to treat drinking water and who are also able to describe the correct procedures for implementing their treatment method. Denominator: All households.

Table 36 shows more detailed analyses of the percentage of households that report practicing correct use of effective household water treatment methods. The first column shows the percentage correctly using any effective water treatment method. Households in the Menabe region are most likely to report correct use of an effective water treatment method (42.1%), while the lowest levels of correct use of water treatment are reported in Sofia (9.9%), SAVA (12.0%), and Melaky (12.6%). The percentage of households that correctly use an effective drinking water treatment method increases with level of urbanization, from 14.8% for households in rural category 2 communes to 40.2% for households in urban category 1 communes.

Table 36 also gives a more detailed look at the percentage of households who correctly use each specific type of water treatment. Correct use of chemical disinfection is highest in Menabe (8.3%) and lowest in

Sofia (1.8%). In urban category 1 communes, 10.9% of households report correct use of chemical disinfection, compared to 2.0% for households residing in rural category 2 communes.

Correct use of boiling is the most commonly used method, reaching a high of 32.8% in Menabe and 20.2% in DIANA. Correct use of boiling is lowest in the Sofia region at 7.6%. Breakdown by level of urbanization shows that correct use of boiling is most common among households in urban category 1 communes (28.9%) and lowest in rural category 2 communes (12.5%). The correct use of filtration is low in all areas, as is solar disinfection.



**Table 36: Percentage of households that practice correct use of recommended household water treatment technologies**

	Any effective method		Chemical disinfection		Filtration		Solar disinfection		Disinfection via heat (boiling)		<i>n</i>
	%	(CI)	%	(CI)	%	(CI)	%	(CI)	%	(CI)	
<b>Region</b>											
DIANA	28.1	(21.5 – 35.8)	7.2	(5.0 – 10.0)	0.8	(0.2 – 3.4)	0.0	(0.0 – 0.0)	20.2	(14.4 – 27.5)	522
SAVA	12.0	( 9.4 – 15.2)	2.3	(1.3 – 3.9)	0.4	(0.0 – 1.7)	0.0		9.3	( 6.8 – 12.7)	512
Boeny	16.8	(12.1 – 22.9)	7.2	(5.1 – 10.1)	1.0	(0.2 – 5.2)	0.0		8.6	( 5.4 – 13.4)	279
Sofia	9.9	( 7.1 – 13.6)	1.8	(0.9 – 3.5)	0.5	(0.2 – 1.4)	0.0		7.6	( 5.1 – 11.2)	945
Menabe	42.1	(36.9 – 47.5)	8.3	(6.0 – 11.5)	1.0	(0.5 – 1.9)	0.0		32.8	(27.1 – 39.0)	694
Analanjirofo	21.5	(17.6 – 25.9)	2.2	(0.8 – 5.5)	0.6	(0.2 – 1.7)	0.0		18.7	(14.9 – 23.2)	813
Melaky	12.6	( 9.2 – 17.0)	2.6	(1.9 – 3.6)	0.3	(0.0 – 2.1)	0.1	(0.0 – 1.0)	9.6	( 6.5 – 13.9)	678
<b>Place of residence</b>											
Urban, Cat.1	40.2	(23.7 – 59.3)	10.9	(8.1 – 14.6)	0.4	(0.0 – 1.7)	0.1	(0.0 – 0.6)	28.9	(14.1 – 50.1)	264
Urban, Cat.2	23.3	(18.6 – 28.8)	6.1	(4.5 – 8.1)	0.9	(0.4 – 2.1)	0.0		16.4	(12.2 – 21.6)	1,054
Rural, Cat.1	20.8	(12.9 – 31.8)	4.8	(2.8 – 8.0)	1.1	(0.4 – 3.1)	0.0		15.0	( 8.9 – 24.2)	402
Rural, Cat.2	14.8	(12.0 – 18.3)	2.0	(1.4 – 2.9)	0.4	(0.1 – 0.9)	0.0	(0.0 – 0.1)	12.5	( 9.9 – 15.6)	2,723
<b>Total</b>	<b>19.2</b>	<b>(16.6 – 22.0)</b>	<b>4.0</b>	<b>(3.2 – 5.0)</b>	<b>0.6</b>	<b>(0.3 – 1.1)</b>	<b>0.1</b>	<b>(0.0 – 0.4)</b>	<b>14.5</b>	<b>(12.3 – 17.0)</b>	<b>4,443</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: : Number of household that self-report that they use boiling, chlorination, Sur Eau, biosander filters, ceramic filter, and solar infection to treat drinking water and who are also able to describe the correct procedures for implementing their treatment method. Denominator: All households.

## Drinking water storage

During the household interview, the interviewers asked to see where the household stored its drinking water. A household was considered to have proper drinking water storage if the interviewer observed that all water containers had one of the following: 1) a narrow opening and a lid; 2) a tap and a lid; or 3) a filter, tap, and lid.

As shown in Table 37, the overall percentage of households that practice the proper storage of household drinking water is 9.5%. There are large variations between regions, with Boeny (38.9%), Menabe (28.5%), and Melaky (21.3%) having the highest levels of proper drinking water storage. In contrast, Analanjirifo (9.0%), SAVA (7.9%), Sofia (5.0%), and DIANA (4.8%) regions have the lowest percentages of households practicing proper storage of household drinking water.

Households in urban category 1 and rural category 1 communes are more likely to practice proper water storage (13.9% and 10.3%) than those in urban category 2 and rural category 2 communes (8.3% and 7.6%).

**Table 37: Percentage of households that practice proper storage of household drinking water**

	Proper drinking water storage	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	4.8 ( 2.8 – 8.0)	396
SAVA	7.9 ( 4.7 – 12.9)	448
Boeny	38.9 (30.7 – 47.7)	132
Sofia	5.0 ( 3.2 – 7.7)	849
Menabe	28.5 (23.1 – 34.5)	651
Analanjirifo	9.0 ( 6.2 – 13.0)	677
Melaky	21.3 (14.6 – 30.1)	479
<b>Place of residence</b>		
Urban, Cat.1	13.9 ( 9.7 – 19.5)	229
Urban, Cat.2	8.3 ( 8.0 – 13.3)	865
Rural, Cat.1	10.3 ( 4.5 – 10.5)	330
Rural, Cat.2	7.6 ( 5.3 – 10.7)	2,208
<b>Total</b>	<b>9.5 ( 7.9 – 11.3)</b>	<b>3,632</b>

Note: Weighted percentages; unweighted *n* of cases. Not all households store drinking water.

Definition: Number of households practicing proper storage of drinking water at the household. Proper storage means that when the water is stored in a recipient, it should: 1) narrow opening and a lid; 2) a tap and a lid, 3) a filter, tap and lid. Denominator: Total number of households stocking water at the household.

## Availability of water and soap for handwashing

The interviewers also asked respondents to show them where household members wash their hands. Interviewer observations, shown in Table 38, indicate that only 27.5% of households had water and soap available at the handwashing station. Households in the Analanjirifo region are most likely to have water and soap available (42.6%), followed by household in the SAVA, Boeny, and Menabe regions

(33.5%, 32.9%, and 34.2%, respectively). The Sofia region has the lowest percentage of households that have water and soap available at a handwashing station (19.4%).

The percentage of households that have water and soap available at a handwashing station is lowest in rural category 2 communes (20.3%) and increases with level of urbanization to reach 53.0% in urban category 1 communes.

**Table 38: Percentage of households that have water and soap available at handwashing station (observed)**

	Water and soap available	
	%	(CI)
<b>Region</b>		<i>n</i>
DIANA	25.0	(19.2 – 32.0)
SAVA	33.5	(26.7 – 41.1)
Boeny	32.9	(29.6 – 36.3)
Sofia	19.4	(13.3 – 27.3)
Menabe	34.2	(27.7 – 41.3)
Analanjirofo	42.6	(36.7 – 48.7)
Melaky	21.8	(17.1 – 27.4)
<b>Place of residence</b>		
Urban, Cat.1	53.0	(43.0 – 62.7)
Urban, Cat.2	34.5	(29.0 – 40.4)
Rural, Cat.1	31.9	(26.4 – 38.1)
Rural, Cat.2	20.3	(16.5 – 24.7)
<b>Total</b>	<b>27.5</b>	<b>(24.2 – 31.1)</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of households where both water and soap are found at the commonly used handwashing station. A “commonly used” handwashing station, including water and soap, is one that can be readily observed by the enumerator during the household visit, and where study participants indicate that family members generally wash their hands. Denominator: total number of households.

## Sanitation/defecation

Table 39 shows the percentage of households using an improved sanitation facility. Improved sanitation facilities were considered to include flush toilets that are connected to a sewer, septic tank or latrine, improved aerated latrines, latrines with a slab (washable or non-washable), and latrines with compost. Overall, 62.8% of households report using an improved sanitation facility.

Broken down by region, Analanjirifo has the highest percentage of households that use an improved sanitation facility (78.2%). In SAVA, Sofia, DIANA, and Menabe regions over 50% of households have improved sanitation (65.4%, 63.8%, 59.8%, and 58.5%, respectively). Boeny (48.8%) and Melaky (44.7%) have the lowest percentage of households using an improved sanitation facility. Use of improved sanitation facilities increases with level of urbanization, from 51.9% for households in rural category 2 communes to 82.9% for households in urban category 1 communes.

**Table 39: Percentage of households using an improved sanitation facility**

	Use improved sanitation facility	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	59.8 (46.1 – 72.1)	543
SAVA	65.4 (49.6 – 78.5)	535
Boeny	48.8 (30.0 – 68.0)	280
Sofia	63.8 (52.2 – 74.0)	955
Menabe	58.5 (45.6 – 70.4)	698
Analanjirifo	78.2 (74.0 – 81.8)	820
Melaky	44.7 (32.2 – 57.9)	682
<b>Place of residence</b>		
Urban, Cat.1	82.9 (75.2 – 88.5)	269
Urban, Cat.2	75.0 (66.0 – 82.2)	1,069
Rural, Cat.1	64.2 (49.6 – 76.5)	412
Rural, Cat.2	51.9 (44.9 – 58.7)	2,763
<b>Total</b>	<b>62.8 (57.0 – 68.2)</b>	<b>4,513</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of heads of households that answer the question “What kind of toilet facility do members of your household usually use?” with one of the following: flush toilets that are connected to a sewer, septic tank or latrine, improved aerated latrines, latrines with a slab (washable or non-washable), and latrines with compost.” Denominator: Number of households.

Table 40 shows that 30.9% of households practice open defecation. Open defecation is the practice of defecation outside and not into a designated toilet or sanitation facility. The prevalence of open defecation varies by region, with the Analanjirifo region having the lowest percentage (12.1%), followed by Sofia (22.1%), SAVA (32.5%), DIANA (38.5%), and Menabe (39.3%). Open defecation is most common in the Boeny and Menabe regions, where more than half of households practicing open defecation (51.2% and 52.6%, correspondingly). The prevalence of open defecation declines with level of urbanization.

**Table 40: Percentage of households that practice open defecation**

	Practice open defecation	
	%	(CI)
<b>Region</b>		
DIANA	38.5	(25.9 – 52.9)
SAVA	32.5	(19.6 – 48.8)
Boeny	51.2	(32.0 – 70.0)
Sofia	22.1	(14.8 – 31.8)
Menabe	39.3	(27.4 – 52.6)
Analanjirofo	12.1	( 8.4 – 17.2)
Melaky	52.6	(39.2 – 65.6)
<b>Place of residence</b>		
Urban, Cat.1	14.6	( 9.6 – 21.5)
Urban, Cat.2	20.2	(13.2 – 29.7)
Rural, Cat.1	32.6	(20.6 – 47.5)
Rural, Cat.2	39.8	(33.8 – 46.2)
<b>Total</b>	<b>30.9</b>	<b>(26.0 – 36.1)</b>
		<b>4,513</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of households indicating that they do not use sanitation facilities or that they defecate in nature.  
Denominator: total number of households.

## Chapter 9 Child nutrition

Feeding practices can have an important effect on the nutritional status of infants and children, which in turn can affect morbidity and mortality. The questionnaire collected information about breastfeeding and the types of liquids and foods young children received during the 24 hours prior to the survey. In addition, the questionnaire asked whether young children received vitamin A supplements.

### Exclusive breastfeeding

Table 41 shows the percentage of infants aged 0-5 months who were exclusively breastfed during the 24 hours preceding the survey. Infants are considered to have been exclusively breastfed if the mother reported that breastmilk was the only food or liquid they received during the day or night on the day before the survey. Overall, 50.0% of infants were exclusively breastfed, but there are large variations in exclusive breastfeeding by region and level of urbanization. The percentage of infants who were exclusively breastfed is substantially below average in DIANA (23.3%), and notably above average in Boeny (74.3%), Sofia (63.1%), and Analanjirifo (77.4%).

The prevalence of exclusive breastfeeding is negatively associated with the level of urbanization, decreasing from 56.9% for infants in rural category 2 communes to 24.0% for infants in urban category 1 communes.

Examination of differences in exclusive breastfeeding by mother's level of education reveals that the prevalence of exclusive breastfeeding is roughly similar for babies born to uneducated women, women with primary education, and women with lower secondary education. However, infants of women with upper secondary education or higher are much less likely to have been exclusively breastfed (30.4%). The prevalence of exclusive breastfeeding does not vary by gender of the child.

**Table 41: Percentage of infants 0-5 months exclusively breastfed in the past 24 hours**

	Exclusively breastfed in the past 24 hours	
	%	<i>n</i>
<b>Region</b>		
DIANA	23.3 (10.0 – 45.5)	54
SAVA	48.3 (28.6 – 68.6)	41
Boeny	74.3 (53.1 – 88.1)	38
Sofia	63.1 (48.4 – 75.6)	65
Menabe	57.0 (40.9 – 71.7)	60
Analanjirofo	77.4 (65.0 – 86.4)	69
Melaky	42.2 (27.9 – 57.9)	70
<b>Place of residence</b>		
Urban, Cat.1	24.0 (4.4 – 68.6)	20
Urban, Cat.2	43.2 (28.2 – 59.6)	90
Rural, Cat.1	48.5 (21.5 – 76.5)	31
Rural, Cat.2	56.9 (48.8 – 64.7)	256
<b>Mother's education</b>		
None	52.2 (32.7 – 71.0)	59
Primary	53.3 (43.8 – 62.6)	181
Lower secondary	54.7 (39.4 – 69.1)	126
Upper secondary+	30.4 (12.9 – 56.1)	31
<b>Gender</b>		
Female	48.9 (37.9 – 60.0)	225
Male	51.6 (41.9 – 61.1)	172
<b>Total</b>	<b>50.0 (41.7 – 58.3)</b>	<b>397</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of infants ages 0 to 5 months who received only breast milk during the previous 24 hours, with no other solids or liquids, including water. Denominator: Total number of infants 0 to 5 months.

### Feeding practices

The data in the first column of Table 42 show that 62.6% of all children aged 6-23 months were fed according to the recommended minimum standards. The percentage of children fed according to the minimum standards is notably lower in SAVA (42.5%), and above average in Boeny (73.7%) and Menabe (73.0%). There is no clear association between the level of urbanization and mother's level of education and the percentage of children fed according to the minimum standards. Likewise, there are no differences by gender of the child.

**Table 42: Percentage of children who were fed according to the minimum standard for infant and young child feeding practices and percentage who received Vitamin A during the past six months (among children aged 6-23 months)**

	Fed according to minimum standards		Received Vitamin A		<i>n</i>
	%	(CI)	%	(CI)	
<b>Region</b>					
DIANA	59.5	(43.4 – 73.8)	59.3	(50.3 – 67.6)	122
SAVA	42.5	(30.6 – 55.4)	50.4	(39.6 – 61.2)	106
Boeny	73.7	(66.7 – 79.7)	31.5	(20.3 – 45.5)	65
Sofia	68.6	(61.2 – 75.1)	49.5	(40.0 – 59.1)	179
Menabe	73.0	(61.7 – 81.9)	51.7	(40.4 – 62.7)	120
Analanjirofo	67.2	(56.5 – 76.4)	64.7	(58.8 – 70.2)	243
Melaky	58.9	(49.3 – 67.8)	35.0	(25.6 – 45.6)	154
<b>Place of residence</b>					
Urban, Cat.1	60.9	(43.5 – 75.9)	73.2	(66.7 – 78.8)	79
Urban, Cat.2	61.5	(49.5 – 72.2)	62.4	(56.8 – 67.7)	231
Rural, Cat.1	58.9	(50.3 – 67.0)	46.5	(38.8 – 54.4)	87
Rural, Cat.2	64.1	(58.7 – 69.2)	46.5	(40.5 – 52.6)	592
<b>Mother's education</b>					
None	71.5	(58.4 – 81.7)	35.2	(23.8 – 48.5)	124
Primary	66.1	(59.7 – 72.0)	55.0	(49.2 – 60.7)	421
Lower secondary	56.6	(46.6 – 66.1)	52.8	(41.7 – 63.7)	353
Upper secondary+	67.9	(51.9 – 80.5)	58.3	(44.3 – 71.1)	91
<b>Gender</b>					
Female	58.8	(50.9 – 66.2)	55.2	(49.2 – 61.1)	494
Male	66.2	(59.5 – 72.4)	51.1	(43.4 – 58.7)	495
<b>Total</b>	<b>62.6</b>	<b>(57.3 – 67.6)</b>	<b>53.1</b>	<b>(48.4 – 57.8)</b>	<b>989</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of children 6-23 months who received solid and/or semi-solid foods in accordance to minimum standard of infant and young children feeding practice. For breastfed children, the minimum standard is defined as solid/semi-solid foods at least 3 times per day and foods from at least 3 food groups. For non-breastfed children the minimum standard is: solid/semi-solid foods at least 4 times per day and foods from at least 4 food groups. Food groups include: a) infant formula, milk other than breast milk, cheese or yogurt; b) foods made from grains, roots and tubers, including porridge fortified baby food from grains; c) vitamin A-rich fruits, vegetables and red palm oil; d) other fruits and vegetables; e) eggs; f) meat, poultry, fish/shellfish and organ meats; g) legumes and nuts; h) foods with oil, fat, butter. Denominator: Total number of infants 6-23 months.

Definition, Vitamin A supplementation: Number of children 6-23 months of age receiving vitamin A supplementation in the previous six months. Denominator: Total number of children 6-23 months.

### Vitamin A supplements

Slightly more than half of all infants aged 6-23 months (53.1%) received Vitamin A supplements during the six months preceding the survey. Vitamin A supplementation is substantially lower in Boeny (31.5%) and Melaky (35.0%), but higher in Analanjirofo (64.7%). Vitamin A supplementation is more common in urban communes (73.2% for category 1 and 62.4% for category 2) than in rural communes (46.5%).

Breakdown by the mother's level of education shows that vitamin A is very low among children born to uneducated women (35.2%), while it is slightly above average for each of other educational groups. Vitamin A supplementation varies little by gender of the child.



## Chapter 10 Community-based health volunteers

CHVs are an essential component of the health system in Madagascar, particularly in remote rural areas that may not have easy access to a CSB. All CHVs were asked about the family planning and sexually transmitted infection (STI) counseling or services they provide, and about stockouts of family planning products and specific tracer drugs that they normally provide. They were also asked how they dispose of hazardous materials, about the availability of water and soap for handwashing, and whether they receive supportive supervision. This section also reports data from the household survey on the level of exposure to CHVs, and on the number of health topics that were discussed during the most recent CHV visit.

### Family planning services/counseling offered

The percentage of CHVs who discussed family planning or provided contraceptive products during their last service visit is displayed in Figure 13. Overall, 68.6% of CHV offered family planning services/products. As anticipated, the percentage is higher in rural communes (roughly 66%) than in urban ones (42.8% for category 1; 55.9% for category 2).

**Figure 13: Percentage of community health volunteers who discussed family planning or provided contraceptives during their last service visit, by type of place of residence**

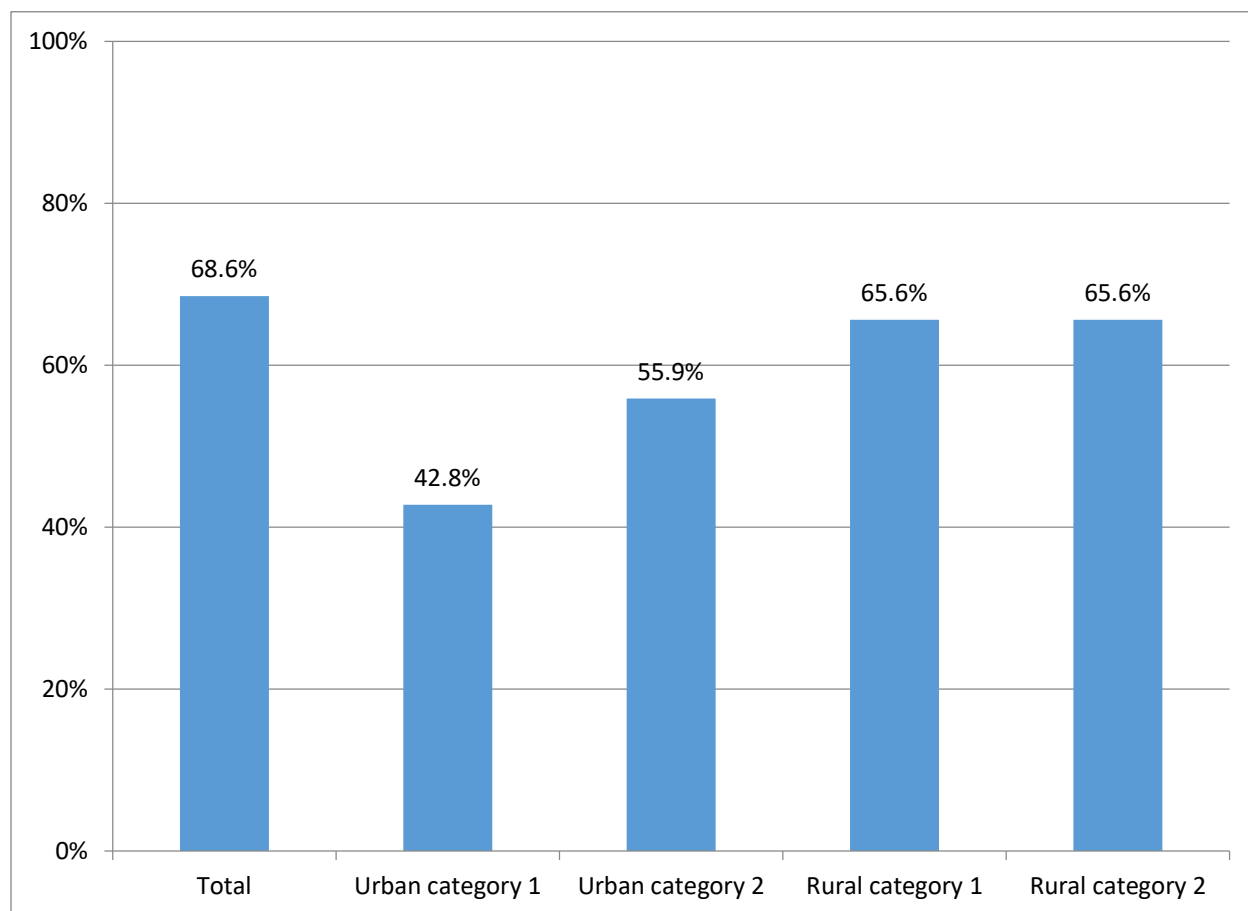


Table 43 shows more detailed information about the specific services or products the CHV provided during their last visit. Overall, 20.3% of CHV provided injectables and 16.1% provided the pill. Only 7.2% provided condoms. In addition, many CHVs gave referrals for family planning products (17.9%) or services (19.0%).

Although the results need to be interpreted with caution due to the small sample sizes, it appears that there are large regional variations in the extent to which CHV provided oral contraceptives. In Boeny, Sofia, and Melaky over 25% of CHV provided the pill, compared to less than 10% in DIANA, SAVA, and Analanjirofo. It is also noteworthy that CHV based in urban category 1 locations did not provide oral contraceptives (nor condoms or injectables). In Boeny (n=14), one in four CHVs (24.4%) offered condoms, while less than 10% did so in DIANA, SAVA, and Sofia. None of the CHVs in Analanjirofo offered condoms. The percentage of CHVs who provided condoms decreases with level of urbanization, ranging from 9.6% for CHV in rural category 2 communes to 2.7% in urban category 2 communes. The CHVs in urban category 1 communes did not provide condoms. The results for injectables show a pattern that is fairly similar to that for oral contraceptives. The percentage of CHVs who provided injectables is highest in Boeny (70.4%; n=14), Melaky (49.0%), and Menabe (42.2%), and lowest in DIANA (7.1%), SAVA (9.0%) and Analanjirofo (10.7%). CHVs in rural areas are much more likely than those in urban areas to distribute injectables. Many CHVs also provide referrals for family planning products or services (17.9% and 19.0%). CHVs in Boeny (n=14) and Analanjirofo are most likely to give referrals for family planning products or services, while CHVs in Menabe and SAVA are least likely to do so. Breakdown by level of urbanization shows that CHVs in urban category 1 locations are least likely to provide referrals for family products (6.6%) or services (3.1%).

**Table 43: Percentage of CHV who provided family planning (FP) products/services during their last service visit, by type**

	Pill	Condom	Injectable	FP product referrals	FP service referrals	<i>n</i>
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Region</b>						
DIANA	3.6 ( 0.5 – 22.3)	6.1 ( 0.8 – 34.5)	7.1 ( 2.0 – 22.0)	17.3 ( 5.3 – 43.6)	33.3 (16.2 – 56.2)	31
SAVA	1.7 ( 0.2 – 11.6)	7.5 ( 1.0 – 40.4)	9.0 ( 4.7 – 16.5)	12.7 ( 3.4 – 37.4)	16.4 ( 5.9 – 37.8)	40
Boeny	35.9 (14.3 – 65.3)	24.4 ( 8.2 – 54.0)	70.4 (33.7 – 91.8)	29.3 (11.0 – 58.1)	46.0 (17.7 – 77.1)	14
Sofia	24.5 (15.3 – 37.0)	7.1 ( 2.8 – 17.2)	17.0 ( 9.1 – 29.5)	21.8 (12.4 – 35.5)	22.6 (12.8 – 36.6)	59
Menabe	21.3 (10.2 – 39.2)	11.8 ( 4.8 – 26.1)	42.2 (28.8 – 56.9)	7.0 ( 2.5 – 18.0)	1.3 ( 0.2 – 9.0)	36
Analanjirofo	8.6 ( 3.3 – 20.8)	0.0	10.7 ( 4.7 – 22.7)	23.1 (11.9 – 40.2)	16.1 ( 8.3 – 28.9)	55
Melaky	35.9 (17.2 – 60.1)	12.6 ( 4.8 – 29.2)	49.0 (28.9 – 69.5)	16.1 ( 6.9 – 33.3)	16.3 ( 7.7 – 31.3)	41
<b>Place of residence</b>						
Urban, Cat.1	0.00	0.00	0.00	6.6 ( 0.8 – 37.3)	3.1 ( 0.4 – 19.5)	20
Urban, Cat.2	13.6 (6.8 – 25.4)	2.7 (0.8 – 8.2)	15.7 (8.2 – 27.9)	21.8 (12.5 – 35.3)	20.2 (11.7 – 32.5)	72
Rural, Cat.1	19.4 ( 7.4 – 42.1)	6.2 (1.5 – 21.8)	36.4 (20.6 – 55.7)	11.4 ( 4.1 – 28.3)	21.6 ( 9.4 – 42.2)	27
Rural, Cat.2	17.2 (11.8 – 24.4)	9.6 (5.1 – 17.4)	20.7 (15.2 – 27.5)	17.2 (10.7 – 26.3)	18.4 (12.0 – 27.1)	157
<b>Total</b>	<b>16.1 (11.9 – 21.4)</b>	<b>7.2 ( 4.1 – 12.2)</b>	<b>20.3 (16.0 – 25.4)</b>	<b>17.9 (12.8 – 24.5)</b>	<b>19.0 (14.0 – 25.2)</b>	<b>276</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CHVs who reported to provide FP/RH counseling or services to their clients during their last visit.  
Denominator: Total number of CHVs.

## STI services/counseling offered

CHVs were also asked whether they offered services for sexually transmitted infections during their last service visit, and if so, what types of services they offered. As shown in Table 44, 21.5% of CHVs provided some type of STI services or counseling during their last visit. The highest percentage of CHVs providing STI services or counseling during their last visit is observed in Boeny (39.0%; n=14), Sofia (33.4%), and Menabe (32.2%). CHVs in the SAVA region did not provide STI services or counseling. In DIANA and Melaky relatively few CHVs offered STI services during their last service visit (10.4% and 17.9%, respectively).

Breakdown by type of STI services offered during the last service visit shows that 14.3% of all CHVs provided STI prevention counseling or services (see column 2). CHVs in Analanjirofo are least likely to have provided STI prevention services (9.2%) while those in Menabe are most likely to have done so (32.2%). CHVs in rural areas are more likely to have provided STI prevention services (23.7% for category 1; 14.4% for category 2) than those in urban areas (6.6% for category 1; 11.8% for category 2).

Overall, 8.3% of CHVs offered STI treatment during their last visit. However, closer examination shows that Sofia and Menabe are the only regions where CHVs tend to offer STI treatment (15.9% and 29.3%). CHVs in rural category 1 communes are mostly likely to have offered STI treatment. CHVs in urban areas do not appear to offer STI treatment, presumably because more qualified health services are available.

Interestingly, only 5.3% of CHVs provided referrals for STI treatment. CHVs in Analanjirofo, Boeny (n=14) and Sofia are mostly likely to have provided referrals (13.3%, 9.8%, and 7.4%). STI referrals were uncommon in the other regions. Breakdown by level of urbanization shows that none of the CHVs in rural category 1 communes provided STI referrals, possibly because there are no qualified health providers in those areas.

**Table 44: Percentage of CHV who provided STI counseling and/or services during their last service visit, by type**

	Any STI service	STI prevention	STI treatment	STI referrals	<i>n</i>
	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Region</b>					
DIANA	10.4 ( 2.6 – 34.1)	10.4 ( 2.6 – 34.1)	0.0	0.8 (0.1 – 5.3)	31
SAVA	0.0	0.0	0.0	0.0	40
Boeny	39.0 (19.7 – 62.6)	29.3 (11.0 – 58.1)	0.0	9.8 (1.2 – 48.9)	14
Sofia	33.4 (22.3 – 46.7)	18.6 (10.5 – 30.7)	15.9 ( 6.8 – 32.9)	7.4 (2.4 – 20.7)	59
Menabe	32.2 (22.5 – 43.7)	32.2 (22.5 – 43.7)	29.3 (18.8 – 42.7)	0.0	36
Analanjirofo	22.4 (12.5 – 37.0)	9.2 ( 3.7 – 21.0)	0.0	13.3 (5.9 – 27.0)	55
Melaky	17.9 ( 6.5 – 40.7)	17.9 ( 6.5 – 40.7)	3.1 ( 0.4 – 20.1)	3.1 (0.4 – 20.6)	41
<b>Place of residence</b>					
Urban, Cat.1	6.6 ( 0.8 – 37.3)	6.6 (0.8 – 37.3)	0.0	6.6 ( 0.8 – 37.3)	20
Urban, Cat.2	18.9 (10.6 – 31.4)	11.8 (5.3 – 24.3)	2.8 ( 0.6 – 11.3)	8.0 ( 3.1 – 19.2)	72
Rural, Cat.1	23.7 (11.5 – 42.7)	23.7 (11.5 – 42.7)	18.9 ( 8.2 – 38.0)	0.0	27
Rural, Cat.2	22.7 (15.9 – 33.4)	14.4 ( 8.9 – 22.3)	9.8 ( 4.9 – 18.6)	4.7 ( 1.9 – 11.0)	157
<b>Total</b>	21.5 (16.8 – 27.0)	14.3 (10.6 – 19.0)	8.3 ( 5.0 – 13.5)	5.3 ( 2.8 - 9.7)	276

Note: Weighted percentages; unweighted *n* of cases

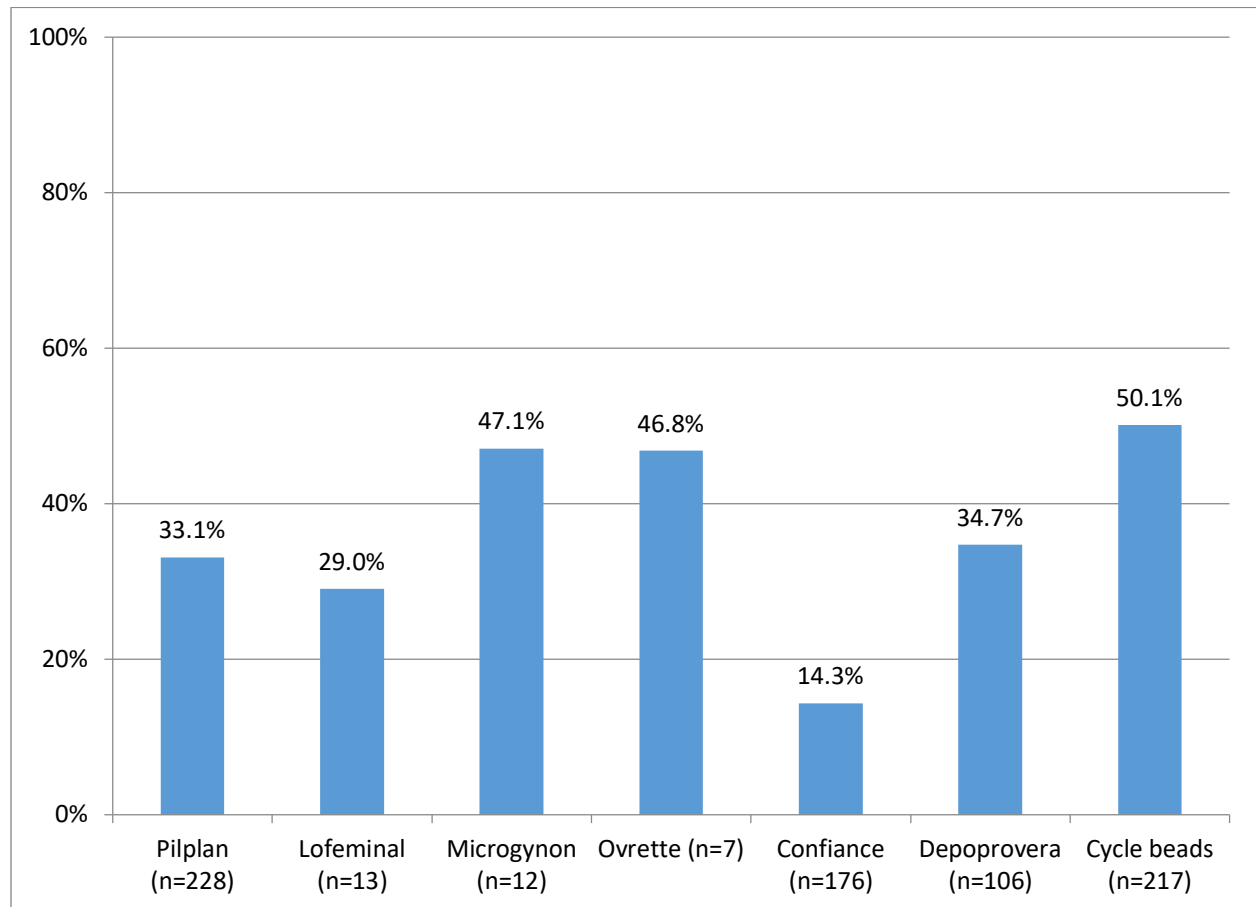
Definition: Number of CHVs who reported to provide specific STI services to their clients during their last visit. Denominator: Total number of CHVs.

### Stockouts of family planning products and tracer drugs

All CHVs were asked whether they normally stock each of the following brands of family planning products: Pilplan, Lofeminal, Microgynon, Ovrette, Confiance, Depo (Depoprovera or Depocom), and cycle beads. For each family planning product they normally stock, they were asked whether they had that particular brand in stock at the time of the survey.

As shown in Figure 14, many CHV suffer from stockouts of family planning products. For example, of the 228 CHV who normally stock Pilplan, 33.1% did not have Pilplan in stock at the time of the survey. Similarly, 14.3% reported a stockout of Confiance, 34.7% of Depoprovera, and 50.1% of cycle beads. (Note that very few CHV carry Lefeminal, Microgynon, and Ovrette.)

Figure 14: Percentage of CHV who currently have a stockout of a tracer family planning product they normally stock



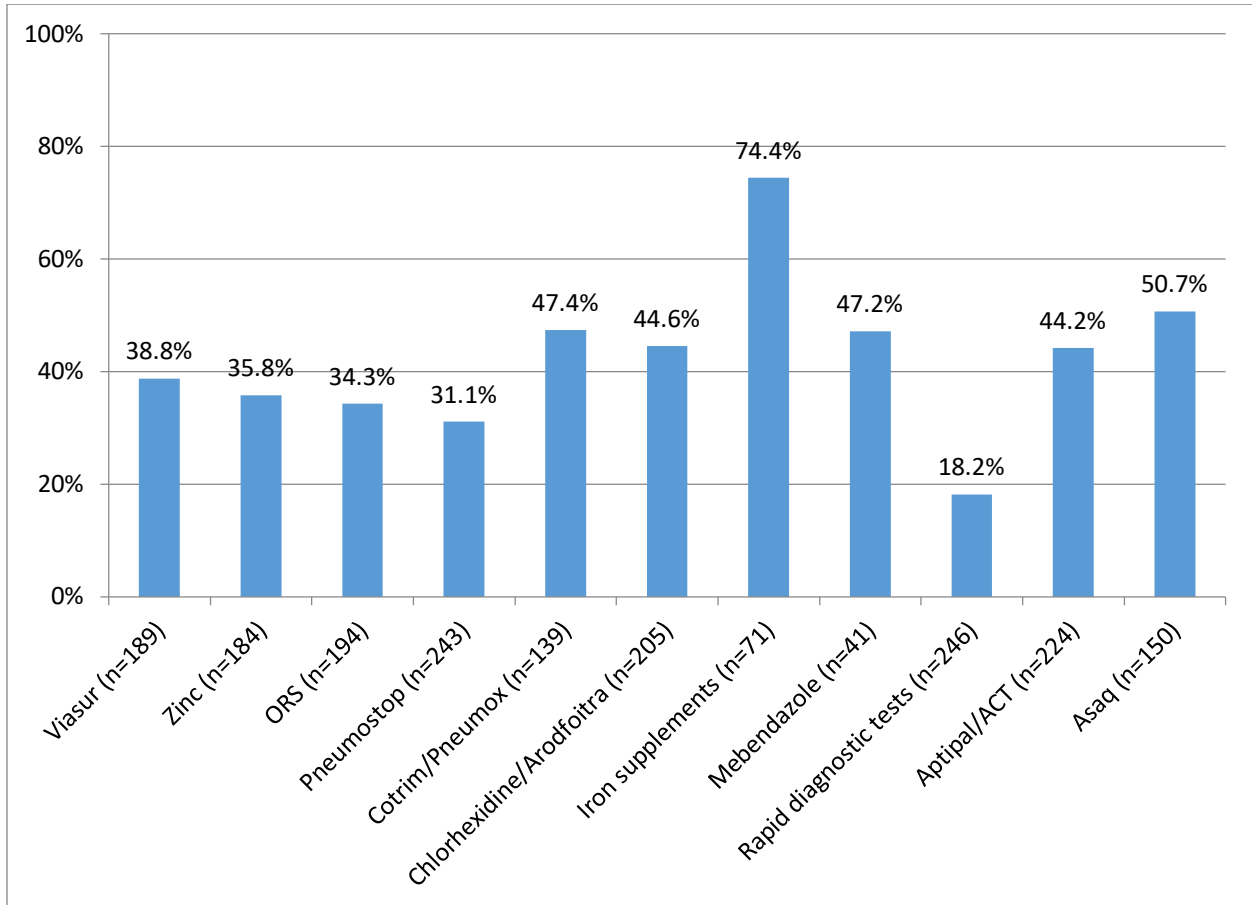
Definition: Number of CHV who are out of stock on at least one tracer contraceptive method they normally provide. FP tracer drugs include Pilplan, Lofeminal, Microgynon, Ovrette, Confiance, Depoprovera/Depocom, and cycle beads. Denominator: Number of CHV who normally provide at least one tracer FP method.

CHVs were also asked whether they normally stock eleven different tracer drugs (other than the family planning products discussed above). Separate questions were asked for three diarrhea drugs (Viasur, zinc, oral rehydration salts), for three drugs for respiratory infections (Pneumostop, Cotrim/Pneumox, Chlorhexidine/Arofoitra), deworming (Mebendazole), three malaria drugs (rapid diagnostic tests,

Actipal/ACT, Asaq), or for iron supplementation for pregnant women. CHVs were subsequently asked whether each of these eleven drugs were in stock at the time of the survey.

The results presented in Figure 15 show that it is common for CHV to have drug stockouts. At the time of the survey, each of the three diarrhea drugs was out of stock with over one third of the CHV. Nearly three out of every four CHV who normally carry iron supplements (n=71) reported that they were out of stock at the time of the survey. Each of the drugs for respiratory infections was out of stock with 30-50% of the CHV who normally carry them.

Figure 15: Percentage of CHV who currently have a stockout of a tracer drug they normally stock



Definition: Number of CHV who are out of stock on at least one tracer drug they normally provide. Tracer drugs include Viasur, Zinc, Oral rehydration salts, Pneumostop, Cotrim/Pneumox, Chlorhexidine/Arofoitra, Mebendazole, Rapid diagnostic tests, Actipal/ACT, Asaq, and iron supplements. Denominator: Number of CHV who normally provide at least one tracer drug.

### Disposal of hazardous equipment and materials

The questionnaire also enquired how CHVs dispose of hazardous equipment and materials. CHVs who reported that they put the materials in a special plastic bag and bury it, that they put the materials in a “safety box” or who send the equipment and materials to the CSB to be incinerated were considered to use adequate disposal procedures. Any CHV who reported to throw hazardous materials in the trash or

latrine, or who reported to use other disposal methods were counted as not using adequate disposal procedures.

Table 45 shows that 73.9% of all CHV use adequate disposal procedures for hazardous equipment and materials. The percentage of CHVs using adequate disposal procedures is above 80% in all regions, except in the Analanjirofo region, where it is only 24.5%. Breakdown by level of urbanization shows that the percentage of CHVs who practice adequate disposal procedures for hazardous waste is surprisingly low in urban category 1 communes (45.0%). The reason for this is unclear, but it is possible that CHVs in these locations use disposal procedures that were not listed among the answer codes for the question and that were therefore coded as “other”.

**Table 45: Percentage of CHV who *only* practice adequate disposal of hazardous equipment and materials**

	Practices only adequate disposal methods	
	%	(CI)
<b>Region</b>		
DIANA	80.7	(59.9 – 92.2)
SAVA	80.5	(64.3 – 90.5)
Boeny	100.0	
Sofia	86.2	(74.3 – 93.0)
Menabe	84.8	(74.2 – 91.6)
Analanjirofo	24.5	(13.3 – 40.8)
Melaky	92.2	(76.9 – 97.6)
<b>Place of residence</b>		
Urban, Cat.1	45.4	(18.5 – 75.2)
Urban, Cat.2	66.6	(49.7 – 80.0)
Rural, Cat.1	90.9	(68.8 – 97.8)
Rural, Cat.2	75.6	(67.9 – 81.9)
<b>Total</b>	<b>73.9</b>	<b>(68.3 – 78.9)</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CHVs who reported they put used syringes and needles in a special plastic bag and bury it, put it in a “safety box” and send it to to the CSB to be incinerated. Denominator: Total number of CHVs interviewed.

### Availability of water and soap for handwashing

As shown in Table 46, only 56.5% of CHVs have water and soap available for handwashing. Variations across region range from a low of 31.6% in Sofia to a high of 90.3% in DIANA. Variations also exist by type of place of residence, with CHVs in rural category 1 being most likely to have water and soap for handwashing available (86.2%), followed by those in urban category 1 locations (84.7%). In rural category 2 communes only 46.5% of CHV have water and soap available for handwashing.

**Table 46: Percentage of CHV who have water and soap available for handwashing**

	Water and soap available	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	90.3 (65.6 – 97.9)	31
SAVA	62.5 (43.8 – 78.1)	40
Boeny	54.0 (21.7 – 83.3)	14
Sofia	31.6 (20.4 – 45.5)	59
Menabe	89.5 (77.2 – 95.6)	36
Analanjirofo	50.8 (42.3 – 59.3)	55
Melaky	58.9 (43.5 – 72.8)	41
<b>Place of residence</b>		
Urban, Cat.1	84.7 (66.2 – 93.9)	20
Urban, Cat.2	67.6 (52.7 – 79.6)	72
Rural, Cat.1	86.2 (69.9 – 94.4)	27
Rural, Cat.2	46.5 (39.2 – 54.0)	157
<b>Total</b>	<b>56.5 (50.7 – 62.1)</b>	<b>276</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CHV who carry soap and water for hand-washing. Denominator: Total number of CHV.

### Supervision of the CHV

Supportive supervision is a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality care service. For the purpose of this study, a CHV was considered to have received supportive supervision in the past three months if the supervisor provided at least one of the following: a) feedback on the CHV's work; b) a written or verbal report indicating that the CHV performed his/her work well; c) provided updates on administrative and/or technical issues related to the CHV's work; d) discussed problems the CHV had encountered.

Table 47 indicates that 29.5% of all CHVs received supportive supervision from the public sector during the last three months. The percentage of CHVs who reported receiving supportive supervision is notably higher in Sofia (37.5%) and Boeny (59.2%; *n*=14). By contrast, only 12.7% of CHVs in Analanjirofo reported receiving supportive supervision in the past three months. The level of supportive supervision does not vary much by level of urbanization.

**Table 47: Percentage of CHV who received supportive supervision from the public sector during the last three months**

	Received supportive supervision	
	%	(CI)
<b>Region</b>		<i>n</i>
DIANA	29.3 (13.5 – 52.4)	31
SAVA	28.3 (14.8 – 47.2)	40
Boeny	59.2 (31.2 – 82.3)	14
Sofia	37.5 (23.5 – 54.1)	59
Menabe	23.9 (11.5 – 43.0)	36
Analanjirofo	12.7 ( 6.4 – 23.9)	55
Melaky	39.2 (25.3 – 55.0)	41
<b>Place of residence</b>		
Urban, Cat.1	25.5 ( 9.4 – 53.0)	20
Urban, Cat.2	25.4 (15.0 – 39.5)	72
Rural, Cat.1	23.2 (11.9 – 40.2)	27
Rural, Cat.2	32.4 (24.0 – 42.2)	157
<b>Total</b>	<b>29.5 (23.2 – 36.6)</b>	<b>276</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CHV who they had supervision in the last 3 months that included at least one component of supportive supervision. Components of supportive supervision include providing feedback on the CHV's work, a written or verbal report indicating the CHV performed his/her work well, updates on administrative/technical issues, and discussing problems.

Denominator: Total number of CHVs interviewed.

### CHV visits

Additional information about the CHVs was collected in the household and women's questionnaires. Table 48 shows that 33.0% of households were visited by a CHV within the last three months. Households in SAVA are least likely to have received a CHV visit (19.7%), while those in Melaky, Boeny, and Sofia are most likely to have been visited by a CHV (51.7%, 48.0% and 40.0%). The percentage of households that were visited by a CHV in the last three months varies little by level of urbanization.



**Table 48: Percentage of heads of households who report the household was visited by a CHV in the past 3 months**

	HH visited by CHV in past 3 months	
	%	<i>n</i>
<b>Region</b>		
DIANA	29.1 (20.8 – 39.2)	543
SAVA	19.7 (13.2 – 28.3)	535
Boeny	48.0 (41.0 – 55.1)	280
Sofia	40.0 (41.8 – 48.8)	955
Menabe	29.9 (24.8 – 35.5)	698
Analanjirofo	34.6 (29.5 – 40.2)	820
Melaky	51.7 (42.5 – 60.8)	682
<b>Place of residence</b>		
Urban, Cat.1	32.5 (22.7 – 44.2)	269
Urban, Cat.2	37.8 (32.1 – 43.8)	1,069
Rural, Cat.1	34.3 (23.6 – 47.0)	412
Rural, Cat.2	27.3 (20.3 – 35.7)	2,763
<b>Total</b>	<b>33.0 (29.1 – 37.2)</b>	<b>4,513</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of head of households who reported they received a visit from a CHV in the three months preceding the survey. Denominator: Total number of households.

All women were also asked whether they were visited by a CHV, and if so, which topics they discussed during the last CHV visit. The topics were classified into six groups: 1) prenatal care and delivery; 2) postnatal care, post-delivery care, post-abortion care; 3) family planning/pregnancy prevention; 4) fever and malaria; 5) diarrhea, and 6) cough and respiratory illnesses.

Table 49 shows the percentage of women who discussed at least two different health topics during the last CHV visit. The results presented in Table 49 show that among those women who were visited by a CHV, 39.2% discussed at least two health topics during his/her last visit. However, the percentage of women who discussed multiple health topics varies considerably by region, with the lowest percentage being reported in Analanjirofo (17.5%) and DIANA (28.3%), and the highest in Melaky (63.1%), Menabe (49.6%), and Sofia (44.7%).

The percentage of women who discussed multiple health topics during the last CHV visit does not appear to be associated with the level of urbanization. Interestingly, women who have at least upper secondary education are less likely than other women to have discussed multiple health topics (23.4%). Women in the key reproductive ages (their 20s and 30s) are more likely than teenage and older women to have discussed multiple health topics with the CHV.

**Table 49: Percentage of women aged 15-49 who discussed two or more health topics during the most recent CHV visit**

	Discussed at least two health topics during last CHV visit	
	%	<i>n</i>
<b>Region</b>		
DIANA	28.3 (18.4 – 41.0)	268
SAVA	40.9 (35.0 – 47.0)	260
Boeny	34.7 (26.9 – 43.3)	166
Sofia	44.7 (39.3 – 50.1)	624
Menabe	49.6 (43.7 – 55.5)	451
Analanjirofo	17.5 (12.8 – 23.5)	460
Melaky	63.1 (57.8 – 68.2)	476
<b>Place of residence</b>		
Urban, Cat.1	43.1 (35.4 – 51.2)	156
Urban, Cat.2	31.4 (22.8 – 41.6)	531
Rural, Cat.1	45.2 (35.8 – 55.0)	289
Rural, Cat.2	43.1 (38.5 – 47.9)	1,729
<b>Education</b>		
None	42.2 (34.8 – 50.1)	366
Primary	43.7 (38.3 – 49.3)	1,260
Lower secondary	39.5 (35.5 – 43.6)	849
Upper secondary +	23.4 (15.4 – 33.9)	230
<b>Age group</b>		
15-19	33.6 (24.3 – 44.4)	320
20-29	40.6 (35.7 – 45.7)	1,009
30-39	42.4 (36.4 – 48.6)	852
40+	35.3 (28.9 – 42.3)	524
<b>Total</b>	<b>39.2 (35.2 – 43.4)</b>	<b>2,705</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of WRA who discussed at least two health topics during their last CHV visit. Topics include prenatal care and delivery; family planning and pregnancy; vaccinations, nutrition and growth monitoring; fever and malaria; diarrhea; and cough. Denominator: Number of WRA who were visited by a CHV.

## Chapter 11 Basic health centers

In Madagascar, basic health centers staffed with a medical doctor or paramedic (levels 1 and 2, respectively), are an essential source of primary health care (Emile, 2015; Madagascar Matin, 2015). As was the case for the CHV survey, the CSB survey collected information about the family planning and STI counseling or services they provide, about stockouts of family planning products and specific tracer drugs that they normally provide, about disposal of hazardous materials, the availability of water and soap for handwashing, and about supervision of the CSB. The survey also enquired whether the CSBs had an operational system to quantify their stocks and their needs.

### Family planning services/counseling offered

All CSBs were asked whether they provide counseling or services for various family planning methods. All CSBs offer counseling or services for at least one family planning method. Figure 16 shows that all CSB offer oral contraceptives and injectables. Nearly all CSBs also offer counseling and/or services for condoms (94.0%), implants (87.3%) and cycle beads (78.2%). Counseling or services for emergency contraception and IUDs are offered by roughly half of the CSBs. However, sterilization counseling/services are offered by only about one in four CSBs.

Figure 16: Percentage of CSB that offer counseling or services for various family planning methods

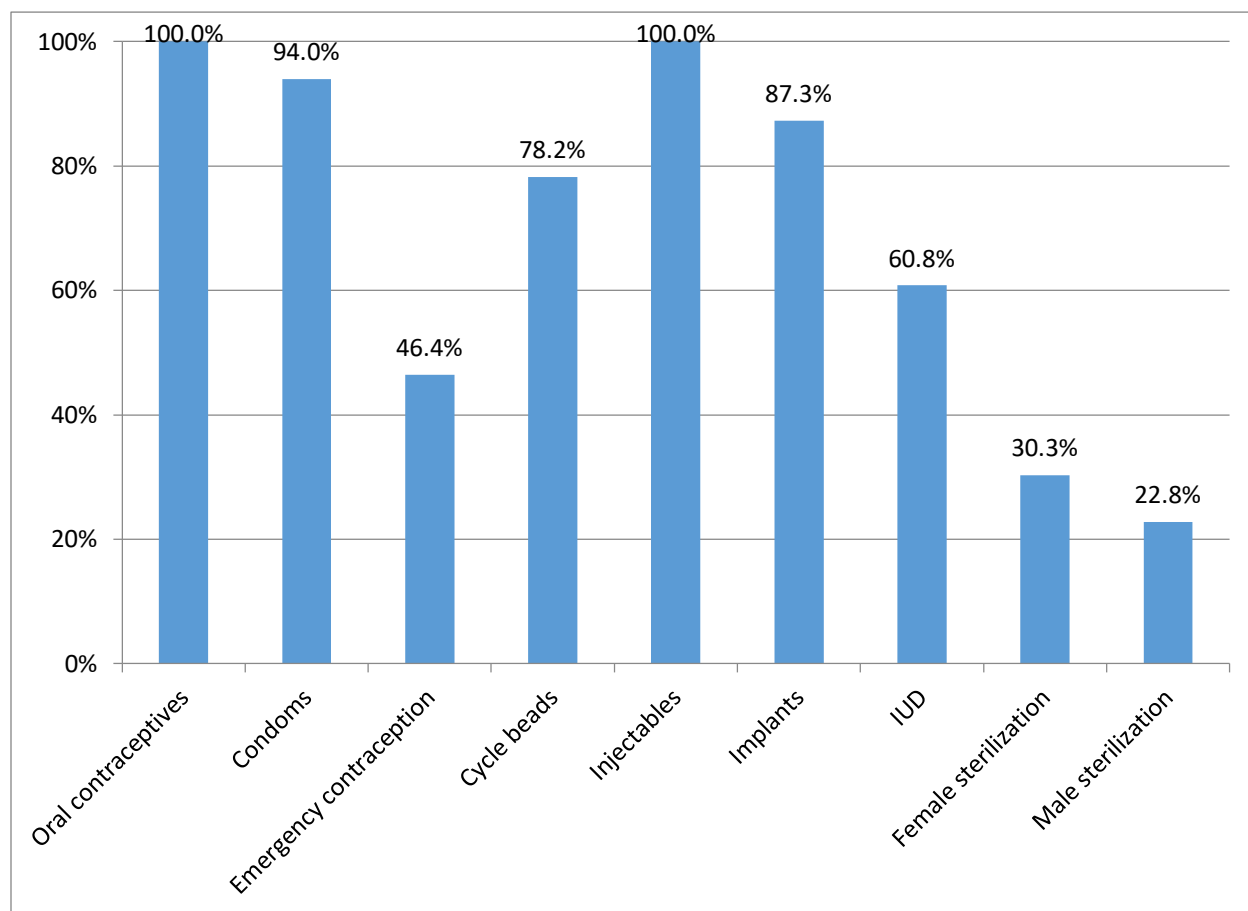


Table 50 shows the availability of various family planning counseling and services for by region and type of place of residence.

**Table 50: Percentage of CSB that provide family planning (FP) counseling and/or services, by type**

	Pill % (CI)	Condom % (CI)	EC % (CI)	Cyclebeads % (CI)	Injectable % (CI)	<i>n</i>
<b>Region</b>						
DIANA	100.0	100.0	50.8 (29.0 – 72.4)	92.2 (57.8 – 99.0)	100.0	17
SAVA	100.0	100.0	28.9 (11.9 – 55.2)	74.7 (45.7 – 91.2)	100.0	19
Boeny	100.0	86.6 (36.6 – 98.4)	10.6 ( 1.6 – 46.4)	75.0 (29.0 – 95.7)	100.0	8
Sofia	100.0	90.8 (73.7 – 97.2)	78.0 (59.5 – 89.6)	72.7 (50.1 – 87.6)	100.0	27
Menabe	100.0	92.5 (58.9 – 99.1)	28.6 (11.5 – 55.3)	82.4 (52.1 – 95.2)	100.0	17
Analanjirofo	100.0	89.3 (61.1 – 97.8)	26.0 (12.3 – 46.9)	76.5 (45.8 – 92.6)	100.0	22
Melaky	100.0	95.7 (73.7 – 99.4)	45.7 (22.0 – 71.6)	83.9 (61.5 – 94.5)	100.0	19
<b>Place of residence</b>						
Urban, Cat.1	100.0	100.0	7.9 ( 1.0 – 42.6)	100.0	100.0	8
Urban, Cat.2	100.0	100.0	63.0 (41.8 – 80.1)	84.1 (61.6 – 94.6)	100.0	24
Rural, Cat.1	100.0	84.6 (53.5 – 96.3)	24.3 ( 7.9 – 54.5)	91.0 (55.7 – 98.8)	100.0	12
Rural, Cat.2	100.0	93.3 (84.6 – 97.2)	44.6 (34.4 – 55.3)	74.3 (61.8 – 83.8)	100.0	85
<b>Total</b>	100.0	94.0 (87.6 – 97.2)	46.4 (38.2 – 54.7)	78.2 (67.7 – 85.9)	100.0	129

Note: Weighted percentages; unweighted *n* of cases.

	Implant % (CI)	IUD % (CI)	Female sterilization % (CI)	Male sterilization % (CI)	<i>n</i>
<b>Region</b>					
DIANA	100.0	80.9 (52.9 – 94.1)	30.4 (10.9 – 60.9)	32.0 (12.0 – 61.9)	17
SAVA	96.2 (76.1 – 99.5)	66.6 (41.1 – 85.1)	49.7 (26.7 – 72.8)	33.5 (14.4 – 60.2)	19
Boeny	100.0	60.6 (20.8 – 90.0)	10.6 ( 1.6 – 46.4)	0.0	8
Sofia	78.3 (58.7 – 90.2)	61.6 (40.2 – 79.3)	30.6 (15.5 – 51.5)	23.5 (10.4 – 45.0)	27
Menabe	73.1 (51.8 – 87.3)	20.5 ( 6.3 – 49.5)	7.5 ( 0.9 – 41.1)	0.0	17
Analanjirofo	83.5 (55.7 – 95.3)	64.0 (41.5 – 81.7)	25.2 ( 8.9 – 53.9)	21.9 ( 6.8 – 52.0)	22
Melaky	100.0	58.0 (35.5 – 77.6)	26.9 ( 9.2 – 57.1)	18.2 ( 4.8 – 49.5)	19
<b>Place of residence</b>					
Urban, Cat.1	92.1 (57.4 – 99.0)	17.1 ( 1.8 – 69.4)	0.0	17.1 ( 1.8 – 69.3)	8
Urban, Cat.2	96.8 (79.7 – 99.6)	64.0 (42.3 – 81.2)	24.8 (10.9 – 47.2)	32.1 (15.5 – 55.0)	24
Rural, Cat.1	100.0	81.6 (47.6 – 95.6)	62.3 (34.3 – 83.9)	38.4 (13.2 – 71.9)	12
Rural, Cat.2	82.7 (72.6 – 89.6)	58.0 (46.4 – 68.7)	28.5 (18.5 – 41.8)	18.0 (10.3 – 29.7)	85
<b>Total</b>	87.3 (79.8 – 92.3)	60.8 (51.1 – 69.7)	30.3 (21.8 – 40.5)	22.8 (15.0 – 33.1)	129

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB that reported to provide specific types FP/RH counseling or services. Denominator: Total number of CSBs.

### STI services/counseling offered

The questionnaire asked whether the CSBs offered services for STIs, and if so, what types of services they offer. The results are presented in Figure 17. Nearly all CSBs (98.7%) offer some type of STI services. The most commonly offered services include STI diagnostics (77.2%) and treatment (85.0%), followed by HIV counseling (81.3%).

Figure 17: Percentage of CSB that provide various types of STI counseling and/or services

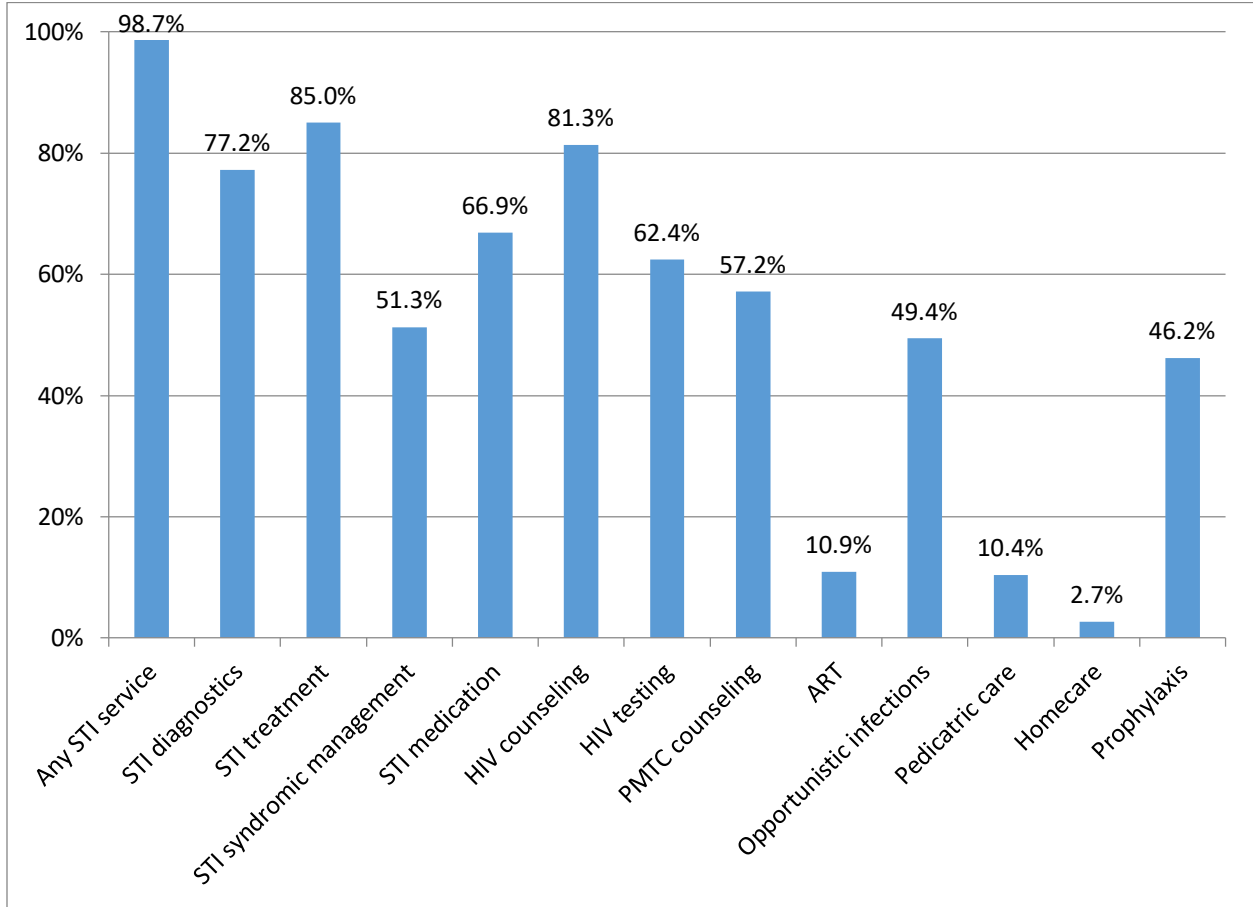


Table 51 and Table 52 show differences in the availability of these services by region and level of urbanization.

**Table 51: Percentage of CSB that provide STI counseling and/or services, by type**

	Any STI services % (CI)	STI diagnostic % (CI)	STI treatment % (CI)	STI syndromic management % (CI)	Medication % (CI)	HIV counseling % (CI)	HIV testing % (CI)	<i>n</i>
<b>Region</b>								
DIANA	100.0	92.5 (62.8 – 98.9)	100.0	52.1 (33.5 – 70.1)	74.1 (58.7 – 85.2)	100.0	80.6 (59.9 – 92.0)	17
SAVA	100.0	75.2 (47.3 – 91.1)	83.6 (62.3 – 94.0)	80.7 (67.4 – 89.4)	75.9 (58.8 – 87.5)	87.6 (67.6 – 96.0)	75.2 (47.3 – 91.1)	19
Boeny	100.0	100.0	85.6 (36.6 – 98.4)	35.6 ( 7.2 – 79.7)	100.0	46.2 (14.5 – 81.3)	78.8 (44.6 – 94.5)	8
Sofia	95.4 (72.2 – 99.4)	54.6 (34.1 – 73.6)	83.0 (68.8 – 91.5)	52.9 (41.1 – 64.4)	64.6 (46.9 – 79.0)	74.9 (54.2 – 88.3)	41.4 (24.7 – 60.3)	27
Menabe	100.0	100.0	86.9 (56.8 – 97.1)	38.2 (19.5 – 61.2)	87.1 (62.3 – 96.5)	76.8 (49.2 – 91.9)	72.8 (42.4 – 90.7)	17
Analanjirofo	100.0	86.1 (66.2 – 95.2)	76.3 (49.9 – 91.3)	19.8 ( 7.5 – 42.9)	34.9 (16.8 – 58.1)	79.8 (48.1 – 94.4)	52.3 (29.1 – 74.5)	22
Melaky	100.0	84.7 (63.2 – 94.7)	87.7 (55.6 – 97.6)	57.0 (30.9 – 79.8)	70.6 (40.9 – 89.2)	80.4 (57.6 – 92.6)	80.4 (57.6 – 92.6)	19
<b>Place of residence</b>								
Urban, Cat.1	100.0	100.0	100.0	92.1 (57.4 – 99.0)	100.0	100.0	100.0	8
Urban, Cat.2	100.0	90.1 (66.5 – 97.7)	90.5 (67.7 – 97.7)	53.3 (32.1 – 73.3)	75.6 (52.5 – 89.6)	79.3 (56.6 – 91.8)	78.7 (57.4 – 91.0)	24
Rural, Cat.1	100.0	87.4 (53.7 – 97.7)	87.4 (53.7 – 97.7)	57.9 (28.1 – 82.8)	60.7 (30.3 – 84.6)	96.8 (79.1 – 99.6)	62.7 (30.6 – 86.5)	12
Rural, Cat.2	98.1 (87.0 – 99.7)	71.5 (60.0 – 80.8)	82.7 (73.2 – 89.4)	49.1 (39.6 – 58.7)	64.5 (53.5 – 74.1)	79.7 (67.8 – 87.9)	56.7 (45.2 – 67.6)	85
<b>Total</b>	98.7 (90.8 – 99.8)	77.2 (68.0 – 84.3)	85.0 (77.5 – 90.3)	51.3 (44.7 – 57.8)	66.9 (59.1 – 74.0)	81.3 (72.5 – 87.8)	62.4 (52.9 – 71.0)	129

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB that reported to provide specific STI services. Denominator: Total number of CSBs.

**Table 52: Percentage of CSB that provide STI counseling and/or services, by type**

	PMTCT transmission	ART	Opportunistic infections	Pediatric care	Homecare	Prophylaxis	<i>n</i>
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Region</b>							
DIANA	60.1 (50.9 – 68.7)	16.7 ( 6.7 – 35.8)	41.4 (24.2 – 60.9)	15.3 ( 3.7 – 45.7)	7.5 ( 1.1 – 37.2)	22.6 (19.4 – 26.2)	17
SAVA	49.1 (26.8 – 71.9)	16.6 ( 6.1 – 37.9)	44.9 (24.3 – 67.5)	8.4 ( 1.0 – 44.4)	4.8 ( 0.6 – 28.7)	58.2 (38.8 – 75.4)	19
Boeny	50.0 (13.9 – 86.2)	14.4 ( 1.6 – 63.4)	21.2 ( 7.9 – 46.0)	0.0	0.0	25.0 ( 5.5 – 65.5)	8
Sofia	57.0 (39.5 – 72.9)	6.0 ( 0.8 – 33.2)	64.7 (44.5 – 80.7)	12.8 ( 3.7 – 36.0)	0.0	47.6 (30.2 – 65.6)	27
Menabe	80.6 (60.1 – 92.0)	16.6 ( 4.6 – 45.3)	66.5 (38.6 – 86.2)	22.1 ( 7.6 – 49.6)	0.0	65.4 (43.0 – 82.6)	17
Analanjirofo	56.6 (32.3 – 78.1)	0.6 ( 0.1 – 4.0)	37.6 (17.1 – 63.9)	0.0	0.0	43.0 (21.6 – 67.3)	22
Melaky	46.7 (23.5 – 71.4)	18.2 ( 4.8 – 49.5)	29.4 (10.8 – 59.1)	9.4 ( 2.1 – 33.9)	9.4 ( 2.1 – 33.9)	35.7 (15.6 – 62.5)	19
<b>Place of residence</b>							
Urban, Cat.1	100.0	25.0 ( 4.3 – 71.0)	50.0 (15.1 – 84.9)	0.0	0.0	15.8 ( 4.6 – 42.4)	8
Urban, Cat.2	74.7 (51.1 – 89.3)	6.6 ( 1.5 – 24.9)	70.7 (48.8 – 85.9)	32.1 (15.1 – 55.7)	6.7 ( 1.5 – 25.5)	60.2 (39.1 – 78.0)	24
Rural, Cat.1	52.1 (24.8 – 78.2)	9.4 ( 1.2 – 47.9)	30.1 (10.4 – 61.5)	0.0	0.0	52.3 (25.5 – 77.9)	12
Rural, Cat.2	51.6 (41.0 – 62.1)	12.2 ( 6.3 – 22.4)	45.2 (34.1 – 56.8)	5.2 ( 2.0 – 12.5)	1.8 ( 0.4 – 8.2)	41.5 (31.2 – 52.7)	85
<b>Total</b>	<b>57.2 (48.3 – 65.6)</b>	<b>10.9 ( 6.4 – 18.0)</b>	<b>49.4 (40.2 – 58.7)</b>	<b>10.4 ( 5.4 – 19.1 )</b>	<b>2.7 ( 0.9 – 7.6 )</b>	<b>46.2 (37.9 – 54.7)</b>	<b>129</b>

Note: Weighted percentages; unweighted *n* of cases.

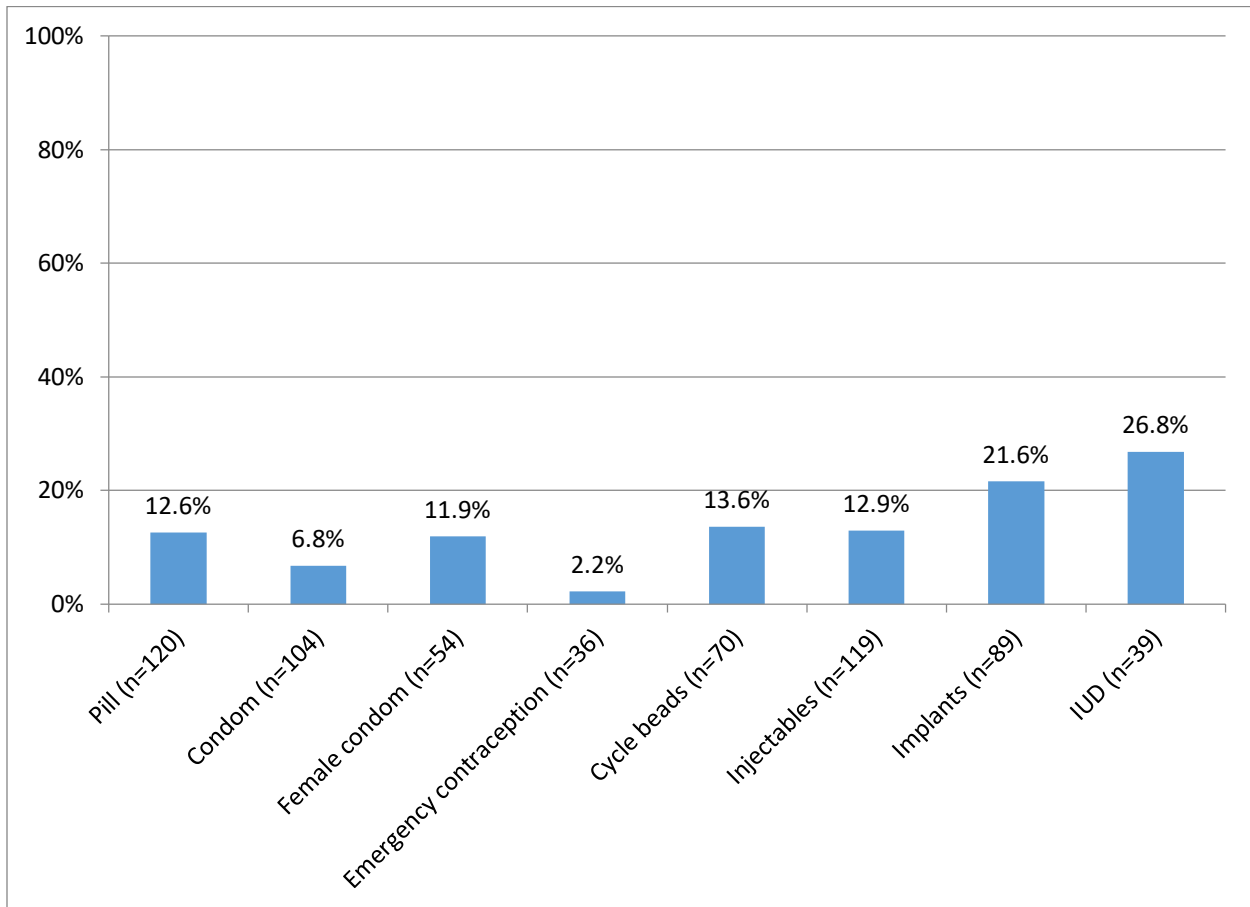
Definition: Number of CSB that reported to provide specific STI services. Denominator: Total number of CSBs.

### Stockouts of family planning products and tracer drugs

All CSBs were asked whether they normally stock each of the following family planning products: oral contraceptives, condoms, female condoms, emergency contraception, cycle beads, injections, implants, or IUDs. For each family planning product they normally stock, they were asked whether they had the product in stock at the time of the survey.

Figure 18 shows the percentage of CSB that reported that a type of family planning product was out of stock, among those CSB that normally carry the type of product. Over one in ten CSB reported current stockouts of oral contraceptives (12.6%), female condoms (11.9%), cycle beads (13.6%), and injectables (12.9%). Over one in five CSB reported stockouts of implants (21.5%) and IUDs (26.8%). Condoms and emergency contraception have the lowest stockout rates (6.8% and 2.2%, respectively).

Figure 18: Percentage of CSB who currently have a stockout of a type of family planning product they normally stock



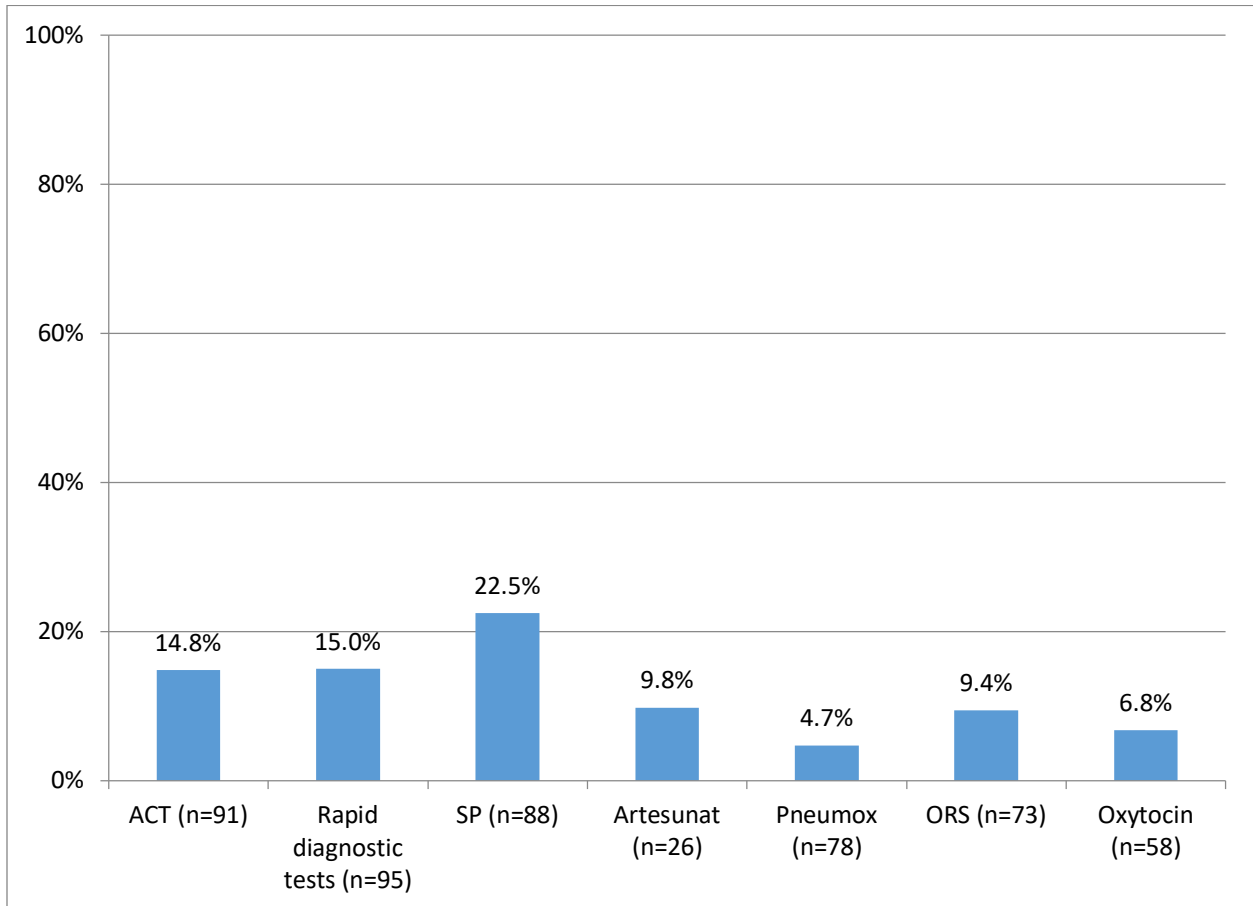
Definition: Number of CSB that are out of stock for at least one contraceptive method they normally provide. FP tracer drugs include pills, condoms, female condoms, emergency contraception, cycle beads, injectables, implants, and IUDs. Denominator: Number of CSB that normally provide at least one tracer contraceptive method.



The questionnaire also enquired whether the CSB normally stocks a series of tracer drugs (other than family planning products) and whether each of these drugs were in stock at the time of the survey. Specifically, the questionnaire asked about malaria drugs (ACT, rapid diagnostic tests, sulfadoxine-pyrimethamine, injectable artesunate), and maternal and child health drugs (Amoxicillin/Pneumox), oral rehydration therapy, and Oxytocin.

Figure 19 shows that 14.8% of the 91 CSB that normally stock ACT had a stockout at the time of the survey. Rapid diagnostic tests were out of stock in 15.0% of CSB, sulfadoxine-pyrimethamine in 22.5%, and artesunate in 9.8%. Stockouts of pneumox, ORS, and oxytocin are less common (4.7%, 9.4%, and 6.8%).

Figure 19: Percentage of CSB who currently have a stockout of tracer drugs they normally stock



Definition: Number of CSB that are out of stock on at least one tracer drug they normally provide is not available. Tracer drugs include Artemisinin-based Combination Therapy (ACT), rapid diagnostic tests (RDT), sulfadoxine-pyrimethamine (SP), artesunate injectable, amoxicillin (Pneumox), oral rehydration therapy, and oxytocin. Denominator: Number of CSB that normally provide at least one tracer drug.

## Disposal of hazardous equipment and materials

The questionnaire also enquired how CHVs dispose of hazardous equipment and materials. CSBs that put the materials in a special plastic bag and bury it, or who put the materials in a “safety box” or incinerate them were considered to use adequate disposal procedures. Any CSB that reported to throw hazardous materials in the trash or latrine, or who reported to use other disposal methods were counted as not using adequate disposal procedures. Using this definition, 79.5% of CSBs use adequate disposal methods (see Table 53).

**Table 53: Percentage of CSB that only practice adequate disposal of hazardous equipment and materials**

	Practices only adequate disposal methods	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	82.5 (53.1 – 95.2)	17
SAVA	49.9 (28.7 – 71.2)	18
Boeny	56.8 (27.9 – 81.7)	8
Sofia	91.8 (70.4 – 98.1)	26
Menabe	85.9 (84.3 – 87.4)	17
Analanjirofo	81.9 (55.3 – 94.3)	22
Melaky	100.0	18
<b>Place of residence</b>		
Urban, Cat.1	65.8 (25.2 – 91.7)	8
Urban, Cat.2	68.4 (44.4 – 85.4)	23
Rural, Cat.1	71.0 (31.6 – 92.8)	12
Rural, Cat.2	84.3 (74.2 – 90.9)	83
<b>Total</b>	<b>79.5 (71.5– 85.7)</b>	<b>126</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB that put hazardous materials in a special bag and bury it, or who incinerate it, or who put it in a safety box. Denominator: Number of CSB.

## Availability of water and soap for handwashing

Table 54 shows the percentage of CSB that have water and soap available for handwashing. Overall, 70.0% of CSBs have water and soap available. The percentage of CSBs that have water and soap available appears to be below average in Sofia (41.9%) and Melaky (52.8%). As anticipated, breakdown by level of urbanization shows that CSBs in rural category 2 communes are least likely to have water and soap available (62.1%).

**Table 54: Percentage of CSB that have water and soap available for handwashing**

	Water and soap available	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	92.5 (56.8 – 99.1)	17
SAVA	91.4 (69.4 – 98.0)	19
Boeny	78.8 (44.6 – 94.5)	8
Sofia	41.9 (25.2 – 60.6)	27
Menabe	76.2 (54.7 – 89.5)	17
Analanjirofo	79.4 (53.4 – 92.9)	22
Melaky	52.8 (28.1 – 76.2)	19
<b>Place of residence</b>		
Urban, Cat.1	84.2 (57.7 – 95.4)	8
Urban, Cat.2	86.2 (64.3 – 95.6)	24
Rural, Cat.1	91.3 (66.4 – 98.2)	12
Rural, Cat.2	62.1 (50.9 – 72.6)	85
<b>Total</b>	<b>70.0 (61.9 – 77.1)</b>	<b>129</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB who have soap and water for hand-washing at the moment of the survey. Denominator: Total number of CSB.

## Supervision of the CSB

The CSB questionnaire asked whether the CSBs received a supervision visit from the public sector in the last three months, and what took place during the last supervision visit. A CSB was considered to have received supportive supervision if the supervisor provided at least one of the following: a) feedback on the CSB's work; b) a written or verbal report indicating that the work performed at by CSB was done well; c) provided updates on administrative and/or technical issues related to the work of the CSB; d) discussed problems the CSB had encountered.

As shown in Table 55, 63.5% of CSBs received supportive supervision from the public sector during the three months preceding the survey. Although the sample size are too small to draw firm conclusions, it appears that the percentage of CSBs that received supportive supervision is low in Analanjirofo (44.7%; *n*=22) and high in Menabe (86.0%, *n*=17). Levels of supportive supervision are low in rural category 2 communes (58.1%).

**Table 55: Percentage of CSB that received supportive supervision from the public sector during the last three months**

	Supportive supervision	
	% (CI)	<i>n</i>
<b>Region</b>		
DIANA	77.2 (37.2 – 95.1)	17
SAVA	75.4 (46.9 – 91.5)	19
Boeny	78.8 (44.6 – 94.5)	8
Sofia	50.9 (33.2 – 68.3)	27
Menabe	86.0 (54.4 – 97.0)	17
Analanjirofo	44.7 (26.5 – 64.4)	22
Melaky	62.3 (35.5 – 83.1)	19
<b>Place of residence</b>		
Urban, Cat.1	76.3 (57.4 – 88.4)	8
Urban, Cat.2	76.9 (53.1 – 90.7)	24
Rural, Cat.1	71.2 (38.6 – 90.7)	12
Rural, Cat.2	58.1 (46.5 – 68.9)	85
<b>Total</b>	<b>63.5 (53.9 – 72.1)</b>	<b>129</b>

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB who they had supervision in the last 3 months that included at least one component of supportive supervision. Components of supportive supervision include providing feedback on the CSB's work a written or verbal report indicating the CSB performed his/her work well; updates on administrative/technical issues, and discussing problems.

Denominator: Total number of CSB.

## Operational systems to quantify stocks and needs

Table 56 shows that nearly all CSBs (98.5%) have an operational system to quantify their stock. This is the case in all regions, and irrespective of level of urbanization. However, only 56.9% of CSBs have a system to quantify their needs. CSBs located in Sofia (n=27) are least likely to have a system to quantify their needs, while CSBs in Menabe (n=17) are mostly like to have such a system. The likelihood that a CSB has an operational system to quantify their needs is high in urban category 1 locations and low in rural category 2 communes.

**Table 56: Percentage of CSB that have an operational system to quantify their stocks and to quantify their needs**

	System to quantify stocks	System to quantify needs	<i>n</i>
	% (CI)	% (CI)	
<b>Region</b>			
DIANA	100.0	57.5 (32.5 – 79.2)	17
SAVA	100.0	67.6 (40.7 – 86.4)	19
Boeny	100.0	75.0 (34.5 – 94.5)	8
Sofia	97.1 (81.3 – 99.6)	30.3 (15.9 – 50.3)	27
Menabe	100.0	94.5 (70.3 – 99.2)	17
Analanjirofo	96.3 (76.6 – 99.5)	59.8 (46.5 – 71.8)	22
Melaky	100.0	64.5 (37.6 – 84.6)	19
<b>Place of residence</b>			
Urban, Cat.1	100.0	84.2 (57.7 – 95.4)	8
Urban, Cat.2	96.1 (76.1 – 99.5)	65.0 (42.8 – 82.2)	24
Rural, Cat.1	100.0	70.0 (36.6 – 90.4)	12
Rural, Cat.2	99.1 (93.7 – 99.9)	52.3 (41.6 – 62.8)	85
<b>Total</b>	98.5 (94.1 – 99.7)	56.9 (48.4 – 65.1)	129

Note: Weighted percentages; unweighted *n* of cases.

Definition: Number of CSB that report to have an operational system to quantify their stocks and to quantify their needs.  
Denominator: Number of CSB.

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## Appendix A: Persons involved in the survey

### MEASURE Evaluation

Dominique Meekers  
Heidi Reynolds

### Brookesia/Madagascar

Mme Eliane RALISON  
Mr Mamy RANDRIANARISOA (deceased)  
Mr Solofo RANDRIANAVONY  
Mr Lanto RANDRIANARISOA  
Mr Lova RAFENOMANANA  
Mme Miora RAJAONARIVONY  
Mr Albert RANDRIANANDRASANA

### Field teams

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Tolojanahary Jean Patric RAKOTOMAMONJY  
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Hasina Odéon RAFIDINARIVO  
Tiankasina Rakotoarisoa ANDRIAMALAZAHARIZAKA

Fenerive Est, Vavatenina districts

Tsilavonarivo RAKETAMANGA  
Herisoa Ny Aina RAZAFIMANDIMBY  
Lova Mbolamasoandro RAZANAKOTOARIVELO  
Lucas Donna RAVELOSON NIRINA  
Georgette RASOARITOMPO

Antsalova, Belo Tsiribihana, Miandrivazo districts

Njatonirina Victor ANDRIAMIHARISOA  
Hary Aurelia Frédéric ANDRIAMBOLOLONIAINJANA  
Narilala RABEARIVELO  
Zo RABENARIVO  
Edson Joachim LAZARIVONDRAINNY  
Rindra Andriamampionona RAFETISON

Soanierana Ivongo, Ste Marie districts

Yves Gabriel RALISON  
Veromampionona Lydia RAZANAKOLONA  
Maminiaina Fanoharantsoa RANDRIANTSIFERANA  
Volana Safidy Françoise RAKOTONIAINA  
Pascal RALAIVAONIRINA  
Vavina RABEALA

Morafenobe, Maintirano, Ambatomainty districts

Zo Antenaina RANDRIANARISOA  
Rabearivelo HERILALA  
Mamy Ravaka Doudou HARILANTO  
Andrianaivo NJAKA RAZAFINDRASATA  
Hugues Jerson ANDRIATSITAPANY  
Mahafantatsy LAMBO

Mahabo, Manja, Morondava districts

T.F. Hasintsalama ANDRIAMPAMONJY  
Liva Harizaka ANDRIANJAFITRIMO  
Landry Malala RANAIVOSOA  
Avotra RAKOTOVAONOMENJANAHARY  
Soloarison Séverin RANDRIANTSOA  
Herintsaina Harijaona RANDEMA

## Appendix B: Detailed sampling procedures

### Selection of the fokontany

During the first sampling stage, the fokontany were drawn with probability of selection proportional to size. Drawing of the fokontany was done independently within each district. The sample size was fixed at five fokontany per district.

#### a. Selection of fokontany visited in the 2014 OMS

To enhance comparability of the key health indicators across surveys, all fokontany included in the 2014 OMS were automatically included in the sample.

#### b. Selection of the remaining fokontany

For the six of the 33 districts that were not included in the 2014 OMS, a list of fokontany located at least five km from the CSB was compiled. Selection of the five fokontany to be included in the study occurred as follows:

- Within each district, the fokontany were sorted decreasingly according to the number of population using the demographic data from INSTAT. The cumulative population was calculated and added to the list of fokontany;
- The total district population was calculated;
- The sampling step «  $p$  » was calculated by dividing the total district population by five (the number of fokontany to be selected);
- A random number «  $x$  » between 1 and the sampling step was selected;
- The fokontany included in the sample were those for which the cumulative population included  $x$ ,  $x+p$ ,  $x+2p$ ,  $x+3p$ , and  $x+4p$ .

### Selection of the households

To ensure that random selection of households was possible, it was essential to know the boundaries of each primary sampling unit, and the total number of households within that sampling unit. Since the primary sampling unit is the fokontany, the boundaries of each selected fokontany had to be identified and the number of households within it determined.

Before the start of the fieldwork, all selected fokontany were first located using Google Maps. This procedure helped the fieldwork team find the fokontany in advance, which reduced travel time. The maps also helped identify villages and isolated housing structures (dwellings) within the fokontany. The fokontany maps were printed and taken to the field, to be used as a basis of discussion with the chief of the relevant fokontany. The team supervisor works with the chief to get the list of all the villages within the fokontany and the approximate number of households per village ( $n_i$ ).

A household was defined as either a person living alone or a group of people, who may or may not be related (or staying temporarily) at the same address, with common housekeeping, who either share at least one meal a day or share common living accommodation i.e. a living room or sitting room. Multiple households may live in the same dwelling structure.

Within the fokontany, households were selected using systematic random sampling with a fixed sampling step. Since 28 households needed to be selected per fokontany, the required sampling interval (SI) is equal to  $\Sigma n_i / 28$ , where the total number  $N$  of households in the fokontany is  $N = \Sigma n_i$ .

To get the final household selection in each fokontany, the following process was used:

In each fokontany, the supervisor ranked all hamlets from 1 to  $i$ , starting from the most northern hamlet (V1). Then, the team went to V1 and identified the first household  $P$ , once again based on the most northern house within the hamlet V1. A random walk was used to select the next household, which consisted of the nearest  $P+SI$  household within the hamlet. When the team reached the last household in V1, it moved to the next hamlet V2. This method mimics the random walk usually used in expanded program of immunization (EPI) cluster survey by the World Health Organization.

The interviewers made up to three attempts to interview the selected household. If the household was still absent, the enumerator informed the supervisor and recorded the household as absent. To ensure the sample was random, there was no replacement of households. In the event the head of household refused to be interviewed (i.e. did not provide consent), the enumerators were instructed to inform the supervisor and to record the household as a refusal.

## Appendix C: Household questionnaire

### CONSENTEMENT APRES INFORMATION

Bonjour. Je m'appelle \_\_\_\_\_ et je travaille pour \_\_\_\_\_. Nous effectuons une enquête sur la santé. Votre ménage a été sélectionné par hasard pour participer à l'enquête. Si vous acceptez nous souhaitons vous poser des questions et aussi à toutes les femmes âgées de 15-49 ans dans votre ménage.

L'enquête dure habituellement entre 1 heure et 1 heure trente minutes.

Au cours de cette enquête, nous allons vous poser des questions sur votre ménage, votre santé et la santé des enfants moins de cinq ans dans votre ménage.

L'enquête restera strictement confidentielle. Il n'y aura jamais des noms ou adresse du domicile publiés. Alors, nous vous sollicitons de dire la vérité. Votre participation à cette enquête est totalement volontaire. S'il y aura des questions auxquelles vous ne souhaitez pas répondre, dites-le moi et je passerai à la question suivante. Vous pouvez également interrompre l'enquête à n'importe quel moment, même-si l'enquête n'est pas encore terminée. Nous espérons cependant que vous et les femmes éligibles dans votre ménage accepterez de participer car vos opinions sont importantes pour nous.

Avez-vous des questions à propos de l'enquête ?

Signature de l'enquêteur: \_\_\_\_\_

Signature de l'enquêté: \_\_\_\_\_

### FANEKENA HANDRAY ANJARA AMIN'NY FANADIHADIANA<sup>4</sup>

Miarahaba anao tompoko \_\_\_\_\_ no anarako, miasa amin'ny \_\_\_\_\_ aho.

Manao fanadihadiana momba ny fahasalamana izahay, anisany voafidy tamin'ny antsapaka ny tokatranonao mba hanaovana ilay fanadihadiana. Raha manaiky ianao dia maniry izahay ny hametraka fanontaniana aminao sy amin'ireo vehivavy rehetra feno 15-49 taona ato anatin'ity tokatranonao ity.

Maharitra adiny iray na adiny iray sy sasany eo ny fanadihadiana.

Mandritra izany dia hisy andiam-panontaniana hapetrakay aminao momba ny tokantrano misy anao, ny fahasalaman'ny vehivavy, sy ny fahasalaman'ny zaza latsaky ny 5 taona ato an-tokantranonao.

Ny fanadihadiana dia atao ao anatin'ny tsiambaratelo tanteraka. Tsy hisy anarana, na adiresy trano hivoaka ampahimebaso na oviana na oviana. Noho izany, miangavy anao izahay hilaza ny tena marina. An-tsitrapo ny fandraisana anjara. Raha misy fanontaniana tsy tianao valiana dia ilazao aho fa avy hatrany dia hiroso amin'ny fanontaniana manaraka isika. Azonao atao tsara koa ny manapaka ny fanadihadiana na oviana na oviana, eny na dia mbola tsy mifarana aza izany. Ny fanirianay anefa dia ny mba handraisanao sy ireo vehivavy mahafeno ny fepetra anjara satria zava-dehibe aminay ny hevitrao.

Manana fanontaniana momba ny fanadihadiana ve ianao?

Sonian'ny mpanadihady \_\_\_\_\_

Sonian'ny mpanandray anjara \_\_\_\_\_

<sup>4</sup> Adapté du questionnaire OMS de 201.4

**CARACTERISTIQUES DU MENAGE / ANKAPOBENY MAHAKASIKA NY TOKANTRANO**

VERSION FRANCAISE	AMIN'NY FITENY MALAGASY
<p>CODE MENAGE : _____</p> <p>RANG DU MÉNAGE : (01 – 28) _____</p> <p>ACCEPTERIEZ-VOUS DE PARTICIPER A L'ENQUETE?</p> <p>1. OUI 2. NON</p> <p>REGION : _____</p> <p>DISTRICT : _____</p> <p>COMMUNE : _____ [___]</p> <p>1. URBAIN 2. RURAL</p> <p>NOM DU VILLAGE / FOKONTANY _____</p> <p>CODE FOKONTANY _____</p> <p>RANG FOKONTANY _____</p> <p>NOM HAMEAU _____</p> <p>CSB LE PLUS PROCHE TRAVAILLANT AVEC L'AC : _____</p> <p>NOM AGENT DE SANTE COMMUNAUTAIRE 1 (AC1) TRAVAILLANT DANS LE FKT : _____</p> <p>DISTANCE AC 1 _____ KM</p> <p>NOM AC2 TRAVAILLANT DANS LE FKT : _____</p> <p>DISTANCE AC 2 _____ KM</p>	<p>KAODY TOKANTRANO _____</p> <p>LAHARAN'NY TOKANTRANO : (01 - 28) _____</p> <p>MANAIKY VE IANAO HANAOVANA FANADIHADIANA: _____</p> <p>1. ENY 2. TSIA</p> <p>FARITRA : _____</p> <p>DISTRIKA : _____</p> <p>KAOMINA : _____ [___]</p> <p>1. AMBONIVOHITRA 2. AMBANIVOHITRA</p> <p>ANARAN'NY FOKONTANY _____</p> <p>KAODY FOKONTANY _____</p> <p>LAHARAN'NY FOKONTANY _____</p> <p>ANARAN'NY VOHITRA/ILOT _____</p> <p>CSB AKAIKY INDRINDRA MIARA-MIASA AMIN'NY MPANENTANA: _____</p> <p>ANARAN'NY MPANENTANA VOALOHANY (AC1) MIASA EO AMIN'NY FKT: _____</p> <p>HALAVIRANA MISY NY AC1 : _____ KM</p> <p>ANARAN'NY MPANENTANA FAHAROA MIASA EO AN-TANANA (AC2): _____</p> <p>HALAVIRANA MISY NY AC2 : _____ KM</p>

<p><b>VISITE DE L'ENQUETEUR</b></p> <p>NOM DE L'ENQUETEUR : _____</p> <p>CODE DE L'ENQUETEUR : [_____]</p> <p>Heure du début d'entretien : _____ h _____ min</p> <p>NOMBRE TOTAL DE PERSONNE DANS LE MENAGE _____</p> <p>NOMBRE TOTAL DE FEMMES 15-49 ANS ELIGIBLES : _____</p> <p>NOMBRE TOTAL DE NOURRICES D'ENFANTS ELIGIBLES : _____</p>	<p><b>FITSIDIHAN'NY MPANADIHADY</b></p> <p>ANARAN'NY MPANADIHADY : _____</p> <p>KAODY MPANADIHADY : [_____]</p> <p>Ora nanombohan'ny fanadihadiana : _____ ora _____ min</p> <p>FITAMBARAN'NY ISAN'NY OLONA AOAMIN'ILAY TOKANTRANO _____</p> <p>FITAMBARAN'NY ISAN'NY VEHIVAVY 15-49 taona AZOHADIHADIANA _____</p> <p>FITAMBARAN'NY ISAN'NY RENY/MPITAIZA ZAZA AZO HADIHADIANA _____</p>
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### QUESTIONNAIRE DES MENAGES

MAINTENANT, NOUS VOUDRIONS VOUS DEMANDER DES QUESTIONS SUR LES PERSONNES QUI VIVENT DANS VOTRE MENAGE.

Num Ligne	NOM RESIDENTS HABITUELS ET VISITEURS	LIEN AVEC LE CHEF DE MENAGE	SEXE	RESIDENCE		AGE	EDUCATION	OCCUPATION	SI 15 OU PLUS	ELIGIBILITE		
				ETAT MATRIMONIAL								
	<p><b>1.</b> S'il vout plait, donnez-moi les noms des personnes qui resident habituellement dans votre ménage et des visiteurs qui ont passé la nuit dernière ici, en commençant par le chef de ménage, écrivez les prénoms</p> <p>Après avoir obtenu et écrit la liste des membres, rempli les reponses aux col 3 et 4, posez les trois questions a la fin de tableau pour vous assurer que la liste des membres est complete.</p> <p>Ensuite posez les questions des col 5 a 16</p>	<p><b>2.</b> Quel est le lien de parenté de (PRENOM) avec le chef de ménage?</p> <p><i>1. Chef de ménage</i> <i>2. Mari ou femme</i> <i>3. Fils ou fille</i> <i>4. gendre/belle-fille</i> <i>5. petit-fils ou petite fille</i> <i>6. père ou mère</i> <i>7. beau- père ou belle- mère</i> <i>8. frère ou sœur</i> <i>9. neveu/niece</i> <i>10. autre famille</i> <i>11. enfant adopté</i> <i>12. enfant du conjoint</i> <i>13. sans parenté</i> <i>99. ne sait pas</i></p>	<p><b>3.</b> (PRENOM) est-il de sexe masculin ou féminin ?</p> <p><i>1. Homme</i> <i>2. Femme</i></p>	<p><b>4.</b> (PRENOM) vit-il/elle ici habituellement ?</p> <p><i>1. Oui</i> <i>2. non</i></p>	<p><b>5.</b> (PRENOM) a-t-il/elle passé la nuit deniere ici ?</p> <p><i>1. Oui</i> <i>2. non</i></p>	<p><b>6a/6b.</b> Quel age a (PRENOM) ?</p> <p>Marquez ici l'age et nombre de mois</p>	<p><b>6.</b> Quelle classe est-il/elle (PRENOM) ?</p> <p>Si (PRENOM) ne va plus à l'école, en quelle classe il/elle a achevé?</p> <p>Resultat : T0-T25 (n'écrivez pas le T dans la tablette)</p>	<p><b>7.</b> Quel travail fait-il/elle (PRENOM) ?</p> <p><i>1. sans emploi</i> <i>2. travailler avec revenu</i> <i>3. travailler sans revenu</i></p>	<p><b>8.</b> Est-ce que (PRENOM) est marié ou célibataire ou autre ?</p> <p><i>1. Marié ou vivant ensemble</i> <i>2. Divorcé ou séparé</i> <i>3. Veuf/Veuve</i> <i>4. Jamais marié/N'a jamais vecu avec un partenaire</i></p>	<p><b>9.</b> Est-ce que (prénom) est une femme 15-49</p> <p><i>1. Oui</i> <i>2. non</i></p>	<p><b>10.</b> Est-ce que (prénom) est un enfant moins de 5 ans</p>	<p><b>11.</b> Est-ce qu'il y a d'autre membre ?</p> <p><i>1. Oui</i> <i>2. non</i></p>
01												
02												
...												
20												

Pour s'assurer qu'on a une liste complète:

- Y-a-t-il d'autres petits enfants ou des nourissons que nous n'avons pas porté sur la liste ? Si OUI, inscrire chacun dans le tableau
- Y-a-t-il d'autres personnes que ne sont pas porté sur la liste alors qu'ils/elles vivent ici ? Tels que des domestiques, amis ou locataires. Si OUI, inscrire chacun dans le tableau
- Avez-vous des invités ou des visiteurs qui ont passé la nuit dernière ici et qui ne sont encore listés ? Si OUI, inscrire chacun dans le tableau

**ANDIAM-PANONTANIANA MOMBA NY TOKANTRANO**

Ankehitriny dia hanontany anareo aho momba ny olona mipetraka ato amin'ity tokan-trano ity

								<b>RAHA 15 TAONA NA MIHOATRA</b>				
Laharan'andalana	ANARANA OLONAMONINASYMPAM ANGY	FIFANDRAISANY AMIN'NYLOHAM -PIANAKAVIANA	LAHYSA VAVY	FONENANA	TAONA	FIANARANA	ASANAZAV ATRAATAO	VADY	TOETRANISAFIDI ANANAAZY			
Omeo ny anarana fiantsoana andavanandro	<p><b>1.</b> Azafady,iza avy ireo olona monina ato amin'ny andavanandro sy ireo olona nivahiny ka natory tato alina? Atomboy amin'ny loham-pianakaviana,ary ny anarana fiantsoana azy no soratana</p> <p><b>Rehefa azo daholo ny anaran'ny rehetra ao anatin'ny tokantrano fenoy ny col 3 sy 4, apetraho ny fanontaniana amin'ny col 3 farany mba hahazoana antoka fa feno ny lisitra</b></p> <p><b>rehefa avy eo dia apetraho ny fanontaniana col 5 h@ 16</b></p>	<p><b>2.</b> Inona no ifandraisany amin'ny lohan'ny fianakaviana?</p> <p>01 = Loham-pianakavianahany 02=vady 03=zanakalahy navavy 04= vinantolahynavavy 05= zafikely 06= rainyna reniny 07= raikelynarenikeliny 08= rahalahy,anadahy,rahava vy,anabavy 09 = zanaky ny iray tampo aminy 10 = havana hafa 11 = zaza natsangana 12 = zana-bady 12 = tsy misy ra iraisana 99 = tsy fantatra</p>	<p><b>3.</b> Lahysavavy?</p> <p>1. Lahy 2. Vavy</p>	<p><b>4.</b> Monina eto ve rehefa andavanandro?</p> <p>1. Eny 2. Tsia</p>	<p><b>5.</b> Natory tato ve alina?</p> <p>1. Eny 2. Tsia</p>	<p><b>6a/6b</b> Firytaona?</p> <p>Marihony taona, Sy ny volana nitsahiny</p>	<p><b>6.</b> Kilasy fahafiry amin'izao fotoana izao?</p> <p>Raha tsy mianatra intsony dia kilasy fahafiry no vitany hatramin'ny farany? Valiny:T0—T25 (fa tsy asiana T ao anaty tablette)</p>	<p><b>7.</b> Inonano asa ataony amin'izao?</p> <p>1. Tsy miasa 2. miasa mampidi-bola 3. miasa fa tsy mampidi-bola</p>	<p><b>8.</b> Manambady ve sa mpitovo sahafa?</p> <p>1= manambadyara-dalananamanoa tokantranomaso 2= misarakavita tribonaly na misaratoerana 3= maty vady 4= mpitovo na mbolatsynanambadynat symbolananaotokantra no maso mihitsy</p>	<p><b>9.</b> Vehivavy 15-49 taona ve?</p> <p>1. Eny 2. Tsia</p>	<p><b>10.</b> Zaza latsaky ny 5 taona ve?</p> <p>1. Eny 2. Tsia</p>	<p><b>11.</b> Mbola misy olona hafa ve?</p> <p>1. Eny 2. Tsia</p>
01												
02												
...												
Hatramin'ny 20												

Mba hahazoanaantoka famanana lisitrafenoisika:

- Mbola misy ankizikely na zazamenavava hafa tsy voalaza ve? Raha ENY, soraty ao anaty tabilao
- Mbola misy olon-kafa tsy voasoratra ao anaty lisitra ve kanefa monina ato? Toy ny mpanampy, ny namana, na mpanofa trano? Raha ENY, soraty ao anaty tabilao
- Misy namana na havana namangy anareo ve ka natory tato alina, kanefa mbola tsy ao anaty lisitra? Raha ENY, soraty ao anaty tabilao





	<p>C. Rano amin'ny paompy fa paompim-pokonolona  D. Lava-drano misy paompy na fantson-drano  E. Lava-drano nohadiana misarona  F. Lava-drano nohadiana tsy misarona  G. Loharano voaaro  H. Loharano tsy voaaro  I. Ranonorana  J. Kamiao misy sinibe  K. Rano avy amin'ny Renirano/fehiloha /ony/farihy/kamory/tatatra  L. Rano amin'ny tavoahangy  M. Rano amin'ny tavoahangy voadio tamin'ny taratry ny masoandro  N. Hafa (Lazao) _____  O. Tsy fantatro</p>	<p>C. Eau de robinet-fontaine publique  D. Puits à pompe ou forage  E. Puits creusé protégé  F. Puits creusé non protégé  G. Eau de source protégée  H. Eau de source non protégée  I. Eau de pluie  J. Camion citerne  K. Eau de surface : riviere/barrage/lac/mare/ fleuve/canal d'irrigation  L. Eau en bouteille  M. Eau en bouteille traitée par la méthode de désinfection solaire  N. Autre _____  O. Ne sait pas</p>	<p>[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]</p>	
<b>103</b>	<p>AIZA NO MISO IO TOERANA FANGALANAREO RANO IO ?</p> <p>1. Ao anaty trano fonenana  2. Ao an-tokontany  3. Any an-kafa</p>	<p>OU EST SITUÉE CETTE SOURCE D'APPROVISIONNEMENT D'EAU ?</p> <p>1. Dans le logement  2. Dans la cour/parcelle  3. Ailleurs</p>	<p>[ ]</p>	<p><b>1 → 104A</b>  <b>2 → 104</b>  <b>3 → 104</b></p>
<b>104</b>	<p>HAFIRIANA MIALA ETO NO AHATONGAVANA ANY AMIN'IO TOERANA FANGALANA RANO IO? (ALLER)</p>	<p>COMBIEN DE TEMPS FAUT-IL POUR S'Y RENDRE ? (ALLER)</p>	<p>_____ min  (99 ne sait pas)</p>	
<b>104 A</b>	<p>IZA NO NAMATSY VOLA TAMIN'NY NY FANAMBOARANA IO FANTSAKANA IO?</p> <p>1. MAHEFA  2. Tetikasa hafa vatsian'ny usaid  3. Tsy misy  4. Tsy fantatro  5. Hafa (lazao): _____</p>	<p>QUI A FINANCÉ LA CONSTRUCTION DE CETTE SOURCE D'APPROVISIONNEMENT DE L'EAU ?</p> <p>1. MAHEFA  2. Autre partenaire de l'USAID  3. Personne  4. Ne sait pas  5. Autre: _____</p>	<p>[ ]</p>	
<b>105</b>	<p>MISO ZAVATRA ATAONAREO VE HAMPADIO NY RANO FISOTRONAREO?</p> <p>1. Eny  2. Tsia  3. Tsy fantatro</p>	<p>EST-CE QUE VOUS FAITES QUELQUES CHOSES POUR RENDRE L'EAU QUE VOUS BUVEZ PLUS SAIN ?</p> <p>1. Oui  2. Non  3. Ne sait pas</p>	<p>[ ]</p>	<p><b>1 → 106</b>  <b>2 → 107</b>  <b>3 → 107</b></p>
<b>106</b>	<p>INONA NO ATAONAREO HAMPADIO NY RANO SOTROINAREO ?</p> <p>A. Ampangotrahana  B. Asiana « eau de javel/chlore »  C. Asiana « sur'eau »  D. Tatavanina amin'ny lamba  E. Tatavanina amin'ny fanatatanana Seramika/fasika/vatokely/saribao sns  F. Atao anaty tavoahangy madio ary atanina masoandro mba ho faty ny otrikaretina  G. Avela hipetraka elaela  H. Tsy fantatro  I. Hafa (Lazao) _____</p>	<p>QUE FAITES-VOUS POUR RENDRE L'EAU QUE VOUS BUVEZ PLUS SAIN ?</p> <p>A. La faire bouillir  B. Ajouter eau de Javel/Chlore  C. Ajouter Sur'Eau  D. Filtrer à travers un linge  E. Utiliser un filtre céramique/sable/composite  F. Désinfection solaire SODIS  G. La laisser reposer  H. Ne sait pas  I. Autre _____</p>	<p>1. oui  -99. Non selectionné  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]</p>	

<p><b>106</b> <b>A</b></p>	<p>AHOANA NY FAMPIASANAREO (VALIN'NY FANONTANIANA 106) HANADIOVANA RANO?</p> <p>(HENOINA NY FANAZAVANY NA JERENA NY ATAONY DIA MARIHANA ENY NA TSIA MIFANANDRIFY AMIN'NY VALINY)</p> <p><b>Fampangotrahana rano sy fitahirizana azy</b>  A.Nangotra-tokana na mihoatra  B.Nosaromana  C.Nafindra tamin'ny fitoeran-drano madio (nosasana rano sy savony isan'andro)</p> <p><b>Fampiasana ranon-javely na « chlore » hanadiovana rano fisotro</b>  D. Voahaja ny fatra nahazoana ranona « chlorine 1% » hanadiovana ny rano fisotro  E. Fantatra/voahaja ny fatran'ny ranona « chlorine 1% » na ranon-javely nanampohana sy ny rano fisotro notapohina  F. Noharoharoina ny rano avy nontampohana « chlorine 1% » na ranon-javely  G. Nosaromana ary navela hilonana 30mn ny fangaro azo  H. Nosoloina isan'andro ny rano fisotro, nodiovina tamin'ny « chlorine 1% » na ranon-javely</p> <p><b>Fampiasana « sur'eau »</b>  I. « sur'eau » tsy lany daty no ampiasainy (jerena)  J. Voahaja ny fatran'ny ranona « sur'eau » nanampohana sy ny rano fisotro notapohina  K. Noharoharoina ny rano avy notampohana « sur'eau »  L. Nosaromana ary navela hilonana 30mn ny fangaro azo</p> <p><b>Fanalana otrikaretina amin'ny rano amin'ny alalan'ny masoandro</b>  M. Tavoahangy voafantina (misy soratra “pet”: Polyethylene therephtalate), voadio, mangarahara (tsy matroka), misarona, tsy misy fono taratasy, tsy misy kiaka ary tsy simba no nampiasaina  N. Voahaja ny fotoana nipetrahana ny tavoahangy misy rano teo amin'ny taratry ny masoandro</p>	<p>COMMENT UTILISEZ-VOUS (REPONSE 106) POUR RENDRE L'EAU SAINE ?</p> <p>(ECOUTEZ L'EXPLICATION ET OBSERVEZ ET MARQUEZ OUI OU NON CORRESPONDANT A CHAQUE REPONSE)</p> <p><b>Sait comment bouillir l'eau</b>  A. Les bulles commencent apparaitre sur la surface  B. Couvrir le recipient  C. Stocker l'eau dans des recipients propres (laves avec du savon tout le jour)</p> <p><b>Sait comment utiliser l'eau de javel/chlore pour rendre l'eau potable</b>  D. Respecter la dose pour avoir chlorine 1% pour traiter l'eau  E. Connaître/respecter la dose pour avoir chlorine 1% et la quantite de l'eau à traiter  F. Agiter le melange de l'eau et la chlorine 1% ou l'eau de javel  G. Couvrir et laisser reposer pendant 30 min  H. Changer quotidiennement l'eau traitee par chlorine 1% ou l'eau de javel</p> <p><b>Sait comment utiliser le sur'eau correctement</b>  I. Utiliser des sur'eau non expiree  J. Respecter la dose de sur'eau pour traiter l'eau à boire  K. Melanger l'eau et le sur'eau  L. Couvrir et laisser reposer pendant 30 minutes</p> <p><b>Sait comment traiter l'eau avec la méthode de desinfection solaire (sodis) correctement</b>  M. Utiliser des bouteilles plastiques appropriees (bouteilles en pet ou polyethylene therephtalate), bien laves, transparentes (incolores), couvertes, tout emballage sur la bouteille enleve, ne sont pas rayees  N. Respecter la duree pour placer les bouteilles en plein soleil</p>	<p>I. Eny (Oui)  -99. Non  selectionné</p> <p>[ ___ ]  [ ___ ]  [ ___ ]</p> <p>[ ___ ]  [ ___ ]  [ ___ ]  [ ___ ]  [ ___ ]</p> <p>[ ___ ]  [ ___ ]  [ ___ ]  [ ___ ]</p> <p>[ ___ ]  [ ___ ]  [ ___ ]</p> <p>[ ___ ]  [ ___ ]</p>	
<p><b>107</b></p>	<p>MITAHIRY RANO FISOTRO VE IANAREO ?</p> <p>1.Eny  2.Tsia</p>	<p>EST-CE QUE VOUS STOCKEZ DE L'EAU A BOIRE ?</p> <p>1. Oui  2. Non</p>	<p>[ ___ ]</p>	<p><b>1→ Tohizo  2→ 113B</b></p>
<p><b>108</b></p>	<p>AZOKO JERENA VE IREO FITOERAN-DRANO AMPIASAINAREO ITEHIRIZANA RANO FISOTRO AO AN- TRANO IREO ?</p> <p>1.Eny  2.Tsia</p>	<p>EST-CE QUE JE PEUX VOIR LES RECIPIENTS QUE VOUS UTILISEZ POUR STOCKER L'EAU A BOIRE ?</p> <p>1. Eny  2. Tsia</p>	<p>[ ___ ]</p>	
<p><b>109</b></p>	<p><b>JEREN'NY MPANADIHADY IREO FITOERAN-DRANO</b></p>	<p><b>L'ENQUETEUR REGARDE LES RECIPIENTS. LES RECIPIENTS SONT</b></p>		
<p><b>110</b></p>	<p>MANAO AHOANA NY HALEHIBE-N'NY VAVANY?</p> <p>1. Lehibe vava ny fitoeran-drano rehetra  2. Lehibe vava ny fitoeran-drano sasany  3. Tery vava daholo ny fitoeran-drano rehetra</p>	<p>AVEC UNE GRANDE OUVERTURE</p> <p>1. Tous les récipients avec une grande ouverture  2. Certains récipients avec une grande ouverture  3. Tous les récipients avec une ouverture étroite</p>	<p>[ ___ ]</p>	

111	<p>MISY PAOMPY VE</p> <ol style="list-style-type: none"> <li>Misy paompy ny fitoeran-drano rehetra</li> <li>Misy paompy ny fitoeran-drano sasany</li> <li>Tsy misy paompy daholo ny fitoeran-drano rehetra</li> </ol>	<p>AVEC UN ROBINET</p> <ol style="list-style-type: none"> <li>Tous les récipients avec un robinet</li> <li>Certains récipients avec un robinet</li> <li>Tous les récipients sans robinet</li> </ol>	[ ]	
112	<p>MISY SARONY MISY VISY NA SARONY SAHAFA NA SARONY AFAKA MIRAUKITRA AMINY NY FITOERAN-DRANO</p> <ol style="list-style-type: none"> <li>Misy sarony visy na afaka miraikitra aminy ny fitoeran-drano rehetra</li> <li>Misy sarony visy na afaka miraikitra aminy ny fitoeran-drano sasany</li> <li>Tsy misy sarony visy na afaka miraikitra aminy ny fitoeran-drano rehetra</li> <li>Misy sarony sahafo ve ny fitoeran-drano</li> </ol>	<p>AVEC COUVERCLE A VIS OU COUVERCLE SAHAFA OU UN COUVERCLE QUI PEUT SE FIXER SUR LE RECIPIENT</p> <ol style="list-style-type: none"> <li>Tous les recipients avec un couvercle à vis ou couvercle qui se fixe sur le recipients.</li> <li>Certains recipients avec un couvercle à vis ou couvercle qui se fixe sur le recipients.</li> <li>Tous les recipients sans couvercle à vis ou couvercle qui se fixe sur le recipients.</li> <li>Recipients avec sahafo</li> </ol>	[ ]	
113	<p>MISY SINY MISY FITATAVANANA, SARONY ARY PAOMPY</p> <ol style="list-style-type: none"> <li>Misy siny misy fitatavavana, sarony ary paompy ny fitoeran-drano rehetra</li> <li>Misy siny misy fitatavavana, sarony ary paompy ny fitoeran-drano sasany</li> <li>Misy siny misy fitatavavana, fa tsy misy sarony sy/na paompy ny fitoeran-drano rehetra</li> <li>Tsy misy an'ireo rehetra ireo</li> </ol>	<p>AVEC UN RESERVOIR DE FILTRATION AVEC COUVERCLE ET ROBINET</p> <ol style="list-style-type: none"> <li>Tous les recipients avec reservoir de filtration, couvercle et robinet</li> <li>Certains recipients avec reservoir de filtration, couvercle et robinet</li> <li>Tous les recipients avec reservoir de filtration mais sans couvercle et/ou robinet</li> <li>Rien de tout cela</li> </ol>	[ ]	
113 B	<p>AIZA NY OLONA ATO AMIN'ITY TOKANTRANO ITY NO MANASA TANANA?</p> <ol style="list-style-type: none"> <li>Anatin'ny trano na any an-tokontany</li> <li>An'ny amin'ny toerana hafa any</li> <li>Eny rehetra eny</li> </ol>	<p>OU EST-CE QUE LES MEMBRES DE VOTRE MENAGE LAVENT-ILS LEURS MAINS ?</p> <ol style="list-style-type: none"> <li>Dans le logement ou dans la cour</li> <li>Ailleurs</li> <li>Partout</li> </ol>	[ ]	
113 C	<p>MIANGAVIA MBA HOENTINA ANY AMIN'ILAY TOERANA FANASAN'NY OLONA TANANA MATETIKA AO AN-TOKANTRANO, KA JEREO RAHA MISY IRETO ZAVATRA IRETO EO AMIN'IZANY TOERANA IZANY</p> <p>A. Paompy mandeha (andramo raha mandeha) B. Savony, lavenona na akora hafa solon- tsavony C. Koveta na sio misy rano D. Tsy misy an'ireo zavatra voalaza eo ambonny</p>	<p>DEMANDEZ GENTIMENT DE VOUS MENER OU LES MEMBRES DU MENAGE SOUVENT SE LAVENT LES MAINS, ET VOYEZ S'IL DISPOSE LES SUIVANT</p> <p>A. Robinet fonctionnel (tester si le robinet marche) B. Savon, cendre ou d'autre substance qui remplace le savon C. Cuvette ou seau avec de l'eau D. Aucun de ce qui est mentionné ci-dessus</p>	<p>1. Oui -99. Non selectionné</p> <p>[ ] [ ] [ ] [ ]</p>	
114	<p>INONA NY KARAZANA TRANO FIVOAHANA (FANAOVANA MALOTO) AMPIASAIN'NY OLONA ATO AN-TOKANTRANONAREO? (JEREN'NY MPANADIHADY)</p> <p>A. Misy fandefasan-drano na tondrahana</p> <ol style="list-style-type: none"> <li>Manary amin'ny zohindriaka</li> <li>Manary amin'ny "fosse septique"</li> <li>Manary amin'ny lavapiringa</li> <li>Manary amin'ny zavatra hafa</li> <li>Tsy fantatra mankaiza ny rano</li> </ol> <p>B. Lavaka na lavapiringa</p> <ol style="list-style-type: none"> <li>Lavapiringa nohatsaraina misy Fivezivezen'ny rivotra</li> <li>Lavapiringa misy gorodona azo sasana</li> <li>Lavapiringa misy gorodona tsy azo sasana</li> <li>Lavapiringa tsy misy gorodona/lavaka tsy misarona</li> <li>Siô/tinety</li> <li>Lavapiringa sady fanaovana "compost"</li> <li>Lavapiringa mihantona</li> <li>Tsy misy lavapiringa fa manao maloto eny rehetra</li> <li>Hafa (lazao)</li> </ol>	<p>QUEL TYPE DE TOILETTES LES MEMBRES DE VOTRE MENAGE UTILISENT-ILS ? (REGARDER LES TOILETTES)</p> <p>A. Chasse d'eau/chasse manuelle</p> <ol style="list-style-type: none"> <li>Chasse d'eau connectee a un systeme d'egout</li> <li>Chasse d'eau connectee a une fosse septique</li> <li>Chasse d'eau connectee a des latrines</li> <li>Chasse d'eau connectee a quelque chose d'autre</li> <li>Chasse d'eau connectee a ne sait pas ou</li> </ol> <p>B. Fosses/latrines</p> <ol style="list-style-type: none"> <li>Latrines ameliores auto-aerees (laa)</li> <li>Latrines avec dalle lavable</li> <li>Latrines avec dalle non lavable</li> <li>Latrines sans dalle/trou ouvert</li> <li>Seau/tinette</li> <li>Latrines à compostage</li> <li>Latrines suspendues</li> <li>Pas de toilette/defequer dans la nature</li> <li>Autre (preciser)</li> </ol>	[ ]	28→117
115	<p>ITAMBARANA AMIN'NY OLON- KAFI VE NY TRANO FIVOAHANA AMPIASAINAREO?</p> <ol style="list-style-type: none"> <li>Eny</li> <li>Tsia</li> </ol>	<p>PARTAGEZ-VOUS CES TOILETTES AVEC D'AUTRES MENAGES ?</p> <ol style="list-style-type: none"> <li>Oui</li> <li>Non</li> </ol>	[ ]	1→116 2→116A

116	TOKANTRANO FIRY NO MAMPIASA NY TRANO FIVOAHANA AMPIASAINAREO?	COMBIEN DE MENAGES UTILISENT CES TOILETTES ?	[____] (99 ne sait pas)	
116 A	IZA NO NAMATSY VOLA NY FANANGANANA IO TRANO FIVOAHANA AMPIASAINAREO IO ? 1. MAHEFA 2. Tetikasa hafa vatsian'ny USAID 3. Tsy misy 4. Tsy fantatra 5. Hafa (lazao):.....	QUI A FINANCE LA CONSTRUCTION DE CES TOILETTES ? 1. MAHEFA 2. Autre partenaire de l'USAID 3. Personne 4. Ne sait pas 5. Autre (préciser):.....	[____]	
116 B	AIZA NO ANARIANAO NY MALOTON'NY ZANAKAO, IZAY MBOLA TSY MAHAY KA MBOLA MANAO "COUCHE" NA TATY? 1. Any anaty lavapiringa 2. Mandavaka, atao anaty lavaka, totofana avy eo 3. Anaty lavaka tsy voatototra 4. Eny rehetra eny 5. Hafa (lazao)	COMMENT VOUS FAITES POUR SE DEBARRASSER DES EXCREMENTS DES ENFANTS QUI UTILISENT ENCORE DES COUCHES ? 1. Jeter dans les latrines 2. Creuser un trou, le jeter dedans et enterrer 3. Creuser un trou, le jeter dans le trou ouvert 4. Partout 5. Autre (préciser)	[____]	
117	MISY HERIN'ARATRA, RADIO, FAHITALAVITRA, FINDAY, TELEFAONA VE AO AN- TOKANTRANONAREO? (JEREN'NY MPANADIHADY)  A. Herin'aratra B. Radio C. Fahitalavitra D. Finday/Telefaona E. Vata fampangatsiahana F. Tsy misy an'ireo rehetra ireo	AVEZ-VOUS DE L'ELECTRICITE, UN POSTE RADIO, UN POST TELEVISION, UN TELEPHONE PORTABLE, TELEPHONE FIXE ET UN REFRIGERATEUR DANS VOTRE MENAGE ? A. Electricité B. Poste Radio C. Poste Télévision D. Telephone portable E. Réfrigérateur F. Aucun de la liste ci-dessus	1. Oui -99 Non selectionné  [____] [____] [____] [____] [____] [____]	
118	INONA NO FAMPISANAREO HANDRAHOANA SAKAFO ? A. Herinaratra B. Gaz C. Entona voajanahary/ gaz naturel/Biogaz D. Kerosene E. Charbon tany F. Saribao vita @ hazo G. Hazo/ kitay H. Bozaka/ tapa-kazo/ ravin-kazo I. Ambim-pako @ voly J. Bouse (tain'omby) K. Tsy mahandro sakafo L. Hafa (lazao) _____	QUEL TYPE DE COMBUSTIBLE VOTRE MENAGE UTILISE-T-IL PRINCIPALEMENT POUR LA CUISINE ? A. Electricite B. Gaz propane liquefie (gpl) C. Gaz naturel/Biogaz D. Kerosene E. Charbon, lignite F. Charbon de bois G. Bois H. Paille/branchages/herbes I. Residus agricoles J. Bouse K. Ne prepare pas de repas dans le menage L. Autre (preciser)	1. Oui -99 Non selectionné  [____] [____] [____] [____] [____] [____] [____] [____] [____] [____] [____] [____]	
119	MAHANDRO SAKAFO AMIN'NY AFO NA AMIN'NY LAFAORO VE IANAREO AO AN-TRANO? 1. Afo 2. Lafaoro mivoha 3. Lafaoro mihidy misy fivoahan'etona 4. Hafa (lazao)	DANS CE MENAGE, EST-CE QUE VOUS CUISINEZ SUR UN FEU OUVERT OU UN FOUR ? 1. Feu 2. Four ouvert 3. Four ferme avec cheminee 4. Autre (preciser)	[____]	1→121 2→120 3→120
120	MISY FIVOAHAN'ENTONA SA TSY MISY NY LAFAORO AMPIASAINAREO 1. Fivoahan'etona (cheminee) 2. Fantsona mitroka entona (hotte) 3. Samy tsy misy	EST-CE QUE LE FOUR QUE VOUS UTILISEZ DISPOSE D'UNE 1. Cheminee 2. Hotte 3. Aucun des deux	[____]	
121	AO ANATY TRANO FIPETRAHANA SA ANATY TRANO MITOKANA SA ANY IVELAN'NY TRANO NO HANAOVANAREO LAKOZIA MATETIKA? 1. Ao an-trano 2. Trano hafa mitokana 3. Any ivelany	EST-CE QUE LA CUISINE EST FAITE HABITUELLEMENT DANS LA MAISON, DANS UN BATIMENT SEPRE OU A L'EXTERIEUR ? 1. Dans la maison 2. Dans un batiment séparé 3. A l'extérieur 4. Autre (preciser).....	[____]	

	4. <i>Hafa (lazao)</i> _____			
122	MISY EFITRA MANOKANA VE ATAONAREO LAKOZIA 1. <i>Eny</i> 2. <i>Tsia</i>	AVEZ-VOUS UNE PIECE SEPARÉE QUE VOUS UTILISEZ COMME CUISINE ? 1. <i>Oui</i> 2. <i>Non</i>	[ ___ ]	
123	VITA AMIN'NY INONA NY TANY HITSAHINA AO AN-TRANO? JEREO <b>Akora natoraly</b> 1. <i>Tany/fasika</i> 2. <i>Bouse</i> <b>Akora tsotra</b> 3. <i>Gorodona hazo</i> 4. <i>Palmes/bambou</i> 5. <i>Tsihy (natte)</i> <b>Akora voahodina</b> 6. <i>Hazo efa voaasa sy nasiana savoka na vernis</i> 7. <i>Bandes de vinyle/ asphalte (goudron)</i> 8. <i>Carreaux</i> 9. <i>Ciment</i> 10. <i>Moquette</i> 11. <i>Hafa (lazao)</i> _____	PRINCIPAL MATERIAU DU SOL ? ENREGISTRER L'OBSERVATION <b>Matériau naturel</b> 1. <i>Terre/sable</i> 2. <i>Bouse</i> <b>Matériau rudimentaire</b> 3. <i>Planche en bois</i> 4. <i>Palmes/bambou</i> 5. <i>Natte</i> <b>Matériau élaboré</b> 6. <i>Parquet ou bois cirée</i> 7. <i>Bandes de vinyle/asphalte</i> 8. <i>Carreau</i> 9. <i>Ciment</i> 10. <i>Moquette</i> 11. <i>Autre (préciser)</i> _____	[ ___ ]	
124	VITA AMIN'NY INONA NY TAFON-TRANO ? JEREO <b>Akora natoraly</b> 1. <i>Tsy misy tafo</i> 2. <i>Chaume/ palme/ ravina</i> 3. <i>Motte d'herbe (bozaka)</i> <b>Akora tsotra</b> 4. <i>Planches en bois</i> 5. <i>Palmes/ bambou</i> 6. <i>Tsihy (natte)</i> 7. <i>Baoritra (carton)</i> <b>Akora voahodina</b> 8. <i>Tole</i> 9. <i>Hazo (bois)</i> 10. <i>Zinc/ fibre de ciment</i> 11. <i>Tuiles</i> 12. <i>Simenitra (ciment)</i> 13. <i>Shingles</i> 14. <i>Hafa (lazao)</i> _____	PRINCIPAL MATERIAU DU TOIT ? ENREGISTRER L'OBSERVATION <b>Matériau naturel</b> 1. <i>Pas de toit</i> 2. <i>Chaume/palme/feuilles</i> 3. <i>Motte d'herbe</i> <b>Matériau rudimentaire</b> 4. <i>Planches en bois</i> 5. <i>Palme/bambou</i> 6. <i>Natte</i> 7. <i>Carton</i> <b>Matériau élaboré</b> 8. <i>Tôle</i> 9. <i>Bois</i> 10. <i>Zinc/fibre de ciment</i> 11. <i>Tuiles</i> 12. <i>Ciment</i> 13. <i>Shingles</i> 14. <i>Autre (préciser)</i> _____	[ ___ ]	
125	VITA AMIN'NY INONA NY RINDRINA ATO AN-TRANO? JEREO <b>Akora natoraly</b> 1. <i>Tsy misy rindrina</i> 2. <i>Volo (Bambou)/ cane/ palme/ tronc</i> 3. <i>Tany</i> <b>Akora tsotra</b> 4. <i>Volo sy fotaka</i> 5. <i>Vato sy fotaka</i> 6. <i>Adobe tsy misarona</i> 7. <i>Contre plaqué</i> 8. <i>Baoritra</i> 9. <i>Hazo efa nampiasaina</i> <b>Akora voahodina</b> 10. <i>Simenitra (ciment)</i> 11. <i>Fanitso</i> 12. <i>Vato sy chaux na vato sy simenitra</i> 13. <i>Biriky</i> 14. <i>Blocs de ciment</i> 15. <i>Adobe misarona</i> 16. <i>Planche / shingles</i> 17. <i>Hafa (lazao)</i> _____	PRINCIPAL MATERIAU DES MURS EXTERIEURS ? ENREGISTER L'OBSERVATION <b>Materiau naturel</b> 1. <i>Pas de mur</i> 2. <i>Bambou/cane/palm/tronc</i> 3. <i>Terre</i> <b>Materiau rudimentaire</b> 4. <i>Bambou avec boue</i> 5. <i>Pierre avec boue</i> 6. <i>Adobe non recouvert</i> 7. <i>Contre-plaquee</i> 8. <i>Carton</i> 9. <i>Bois de recuperation</i> <b>Materiau elabore</b> 10. <i>Ciment</i> 11. <i>Tôles</i> 12. <i>Pierre avec chaux/ciment</i> 13. <i>Briques</i> 14. <i>Blocs de ciment</i> 15. <i>Adobe recouvert</i> 16. <i>Planche en bois/shingles</i> 17. <i>Autres (preciser)</i> _____	[ ___ ]	

126	FIRY NY EFITRA FATORIANAREO AO AN-TRANO	DANS CE MENAGE, COMBIEN DE PIECES UTILISEZ-VOUS POUR DORMIR	_____	
127	IANA0 NA IREO OLONA MIPETRAKA ATO AMIN'ITY TOKANTRANO ITY VE MISY MANANA A. Famataranandro B. Bisikileta C. Moto na scooter D. Saretin'omby E. Fiara/kamiao F. Sambo misy motera G. Tsy misy an'ireo rehetra ireo	EST-CE QUE VOUS OU UN MEMBRE DE VOTRE MENAGE POSSEDE A. Montre B. Bicyclette C. Moto ou scooter D. Charrette E. Voiture/Cmionnette F. Bateau à moteur G. Rien de tout cela	1. Oui -99. Non selectionné [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
128	IANA0 NA IREO OLONA MIPETRAKA ATO AMIN'ITY TOKANTRANO ITY VE MISY MANANA TANIMBOLY NA TANY? 1. Eny 2. Tsia	EST-CE QUE VOUS OU UN MEMBRE DE VOTRE MENAGE POSSEDE DES TERRAINS OU TERRES AGRICOLES ? 1. Oui 2. Non	[ ]	1→129 2→130
129	FIRY ARA NO HABEN'NY TANIMBOLY NA TANY VE OLONA MIPETRAKA ATO AMINAREO 95. Mihoatra ny 9500ha 96. Tsy fantatro	COMBIEN D'ARES DE TERRAINS OU TERRES AGRICOLES LES MEMBRES DE VOTRE MENAGE POSSEDENT-ILS ? 95. Plus de 9500ha 96. Ne sait pas	_____ are	
130	MISY MANANA BIBY FIOMPY TOY NY OMBY, AKOHO SY VORONA SNS VE NY OLONA ATO AMINAREO? 1. Eny 2. Tsia	EST-CE QUE LES MEMBRES DE VOTRE MENAGE POSSEDENT-ILS DU BETAIL, DES TROUPEAUX TELS LES ZEBUS, POULETS ETC ? 1. Oui 2. Non	[ ]	1→131 2→132
131	FIRY AMIN'IRETO NO ANANAN'NY OLONA MIPETRAKA ATO AMINAREO? A. Omby B. Soavaly/Apondra C. Ondry D. Osy E. Akoho F. Gisa/gana G. Kisoa	COMBIEN VOTRE MENAGE POSSEDE-T-IL DE A. Zebu B. Chevaux/anes ou mules C. Moutons D. Chevres E. Poulets F. Oies/canards G. Cochons	[ ] [ ] [ ] [ ] [ ] [ ] [ ]	
132	LAZAO NY DATY ANIO SY NY DATY TAMIN'NY 12 VOLANA LASA. TAMIN'NY (DATIN'NY 3 VOLANA LASA) NO MANKATY, NOVANGIAN'NY MPANENTANA ARA- PAHASALAMANA VE NY TOKANTRANONAREO? 1. Eny 2. Tsia 3. Tsy fantatro	RAPPELER LA DATE D'AUJOURD'HUI. CALCULER LA DATE DU 12 MOIS PASSES. DU (DATE DU 3 MOIS PASSES) JUSQU' A MAINTENANT, EST-CE QUE LES AGENTS COMMUNITAIRES ONT VISITE VOTRE MENAGE ? 1. Oui 2. Non 3. Pas sur	[ ]	1→133 2→134 3→134
133	INONA NY RESAKA NIFANAOVANAREO TAMIN'IZANY? A. Fisafoana sy fiterahana B. Soins neonatals C. Soins apres accouchement D. Soins apres avortement E. Fandrindram-piterahana F. Fiarovana amin'ny vohoka tsy niriana G. Fanaovana vaksiny ny zaza na ny reny H. Ny sakafon'ny zaza sy ny fampinonoan-dreny I. Fanaraha-maso ny fitombon'ny zaza J. Tazo na tazomoka K. Aretim-pivalanana L. Kohaka sy aretin-tratra M. Hafa (lazao)	QU'EST CE QUE VOUS AVEZ DISCUTE ? A. Soins prenataux et accouchement B. Soins neonatals C. Soins apres accouchement D. Soins apres avortement E. Planning familial F. Prevention des grossesses non desirees G. Vaccination des meres et des enfants H. Nutrition des enfants et allaitement I. Surveillance de la croissance des enfants J. Fievre et paludisme K. Diarrhee L. Toux et pneumonie M. Autre (preciser)	1. Oui -99. Non selectionné [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

<b>134 A</b>	<p>NISY TOMBONTSOA AZONAREO VE TAMIN'NY PROJET MAHEFA?</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>AVEZ-VOUS BENEFICIE DU PROJET MAHEFA ?</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>[__]</p>	
<b>134</b>	<p>RAHA ENY, INONA IZANY</p> <p>A. <i>Mikasika ny tazomoka</i> B. <i>Fitaterana marary</i> C. <i>Fahasalaman'ny reny sy ny zaza</i> D. <i>IST</i> E. <i>Diorano-Fidiovana sy Fahadiovana (WASH)</i> F. <i>Fahasalamam-bahoaka</i> G. <i>Fandrindrana ny fiainam-pianakaviana</i> H. <i>Fandefasana any amin'ny CSBII</i></p>	<p>SI OUI, QUELS AVANTAGES OU INTERVENTIONS AVEZ-VOUS RECU ?</p> <p>A. <i>Paludisme</i> B. <i>Transport des patients</i> C. <i>Sante de la mere et l'enfant</i> D. <i>IST</i> E. <i>Diorano-WASH</i> F. <i>Sante communautaire</i> G. <i>Planning familial</i> H. <i>Reference au CSBII</i></p>	<p>1. <i>Oui</i> -99. <i>Non selectionné</i> [__] [__] [__] [__] [__] [__] [__] [__]</p>	
<b>135</b>	<p>FANONTANIANA HO AN'NY LOHAM-PIANAKAVIANA IHANY HATRAIZA NY FANEKENAO NA FANDAVANAO IRETO TSANGAN- KEVITRA IRETO, MARIHO AMIN'IRETO MARIKA IRETO NY VALINTENY</p> <p>-2 : <i>Laviko tanteraka izany</i> -1 : <i>Tsy tena manaiky aho</i> 0 : <i>sady ekeko no laviko</i> +1 : <i>Manaiky aho</i> +2 : <i>manaiky tanteraka aho</i></p> <p>1. <i>Ny vehivavy dia tokony hitovy zo sy ho mira lenta amin'ny lehilahy.</i> 2. <i>Rehefa dinihina, ny lehilahy no tena mety mpitarika politika tsara noho ny vehivavy, ny lehilahy no tokony fidiana amin'ny fifidianana fa tsy ny vehivavy</i> 3. <i>Rehefa vitsy ny asa, ny lehilahy no tokony hana-jo omena asa alohan'ny vehivavy</i></p>	<p>QUESTIONS POUR LE CHEF DE MENAGE SEULEMENT DANS QUELLE MESURE ETES-VOUS D'ACCORD / PAS D'ACCORD AVEC LES ENONCES SUIVANTS</p> <p>-2 : <i>Fortement en désaccord</i> -1 : <i>Desaccord</i> 0 : <i>Neutre</i> +1 : <i>D'accord</i> +2 : <i>Fortement d'accord</i></p> <p>1. <i>Les femmes et les hommes doivent avoir les memes droits et etre egaux.</i> 2. <i>Si l'on pense, les hommes sont mieux que les femmes en matiere de leadership politique, et qu'on doit voter pour les hommes aux elections mais non pas les femmes.</i> 3. <i>S'il y a tres peu d'emplois disponibles, les hommes doivent etre prioritaires.</i></p>	<p>[__] [__] [__]</p>	
<b>136</b>	<p>MISY VEHIVAVY EO ANELANELAN'NY 15-49 TAONA VE AO AMIN'ILAY TOKANTRANO</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>Y A-T-IL DE FEMMES ENTRE 15-49 ANS DANS LE MENAGE</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>[__]</p>	<p>1→Q WRA 2→137</p>
<b>137</b>	<p>MISY MPITAIZA ZAZA LATAKY NY DIMY TAONA VE AO AMIN'ILAY TOKANTRANO</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>Y A-T-IL UNE NOURRICE D'ENFANT DE MOINS DE 5 ANS DANS LE MENAGE</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>[__]</p>	<p>1→Q CTK 2→Terminer</p>

<p>DATE de la première visite : [____ ____ ____]</p> <p>RESULTAT DE LA PREMIERE VISITE : [____]</p> <ol style="list-style-type: none"> <li>1. Enquête effectuée jusqu'à la fin - rempli</li> <li>2. Pas de membre du ménage à la maison ou pas d'enquêtee compétente au moment de la visite</li> <li>3. Ménage totalement absent pour une longue durée</li> <li>4. Ménage refusant</li> <li>5. Autre (citer) _____</li> </ol> <p>DATE de la deuxième visite : [____ ____ ____]</p> <p>RESULTAT DE LA 2<sup>ème</sup> VISITE : [____]</p> <ol style="list-style-type: none"> <li>1. Enquête effectuée jusqu'à la fin - rempli</li> <li>2. Pas de membre du ménage à la maison ou pas d'enquêtee compétente au moment de la visite</li> <li>3. Ménage totalement absent pour une longue durée</li> <li>4. Ménage refusant</li> <li>5. Autre (citer) _____</li> </ol> <p>DATE de la 3<sup>ème</sup> visite : [____ ____ ____]</p> <p>RESULTAT DE LA 3<sup>ème</sup> VISITE : [____]</p> <ol style="list-style-type: none"> <li>1. Enquête effectuée jusqu'à la fin - rempli</li> <li>2. Pas de membre du ménage à la maison ou pas d'enquêtee compétente au moment de la visite</li> <li>3. Ménage totalement absent pour une longue durée</li> <li>4. Ménage refusant</li> <li>5. Autre (citer) _____</li> </ol> <p>Nombre total de visites effectuées: _____</p> <p>Heure de la fin d'entretien : _____ h _____ min</p>	<p>DATY : fitsidhana voalohany : [____ ____ ____]</p> <p>VOKATRY NY FITSIDIHANA VOALOHANY : [____]</p> <ol style="list-style-type: none"> <li>1. Vita ny fanadihadiana</li> <li>2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana</li> <li>3. Tsy misy olona mihitsy ao an-trano mandritra ny fotoana nandalovana</li> <li>4. Nanda tsy hanaovana fanadihadiana</li> <li>5. Hafa (lazao) _____</li> </ol> <p>DATY : fitsidhana faharoa : [____ ____ ____]</p> <p>VOKATRY NY FITSIDIHANA FAHAROA : [____]</p> <ol style="list-style-type: none"> <li>1. Vita ny fanadihadiana</li> <li>2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana</li> <li>3. Tsy misy olona mihitsy ao an-trano mandritra ny fotoana nandalovana</li> <li>4. Nanda tsy hanaovana fanadihadiana</li> <li>5. Hafa (lazao) _____</li> </ol> <p>DATY : fitsidhana fahatelo : [____ ____ ____]</p> <p>VOKATRY NY FITSIDIHANA FAHATELO : [____]</p> <ol style="list-style-type: none"> <li>1. Vita ny fanadihadiana</li> <li>2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana</li> <li>3. Tsy misy olona mihitsy ao an-trano mandritra ny fotoana nandalovana</li> <li>4. Nanda tsy hanaovana fanadihadiana</li> <li>5. Hafa (lazao) _____</li> </ol> <p>Isan'ny fitsidhana natao tamin'ny tokantrano : _____</p> <p>Ora nifaranan'ny fanadihadiana : _____ ora _____ min</p>
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## Appendix D: Women's questionnaire

Consentement	Fanekena an-tsitrapo
<p>Bonjour. Je m'appelle _____ et je travaille pour _____. Nous effectuons une enquête sur la santé. Votre ménage a été sélectionné par hasard pour participer à l'enquête et en tant que femme âgée entre 15-49ans/nourrice d'enfants de moins de 5 ans, nous souhaitons vous poser des questions sur vous et votre enfant si vous accepteriez de nous répondre.</p> <p>L'enquête dure habituellement entre 1 heure et 1 heure trente minutes.</p> <p>Au cours de cette enquête, nous allons vous poser des questions sur votre santé et la santé des enfants moins de cinq ans dans votre ménage.</p> <p>L'enquête restera strictement confidentielle. Il n'y aura jamais des noms ou adresse du domicile publiés. Alors, nous vous sollicitons de dire la vérité. Votre participation à cette enquête est totalement volontaire. S'il y aura des questions auxquelles vous ne souhaitez pas répondre, dites-le moi et je passerai à la question suivante. Vous pouvez également interrompre l'enquête à n'importe quel moment, même-si l'enquête n'est pas encore terminée. Nous espérons cependant que vous accepteriez de participer car vos opinions sont importantes pour nous. Avez-vous des questions à propos de l'enquête?</p> <p>Signature de l'enquêteur: _____</p> <p>Signature de l'enquêté: _____</p>	<p>Miarahaba anao tompoko. _____ no anarako, miasa amin'ny _____ aho.</p> <p>Manao fanadihadiana mikasika ny fahasalamana izahay, anisan'ny voafidy tamin'ny antsapaka ny tokatranonao mba hanaovana ilay fanadihadiana. Raha manaiky ianao dia maniry izahay ny hametraka fanontaniana aminao amin'ny mahavehivavy feno 15-49 taona/mpitaiza zaza latsaky ny 5 taona anao ato anatin'ity tokatranonao ity.</p> <p>Maharitra adiny iray na adiny iray sy sasany eo ny fanadihadiana. Mandritra izany dia hisy andiam-panontaniana hapetrakay aminao momba ny fahasalaman'ny vehivavy, sy ny fahasalaman'ny zaza latsaky ny 5 taona ato an-tokantranonao.</p> <p>Ny fanadihadiana dia atao ao anatin'ny tsiambaratelo tanteraka. Tsy hisy anarana, na adiresy trano hivoaka ampahimebaso na oviana na oviana. Noho izany, miangavy anao izahay hilaza ny tena marina. An-tsitrapo ny fandraisana anjara. Raha misy fanontaniana tsy tianao valiana dia ilazao aho fa avy hatrany dia hiroso amin'ny fanontaniana manaraka isika. Azonao atao tsara koa ny manapaka ny fanadihadiana na oviana na oviana, eny na dia mbola tsy mifarana aza izany. Ny fanirianay anefa dia ny mba handraisanao anjara satria zava-dehibe aminay ny hevitrao.</p> <p>Manana fanontaniana momba ny fanadihadiana ve ianao?</p> <p>Sonian'ny mpanadihady _____</p> <p>Sonian'ny mpanadihady _____</p>

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
	Numéro ménage	Numéro ménage		
	Region	Faritra		
	District	Distrika		
	Nom Commune	Anaran'ny Kaomina		
	Code Commune	Kaody Kaomina		
	Nom Fokontany	Anaran'ny Fokontany		
	Code Fokontany	Kaody Fokontany		
	Rang ménage	Rang ménage		
	Rang Femme	Rang Femme		
	Situation de la femme 1. Femme 15-49 uniquement 2. Femme nourrice CU5 uniquement 3. Femme a la fois 15-49 et nourrice CU5	Toerana misy ilay vehivavy 1. Vehivavy 15-49 fotsiny 2. Vehivavy mitaiza CU5 fotsiny 3. Vehivavy sady 15-49 no mitaiza CU5	[ ]	
	Nom enquêteur	Anaran'ny mpanadihady		
	Code de l'enquêteur	Kaody mpanadihady		
	Nombre total de WRA dans le ménage	Isan'ny vehivavy 15-49 taona ao anatin'ny tokantrano	_____	
	Nombre total de nourrices d'EM5 dans le ménage	Isan'ny vehivavy mitaiza zaza latsaky ny 5 taona	_____	
	Date de la visite	Datin'ny fitsidihana	[ ] [ ] [ ]	
	Heure du début de l'entretien	Ora nanombohan'ny fanadihadiana	_____ h _____ min	

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
102	Depuis combien de temps habitez-vous de façon continue a (nom du fokontany)? 0. si moins d'une année 66. si depuis toujours 99. si visiteur	Hafiriana izay no nanomboka nipetraka tato ianao:  0. raha latsaky ny 1 taona 66. raha hatramin'izay 99. raha mpamangy	_____	
103	En quel mois et en quelle année êtes-vous née	Oviana ianao no teraka? Omeo ny volana sy ny taona nahaterahanao	[ ] [ ] (99-9999 si ne connaît pas)	
104	Quel âge avez-vous à votre dernier anniversaire? Comparer et corriger 103 et/ou104 si incohérent	Firy taona ianao tamin'ny tsingerintaona nahaterahanao farany? (ampitovio ary ahitsio 103 raha tsy mitovy)	_____	
105	Avez-vous fréquentée l'école? 1. Oui 2. Non	Efa nandia sekoly ve ianao? 1. Eny 2. Tsia	[ ]	2→108
106	Quel est le niveau d'étude le plus élevé que vous avez atteint? 1. Primaire 2. Secondaire 1er cycle 3. Secondaire second cycle 4. Universitaire	Hatraiza ny dingana farany vitanao teo amin'ny fianarana? 1. Ambaratonga fototra 2. Ambaratonga faharoa fototra 3. Ambaratonga fahatelo 4. Ambaratonga ambony	[ ]	
107	Quelle est la dernière classe que vous avez achevée (complétée) à ce niveau?	Kilasy fahafiry no vitanao hatramin'ny farany?	T_____	
108	Quelle est votre occupation quotidienne A. Agriculture B. Elevage C. Pêche D. Exploitation minière  E. Artisanat F. Faire du charbon G. Commerce H. Travail journalier I. Main-d'œuvre agricole J. Salariée K. Femme au foyer L. Autre (préciser)	Inona no asa ataonao andavanandro?  A. Fambolena B. Fiompiana C. Jono D. Mitrandraka harena ankibon'ny tany E. Asa tanana F. Manao saribao G. Varotra H. Asa isan'andro I. Asa saraka an-tsaha J. Karama raikitra K. Mikarakara tokantrano L. Hafa (lazao)	1. Selectionné -99. Non selectionné  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

**Section 2 : exposition aux informations sur la santé / Fizarana 2 : Fahazoana vaovao mikasika ny fahasalamana tao anatin'ny roa volana**

**Maintenant je vais vous poser des questions sur les messages ou informations sur la santé que vous auriez pu entendre ou voir dans les deux derniers mois**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
201	Pendant les deux derniers mois, avez-vous entendu ou vu des messages d'éducation sur la santé de la mère et l'enfant? 1. <i>oui</i> 2. <i>non</i>	Tato anatin'ny 2 volana, efa nandre na nahita hafatra na fampianarana momba ny fahasalaman'ny reny sy ny zaza ve ianao? 1. <i>Eny</i> 2. <i>tsia</i>		2→203
202	Si OUI, de qui et où avez-vous entendu des messages d'éducation sur la santé de la mère et de l'enfant? A. <i>Personnel de sante</i> B. <i>Agent communautaire</i> C. <i>Radio</i> D. <i>Television</i> E. <i>mobilisation de masse/sketch</i> F. <i>autre</i>	Raha ENY, taiza na iza no nandrezenanao izany hafatra fampianarana momba ny fahasalaman'ny reny sy ny zaza izany? A. <i>Mpisan'ny fahasalamana</i> B. <i>Mpanentana ara-pahasalamana</i> C. <i>Radio</i> D. <i>Fahitalavitra</i> E. <i>Fety na seho</i> F. <i>Hafa</i>	1. selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
203	Pendant les deux derniers mois, avez-vous entendu ou vu des messages sur le Produit "SUREAU" 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny roa volana, efa nandre na nahita fanentanana na hafatra mikasika ny SUREAU ve ianao? 1. <i>eny</i> 2. <i>tsia</i>		2→205
204	Si OUI, de qui et où avez-vous entendu des messages d'éducation sur le SUR'EAU? A. <i>Personnel de sante</i> B. <i>Agent communautaire</i> C. <i>Radio</i> D. <i>Television</i> E. <i>mobilisation de masse/sketch</i> F. <i>autre</i>	Raha ENY, taiza na iza no nandrezenanao izany hafatra fampianarana momba ny SUR'EAU? A. <i>Mpisan'ny fahasalamana</i> B. <i>Mpanentana ara-pahasalamana</i> C. <i>Radio</i> D. <i>Fahitalavitra</i> E. <i>Fety na seho</i> F. <i>Hafa</i>	1. selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
205	Pendant les deux derniers mois, avez-vous entendu des messages d'éducation sur le paludisme? 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny roa volana, efa nahare hafatra fampianarana momba ny tazomoka ve ianao? 1. <i>Eny</i> 2. <i>Tsia</i>		2→207
206	Si OUI, de qui et où avez-vous entendu des messages d'éducation sur le paludisme? A. <i>Personnel de sante</i> B. <i>Agent communautaire</i> C. <i>Radio</i> D. <i>Television</i> E. <i>mobilisation de masse/sketch</i> F. <i>autre</i>	Raha ENY, taiza na iza no nandrezenanao na nahitanao izany hafatra fampianarana momba ny tazomoka izany? A. <i>Mpisan'ny fahasalamana</i> B. <i>Mpanentana ara-pahasalamana</i> C. <i>Radio</i> D. <i>Fahitalavitra</i> E. <i>Fety na seho</i> F. <i>Hafa</i>	1. selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
207	Pendant les deux derniers mois, avez-vous entendu des messages d'éducation sur la nutrition? 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny roa volana, efa nahare na nahita hafatra na fampianarana momba ny fanjarian-tsakafo ve ianao? 1. <i>Eny</i> 2. <i>Tsia</i>		2→209
208	Si OUI, de qui et où avez-vous entendu des messages d'éducation sur la nutrition? A. <i>Personnel de sante</i> B. <i>Agent communautaire</i> C. <i>Radio</i> D. <i>Television</i> E. <i>mobilisation de masse/sketch</i> F. <i>autre</i>	Raha ENY, taiza na iza no nandrezenanao izany hafatra fampianarana momba ny fanjarian-tsakafo izany? A. <i>Mpisan'ny fahasalamana</i> B. <i>Mpanentana ara-pahasalamana</i> C. <i>Radio</i> D. <i>Fahitalavitra</i> E. <i>Fety na seho</i> F. <i>Hafa</i>	1. selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

209	Pendant les deux derniers mois, avez-vous entendu des messages d'éducation sur la planification familiale et méthode de contraception? 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny 2 volana, efa nahare hafatra na fampianarana momba ny fandrindram-piterahana ve ianao? 1. <i>Eny</i> 2. <i>Tsia</i>		2→301
210	Si OUI, de qui et où avez-vous entendu des messages d'éducation sur la planification familiale et méthode de contraception? A. <i>Personnel de sante</i> B. <i>Aagent communautaire</i> C. <i>Radio</i> D. <i>Television</i> E. <i>mobiliation de masse/sketch</i> F. <i>autre</i>	Raha ENY, taiza na iza no nandreseanao izany hafatra fampianarana momba ny fandrindram-piterahana izany? A. <i>Mpiasan'ny fahasalamana</i> B. <i>Mpanentana ara-pahasalamana</i> C. <i>Radio</i> D. <i>Fahitalavitra</i> E. <i>Fety na seho</i> F. <i>Hafa</i>	1. selectionné -99. Non selectionné <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
211	Pour lesquels des produits FP suivants avez-vous vu ou entendu des messages d'éducation au cours des deux mois? A. <i>CONFIANCE/DEPOCOM</i> B. <i>PILPLAN</i> C. <i>PROTECTOR PLUS/YES</i> D. <i>COLLIER</i> E. <i>AUTRE</i>	Inona amin'ireto fomba fandrindram-piterahana ireto no henonao na hitanao ny hafatra na fampianarana? A. <i>CONFIANCE/DEPOCOM</i> B. <i>PILPLAN</i> C. <i>PROTECTOR PLUS/YES</i> D. <i>VAKAN'NY TSINGERIM-BOLANA</i> E. <i>Hafa</i>	1. selectionné -99. Non selectionné <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Section 3 : Connaissance et utilisation des services de la santé/Fahalalàna sy fampiasana ny tolotra momba ny fahasalamana**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
301	<p>Nommer tous les différents endroits qu'on pourrait aller pour trouver un produit ou un service pour traiter une maladie. (Ne lisez pas les réponses! Cocher toutes les réponses mentionnées) Demandez s'il y a d'autre lieu?</p> <p><b>Centre de santé public</b> A. HOPITAL CHD II B. HOPITAL CHD I C. CSB II D. CSB I</p> <p><b>CENTRE DE SANTE PRIVE</b> E. HOPITAL PRIVE F. CLINIQUE PRIVE G. PHARMACIE/DEPOT DES MEDICAMENTS H. DOCTEUR LIBRE I. FISA J. AUTRE K. AGENT DE SANTE COMMUNAUTAIRE L. MAGASIN/EPICIERI M. KIOSQUE N. EGLISE O. AMIS/FAMILLE P. GUERISSEURS TRADITIONNELS Q. AUTRE (PRECISER)</p>	<p>Lazao ny toerana rehetra fantatrao hoe azo aleha raha te-hitsabo aretina iray. Aza vakiana ireo valiny fa avelao hiteny malalaka dia mariho izay voalaza) Anontanio raha mbola misy toerana hafa?</p> <p><b>Toaram-pitsaboana ara-panjakana</b> A. HOPITALY CHD II B. HOPITALY CHD I C. CSB II D. CSB I</p> <p><b>Toeram-pitsaboana prive</b> E. HOPITALY PRIVE F. CLINIQUE PRIVE G. FIVAROTAM-PANAFODY H. DOKOTERA LIBRA I. FISA J. Hafa K. MPANENTANA ARA-PAHASALAMANA L. TOERAM-PIVAROTANA TSOTRA M. KIOSKA N. FIANGONANA O. NAMANA/HAVANA P. MPITSABO NENTI-PAHARAZANA Q. Hafa</p>	<p>1. selectionné -99. Non selectionné</p> <p><input type="checkbox"/></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	
302	<p>Au cours des trois dernier mois, avez-vous demandé /cherché un service de santé?</p> <p>1. <i>oui</i> 2. <i>non</i></p>	<p>Tao anatin'ny telo volana farany, efa nila fitsaboana na torohevitra mikasika ny faha na nangataka tolotra mikasika ny fitsaboana ve ianao?</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>		2→305
303	<p>Quels types de soins avez-vous cherché la dernière fois?</p> <p>A. FP B. Soins maternels ou infantiles C. Nutrition D. Autre</p>	<p>Inona no fitsaboana notadiavinao farany indrindra?</p> <p>A. FP B. Fikarakarana ny reny sy ny zaza C. Fanjarian-tsakafo D. Hafa</p>	<p>1. selectionné -99. Non selectionné</p> <p><input type="checkbox"/></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
304	<p>Si OUI, lesquels des endroits avez-vous trouvé les soins recherché? (Ne lisez pas les réponses! Cocher toutes les réponses mentionnées) Demandez s'il y a d'autre lieu?</p> <p><b>Centre de santé public</b> A. HOPITAL CHD II B. HOPITAL CHD I C. CSB II D. CSB I</p>	<p>Raha ENY, taiza no nahazoanao ny fikarakarana na fitsaboana notadiavinao? Aza vakiana ireo valiny fa avelao hiteny malalaka dia mariho izay voalaza) Anontanio raha mbola misy toerana hafa?</p> <p><b>Toaram-pitsaboana ara-panjakana</b> A. HOPITALY CHD II B. HOPITALY CHD I C. CSB II D. CSB I</p>	<p>1. selectionné -99. Non selectionné</p> <p><input type="checkbox"/></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



	<i>1. oui</i> <i>2. non</i>	1. eny 2. tsia		
<b>310</b>	Combien de visites avez-vous reçu dans les 3 derniers mois?	Impiry namangy anao ny AC tato anatin'ny 3 volana?		
<b>311</b>	En plus de ce que vous avez discuté la dernière visite, quoi d'autres avez-vous discuté avec lui pendant les 3 derniers mois? A. Soins prénatals et accouchement B. Soins néonataux C. Soins après accouchement D. Soins après avortement E. Planning familial F. Prévention des grossesses non désirées G. Vaccination des mères et des enfants H. Nutrition des enfants et allaitement maternel I. Surveillance de la croissance des enfants J. Fièvre et paludisme K. Diarrhée L. Toux et pneumonie M. Autre (préciser)	Inona koa ankoatra ireo voalaza teo ambony no noresahinareo tao anatin'izay 3 volana izay?  A. Fisafoana sy fiterahana B. Fikarakarana ny zaza vao teraka C. Fikarakarana ny vehivavy avy teraka D. Fitsaboana ny vehivavy afa-jaza na nanala zaza E. Fandrindram-piterahana F. Fiarovana @ vohoka tsy nirina G. Fanaovana vaksiny ny zaza na ny reny H. Ny sakafon'ny zaza sy ny fampinonoan-dreny I. Fanaraha-maso ny fitombon'ny zaza J. Tazo na tazomoka K. Aretim-pivalanana L. Kohaka sy aretin-tratra M. Hafa (lazo)	1. sélectionné -99. Non sélectionné	
<b>312</b>	Vérifier si la répondante a mentionné la PF? <i>1. oui</i> <i>2. non</i>	Mariho raha nisy mikasika ny FP ny valinteniny <i>1. eny</i> <i>2. tsia</i>	<input type="checkbox"/>	2→312B
<b>312A</b>	Pendant ces 3 derniers mois, quels produits contraceptifs l'agent de santé vous a-t-il donnés? A. Aucun B. Pilule C. DIU D. Injections E. Implant (sur le bras) F. Condom G. Condom féminin H. Diaphragme I. Mousse/Gelée J. Collier K. Autre	Nandritra 3 volana lasa, inona ny fandrindram-piterahana nomen'ny AC anao?  A. Tsy nisy B. Pilina C. Sterilet (DIU) D. Tsindrana E. Implant (asisika eo amin'ny sandry) F. Fimailo ho an'ny lehilahy G. Fimailo ho an'ny vehivavy H. Diaphragme I. Mousse/Gelée J. Vakan'ny tsingerim-bolana K. Hafa	1. sélectionné -99. Non sélectionné	

JE VOUDRAIS VOUS DEMANDER SUR LA QUALITE DES SERVICES DES ACS / HANONTANY ANAO AHO IZAO MIKASIKA NY ASAN'NY MPANENTANA

<b>312B</b>	Vos réponses aideront les agents de santé communautaires à améliorer leur prestation de services et soins.  A. Comment trouvez-vous les services offerts par les agents de santé communautaire? 4=parfait 3=bien 2=assez bien 1=mauvais  B. Avez-vous bien compris les conseils/soins qu'ils vous ont offerts? 1= non, rien compris	Ny valintenin'ao dia hanampy betsaka ny AC mba hanatsarana ny tolotra omen'izy ireo.  A. Ahoana ho fahitanao ny tolotra ankapobeny omen'ny mpanentana?  4=lafatra 3=tsara 2=tsaratsara 1=ratsy  B. Azonao tsara daholo ny torohevitra na tolotra nomeny? 1= tsy misy azo	<input type="checkbox"/>	<input type="checkbox"/>
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	<p>2= non, pas totalement 3= oui, en général 4= oui, très bien compris</p> <p>C. Est-ce que les services que vous avez reçus ont répondu à vos besoins? Ont tous répondu? 4=ont répondu à tous mes besoins 3=ont répondu à presque tous mes besoins 2=ont répondu seulement à certains besoins 1= n'ont pas du tout répondu à mes besoins</p> <p>D. Etes-vous satisfaite des conseils et soins que vous avez reçus? 1=très insatisfait 2=plutôt insatisfait 3=plutôt satisfait 4=très satisfait</p> <p>E. Est-ce que les services reçus vous ont aidé à surmonter des problèmes? 4=oui, m'ont beaucoup aidé 3=oui, m'ont aidé 2=non, ne m'ont pas aidé 1=non, ont aggravé la situation</p> <p>F. Si un jour vous aurez besoin d'aide, est-ce que vous allez retourner auprès des agents de sante communautaire pour chercher des conseils et des soins? 1= jamais 2= peut-être pas 3=oui, j'y retournerai 4= oui, surement</p> <p>G. Si un des vos amis a besoin d'aide comme vous, allez-vous lui recommander de voir les agents de sante communautaire? 1=non, jamais 2=non, peut-être pas lui/elle 3=oui, je les recommande 4=oui, je les recommande fortement</p>	<p>2= misy tsy azo 3= azo ihany @ ankapobeny 4= eny, azo tsara daholo</p> <p>C. Ny torohevitra na ny tolotra azonao t@ AC ve tena namaly ny zavatra notadiavinao? 4=eny namaly ny filàko rehetra 3=@ ankapobeny namaly ny notadiaviko 2=namaly tamin'ny notadiaviko vitsivitsy fotsiny 1=tena tsy namaly mihitsy tamin'ny filàko</p> <p>D. Afa-po ve ianao tamin'ny torohevitra sy ny fitsaboana nomen'ny AC? 1=Tena tsy afa-po mihitsy 2=Ohatry ny tena tsy nahafa-po ahy 3=afa-po ihany 4=tena afa-po tanteraka</p> <p>E. Ny tolotra azonao tamin'ny AC ve ampy hiatrehanao ny olana? 4=eny, tena nanampy ahy be dia be 3=eny , nanampy ahy ihany 2=tsy tena nanampy ahy loatra 1=Vao mainka aza nahitako olana</p> <p>F. Raha mila fanampiana ianao indray andro any, mbola hiverina haka torohevitra sy fitsaboana amin'ny AC ve ianao? 1= Sanatria, tsy hiverina intsony 2= Mety tsy hiverina intsony 3=eny mety mbola hiverina aho 4= tena hiverina hanatona azy aho</p> <p>G. Raha misy namanao mila fanampiana tahaka anao, hanome soso-kevitra azy ve ianao hanantona ny mpanentana? 1=Tsia tsy hanolo-kevitra azy aho 2=Angamba tsy ny AC no hoteneniko azy 3=eny, mety hanolo-kevitra azy aho 4=Tena hanolo-kevitra azy aho hanatona ny AC</p>	<p>[ ]</p> <p>[ ]</p> <p>[ ]</p> <p>[ ]</p> <p>[ ]</p>	
<b>313A</b>	<p>Dans les trois derniers mois, avez-vous visité le CSB 1.oui 2.non</p>	<p>Efa tany amin'ny CSB ve ianao tato anatin'ny 3 volana 1.eny 2.tsia</p>	<p>[ ]</p>	2→313D



<b>313B</b>	<p>PENDANT LES 3 DERNIERS MOIS, quels types de service avez-vous obtenus du CSB?</p> <p>A. Soins prénatals et accouchement  B. Soins néonataux  C. Soins après accouchement  D. Soins après avortement  E. Planning familial  F. Prévention des grossesses non désirées  G. Vaccination des mères et des enfants  H. Nutrition des enfants et allaitement maternel  I. Surveillance de la croissance des enfants  J. Fièvre et paludisme  K. Diarrhée  L. Toux et pneumonie  M. Autre (préciser)</p>	<p>Tato anatin'ny telo volana, inona no tolotra azonao tany amin'ny CSB</p> <p>A. Fisafoana sy fiterahana  B. Fikarakarana zaza menavava  C. Fikarakarana aorian'ny fiterahana  D. Fikarakarana aorian'ny fahafahan-jaza  E. Fandrindram-piterahana  F. Fiarovana amin'ny vohoka tsy iriana  G. Fanaovam-bakisiny reny sy zaza  H. Sakafon'ny zaza sy fampinonoandreny  I. Fanaraha-maso fitomboan'ny zaza  J. Tazo sy tazomoka  K. Fivalanana  L. Kohaka sy aretin-tratra  M. Hafa</p>	<p>1. selectionné  -99. Non selectionné</p> <p>[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]</p>	
<b>313C</b>	<p>Etes-vous satisfait avec les services que vous avez reçu du CSB ?</p> <p>1.Très insatisfait  2. Un peu insatisfait  3. Un peu satisfait  4. très satisfait</p>	<p>Afa-po amin'ny tolotra omen'ny CSB ve ianao</p> <p>1.Tena tsy afa-po mihitsy  2.Tsy tena afa-po  3.Afa-po ihany  4. Tena afa-po</p>	<p>[ ]</p>	
<b>313D</b>	<p>JE VAIS MAINTENANT VOUS POSER DES QUESTIONS SPECIALEMENT POUR LE PALUDISME</p> <p>A votre avis, quel est le meilleur moyen de lutter contre le paludisme?</p> <p>A. Elimination des moustiques  B. Dormir sous une moustiquaire traitée chaque nuit  C. Pulvérisation d'insecticide qui tue ou éloigne les moustiques  D. Autre (préciser)  E. Ne sait pas</p>	<p>IZAO DIA HANONTANY ANAO MANOKANA MIKASIKA NY TAZOMOKA AHO</p> <p>Araka ny hevitrao, inona no fomba atao hiadiana amin'ny tazomoka</p> <p>A. Famonoana ny moka  B. Matory ao anaty lay misy ody moka isan'alina  C. Famendrahana ody moka mamono na mampanalavitra moka  D. Hafa  E. Tsy fantatra</p>	<p>1. selectionné  -99. Non selectionné</p> <p>[ ]  [ ]  [ ]  [ ]  [ ]</p>	
<b>314</b>	<p>Pouvez-vous me dire où aller ou qui contacter pour chercher des médicaments /pilules pour vous protéger contre le paludisme?</p> <p>Si ne sait pas si c'est public ou privée, écrivez le nom du centre de santé</p> <p><b>Centre de santé public</b>  A. HOPITAL CHD II  B. HOPITAL CHD I  C. CSB II  D. CSB I</p> <p><b>CENTRE DE SANTE PRIVE</b>  E. HOPITAL PRIVE  F. CLINIQUE PRIVE  G. PHARMACIE/DEPOT</p>	<p>Aiza no toerana fantatrao hoe tokony haleha na iza no tokony hatonina raha te-hahazo fanafody miaro amin'ny tazomoka?</p> <p>Soraty ny anaran'ilay toerana raha tsy fantatra na fanjakana na olon-tsootra</p> <p><b>Centre de santé public</b>  A. HOPITAL CHD II  B. HOPITAL CHD I  C. CSB II  D. CSB I</p> <p><b>CENTRE DE SANTE PRIVE</b>  E. HOPITALY PRIVE  F. CLINIQUE PRIVE  G. FIVAROTAM-PANAFODY  H. DOKOTERA LIBRA  I. FISA  J. H A F A  K. <b>MPANENTANA ARA-</b></p>	<p>1. selectionné  -99. Non selectionné</p> <p>[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]</p>	

	<p>DES MEDICAMENTS</p> <p>H. DOCTEUR LIBRE</p> <p>I. FISA</p> <p>J. AUTRE</p> <p>K. AGENT DE SANTE COMMUNAUTAIRE</p> <p>L. MAGASIN/EPICIERI</p> <p>M. KIOSQUE</p> <p>N. EGLISE</p> <p>O. AMIS/FAMILLE</p> <p>P. GUERISSEUR TRAD</p> <p>Q. AUTRE (PRECISER)</p>	<p>PAHASALAMANA</p> <p>L. FIVAROTANA/MAGAZAY</p> <p>M. KIOSKA</p> <p>N. FIANGONANA</p> <p>O. NAMANA/HAVANA</p> <p>P. MPITSABO NENTI-PAHARAZANA</p> <p>Q. HAFA</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
315	<p>Quel médicament ont-elles les femmes enceintes besoin pour se protéger contre le paludisme?</p> <p>A. NIVAQUINE /CHLOROQUINE</p> <p>B. SP / FANSIDAR</p> <p>C. QUININE</p> <p>D. ACT/ASAQ</p> <p>E. NE SAIT PAS</p> <p>F. 6. AUTRE(PRECISE)</p>	<p>Inona ny fanafody ilain'ny vehivavy bevohoka hiarovana amin'ny tazomoka?</p> <p>A. Ody tazo NIVAQUINE /CHLOROQUINE ho an'ny bevohoka</p> <p>B. Ody tazo FANSIDAR SP (3 indray mihinana)</p> <p>C. TSINDRONA QUININE</p> <p>D. ACT/ASAQ</p> <p>E. TSY FANTATRO</p> <p>F. Hafa</p>	<p>1. selectionné -99. Non selectionné</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
316	<p>Combien de fois une femme enceinte doit-elle prendre du SP/FANSIDAR pendant la grossesse?</p> <p>1. Une fois</p> <p>2. deux fois ou plus</p> <p>96. Ne sait pas</p>	<p>Impiry ny vehivavy bevohoka no mihinana SP/FANSIDAR mandritra ny fotoana maha-bevohoka?</p> <p>1. Indray mandeha</p> <p>2. Indroa na mihoatra</p> <p>96. Tsy fantatra</p>	<p><input type="checkbox"/></p>	
317	<p>Avez-vous dormi sous une moustiquaire imprégnée d'insecticides longue durée la nuit dernière</p> <p>1. oui</p> <p>2. non</p>	<p>Natory tao anaty lay misy ody moka maharitra ve ianao halina?</p> <p>1. Eny</p> <p>2. Tsia</p>	<p><input type="checkbox"/></p>	
318	<p>Dans les douze derniers mois, est-ce que votre maison d'habitation a été aspergée d'insecticides contre les moustiques?</p> <p>1.oui</p> <p>2.non</p>	<p>Tato anatin'ny 12 volana farany, namendrahana fanafody mamono moka (CAID) ve ny tranonareo?</p> <p>1.eny</p> <p>2.tsia</p>	<p><input type="checkbox"/></p>	

**Section 4 : Auto-efficacité, comportements, etc**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
401	<p>Dans quelle mesure etes-vous d'accord ou désaccord avec les énoncés suivant :</p> <p>J'ai confiance en ma capacité de chercher des soins pour moi-même et pour mes enfants même si</p> <p>A. les membres de ma famille ne sont pas d'accord</p> <p>B. je dois interrompre mes activités quotidiennes pour le faire</p> <p>C. Je suis timide, un peu gênée ou apeurée</p>	<p>Ahoana no fahitanao izao hevitra manaraka izao</p> <p>Azoko antoka ny fahafahako mitady fitsaboana ho ahy na ho an'ny zanako na dia</p> <p>A. Tsy dia mitovy hevitra amiko daholo ny ato an-trano</p> <p>B. Voatery manajanona ny asa fanaoko andavan'andro aza amin'izany</p> <p>C. Saron-kenatra na saro-tahotra aza aho</p>	<p>1. -2= Fortement en désaccord (tena tsy ekeko izany)</p> <p>2. -1= désaccord (tsy manaiky aho)</p> <p>3. 0= neuter (tsy manan-kevitra)</p> <p>4. +1= d'accord (manaiky aho)</p> <p>5. +2= fortement d'accord (tena ekeko tanteraka izany)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
402	<p>JE VOUDRAIS MAINTENANT DEMANDER VOTRE AVIS SUR LA VIE EN GENERAL :</p> <p>DANS QUELLE MESURE ETES-VOUS D'ACCORD OU DESACCORD AVEC LES ENONCES SUIVANT :</p> <p>A. J'AI LA FORCE NECESSAIRE POUR AFFRONTER LA VIE</p> <p>B. EN MON FORT INTERIEUR, JE PENSE ETRE QUELQU'UN DE FAIBLE</p> <p>C. JE PRENDS EN MAIN LES SITUATIONS DE LA VIE</p> <p>D. J'AI SOUVENT L'IMPRESSION D'ETRE UNE PERSONNE QUI NE REUSSIT PAS</p> <p>E. J'AI SOUVENT L'IMPRESSION DE NE JAMAIS FAIRE RIEN DE BIEN</p> <p>F. JE SAIS COMMENT COMMUNIQUER EFFICACEMENT AVEC LE MONDE REEL</p> <p>G. JE ME CONSIDERE COMME UNE FAILLE/ PERTE</p> <p>H. SOUVENT, JE SENS QUE JE SAIS PRENDRE EN MAIN LES PROBLEMES DE LA VIE</p>	<p>TE HANONTANY ANAO MIKASIKA NY FIAINANA AMIN'NY ANKAPOBENY AHO:</p> <p>AHOANA NO FAHITANAO IZAO HEVITRA MANARAKA IZAO:</p> <p>A. MANANA HERY AMPY ENTIKO MIATRIKA NY FIAINANA AHO</p> <p>B. AO ANATIHO AO DIA MAHATSAPA AHO FA OLONA KELY HERY</p> <p>C. RAISIHO AN-TANANA IZAY REHETRA MITRANGA</p> <p>D. MATETIKA AHO HO MAHATSAPA FA TSY DIA MANANA FAHOMBIAZANA LOATRA EO AMIN'IZAY ATAO</p> <p>E. MATETIKA AHO NO MIERITRERITRA FA TSY MISY ZAVATRA TSARA VITAKO</p> <p>F. HAIKO NY MIFANDRAY ARAKA NY TOKONY HO IZY AMIN'NY MANODIDINA AHY</p> <p>G. MIERITRERITRA NY TENAKO HO TSY MISY ILANA AHY AHO</p> <p>H. MATETIKA AHO NY MIERITRERITRA FA AFAKA MIATRIKA NY OLONA MISEHO</p>	<p>1. -2= Fortement en désaccord (tena tsy ekeko izany)</p> <p>2. -1= désaccord (tsy manaiky aho)</p> <p>3. 0= neuter (tsy manan-kevitra)</p> <p>4. +1= d'accord (manaiky aho)</p> <p>5. +2= fortement d'accord (tena ekeko tanteraka izany)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

SECTION 5 : LA REPRODUCTION/ FANANAHANA

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
501	Je voudrais maintenant vous posez des questions sur toutes les naissances que vous avez eues durant votre vie. Avez vous déjà donnée naissance à des enfants? 1. Oui 2. Non	Hanontany anao aho izao mikasika ny zaza rehetra naterakao hatramin'izay.  Efa niteraka ve ianao? 1. Eny 2. Tsia	[ ]	2→514
502	Combien de fils avez-vous donné naissance durant votre vie y compris ceux qui ne vivent pas avec vous actuellement et ceux qui étaient nés vivant mais qui sont décédés pas la suite?  Combien de filles avez-vous donné naissance durant votre vie y compris celles qui ne vivent pas avec vous actuellement et ceux qui étaient nées vivant mais qui sont décédées pas la suite?	Firy ny isan'ny zazalahy naloaky ny kibonao? (ao anatin'izany ireo tsy miaraka mipetraka aminao ankehitriny sy ireo izay teraka velona nefa tsy azo na efa maty)  Firy ny isan'ny zazavavy naloaky ny kibonao? (ao anatin'izany izay tsy miaraka mipetraka aminao ankehitriny sy ireo izay teraka velona nefa tsyazo na efa maty?)	Isan'ny zazalahy _____  Isan'ny zazavavy _____	
503	Verifier 502 total :  Je voudrais etre sure d'avoir bien compris: vous avez eu au total _____ (nombre de fils _ nombre of filles) naissance durant votre vie. Est-ce bien exact?  Oui non → insister et corriger 501-503	FANAMARINANA 502 TOTAL  Tiako hohamarinina fa azoko tsara ny tianao holazaina. Raha totaliana izany dia _____ (isan'ny zanakalahy + isan'ny zanakavavy) ny isan'ny zanaka nateraky ny kibonao nandritra ny fiainanao. Tena izay ve no izy? 1. Eny→ 2. Tsia→amarino tsara dia ahitsio ny 501-503	[ ]	
504	VÉRIFIER 503 TOTAL 1. AUCUN 2. UN ENFANT 3. 2 ENFANTS OU PLUS	Hamarino Isa 503 1. TSY MISY 2. ZAZA 3. ZAZA 2 NA MIHOATRA	[ ]	1→514 2→504A 3→504B
504A	Votre enfant, est il/elle ne dans les 6 dernières années 1. Oui 2. Non	Teraka tao anatin'ny 6 taona ve io zanakao io 1. eny 2. tsia	[ ]	→505
504B	Combien de ces enfants sont nes dans les 6 dernieres anneés?	Firy no zanakao teraka tao anatin'ny 6 taona	—	

Tiako raisina an-tsoatra izao ny anaran'ny zaza naterakao tato anatin'ny 5 taona navelona na tsia. Andao hatomboka amin'ilay zaza naterakao farany.  
 Je voudrais prendre tous les noms de vos enfants nés dans les 5 dernières années, décédés ou en vie. Nous allons prendre en premier votre dernier enfant  
 SORATY AO AMIN'NY 512 NY ZAZA REHATRA NATERANY TATO ANATIN'NY 5 TAONA, KA ANDALANA IRAY, ZAZA IRAY NA MISY KAMBANA AZA  
 ENREGISTRER DANS 515 TOUS LES ENFANTS NES DANS LES 5 DERNIERES ANNEES, UNE LIGNE POUR CHAQUE ENFANT MEME S'IL Y A DES JUMEAUX

505 Iza no anaran'ny zanakao? (atomboka amin'izay teraka farany) Quel est son nom? 'commencer par le plus jeune)	506 kambana v e fonyteraka? 1. Tokana 2. Kambana Est-il (elle) un jumeau	507 Lahy sa vavy ilay zaza? 1. Lahy 2. Vavy	508 Oviana izy no teraka?  Taona sy volana  (99-99) raha tsy fantatra  Quand est-il né ? (99-99 si elle ne s'en souvient plus)	509 Mbola velona ve? 1. Eny 2. Tsia → zaza manaraka Est-il en vie ou décédé ?	510 Raha mbola velona, firy Taona izytamin'ny fitsingerenan'ny taona nahaterahany farany teo? (année révolue) Si en vie, quel âge a-t-il à son dernier anniversaire	511 Raha mbola velona, miara-mipetraka aminaove izy? 1. Eny 2. Tsia Si en vie, vit-il avec vous ? 1. oui 2. non	512 Raha mbola velona, soraty ny laharan-daharany tao amin'ny lisitry ny tokantrano  (Soraty 00 raha tsy ao anaty lisitry ny tokantrano izy) Si en vie, donner son rang dans la liste des membres du ménage	513 Mbola misy zaza teraka velona ve teo anelanelan'i (ANARANY) sy (ANARAN'NY ZAZA TERAKA TEO ALOHANY)? Y a-t-il un autre enfant moins de 5 ans en vie? 1. oui 2. non
01	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
514	Etes-vous actuellement enceinte ? 1. oui 2. non 3. n'est pas sure	Bevohoka ve ianao izao? 1. eny 2. tsia 3. tsy tena azo antoka	[ ]	1→515 2→518 3→518
515	Depuis combien de mois êtes-vous enceinte? Enregistrez le nombre de mois révolus	Firy volana izao ny kibonao? (soraty ny volana feno)		
516	Quand vous avez été tombée enceinte, avez-vous souhaitez devenir enceinte a ce moment-la 1. oui 2. non 3. ne sait pas	Tamin'ny fotoana nahafantaranao fa bevohoka ianao, efa naniry ho bevohoka ve ianao tamin'izay? 1. eny 2. tsia 3. tsy fantatra	[ ]	1→518
517	Avez-vous voulu un bébé plus tard ou n'avez-vous pas du tout voulu avoir un enfant 1. plus tard 2. ne voulait plus d'enfant 3. ne sait pas	Tianao ve raha taoriana kely kokoa vao niteraka sa tena tsy naniry ny hiteraka mihitsy? 1. taoriana kely 2. tsy te-hiteraka intsony 3. tsy fantatro	[ ]	
518	Quand est-ce que votre dernière règle a commencé? 1. Quelques jours auparavant 2. Qques semaines auparavant 3. Qques mois auparavant 4. Qques années auparavant 5. Menopausée/stérile 6. Avant la dernière naissance 7. Tsy tonga fotoana mihitsy 8. Ne se souvient pas	Oviana ny fadim-bolanao farany no nanomboka? 1. Andro vitsy lasa 2. Herinandro vitsy lasa izay 3. Volana vitsy lasa izay 4. Taona vitsy lasa izay 5. Efa tsy miteraka intsony na momba 6. Talohan'ny fahaterahanafarany 7. Tsy tonga fotoana mihitsy 8. Tsy tadidy	[ ]	

SECTION 6 : CONTRACEPTION/ FANDRINDRAM-PITERAHANA

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
601	MAINTENANT JE VAIS PARLER DES DIFFERENTES METHODES CONTRACEPTIVES. Laquelle des méthodes de planification familiale suivantes avez-vous entendu parler? (lire la liste) A. Stérilisation féminine B. Vasectomie masculine C. Pilule D. DIU E. Injections F. Implant (sur le bras) G. Condom H. Condom féminin I. Diaphragme J. Mousse/Gelée K. Collier L. Abstinence périodique M. MAMA (allaitement) N. Retrait O. Autre (préciser)	IZAO ISIKA DIA HIRESAKA MIKASIKA NY FANDRINDRAM-PITERAHANA. Inona amin'ity fomba fandrindram-piterahana manaraka ireto no efa henonao? (Vakio) A. Stérilisation ho an'ny vehivavy B. Fanapahana ny fantson'ny lehilahy C. Pilina D. Sterilet (DUI) E. Tsindrona F. Implant (asisika eo amin'ny sandry) G. Kapaoty ho an'ny lehilahy H. Kapaoty ho an'ny vehivavy I. Diaphragme J. Mousse/Gelée/spermicides K. Vakan'ny tsingerim-bolana L. Tsy fanaovana firaisana M. MAMA (fampinonoana anaka) N. Fanatsohana O. Hafa (lazao)	1. sélectionné -99. Non sélectionné  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
602	Est-ce que vous utilisez des méthodes contraceptives	Mampiasa fomba fandrindram-piterahana ve ianao amin'izao?	[ ]	2→605

	actuellement ? 1. oui 2. non	1. eny 2. tsia		
603	<p>Quelle méthode utilisez-vous actuellement ?</p> <p>A. Stérilisation féminine B. Vasectomie masculine C. Pilule D. DIU E. Injections F. Implant (sur le bras) G. Condom H. Condom féminin I. Diaphragme J. Mousse/Gelée K. Collier L. Abstinence périodique M. MAMA (allaitement) N. Retrait O. Autre (préciser)</p>	<p>Inona no fomba ampiasainao amin'izao fotoana izao?</p> <p>A. Stérilisation ho an'ny vehivavy B. Fanapahana ny fantson'ny lehilahy C. Pilina D. Sterilet (DUI) E. Tsindrona F. Implant (asisika eo amin'ny sandry) G. Kapaoty ho an'ny lehilahy H. Kapaoty ho an'ny vehivavy I. Diaphragme J. Mousse/Gelée K. Vakan'ny tsingerim-bolana L. Tsy fanaovana firaisana M. MAMA (fampinonoana anaka) N. Fanatsoahana O. Hafa (lazao)</p>	<p>1. sélectionné -99. Non sélectionné</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
604	<p>Où avez-vous obtenu cette méthode contraceptive la dernière fois ? Insister pour déterminer la méthode contraceptive utilisée.</p> <p>Si vous ne pouvez déterminer si le centre de santé, l'hôpital ou clinique est un établissement public ou privé, inscrire le nom de l'endroit.</p> <p><b>Centre de santé public</b> A. HOPITAL CHD II B. HOPITAL CHD I C. CSB II D. CSB I</p> <p><b>CENTRE DE SANTE PRIVE</b> E. HOPITAL PRIVE F. CLINIQUE PRIVE G. PHARMACIE/DEPOT DES MEDICAMENTS H. DOCTEUR LIBRE I. FISA J. AUTRE K. AGENT DE SANTE COMMUNAUTAIRE L. MAGASIN/EPICIERIE 12 M. KIOSQUE N. EGLISE O. AMIS/FAMILLE P. AUTRE(PRECISER Q. NE SAIT PAS</p>	<p>Taiza ianao no naka io fomba fandrindram-piterahana io tamin'ny farany? Anontanio tsara mba hahafantarana ny fomba ampiasainy Raha tsy fantatrao ilay toerana dia soraty ny anarany na ny anaran'ny toerana misy azy</p> <p><b>Centre de santé public</b> A. HOPITAL CHD II B. HOPITAL CHD I C. CSB II D. CSB I</p> <p><b>CENTRE DE SANTE PRIVE</b> E. HOPITALY PRIVE F. CLINIQUE PRIVE G. FIVAROTAM-PANAFODY H. DOKOTERA LIBRA I. FISA J. H A F A K. <b>MPANENTANA ARA-PAHASALAMANA</b> L. <b>FIVAROTANA/MAGAZAY</b> M. <b>KIOSKA</b> N. <b>FIANGONANA</b> O. <b>NAMANA/HAVANA</b> P. <b>H A F A</b> Q. <b>TSY FANTATRA</b></p>	<p>1. sélectionné -99. Non sélectionné</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
605	<p>Avez-vous déjà fait/essayé quelques chose pour retarder ou pour éviter la grossesse?</p> <p>1. oui 2. non</p>	<p>Efa nisy zavatra nataonao ve mba hahaela kokoa ny fitondrana vohoka na mba tsy hahabevohoka mihitsy?</p> <p>1. eny 2. tsia</p>	<p><input type="checkbox"/></p>	

606	<p>Est-ce que vous savez où et à qui demander des conseils pour vous aider sur votre décision et soins concernant la contraception et la sante de la reproduction?</p> <p>A. Centre de santé / hôpital B. Personnel de santé C. ACS D. Autre (préciser)</p>	<p>Fantatrao ve ny toerana tokony haleha na ny olona tokony hatonina hakana hevitra mikasika ny fandrindram-piterahana na ny fananahana?</p> <p>A. Eny @ toeram-pitsaboana B. Manantona mpiasan' fahasalmna C. Manantona mpanentana D. Hafa</p>	<p>1. selectionné -99. Non selectionné</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
607	<p>Est-ce que votre mari/partenaire vous encourage et vous aide à utiliser des méthodes de contraception ?</p> <p>1. oui 2. non 3. pas de partenaire</p>	<p>Mampirisika anao ve ny vadinao amin'ny fampiasana fomba fanabeazana aizana?</p> <p>1. eny 2. tsia 3. tsy manambady</p>	<p><input type="checkbox"/></p>	
608	<p>Quelle est votre opinion sur la contraception ?</p> <p>A. Les méthodes contraceptives modernes sont efficaces. B. Les méthodes contraceptives sont seulement pour les mariées. C. La contraception a des effets secondaires sur le rapport sexuel. D. La contraception protège de la grossesse non désirée. E. L'utilisation de la contraception par les femmes célibataires les encourage à l'infidélité. F. La contraception est la responsabilité des femmes seulement mais pas les hommes. G. Les hommes pensent que la vasectomie est la même que la castration. H. La contraception cause des cancers et d'autres maladies. I. La contraception cause de stérilité pour les femmes. J. L'utilisation de contraception par les femmes encourage l'infidélité des hommes.</p>	<p>Ahoana ny eritreritrao na ny finoanao momba ny fanabeazana aizana?</p> <p>A. Mahomby ny fomba fandrindram-piterahana maoderina B. Natao ho an'ny olona manambady ihany ny fanabeazana aizana C. Misy fiantraikany ratsy amin'ny fanaovana firaisana ara-nofo ny fanaovana fanabeazana aizana D. Miaro amin'ny vohoka tsy nirina ny fanabeazana aizana E. Mampaditra vehivavy/ Mahatonga ny vehivavy hampirafy ny fanaovana fanabeazana aizana raha mbola tsy manambady na mpitovo F. Andraikitra ny vehivavy samirery ny fanabeazana aizana fa tsy misy idiran'ny lehilahy G. Amin'ny lehilahy dia mitovy amin'ny vosirina ihany ny "vasectomie" H. Mahatonga homamiadana sy aretina samihafa ny fanabeazana aizana I. Mahamomba ny vehivavy ny fanabeazana aizana J. Ny fampiasan'ny vehivavy fomba fanabeazana aizana dia mamporisika ny vadiny hampirafy</p>	<p>1. -2= Fortement en desaccord (tena tsy ekeko izany) 2. -1= desaccord (tsy manaiky aho) 3. 0= neutre (tsy manan-kevitra) 4. +1= d'accord (manaiky aho) 5. +2= fortement d'accord (tena ekeko tanteraka izany)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	



**SECTION 7: PREFERENCE DE FECONDITE, BESOINS NON SATISFAITS  
SAFIDY AMIN'NY FANANAHANA, IREO HETAHETA TSY VOAVALY**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
701	Avant que vous tombiez enceinte de (nom), vouliez-vous avoir un enfant ? 1. oui 2. non 3. pas encore été enceinte	Talohan'ny naha-bevohoka anao ny zanakao farany, naniry hiteraka ve ianao? 1. eny 2. tsia 3. tsy mbola niteraka na bevohoka	[ ]	1/3>703
702	Quand vous tombiez enceinte de (nom), préféreriez-vous l'avoir un peu plus tard ou vous ne jamais vouliez d'être tombée enceinte? 1. Je préférerais l'avoir un peu plus tard 2. Je ne voulais pas d'enfant mais je suis tombée enceinte	Raha TSIA, tianao kokoa ve raha taoriana kely no bevohoka sa tsy naniry ny hiteraka mihitsy ianao? 1. Tiako raha taoriana kely kokoa 2. Tsy te-hiteraka mihitsy aho saingy bevohoka	[ ]	
703	Est-ce que votre règle menstruelle est déjà retournée depuis la naissance de votre dernier enfant [moins de 5 ans] 1. oui 2. non	Efa niverina ve ny fadim-bolanao taorian'ny niterahanao an'I (zanakao farany latsaky ny 5 taona) 1. eny 2. tsia	[ ]	
704	Êtes-vous actuellement mariée ou vivez vous ensemble avec un homme? 1. oui, actuellement mariée 2. oui, je vis avec un homme 3. non, je ne suis plus en union 4. je n'ai jamais été avec un homme ni jamais fait l'amour	Manambady ve ianao amin'izao fotoana izao na miara-pipetraka amin'ny lehilahy? 1. eny, manambady aho 2. eny, miara-miaina amin'ny lehilahy aho 3. tsia, tsy miara-mipetraka @ lehilahy intsony aho 4. tsia, tsy mbola niaraka na niray t@ lehilahy aho	[ ]	4→710
705	Maintenant, je voudrais vous poser des questions sur votre (premier) mari / partenaire. En quel mois et année avez-vous commencé à vivre avec lui?	Ta-hanontany anao aho mikasika ny vadinao (voalohany). Oviana (volana sy taona) ianareo no niara-nipetraka voalohany? (soraty 99 ny andro na volana raha tsy tadidy na tsy fantatra)	Année - mois	
706	Quand est la dernière fois que vous avez eu des rapports sexuels?  Si moins de 12 mois, écrivez combien de jours, semaines ou mois Si 12 mois et plus, répondez avec nombre d'année	Oviana ianareo no nanao firaisana farany? Raha latsaky ny 12 volana, dia soraty ny andro sy ny volana Raha mihoatra ny 12 volana, dia soraty ny taona 99 raha tsy tadidy	_____ [ ]  1. Jour (andro) 2. semaine (herinandro) 3. mois (volana) 4. année (taona)	
707	Vérifier 514 (si la femme est actuellement enceinte) 1. enceinte 2. non enceinte/pas sure	Hamarino 514 (raha bevohoka ilay vehivavy) 1. bevohoka 2. tsy bevohoka/tsy azo antoka	[ ]	2→710
708	Maintenant, je voudrais demander sur le future, après ce bébé que vous allez accoucher, voulez-vous avoir encore d'enfants ou préféreriez-vous arrêter de donner naissance? 1. veut encore avoir encore d'enfant 2. Ne veut plus avoir d'enfant	Te-hanontany anao ny ho avy aho. Aorian'io zaza ao an-kibonao io, mbola maniry ny hiteraka ve ianao sa hijanona amin'izay? 1. mbola hiteraka 2. Hijanona tsy hiteraka intsony 3. Tsy mbola tapa-kevitra	[ ]	1→709 2→720 3→720

	3. Ne s'est pas encore décidée			
709	Après la naissance de votre bébé, allez-vous attendre combien de temps avant la naissance d'un autre enfant?	Aorian'ny fahaterahan'io zanakao io, hiandry fotoana manao ahoana ianao vao hiteraka indray?	1. _____ <input type="checkbox"/> 2. Année (taona)	→720
710	Vérifier 602 (utilisez PF) 1. n'utilisez pas de PF 2. utilisez de PF	Hamarino 602 (mampiasa sa tsy mampiasa fandrindram-piterahana) 1. mampiasa PF 2. tsy mampiasa PF	<input type="checkbox"/>	1→720 2→711
711	Maintenant je vais vous demander concernant le futur. Voudriez-vous encore avoir plus d'enfants, ou préféreriez-vous arrêter de donner naissance? 1. Avoir un autre enfant 2. Ne plus avoir d'enfant 3. elle ne peut plus avoir d'enfant 4. Ne s'est pas encore décidée	Te-hiresaka anao ny ho avy aho. Mbola te-hiteraka ve ianao sa tsy te-hiteraka intsony 1. Mbola hiteraka 2. Tsy hiteraka intsony 3. Tsy afaka miteraka intsony 4. Tsy mbola manana fanapahan-kevitra mazava	<input type="checkbox"/>	1→712 2→718 3→720 4→720
712	Combien de temps voudriez-vous attendre à partir de maintenant jusqu'à la naissance de votre prochain enfant?  1. bientôt/maintenant 2. Dans les deux ans qui viennent 3. Après deux ans ou 24 mois 4. Elle ne veut plus tomber enceinte 5. elle ne peut plus tomber enceinte 6. ne sait pas 7. après le mariage 8. autre	Hatramin'izao ka hatramin'ny fotoana hiterahanao ny zanakao manaraka, hiandry fotoana manao ahoana ianao?  1. Ato ho ato 2. Ato anatin'ny 2 taona 3. Aorian'ny roa taona na 24 volana 4. Tsy te-heitraka intsony 5. Tsy afaka miteraka intsony 6. Tsy fantatra 7. Aorian'ny fanambadiana 8. Hafa	<input type="checkbox"/>	1→720 2→720 3→717 4→720 5→720
717	Vous disiez que que vous ne vouliez pas avoir d'enfant de si tôt, pourriez-vous me dire pourquoi vous ne faites pas de méthode de contraception pour prévenir la grossesse?  Enregistrer toutes les réponses fournies  A. N'est pas mariée B. Elle utilise de la contraception C. Elle veut avoir un enfant  <b>Raisons liées sur l'ovulation</b>  D. Abstinence E. Relation sexuelle seulement parfois F. Ménopause/stérilisée G. Ne peut pas avoir d'enfant H. Pas encore eu le retour des règles I. Allaitement maternel J. Volonté de Dieu/Fatalisme  <b>Raisons liées au refus de l'utilisation</b>  K. Elle est contre la	Nilaza ianao fa tsy mbola te-hiteraka ato ho ato, azonao lazaina ve hoe inona no antony tsy ampiasanao fomba fandrindram-piterahana mba hisorohana ny vohoka?  Raiso avokoa izay antony rehetra voalaza  A. Tsy manambady B. Mampiasa fomba fanabeazana aizana C. Mbola te-hiteraka  <b>Antony miankina amin'ny toe-batana</b>  D. Tsy manao firaisana fotsiny E. Tsy matetika manao firaisana F. Efa mitsaha-jaza/momba G. Tsy mety mahazo zaza H. Tsy mbola miverina ny fadim-bolana I. Mampinono anaka J. Sitrapon'Andriamanitra io  <b>Antony miankina amin'ny fandavana</b>  K. Mitsipaka ny fandrindram-piterahana	1. <i>selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	

	<p>contraception L. Son mari l'en empêche M. Autres personnes l'empêchent (autre que le mari) N. Religion</p> <p><b>Manque de connaissance</b></p> <p>O. Ne connaît pas les méthodes contraceptives modernes P. Ne sait pas les endroits pour obtenir une méthode Q. Santé/Effets secondaires R. Difficulté d'accès aux méthodes contraceptives S. Distance lointaine de l'endroit pour se procurer une méthode T. Le prix est cher U. Méthode préférée pas disponible V. Aucune méthode disponible W. Son utilisation perturbe le fonctionnement naturel du corps X. Autre (préciser) Y. Ne sait pas</p>	<p>L. Tsy avelan'ny vadiny M. Tsy avelan'olon-kafa ankoatra ny vadiny N. Ara-pivavahana</p> <p><b>Antony miankina amin'ny tsy fahampian'ny fahalalana</b></p> <p>O. Tsy mahafantatra ny fomba moderina P. Tsy mahafantatra toerana afaka ahazoana ireo fomba fampiasa Q. Ara-pahasalamana/vokany tsy iriana R. Sarotra ny mahazo ireo fomba ireo S. Halaviran'ny toerana ahazoana ireo fomba T. Lafo loatra ny fampiasana azy U. Tsy fisian'ny fomba tiana hampiasaina V. Tsy misy fomba azo atao W. Mampikorona ny fiasan'ny vatana ny fanaovana azy X. Hafa Y. Ne sait pas</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>718</p>	<p>Vous disiez que vous ne vouliez pas avoir d'enfant, pourriez-vous dire pourquoi vous ne faites pas de méthode de contraception pour prévenir la grossesse?</p> <p>Enregistrer toutes les réponses fournies</p> <p>A. N'est pas mariée B. Elle utilise de la contraception C. Elle veut avoir un enfant</p> <p><b>Raisons liées sur l'ovulation</b></p> <p>D. Abstinence E. Relation sexuelle seulement parfois F. Ménopause/stérilisée G. Ne peut pas avoir d'enfant H. Pas encore eu le retour des règles I. Allaitement maternel J. Volonté de Dieu/Fatalisme</p> <p><b>Raisons liées au refus de l'utilisation</b></p> <p>K. Elle est contre la contraception L. Son mari l'en empêche M. Autres personnes l'empêchent (autre que le mari) N. Religion</p> <p><b>Manque de connaissance</b></p> <p>O. Ne connaît pas les méthodes</p>	<p>Nilaza ianao fa tsy te-hiteraka intsony, azonao lazaina ve hoe inona no antony tsy ampiasanao fomba fandrindram-piterahana mba hisorohana ny vohoka?</p> <p>Raiso avokoa izay antony rehetra voalaza</p> <p>A. Tsy manambady B. Mampiasa fomba fanabeazana aizana C. Mbola te-hiteraka</p> <p><b>Antony miankina amin'ny toe-batana</b></p> <p>D. Tsy manao firaisana fotsiny E. Tsy matetika manao firaisana F. Efa mitsaha-jaza/momba G. Tsy mety mahazo zaza H. Tsy mbola miverina ny fadimbolana I. Mampinono anaka J. Sitrapon'Andriamanitra io</p> <p><b>Antony miankina amin'ny fandavana</b></p> <p>K. Mitsipaka ny fandrindram-piterahana L. Tsy avelan'ny vadiny M. Tsy avelan'olon-kafa ankoatra ny vadiny N. Ara-pivavahana</p> <p><b>Antony miankina amin'ny tsy fahampian'ny fahalalana</b></p> <p>O. Tsy mahafantatra ny fomba</p>	<p><i>I. selectionné -99. Non selectionné</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

	<p>contraceptives modernes</p> <p>P. Ne sait pas les endroits pour obtenir une méthode</p> <p>Q. Santé/Effets secondaires</p> <p>R. Difficulté d'accès aux méthodes contraceptives</p> <p>S. Distance lointaine de l'endroit pour se procurer une méthode</p> <p>T. Le prix est cher</p> <p>U. Méthode préférée pas disponible</p> <p>V. Aucune méthode disponible</p> <p>W. Son utilisation perturbe le fonctionnement naturel du corps</p> <p>X. Autre (préciser)</p> <p>Y. Ne sait pas</p>	<p>moderina</p> <p>P. Tsy mahafantatra toerana afaka ahazoana ireo fomba fampiasa</p> <p>Q. Ara-pahasalamana/vokany tsy iriana</p> <p>R. Sarotra ny mahazo ireo fomba ireo</p> <p>S. Halaviran'ny toerana ahazoana ireo fomba</p> <p>T. Lafo loatra ny fampiasana azy</p> <p>U. Tsy fisian'ny fomba tiana hampiasaina</p> <p>V. Tsy misy fomba azo atao</p> <p>W. Mampikorona ny fiasan'ny vatana ny fanaovana azy</p> <p>X. Hafa</p> <p>Y. Ne sait pas</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
720	<p>Avez-vous des enfants moins de 2 ans vivant avec vous?</p> <p>1. oui</p> <p>2. non</p>	<p>Misy zaza latsaky ny 2 taona ve ato aminareo?</p> <p>1. eny</p> <p>2. tsia</p>	<input type="checkbox"/>	<p>1→801</p> <p>2→721</p>
721	<p>Est-ce que vous prenez soin des enfants moins de 2 ans?</p> <p>1. oui</p> <p>2. non</p>	<p>Mitaiza zaza latsaky ny 2 taona ve ianao?</p> <p>1. eny</p> <p>2. tsia</p>	<input type="checkbox"/>	<p>1→900a</p> <p>2→1100a</p>

## SECTION 8: Soins prénataux et postnataux / Fikarakarana mialoha sy arorian'ny fahaterahana

Maintenant on va discuter de votre dernière grossesse/ hiresaka mikasika ny vohoka nentinao farany isika

Si elle est actuellement enceinte, on ne parle pas de la grossesse actuelle mais la grossesse précédente qu'elle a donnée une naissance vivante/ raha bevohoka izy ankehitriny, dia izay vohoka talohan'io ka mbola velona ny zaza

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
801	<p>Durant votre dernière grossesse que vous avez donnée une naissance vivante et que l'enfant est encore en vie, avez-vous reçu des soins prénataux?</p> <p>Insister pour obtenir le type de personne et enregistrer toutes les personnes vues.</p> <p><b>Personnel de santé</b></p> <p>A. Docteur</p> <p>B. Infirmière</p> <p>C. Sage-Femme</p> <p>D. Assistant Medical</p> <p><b>Autre personnes</b></p> <p>E. Accoucheuse traditionnelle formée</p> <p>F. Accoucheuse traditionnelle non formée</p> <p><b>G. Pas des consultations prénatales</b></p>	<p>Nandritra ny fotoana naha-bevohoka anao ka niterahanao zaza mbola velona ankehitriny, nisafo ve ianao?</p> <p>Hadihadio ny mikasika ny olona nampisafo</p> <p><b>Mpisan'ny fahasalamana</b></p> <p>A. Dokotera</p> <p>B. Mpitsabo mpanampy</p> <p>C. Mpampivelona</p> <p>D. Assistant Medical</p> <p><b>Olona hafa</b></p> <p>E. Mpampiteraka voaofana</p> <p>F. Mpampiteraka tsy voaofana</p> <p><b>G. Tsy nisafo</b></p>	<input type="checkbox"/>	G>803
802	<p>Durant votre dernière grossesse que vous avez donnée une naissance vivante et que l'enfant est encore en vie, combien de fois êtes-vous allée en consultations prénatales?</p>	<p>impiry nisafo ianao nandritra ny vohoka nentinao farany ka niterahanao zaza mbola velona hatramin'izao (99 raha tsy tadidy)</p>	—	

<b>803</b>	Avez-vous un carnet de sante et puis-je le voir? 1. oui, vu 2. oui, pas vu 3. non, n'en possède pas	Manana karinem-pahasalamana ve ianao? Azoko jerena ve? 1. eny, hita 2. eny, tsy hita 3. tsia, tsy manana	[ ]	
<b>804</b>	Durant votre dernière grossesse, vous a-t-on fait le vaccin de tétanos, une injection dans le bras pour prévenir au bébé d'avoir des convulsions après la naissance? 1. oui 2. non 3. ne sait pas	Nandritra ny vohoka nentinao, nanao vakisiny miaro @ tetanosy ve ianao (vakisiny atao @ sandry iarovana ny zaza tsy ho voan'ny fanintona aorian'ny fahaterahana) 1. eny 2. tsia 3. Tsy fantatro	[ ]	2→806 3→806
<b>805</b>	Combien de fois avez-vous eu ce vaccin pendant la grossesse?  Regarder avec elle le carnet de sante et vérifier le nombre de vaccins contre le tétanos enregistrés.	Raha ENY, impiry ianao no nanao vakisiny tetanosy nandritra ny vohoka? Jereo raha misy ny karinem-pahasalamana ary hamarino ny isan'ny vaksiny tetanosy natao	—	
<b>806</b>	Avant votre grossesse, vous a-t-on fait le vaccin de tétanos? 1. oui 2. non 3. ne sait pas	Alohan'ny naha-bevohoka anao, nanao vakisiny miaro @ tetanosy ve ianao? 1. eny 2. tsia 3. Tsy fantatro	[ ]	2→809 3→809
<b>807</b>	Combien de vaccins avez-vous eu?	Raha ENY, impiry nanao vakisiny tetanosy ianao talohan'ny naha-bevohoka	—	
<b>808</b>	Avant la dernière grossesse, c'était quand la dernière fois que vous avez eu des vaccins contre le tétanos?	Talohan'ny vohoka farany, oviana no nanaovanao vakisiny tetanosy farany (99-9999 raha tsy tadidy)	[ ]   [ ] (mois-année) (volana-taona)	
<b>809</b>	Durant la dernière grossesse, vous-a-t-on donné ou avez-vous achetée des comprimés de fer? (Montrer le comprimé). 1. oui 2. non 3. ne sait pas/ne s'en souvient pas	Nandritra ny fotoana nitondranao vohoka farany, nomen'ny mpiasan'ny fahasalamana, na nivity pilifera ve ianao? Asehoy ny pilina 1. eny 2. tsia 3. Tsy fantatra/tsy tadidy	[ ]	2→811
<b>810</b>	Durant combien de jours avez-vous pris ces comprimés?  Insister pour obtenir une estimation.	Raha ENY, nandritra ny firy andro no nihinananao izany? Ataovy izay ahazoana isa ankevikeviny	—	
<b>811</b>	Rappeler la date d'aujourd'hui et calculer la date du 2 ans passés à partir de la date d'aujourd'hui.  Du (date du 2 ans passés) jusqu'aujourd'hui, avez-vous été enceinte? 1. oui 2. non	Ampahatsiahivo azy ny daty anio tamin'ny 2 taona lasa. Hatramin'izay no mankaty, efa bevohoka ve ianao? 1. eny 2. tsia	[ ]	2→815
<b>812</b>	Durant la dernière grossesse au cours des deux dernières années, avez-vous pris des médicaments pour éviter le paludisme? 1. oui	Raha ENY, nihinana fanafody miaro amin'ny tazomoka ve ianao? 1. eny 2. tsia 3. Tsy fantatro	[ ]	2→815 3→815

	2. non 3. ne sait pas			
<b>813</b>	<p>Quel médicament avez-vous pris durant la grossesse au cours des deux dernières années?</p> <p>A. SULFADOXINE PYRIMETHAMINE (FANSIDAR) B. CHLOROQUINE C. QUININE D. ACT E. NE SAIT PAS F. AUTRE (Préciser)</p>	<p>Inona ny fanafody nohaninao?</p> <p>A. SULFADOXINE PYRIMETHAMINE (FANSIDAR) B. CHLOROQUINE C. QUININE D. ACT E. TSY FANTATRO F. HAFA</p>	<p>1. Selectionné 99. non selectionné</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<b>814</b>	<p>Si vous-avez pris SP (FANSIDAR) contre le paludisme, combien de fois avez-vous pris ce médicament durant cette grossesse?</p> <p>1. une fois 2. deux fois ou plus 3. n'a pas pris 4. ne sait pas</p>	<p>Raha nihinana SP FANSIDAR ianao, impiry nihinana izany nandritra ny vohoka?</p> <p>1. indray mandeha 2. indroa mihoatra 3. tsy nihinana 4. tsy fantatro</p>	<p><input type="checkbox"/></p>	
<b>815</b>	<p>Qui vous a assisté pendant l'accouchement de (nom de dernier enfant) ?</p> <p><b>Personnel de la santé</b> 1. Docteur 2. INFIRMIERE 3. SAGE-FEMME 4. SAGE-FEMME FORMEE 5. ASSISTANT MEDICAL</p> <p><b>Autre personnes</b> 6. Accoucheuse traditionnelle formée 7. Accoucheuse traditionnelle non formée 8. Famille/amies</p> <p><b>9. Personne</b></p>	<p>Iza no nampiteraka anao tamin'ianao niteraka ny zanakao farany</p> <p><b>Mpiasan'ny fahasalamana</b> 1. Dokotera 2. Infirmiera 3. Mpampivelona 4. Mpampivelona voaofana 5. Mpitsabo mpanampy</p> <p><b>Olona hafa</b> 6. Reninjaza voaofana 7. Reninjaza tsy voaofana 8. Namana na fianakaviana</p> <p><b>9. Tsy nisy</b></p>	<p><input type="checkbox"/></p>	
<b>816</b>	<p>Après la naissance, avez-vous pris de la Vitamine A?</p> <p>1. oui 2. non 3. ne sait pas</p>	<p>Nihinana vitamine A ve ianao taorian'ny fiterahana</p> <p>1. eny 2. tsia 3. tsy fantatro</p>	<p><input type="checkbox"/></p>	<p>2→901 3→901</p>
<b>817</b>	<p>Si oui, combien de semaines après la naissance avez-vous pris le Vitamin A ?</p>	<p>Raha ENY, firy herinandro taorian'ny fiterahana no nihinanao vitamine A</p>		

**SECTION 9 :**

**SOINS POSTNATAUX, ALLAITEMENT A LA NAISSANCE (ENFANTS 0-23 MOIS)**

**FIKARAKARANA AORIAN'NY FAHATERAHANA, FAMPINONOANA AVY HATRANY (ZAZA 0-23 VOLANA)**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
900b	Vérifier s'il y a un enfant vivant de moins de deux ans dans le ménage 1. Oui 2. non	Hamarino raha misy zaza velona latsaky ny roa taona ka tezainy 1. eny 2. tsia	<input type="checkbox"/>	
900c	Vérifier 509 Combien d'enfants sont-ils en vie?	Hamarino 509 Firy ny zaza mbola velona	0 1 2 3	0>1001 1>901 2>901 3>901
<p><b>NOUS ALLONS MAINTENANT PARLER DES SOINS QUE VOTRE ENFANT AVAIENT RECUS JUSTE APRES L'ACCOUCHEMENT. NOUS ALLONS COMENCER PAR VOTRE PLUS JEUNE ENFANT.</b>  <b>HIRESAKA MIKASIKA NY FIKARAKARANA AZON'NY ZANAKAO ISIKA TAORIAN'NY FAHATERAHANY. ANTOMBOTSIKA AMIN'NY ZANAKAO FARANY IHANY. (MPAHATSIAHIVO AZY NY ANARAN'NY ZANDRINY INDRINDRA)</b></p>				
901	Est-ce que le cordon ombilical a été coupé avant l'expulsion du placenta pour (nom) ? 1. oui 2. non	Notapahana ve ny tadim-poitran'i (ANARANA) talohan'ny nahafahan'ny ahitra? 1. eny 2. tsia	<input type="checkbox"/>	
902	Est-ce que le kit d'accouchement a été utilisé durant l'accouchement de (nom) ? 1. oui 2. non	Nampiasa Kit d'accouchement ve ianao tamin'ny niteraka an'i (ANARANA) ? 1. eny 2. tsia	<input type="checkbox"/>	
903	Quel instrument a été utilisé pour couper le cordon ombilical de (nom) ? 1. NOUVELLE LAME 2. LAME BOUILLIE 3. LAME USÉE 4. NOUVEAUX CISEAUX 5. CISEAUX BOUILLIS 6. COUTEAU 7. FAUCILLE 8. NE SAIT PAS 9. AUTRE	Inona no fitaovana nanapahana ny tadim- poitra an'i (ANARANA) tamin'izy teraka? 1. LAME VAOVAO 2. LAME EFA NAMPANGOTRAHANA. 3. LAME EFA NIASA 4. HETY VAOVAO 5. HETY EFA NAMPANGOTRAHANA 6. ANTSY 7. ANTSIM-BILONA 8. TSY FANTATRO 9. Hafa (LAZAO)	<input type="checkbox"/>	
904	Qu'est ce qui a été utilisé pour tenir le cordon ombilical de (nom) ? 1. NOUVEAU FIL/FICELLE 2. FIL/FICELLE BOUILLIE 3. FIL/FICELLE DEJA UTILISE 4. NE SAIT PAS 5. AUTRE (PRECISER)	Inona no namatorana ny tadim-poitran'i (ANARANA)? 1. TADY KELY VAOVAO 2. TADY KELY EFA NAMPANGOTRAHANA 3. TADY KELY EFA NIASA 4. TSY FANTATRO 5. Hafa (LAZAO)	<input type="checkbox"/>	
905	Est-ce qu'il y avait quelque chose appliquée sur le moignon du cordon ombilical de (nom) après que celui-ci a été coupé ? 1. oui 2. non 3. ne sait pas	Nisy zavatra nahosotra ve teo amin'ny foitran'i (ANARANA) taorian'ny nanapahana azy?  1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	2/3→907

906	Si oui, qu'est ce qui a été appliqué ? 1. POMMADE CHLORHEXIDINE 2. AUTRE POMMADE 3. ALCOOL 4. NE SAIT PAS 5. AUTRE	Raha ENY, Inona no no nahosotra tamin'ny foitran'i (ANARANA)? 1. POMADY « AROFOITRA » 2. POMADY HAFA 3. ALCOOL 4. TSY FANTATRO 5. HAFA	<input type="checkbox"/>	
907	Est-ce que (nom) a été séché avant que le placenta n'ait été expulsé ? 1. oui 2. non 3. ne sait pas	Nofafana ve i (ANARANA) talohan'ny nahafahan'ny ahitra? 1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	2/3→909
908	Quelles parties du corps de (nom) ont été séchées ? 1. Le corps 2. De la tete au pied 3. Ne sait pas 4. Autre (preciser)	Faritra inona tamin'i (ANARANA) no nofafana? 1. Ny vatany 2. Hatrany an-tampon- doha ka hatrany am-paladia 3. tsy fantatro 4. hafa (lazao)	<input type="checkbox"/>	
909	Est-ce que (nom) a été enveloppé (e) avec du linge avant que le placenta n'ait été expulsé? 1. oui 2. non 3. ne sait pas	Norakofana lamba ve i (ANARANA) talohan'ny nahafahan'ny tavony? 1. eny 2. tsia 3. tsy fantatra	<input type="checkbox"/>	2/3→911
910	Si OUI, avec quoi est-ce qu'on a enveloppé (nom) ? 1. Linge sec et propre 2. Linge sec 3. Ne sait pas 4. Autre (preciser)	Raha ENY, inona no nandrakofana an'i (ANARANA)? 1. Lamba maina sy madio 2. lamba maina 3. Tsy fantatro 4. Hafa	<input type="checkbox"/>	
911	Où est-ce que (nom) a été reposé avant que le placenta n'ait été expulsé ? 1. Sur le plancher 2. Sur la natte 3. Sur le lit de bebe 4. Sur la poitrine de la mere 5. Avec la mere 6. Avec autre personne 7. Ne sait pas 8. Autre (preciser)	Taiza no nametrahana an'i (ANARANA) talohan'ny nahafahan'ny tavony? 1. Ambony tany 2. Ambony tsihy 3. Ambony fandrian-jaza 4. An-tratran'ny reny 5. Akaiky ny reny 6. Tany amin'olon-kafa 7. Tsy fantatro 8. Hafa (lazao)	<input type="checkbox"/>	
912	Combien de temps après sa naissance (nom) a-t-il/elle pris un bain pour la première fois ?  SI MOINS D'UN JOUR, ENREGISTRER EN HEURES ; SI MOINS D'UNE SEMAINES, ENREGISTRER EN JOURS	Hafiriana taorian'ny nahaterahany i (ANARANA) no nampandroana voalohany?  RAHA LATSAKY NY 1 ANDRO DIA MARIHO AMIN'NY ORA; RAHA LATSAKY NY HERINANDRO DIA MARIHO AMIN'NY ANDRO.	<input type="text"/> unite: 1. Ora (heures) 2. Andro (jours) 3. Herinandro (semaines)	
913	Avez-vous allaité (nom) ? 1. oui 2. non	Nampinonoana ve i (anarana)? 1. eny 2. tsia	<input type="checkbox"/>	2→915
914	Combien de temps après la naissance, avez-vous mis (nom) au sein pour la première fois ?  SI MOINS D'UNE HEURE, NOTER '00' HEURE.  SI MOINS DE 24 HEURES, NOTER EN HEURES.	Hafiriana taorian'ny nahaterahan'i (ANARANA) no nanomezana nono azy voalohany?  RAHA LATSAKY NY ADINY 1 DIA MARIHO '00'  RAHA LATSAKY NY 24 ORA, MARIHO AMIN'NY ORA. NY ANKOATRA IZAY MARIHO AMIN'NY	<input type="text"/> unite: 1. Ora (heures) 2. Andro (jours) 3. Herinandro (semaines)	



	AUTREMENT, NOTER EN JOURS	ANDRO		
915	Dans les 3 jours qui ont suivi sa naissance, est-ce que (nom) a bu autre chose que le lait maternel? 1.oui 2.non	Tao anatin'ny telo andro taorian'ny nahaterahany, nisotro zavatra hafa ankoatra ny nonon-dreny ve l (anarana) 1.eny 2.tsia	<input type="checkbox"/>	2→917
916	Qu'a-t-on donné à boire à (nom)?  Rien d'autre? ENREGISTRER TOUS LES LIQUIDES MENTIONNEES. A.Lait (autre que lait maternel) B.Eau C.Eau sucrée/eau glucosée D.Infusion calmante pour coliques E.Solution eau salée/sucrée F.Jus de fruit G.Préparation pour bébé H.The/infusions I.Miel J.Autre (préciser)	Inona no nampisotroana an'i (ANARANA)? Sao nisy zavatra hafa? SORATY AVOKOA IZAY RANON-JAVATRA VOATONONA  A. Ronono (ankoatry ny nonon-dreny) B. Rano C. Ranon-tsiramamy/Nasiana glucose D. Dite mafana manala mangotika E. Ranon-javatra Masira/mamy F. Ranom-boankazo G. Fangaro voatokana ho an'ny zaza H. Dité I. Tantely J. Hafa (lazao)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. selectionné -99. non selectionné
917	Allaitez-vous encore (nom) ? 1.oui 2.non	Mbola mampinono ve ianao? 1.eny 2.tsia	<input type="checkbox"/>	2→921
918	Pendant combien de mois avez-vous allaité (nom) ? (96 si ne sait pas)	Firy volana izay no nampinonoanao an'i (anarana)? (96 raha tsy fantany)		
919	Combien de fois allaitez-vous (nom) pendant la nuit, c'est à dire depuis la couchée du soleil jusqu'au lever de soleil ?  SI L'ENQUETEE NE DONNE PAS UN NOMBRE EXACTE, ESSAYER D'AVOIR UNE ESTIMATION.	Impiry i (anarana) no minono @ alina, izany hoe teo anelanelan'ny nilentehan'ny masoandro ka hatramin'ny niposahany indray? RAHA TSY MANOME ISA MAZAVA IZY DIA ANONTANIO IHANY MBA HAHAZOANAO NA ISA MANAKAIKY NY TENA IZY	_____	
920	Hier, combien de fois avez-vous allaitée, pendant la journée ?	Impiry l (anarana) no ninono nandritra ny andro	_____	
921	Est-ce que (nom) a bu quelque chose au biberon hier ou la nuit dernière ? 1.oui 2.non	Ninono t@ biberon ve l (anarana) omaly na tamin'ny alina?  1.eny 2.tsia	<input type="checkbox"/>	
922	Qui a pris soin de (nom) juste après sa naissance ?  ENREGISTER LE NOM DE L'ENDROIT  1. PERSONNEL DE SANTE DES CSB PUBLIC 2. PERSONNEL DE SANTE DE CLINIQUE PRIVE 3. DOCTEUR LIBRE 4. GUERISSEUR TRADITIONNEL 5. PERSONNEL DE SANTE DANS LES HOPITAUX PUBLICS	Vantany vao latsaka i (ANARANA), iza no nikarakara ny zaza? MARIHO NY ANARAN'NY TOERANA NITERAHANA  1. MPIASAN'NY FAHASALAMANA AO AMIN'NY CSB AM-PANJAKANA 2. MPIASAN'NY FAHASALAMANA AO AMIN'NY TOBIM-PAHASALAMANA TSY MIANKINA 3. DOKOTERA LIBRA 4. MPITSABO NETIM-PAHARAZANA 5. MPIASAN'NY FAHASALAMANA AO AMIN'NY HOPITALIM-PANJAKANA	<input type="checkbox"/>	1. Selectionné -99. Non selectionné

	6. PERSONNEL DE SANTE DANS LES HOPITAUX PRIVES 7. AGENT DE SANTE COMMUNAUTAIRE 8. PHARMACIE/DÉPÔT DES MÉDICAMENTS 9. AUTRE (PRECISER)	6. MPIASAN'NY FAHASALAMANA AO AMIN'NY HOPITALY TSY MIANKINA 7. MPANENTANA ARA-PAHASALAMANA 8. FARMASIA/ TOERAM-PITEHIRIZANA FANAFODY 9. HAFA (LAZAO)		
923	Est-ce cette personne qui a pris soin de (nom) juste après sa naissance a reçu des formations par des projets? 1.oui 2.non 3.ne sait pas	Ilay olona nikarakara an'1 (anarana) taorian'ny nahaterahany ve efa nahazo fiofanana tamin'ny tetikasa 1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	2/3→925
924	Si OUI, quel projet? A. MAHEFA B. AUTRE PARTENAIRE DE USAID C. AUCUN D. NE SAIT PAS E. AUTRE	Raha ENY, tetikasa inona A. MAHEFA B. Tetikasa hafa miaraka amin'ny usaïd C. Tsy misy D. Tsy fantatra E. Hafa	1. <i>Selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
924 A	Est-ce que (nom) a été pesé au SEECALINE ou ONN pendant la tournée de suivi de croissance (GMP) dans les deux derniers mois 1. oui 2. non	Nolanjaina teny @ toby SEECALINE na ONN (GMP – Growth Monitoring Promotion) ve I (anarana) tao anatin'ny 2 volana farany, nandritra ny fanentanana mikasika ny fitomboan'ny zaza 1. eny 2. non	<input type="checkbox"/>	2→925
925	Combien pese (nom) la dernière fois ?	Firy kilao I (anarana) tamin'ny fandanjana farany?	_____	
925 A	Quand est ce que (nom) a-t-il/elle eu une visite médicale la dernière fois ?  Vérifier son carnet de santé	Hafiriana no nisy fizahana ara-pahasalamana farany natao t@I (anarana) Hamarino ao anaty karinem-pahasalamana)	<input type="text"/> unité: 1. Ora (heures) 2. Andro (jours) 3. Herinandro (semaines) 4. volana (mois)	
926	Est-ce que (nom) a-t-il/elle eu une visite médicale au cours des 2 derniers mois ? 1.oui 2.non	Nozahana ara-pahasalamana ve I (anarana) tao anatin'ny 2 volana farany? 1.eny 2.tsia	<input type="checkbox"/>	
927	Vérifier 900C Y a t-il encore un deuxième enfant agé de 0-23 mois en vie?	Hamarino 900C Mbola misy zaza hafa latsaky ny 2 taona mbola velona ve?	<input type="checkbox"/>	1>B901 2>1001

S'IL Y A UN DEUXIEME ENFANT, REPETER TOUTES LES QUESTIONS 901 A 926 EN CHANGEANT LES NOMS PAR B901...B926 et C901 à C926

RAHA MBOLA MISY ZAZA FAHAROA NA FAHATELO DIA AVERINA NY FANONTANIANA 901 HATRANIN'NY 926 FA OVAINA HO B901...B926 sy C901...C926 NY ANARANY.

**SECTION 10 : Vaccination des enfants / Fanaovana vakisiny ny zaza**

Inscrire le numéro de ligne, le nom et l'état de survie de chaque naissance survenue dans les derniers 24 mois. Poser les questions pour toutes ces naissances, commencer par la dernière naissance.

Soraty ny nomeraon'ny laharan'andalana, ny anarana ary raha velona ny zaza ho an'ny zaza teraka tao anatin'ny 24 volana. Apetraho ny fanontaniana ho an'ireo zaza teraka tato anatin'ny 24 volana.

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
1000	Verifier 900C (nombre d'enfants de moins de 2 ans en vie)	Hamarino 900C (avereno eto ny isan'ny zaza latsaky ny 2 taona mbola velona)	0 1 2 3	0>1003 1>1003 2>1003 3>1003
1002	Rappeler le nom de chaque enfant pour ne pas confondre les uns avec les autres. Est-ce que (nom) a un diplôme pour completion de vaccins? Puis-je le voir? 1. A un diplôme et vu 2. A un diplôme mais non vu ou n'a pas de diplôme	Ampahatsiahivo isaky ny zaza ny anarany mba tsy hifangaro. Nahazo diploma vita vakisiny ve I (Anarana)? Azoko jerena ve? 1. Manana diplaoma ary hita maso 2. Manana fa tsy hita na tsy manana diplaoma	[ ]	
1003	Je voudrais maintenant vous demander des questions sur les vaccinations de votre dernier enfant.  Est-ce que (nom) a-t-il/elle un carnet où les vaccinations sont inscrites?  Si oui: puis-je le voir s'il vous plaît ? 1. Oui, vu, le meme que le carnet de santé 2. oui, vu, autre carnet 3. oui mais non vu 4. non, pas de carnet	Hanontany anao aho ny mikasika ny vakisiny vitan'ny zanakao farany. Manana karinem-bakisiny ve I (anarana)? Azonao aseho ahy ve izany?  1.eny, hita, ny karinem-pahasalamany ihany no misy ny vakisiny 2.eny hita, karine hafa no misy vakisiny 3.misy karine fa tsy hita 4.tsy manana karine	[ ]	1>1004 2>1004 3>1007 4>1007
1004	Copier les dates à partir du cernet.			

1005	Enfants moins de 24 mois (zaza latsaky ny 24 volana)					
	Andro	Volana		Taona		
BCG						
POLIO0						
POLIO1						
POLIO2						
POLIO3						
DTC0q1						
DTC0q2						
DTC0q3						
ROUGEOLE						

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
1006	<p>Est-ce que (nom) a reçu des vaccins qui ne sont pas inscrits sur ce carnet, y compris les vaccins reçus le jour de la 146<sup>e</sup> nationale de vaccination ?</p> <p>Enregistrer « oui » seulement si l'enquêtée mentionne le BCG, la Polio 0-3, le DTCoq 1-3 et/ou la Rougeole</p> <p>1. oui (bien renseigner et reporter 66 dans le tableau) 2. non → 1015 3. ne sait pas → 1015</p>	<p>Nisy vaksiny hafa nataon' _____ ve nefa tsy voasoratra anaty karine (tafiditra ny SSME) ?</p> <p>Soraty ENY raha tonga dia milaza ny mikasika ny BCG, Polio, DTCoq ary Rougeole ilay anontaniana)</p> <p>1. eny (hadihadio tsara dia asio 66 eo amin'ny tabilao) 2. tsia → 1015 3. tsy fantatro → 1015</p>	<p>[ ]</p>	
1006 A	<p>Quels ont été les vaccins reçus qui n'ont pas été reporté sur le carnet de santé</p> <p>A. BCG B. Polio C. DTCoq D. RRO (Rougeole- VAR)</p>	<p>Inona avy ireo vakisiny vita nefa tsy voasoratra ao anaty carnet</p> <p>A. BCG B. Polio C. DTCoq D. RRO (Rougeole- kitroto)</p>	<p>1. Selectionné -99. Non selectionné</p> <p>[ ] [ ] [ ] [ ]</p>	
1007	<p>Est-ce que (nom) a reçu des vaccins pour lui éviter de contracter des maladies, y compris les vaccins reçus le jour d'une campagne nationale de vaccination?</p> <p>1. oui 2. non 3. ne sait pas</p>	<p>Ankoatra ireo eo amin'ny 1006 ireo, mbola misy vakisiny hafa natao ve</p> <p>1. eny 2. tsia 3. tsy fantatro</p>	<p>[ ]</p>	<p>2 → 1015 3 → 1015</p>
1008	<p>Dites-moi si (nom) a reçu l'un des vaccins suivants?</p> <p>Le vaccin BCG contre la tuberculose, c'est à dire une injection dans le bras ou à l'épaule qui laisse, généralement, une cicatrice?</p> <p>1. oui 2. non 3. ne sait pas</p>	<p>Vita an'ireto vakisiny maranaka ireto ve I (anarana)</p> <p>Vakisiny BCG hiarovana amin'ny tiberkilozy izany hoe tsindrona atao amin'ny tanana na soroka ka mametraka olatra</p> <p>1. eny 2. tsia 3. tsy fantatro</p>	<p>[ ]</p>	
1009	<p>(Nom) a-t-il reçu le vaccin de la polio, c'est à dire des gouttes dans la bouche?</p> <p>1. oui 2. non 3. ne sait pas</p>	<p>Vita vakisiny polio ve I (anarana). Ny vaksiny Polio ilay atete ambava</p> <p>1. eny 2. tsia 3. tsy fantatro</p>	<p>[ ]</p>	<p>2 → 1012 3 → 1012</p>
1010	<p>Le premier vaccin contre la polio a-t-il été donné dans les deux premières semaines après la naissance ou plus tard ?</p> <p>1. dans les deux premières semaines de sa naissance 2. plus tard</p>	<p>Vita vakisiny POLIO voalohany ve dia natao tao anatin'ny roa herinandro taorian'ny nahaterahany sa taorian'izay?</p> <p>1. Tao anatin'ny roa herinandro taorian'ny nahaterahany 2. Taorian'izay</p>	<p>[ ]</p>	
1011	<p>Combien de fois le vaccin de la polio a-t-il été donné?</p>	<p>Impiry izy no natao POLIO</p>		
1012	<p>Dites-moi si (nom) a reçu Le vaccin du DTCoq, c'est à dire une injection faite à la cuisse ou à la fesse donnée quelquefois</p>	<p>Natao vakisiny DTCoq ve izy? Ny vaccin DTCoq dia hatao amin'ny FE na VODY ary ampiarahana amin'ny POLIO</p>	<p>[ ]</p>	<p>2 → 1014 3 → 1014</p>

	en même temps que les gouttes contre la polio? 1.oui 2.non 3.ne sait pas	atete ambava  1.eny 2.tsia 3.tsy fantatro		
1013	Combien de fois le vaccin du DTCoq a-t-il été donné?	Impiry izy no natao DTCoq		
1014	Dites-moi si (nom) a reçu Une vaccination contre la rougeole ou la RRO, c'est à dire une injection dans le bras à l'âge de 9 mois ou plus tard pour lui éviter d'avoir la rougeole ? 1.oui 2.non 3.ne sait pas	Ny vaksiny hiarovana amin'ny kitrotro na RRO dia atao amin'ny sandry amin'ny faha 9 volana na mihoatra  1.eny 2.tsia 3.tsy fantatro	[ ]	
1015	Est-ce (nom) a reçu une dose de vitamine A au cours des six derniers mois ?  VERIFIER LE CARNET DE SANTE. 1.oui, vérifié dans le carnet 2.oui, n'est pas vérifié dans le carnet 3.non 4.ne sait pas	Nihinana vitamine A ve i ____ tao anatin'ny 6 volana (raha eny, hamarino amin'ny Karine) 1.eny, voamarina tao amin'ny karine 2.eny, tsy voamarina tao amin'ny karine 3.tsia 4.tsy fantatro	[ ]	

VERIFIER 1000, SI LE NOMBRE D'ENFANT DE MOINS DE 2 ANS EST 2 OU 3, REPETER TOUTES LES QUESTIONS 1003 A 1015 ANS CHANGEANT LES NOMS A B1003 A B1015 POUR LE DEUXIEME ENFANT ET C1003 A C1015 POUR LE TROISIEME

**SECTION 11 : SANTE DE L'ENFANT DE MOINS DE 5 ANS/ FAHASALAMAN'NY ZAZA LATSAKY NY 5 TAONA**

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
<b>1100 A</b>	Vérifier 505, 508 (nom et date d'anniversaire des enfants)  Nombre d'enfants moins de 5 ans en vie (après la date d'aujourd'hui en 2011)	Hamarino 505, 508 Avereno eto ny isan'ny zaza latsaky ny 5 taona mbola velona	0 1 2 3	0>1301 1>1100B 2>1100C 3>1100C
1105	Maintenant, nous allons parler de la santé des enfants nées dans les 5 dernières années. Nous allons commencer avec le plus jeune enfant.  Est-ce que (nom) a-t-il dormi sous une moustiquaire imprégnée d'insecticides longue durée la nuit dernière? 1.oui 2.non	Hiresaka mikasika ny fahasalamn'ny zaza latsaky ny 5 taona isika izao. Atomboka amin'ny zandriny indrindra.  Natory tao anaty lay misy ody moka maharitra ve I (anarana) halina?  1.eny 2.tsia	<input type="checkbox"/>	
1106	Est-ce que (nom) a eu de la diarrhée au cours des deux dernières semaines? 1.oui 2.non 3.ne sait pas	Nararin'ny aretim-pivalanana ve i (ANARANA) tao anatin'ny 2 herinandro farany? 1.eny 2.tsia 3.tsy fantatro	<input type="checkbox"/>	2→1116 3→1116
1107	Est-ce qu'il y avait du sang dans les selles dans les 2 dernières semaines 1.oui 2.non 3.ne sait pas	Nisy rà ve ny fivalanan' i (ANARANA) tamin'izy nivalana tato anatin'ny 2 herinandro? 1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	
1108	Pendant la diarrhée, est-ce que vous lui avez donné à boire plus que d'habitude ou moins? 1.beaucoup moins 2.un peu moins 3.presque le même que d'habitude 4.beaucoup plus 5.ne rien boire 6.ne sait pas	Nandritra ny fivalanany, nomena fisotro betsaka kokoa sa kely kokoa noho ny mahazatra I (anarana)? 1.tena latsaka noho ny mahazatra 2.latsaka kokoa 3.mitovy amin'ny mahazatra 4.betsaka kokoa 5.tsy nisotro na inona na inona 6.tsy fantatro	<input type="checkbox"/>	
1109	Pendant la diarrhée, est-ce que vous lui avez donné beaucoup plus à manger que d'habitude ou beaucoup moins? 1.beaucoup moins 2.un peu moins 3.presque le même que d'habitude 4.beaucoup plus 5.a arrêté de manger 6.ne rien manger 7.ne sait pas	Nandritra ny fivalanany, nomena sakafo betsaka kokoa noho ny mahazatra ve I (anarana) sa latsaka kokoa? 1.tena latsaka noho ny mahazatra 2.latsaka kokoa 3.mitovy amin'ny mahazatra 4.betsaka kokoa 5.tsy nety nihinan-kanina 6.tsy nihinana na inona na inona 7.tsy fantatro	<input type="checkbox"/>	
1110	Avez-vous recherché des traitements ou des conseils pour la diarrhée? 1.oui 2.non	Nandeha nitady torohevitra na fitsaboana ve ianao tamin'izy voan'ny fivalanana? 1. eny 2. tsia	<input type="checkbox"/>	2→1113

1111	Où étiez-vous allé chercher du traitement ou de conseils?  ENREGISTER LE NOM DE L'ENDROIT  A. Personnel de santé des CSB public B. Personnel de santé de clinique privé C. Docteur libre D. Guérisseur traditionnel E. Personnel de santé dans les hopitaux publics F. Personnel de santé dans les hopitaux privés G. Agent de santé communautaire H. Pharmacie/dépôt des médicaments I. Autre (preciser)	Taiza ianao no nandeha nitady fitsaboana na torohevitra?  A. Mpiasan'ny CSB B. Mpiasan'ny toeram-pitsaboana an'olon-tsootra C. Mpitsabo libra D. Mpitsabo nenti-paharazana E. Mpiasan'ny hopitalim-panjakana F. Mpiasan'ny hopitaly an'olon-tsootra G. Mpanentana ara-pahasalamana H. Fivarotam-panafody I. Hafa	1. Selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1112	Etes-vous satisfait des services que vous avez reçu? 1. très insatisfait 2. un peu insatisfait 3. un peu satisfait 4. très satisfait	Afa-po ve ianao tamin'ny torohevitra na fanafody azonao? 1. tena tsy afa-po mihitsy 2. tsy tena afa-po loatra 3. afa-po ihany 4. tena afa-po mihitsy	<input type="checkbox"/>	
1113	Lui avez-vous donné l'une ou plus des choses suivantes de A. Sro en poudre + eau potable B. Sro liquid C. Liquide maison D. Zinc ou viasur E. Rien de tout cela	Inona tamin'ireto no nomenao azy A. Vovoka SRO + rano madio B. SRO ranony C. Ranon-javatra namboarina D. Zinc na viasur E. Tsy nisy tamin'ireo	1. Selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1114	Est-ce que quelque chose d'autre a été donnée pour traiter la diarrhée? 1. oui 2. non 3. ne sait pas	Nisy zavatra hafa koa ve nomena azy? 1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	2→1115B 3→1115B
1115 A	Qu'a-t-on donné (d'autre) pour traiter la diarrhée? ENREGISTRER TOUS LES TRAITEMENTS DONNES. A. Antibiotique comprimé ou sirop B. Antimotilite comprimé ou sirop C. Zinc D. Antibiotique injections E. Intra-veineuse F. Autre injection G. Remède maison/herbes médicinales H. Autre (preciser)	Inona no nomena azy? Lazao daholo izay nataony  A. Antibiotique comprimé ou sirop B. Antimotilite comprimé ou sirop C. Zinc D. Antibiotique injections E. Intra-veineuse F. Autre injection G. Remède maison/herbes médicinales H. Autre (preciser)	1. Selectionné -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1115 B	(Nom) a-t-il/elle encore de la diarrhée, en ce moment? 1. oui 2. non	Mbola mivalana ve izy amin'izao fotoana izao sa tsia? 1. eny 2. tsia	<input type="checkbox"/>	
1116	Est-ce que (nom) a souffert de la toux, à un moment quelconque, dans les 2 dernières semaines? 1. oui 2. non 3. ne sait pas	Nikohaka ve i(anarana) tao anatin'ny roa herinandro izay? 1. eny 2. tsia 3. tsy fantatro	<input type="checkbox"/>	2→1123 3→1123

1117	Dans les 2 dernières semaines, quand (nom) souffrait de la toux, avait-il/elle des difficultés à respirer, un souffle court et rapide ou respirait-il/elle plus vite que d'habitude? 1.oui 2.tsia 3.ne sait pas	Tamin'izy nikohaka, sarotra kokoa ve ny fiainany, sempotsepotra sy miaina haingana kokoa noho'ny mahazatra? 1.eny 2.tsia 3.tsy fantatro	<input type="checkbox"/>	2→1123 3→1123
1118	Selon vous, ces difficultés à respirer étaient-elles dues à un problème de bronches, ou au nez bouché ou qui coulait? 1.Brochies seules 2.nez seul 3.les deux 4. ne sait pas 5. autre	Araka ny hevitrao, izay izy somary sempotra ve vokatry ny orony tsentsina sa avy anaty tratrany 1.avy any anaty tratrany 2.orony tsentsina sy misy lelo 3.izy roa 4. tsy fantatro 5. hafa	<input type="checkbox"/>	
1119	Avez-vous recherché des traitements ou des conseils pour la toux? 1.oui 2.non	Nitady torohevitra na fitsaboana ve ianao tamin'izy sempotsempotra io? 1.eny 2.tsia	<input type="checkbox"/>	2→1122
1120	Où étiez-vous allé chercher du traitement ou de conseils? ENREGISTER LE NOM DE L'ENDROIT  A. Personnel de santé des CSB public B. Personnel de santé de clinique privé C. Docteur libre D. Guerisseur traditionnel E. Personnel de santé dans les hopitaux publics F. Personnel de santé dans les hopitaux prives G. Agent de sante communautaire H. Pharmacie/dépôt des médicaments I. Autre (preciser)	Taiza ianao no nandeha nitady fitsaboana na torohevitra?  A. Mpiasan'ny CSB B. Mpiasan'ny toeram-pitsaboana an'olon-tsotra C. Mpitsabo libra D. Mpitsabo nenti-paharazana E. Mpiasan'ny hopitalim-panjakana F. Mpiasan'ny hopitaly an'olon-tsotra G. Mpanentana ara-pahasalamana H. Fivarotam-panafody I. Hafa	1. <i>Selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1121	Etes-vous satisfait des services que vous avez reçu? 1.très insatisfait 2.Un peu insatisfait 3. Un peu satisfait 4. Très satisfait	Afa-po ve ianao tamin'ny fitsaboana na torohevitra azonao 1.tena tsy afa-po 2.tsy tena afa-po loatra 3.afa-po ihany 4.tena afa-po tanteraka	<input type="checkbox"/>	
1122	Qu'avez-vous donné à (nom) quand il/elle souffrait de la toux et/ou des difficultés à respirer dans les 2 dernières semaines? A. ANTIBIOTIQUE B. ANTI-TOUX C. REMEDE MAISON/HERBES MEDICINALES D. RIEN E. AUTRE (PRECISER)	Inona no nomenao rehefa voan'ny kohaka na sempotra izy tao anatin'izay 2 herinandro izay? A. Antibiotika B. Ody kohaka C. Fanafody namboarina/tambavy D. Tsy nisy E. Hafa	1. <i>selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



1122 A	<p>Pendant que (nom) a eu la toux, est-ce qu'il a bu plus que d'habitude (y compris le lait maternel) ou moins que d'habitude.</p> <p>Lui avez-vous donné plus ou moins à boire que d'habitude?</p> <p>1. beaucoup moins que d'habitude 2. un peu moins que d'habitude 3. presque le même 4. plus que d'habitude 5. n'a rien bu 6. ne sait pas</p>	<p>Tamin'i (anarana) nikohoka, nisotro rano na zavatra hafa betsaka kokoa noho ny mahazatra ve izy sa tsia?</p> <p>1.Tena latsaka be noho ny mahazatra 2.latsaka kely noho ny mahazatra 3.Tahaka ny mahazatra ihany 4.betsaka noho ny mahazatra 5.tsy nisotro na inona na inona 6. hafa</p>	<input type="checkbox"/>	
1122 B	<p>Pendant que (nom) a la toux, est-ce qu'il a mangé plus que d'habitude ou moins que d'habitude.</p> <p>Lui avez-vous donné plus ou moins à manger que d'habitude?</p> <p>1. beaucoup mois que d'habitude 2. un peu moins que d'habitude 3. presque le même 4. plus que d'habitude 5. n'a rien mange 6.autre</p>	<p>Tamin'i (anarana) nikohoka, nanao ahoana ny sakafony, betsaka kokoa noho ny andavanandro ve sa kely kokoa.</p> <p>Nomenao sakafo kely kokoa sa betsaka kokoa izy?</p> <p>1.Tena latsaka be noho ny mahazatra 2.latsaka kely noho ny mahazatra 3.ohatra ny mahazatra ihany 4.betsaka noho ny mahazatra 5. tsy nety nihinan-kanina 6. hafa</p>	<input type="checkbox"/>	
1122 B	<p>Est-ce qu'il souffre encore de toux ou difficulté de respiration</p> <p>1.oui 2.non</p>	<p>Mbola mikohaka na marary tratra ve izy izao?</p> <p>1.eny 2.tsia</p>	<input type="checkbox"/>	
1123	<p>Est-ce que (nom) a-t-il eu de la fièvre dans les 2 dernières semaines?</p> <p>1.oui 2.non</p>	<p>Voan'ny tazo na nanavy ve l (anarana) tao anatin'ny 2 herinandro izay?</p> <p>1.eny 2.tsia</p>	<input type="checkbox"/>	2→1201
1124	<p>Avez-vous recherché des traitements ou des conseils pour la fièvre?</p> <p>1.oui 2.non</p>	<p>Nitady fitsaboana na torohevitra ve ianao tamin'izy nanavy</p> <p>1.eny 2.tsia</p>	<input type="checkbox"/>	2→1129
1125	<p>Où étiez-vous allé chercher du traitement ou de conseils?</p> <p>ENREGISTER LE NOM DE L'ENDROIT</p> <p>A. Personnel de santé des CSB public B. Personnel de santé de clinique privé C. Docteur libre D. Guérisseur traditionnel E. Personnel de santé dans les hopitaux publics F. Personnel de santé dans les hopitaux privés G. Agent de santé communautaire H. Pharmacie/dépôt des médicaments I. Autre (préciser)</p>	<p>Taiza ianao no nandeha nitady fitsaboana na torohevitra? SORATY NY ANARAN'ILAY TOERANA</p> <p>A. Mpiasan'ny CSB B. Mpiasan'ny toeram-pitsaboana privé C. Mpitsabo libra D. Mpitsabo nenti-paharazana E. Mpiasan'ny hopitalim-panjakana F. Mpiasan'ny hopitaly privé G. Mpanentana ara-pahasalamana H. Fivarotam-panafody I. Hafa</p>	<p>1. <i>Selectionné</i> -99. <i>Non selectionné</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	



1132	<p>Pendant que (nom) a eu la fièvre, est-ce qu'il a bu plus que d'habitude (y compris le lait maternel) ou moins que d'habitude.</p> <p>Lui avez-vous donné plus ou moins à boire que d'habitude?</p> <p>1.beaucoup moins que d'habitude 2.un peu moins que d'habitude 3.presque le même 4.plus que d'habitude 5.n'a rien bu 6.autre</p>	<p>Tamin'I (anarana) nanavy, nisotro rano na zavatra hafa betsaka kokoa noho ny mahazatra ve izy sa tsia?</p> <p>1.Tena latsaka be noho ny mahazatra 2.latsaka kely noho ny mahazatra 3.ohatra ny mahazatra ihany 4.betsaka noho ny mahazatra 5.tsy nisotro na inona na inona 6. hafa</p>	[ ]	
1133	<p>Pendant que (nom) a eu la fièvre, est-ce qu'il a mangé plus que d'habitude ou moins que d'habitude.</p> <p>Lui avez-vous donné plus ou moins à manger que d'habitude?</p> <p>1.beaucoup moins que d'habitude 2.un peu moins que d'habitude 3.presque le même 4.plus que d'habitude 5.a arrêté de manger 6.n'a rien mangé 7.autre</p>	<p>Tamin'I (anarana) nanavy, nanao ahoana ny sakafony, betsaka kokoa noho ny andavanandro ve sa kely kokoa.</p> <p>Nomenao sakafo kely kokoa sa betsaka kokoa izy?</p> <p>1.Tena latsaka be noho ny mahazatra 2.latsaka kely noho ny mahazatra 3.ohatra ny mahazatra ihany 4.betsaka noho ny mahazatra 5.nijanona tsy nihinan-kanina 6. tsy nety nihinan-kanina 7. hafa</p>	[ ]	
1133 B	<p>Est-c que (nom) a toujours de la fièvre?</p> <p>1. oui 2. non 3. ne sait pas</p>	<p>Mbola manavy na voan'ny tazo ve I (anarana)?</p> <p>1. eny 2. tsia 3. tsy fantatro</p>	[ ]	
1134	<p>Verifier s'il y a d'autre enfant de moins de 5 ans encore en vie?</p> <p>1. oui 2. non</p>	<p>Hamarino raha mbola misy zaza latsaky ny 5 taona velona hafa</p> <p>1. eny 2. tsia</p>	[ ]	1>B1105 2>1301

SI 1134=1, LES QUESTIONS 1100C JUSQU'A 1133B SE REPETENT POUR LE DEUXIEME EN CHANGEANT LES NOMS EN B1100C A B1133B POUR LE DEUXIEME ENFANT ET C1100C A C1133B POUR LE TROISIEME ENFANT

RAHA 1134=1, MIVERINA NY FANONTANIANA 1100C HATRAMIN'NY 1133B KA OVAINA HO B1100C HATRAMIN'NY B1133B NY ANARANY HO AN'NY ZAZA FAHAROA ARY C1100C HATRAMIN'NY C1133B HO AN'NY ZAZA FAHATELO



	produits laitiers P. huiles, graisse ou du beurre, aliments préparés à partir de ces ingrédients Q. aliments sucrés tels que du chocolat, des sucreries, des bonbons, des gâteaux, des pâtisseries ou des biscuits R. autres aliments solides ou semi-solides	P. Menaka, tavy na dibera, na sakafo voakarakara avy amin'ireo singa ireo ? Q. Sakafo mamy toy ny chocolat, vatomamy sy zava-mamy, karazana mofomamy sy bisky ? R. Vaingan-kanina hafa na sakafo ranondranony ?	[ ]	
1203	Allaitiez-vous encore (nom)? 1.oui 2.non	Mbola minono ve I (anarana) izao 1.eny 2.tsia	[ ]	
1204	Combien de fois (nom) a-t-il/elle mangé des aliments solides, semi-solides ou des bouillies autres que les liquides hier, durant le jour ou la nuit? (si 7 fois ou plus, écrire 7)	Impiry i (ANARANA AO AMIN'NY 505) no nihinana vaingan-kanina, na sakafo marihidrihitra na koba marihitra ankoatra ny ranonjavatra (liquide) omaly tontolo andro (maraina sy hariva) na nandritra ny alina? (raha mihoatra ny im-7 dia mariho hoe '7')	—	

**VERIFIER 1200, SI 1200=2/3, LES QUESTIONS 1201 JUSQU'A 1204 SE REPETENT MAIS CHANGER EN B1201 (HAMARINO 1200, RAHA 1200=2/3 DIA MIVERINA DAHOLO NY FANONTANIANA 1201 HATRAMIN'NY 1204 ARY SOLOINA B1201→B1204)**

**SECTION 13 : CONNAISSANCE SUR LA SANTE/FAHALALANA MIKASIKA NY FAHASALAMANA**

Nous allons parler de la sante et je vais vous poser quelques questions. /Hametraka fanontaniana vitsivitsy aminao mikasika ny fahasalamana aho

N°	Question	Fanontaniana	Réponses (valiny)	Aller à (mandehana)
1301	Je voudrais vous demander votre opinion.  A votre avis, quel est le meilleur traitement de la diarrhée?  Laisser l'enquêtée répondre. Ne lui montrer pas les réponses. A. Antibiotique B. Antimotile C. Remède maison/Herbes médicinales D. Autre	Te hanontany anao ny hevitrao aho. Ho anao, inona no fitsaboana tsara indrindra ny fivalanana;  (Aza tononina fa avelao izy hilaza izay fantany, mariho izay voalaza) E. Antibiotika F. Antimolita G. Fanafody amboarina na tambavy H. hafa	1. <i>selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1302	A votre avis, quel est le moyen efficace pour éviter la diarrhée ?  Laisser l'enquêtée répondre. Ne lui montrer pas les réponses. A. Lavage des mains avec de l'eau et du savon B. Utilisation de l'eau potable C. Utilisation des latrines propre et lavable D. Ne sait pas E. Autre	Raha ny fahafantaranao azy, inona no fiarovana tsara indrindra amin'ny aretim-pivalanana  Aza tononina fa avelao izy hilaza izay fantany, mariho izay voalaza A. Fanasana Tanana amin'ny rano sy savony B. Fampiasana rano madio C. Fampiasana lava-piringa madio sy azo sasana D. Tsy mahafantatra E. Hafa	1. <i>selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1303	A votre avis, quels sont les symptômes visibles de la pneumonie chez les enfants? A. Toux B. Fièvre C. Souffle court et rapide D. ne sait pas E. Autre	Araka ny fahafantaranao azy, inona no fambara hita maso fa voan'ny aretin-tratra ny zaza iray A. Kohaka B. Tazo C. Sempotra sy miaina haingana D. Tsy mahafantatra E. Hafa	1. <i>selectionné</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Nombre de visites	Isan'ny fitsidihana	1 2 3	
	Date de la 1re visite	Datin'ny fitsidihana voalohany	1e visite [ ] [ ] [ ] [ ]	
	RESULTAT DE LA 1re VISITE 1. enquête terminée jusqu'à la fin 2. Pas de membre du ménage a la maison ou pas d'enqueté competent au moment de la visite 3. Absent pendant le passage 4. A Refusé l'enquête 5. Enquête pas terminée jusqu'à la fin 6. Autre	VOKATRY NY FITSIDIHANA VOALOHANY 1. Vita h@ farany ny fanadihadiana 2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana 3. Tsy tao an-toerana nandritra ny fanadihadiana 4. Nanda tsy hanaovana fanadihadiana 5. Tsy vita hatramin'ny farany ny fanadihadiana 6. Hafa (lazao)	<input type="checkbox"/>	
	Date de la 2e visite	Datin'ny fitsidihana hafaroa	2e visite [ ] [ ] [ ] [ ]	
	RESULTAT DE LA 2e VISITE 1. enquête terminée jusqu'à la fin	VOKATRY NY FITSIDIHANA HAFAROA 1. Vita h@ farany ny fanadihadiana	<input type="checkbox"/>	

	<p>2. Pas de membre du ménage a la maison ou pas d'enqueté competent au moment de la visite</p> <p>3. Absent pendant le passage</p> <p>4. A Refusé l'enquête</p> <p>5. Enquête pas terminée jusqu'à la fin</p> <p>6. Autre</p>	<p>2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana</p> <p>3. Tsy tao an-toerana nandritra ny fanadihadiana</p> <p>4. Nanda tsy hanaovana fanadihadiana</p> <p>5. Tsy vita hatramin'ny farany ny fanadihadiana</p> <p>6. Hafa (lazao) _____</p>		
	Date de la 3e visite	Date de la 3e visite	3e visite [ ] [ ] [ ]	
	<p>RESULTAT DE LA 3e VISITE</p> <p>1. enquête terminée jusqu'à la fin</p> <p>2. Pas de membre du ménage a la maison ou pas d'enqueté competent au moment de la visite</p> <p>3. Absent pendant le passage</p> <p>4. A Refusé l'enquête</p> <p>5. Enquête pas terminée jusqu'à la fin</p> <p>6. Autre</p>	<p>VOKATRY NY FITSIDIHANA FAHATELO</p> <p>1. Vita h@ farany ny fanadihadiana</p> <p>2. Tsy misy olona tena mipetraka ao amin'ilay trano na tsy misy olona azo hadihadiana tamin'ny fotoana nandalovana</p> <p>3. Tsy tao an-toerana nandritra ny fanadihadiana</p> <p>4. Nanda tsy hanaovana fanadihadiana</p> <p>5. Tsy vita hatramin'ny farany ny fanadihadiana</p> <p>6. Hafa (lazao) _____</p>	[ ]	
	HEURE DE FIN DE L'ENQUETE	Ora nifaranan'ny fanadihadiana	____h ____mn	

## Appendix E: CHV questionnaire



Consentement	Fanekena an-tsitrapo
<p>Bonjour ! Je m'appelle _____ . Nous sommes ici représentant du Bureau d'Etude BROOKESIA Madagascar (sous-contractant du MEASURE Evaluation et USAID), pour mener des enquêtes aux agents de santé communautaires.</p> <p>En tant qu'agent de santé communautaire toujours fonctionnel, je vais vous demander des questions sur vos activités, les médicaments que vous vendez et vos performances dans la mise en oeuvre de ces activités. Vos réponses sincères sur les réalités vont beaucoup m'aider et je vous en remercie en avance. Notez que cette enquête est strictement confidentielle.</p> <p>Votre nom ne sera pas diffusé pendant la phase de l'analyse et les résultats seront donnés de façon globale. Cependant, vous pouvez refuser de répondre à certaines questions ou choisir d'arrêter l'entrevue à tout moment. Cependant, nous espérons que vous répondriez aux questions, pour nous aider à donner des éléments pour pouvoir améliorer les services que vous fournissez auprès de la communauté.</p> <p>À ce stade, avez-vous des questions au sujet de l'étude? Ai-je votre accord pour procéder?</p> <p>_____</p> <p>La signature de l'enquêteur indiquant le consentement obtenu.</p>	<p>Miarahaba tompoko! Ny anarako dia _____ . Tonga eto izahay avy amin'ny BROOKESIA Madagascar miaramiasa amin'ny MEASURE Evaluation sy ny USAID manao fanadihadiana mikasika ny ara-pahasalamana sy amin'ny mpanentana ara-pahasalamana eto an-toerana.</p> <p>Amin'ny maha-mpanentana ara-pahasalamana am-perinasa anao dia hanontany mikasika ny asa iaidraikegtanao aho, ny fanafody amidinao, sy ny fahaiza-manao anananao mikasika izany asa izany. Ny valin-teny marina omenao dia hanampy be dia be anay amin'ny fanatsarana tiana hatao ary isaorako anao indrindra izany. Marihiko fa ny valinteny rehetra omenao dia hijanona ho tsiambaratelo. Tsy hisy ho fantatra ny anaranao mandritra ny hanaovana ny fikirakirana rehetra ary ny vokatra ho azo amin'izany fanadihadiana izany dia vokatra amin'ny ankapobeny. Na izany aza dia azonao atao ny manda tsy hanaovana ny fanadihadiana satria an-tsitrapo tanteraka izany. Raha misy fanontaniana tsy tianao ho valiana ihany koa dia azontsika dinganina izany ary azonao atao ihany koa ny mampiato ny fanadihadiana raha tianao izany. Manantena anefa izahay fa tsy hisy izany satria zava-dehibe loatra aminay ny valinteny rehetra omenao.</p> <p>Moa misy fanontaniana tianao apetraka amiko ve? Manaiky ve ianao hanaovana ny fanadihadiana?</p> <p>_____</p> <p>Sonian'ny mpanao fanadihadiana manamarina fa nanaiky izy</p>

No.	Question	Fanontaniana	Réponses (Valiny)	Aller à (mandehana)
	Code Questionnaire	Laharan'ny fanadihadiana		
	Region	Faritra		
	District	Distrika		
	Nom commune	Kaomina		
	Code commune	Kaody Kaomina		
	Commune urbaine ou rurale 1. Urbaine 2. Rural	<i>Kaomina ambonivohitra na ambanivohitra</i> 1. <i>Ambonivohitra</i> 2. <i>Ambanivohitra</i>	[ ]	
	Nom village/fokontany	Anaran'ny fokontany		
	Mom controleur/superviseur	Anarana controleur/superviseur		
	Code controleur/superviseur	Kaody controleur/superviseur		
	Anaran'ny mpanentana	Nom de l'ACS		
	Num identification ACS	Numero ACS		
	Date de l'interview (jour-mois-année)	Daty nanaovana ny fanadihadiana (andro-volana-taona)	[ ] [ ] [ ]	
	Sexe du répondant 1. Homme 2. Femme	Lahy sa vavy 1. Lahy 2. vavy	[ ]	
	Age de l'ACS	Taonan'ny mpanentana		
	Année de début en tant qu'ACS (jour-mois-année)	Taona nanombohana ho mpanentana (andro-volana-taona)	[ ] [ ] [ ]	
	Dernière classe achevée 0 si n'a pas l'école T1 jusqu'à T20	kilasy fahafiry no vitanao hatramin'ny farany 0 raha tsy nianatra T1 hatramin'ny T20	[ ]	

No.	Question	Fanontaniana	Réponses (Valiny)	Aller à (mandehana)
1001A	Combien de fois vous rendez visites à un ménage pour éduquer, sensibiliser et conseiller sur la santé communautaire ? 1. Chaque jour 2. Une fois pas semaines 3. Une fois toutes les 2 semaines 4. Une fois par mois 5. Une fois tous les 2 mois 6. Une fois tous les 3 mois 7. Moins frequent 8. Pas encore/jamais	Isaky ny inona ianao no mamangy tokantrano iray kamanome fampianarana, fampahalalana sy torohevitra momba ny fahasalamana? 1. Isan'andro 2. Isan-kerinandro 3. Isan-tapa-bolana 4. Isam-bolana 5. Isaky ny roa volana 6. Isan-telo volana 7. Mahalana noho izany 8. Tsy mbola namangy mihitsy	<input type="checkbox"/>	8→1003
1001B	Quand était la dernière fois vous visitiez un ménage pour éduquer, sensibiliser et conseiller sur la santé ? 1. Ce mois-ci 2. Avant ce mois-ci	Oviana ianao no nanome fampianarana, fampahalalana sy torohevitra momba ny fahasalamana tany an-tokantrano farany? 1. Tamin'ity volana ity 2. Talohan'ity volana ity	<input type="checkbox"/>	
1002	Si OUI, lesquels des thèmes suivants avez-vous discuté lors de votre dernière visite? A. Planning Familial B. Sante de la Reproduction C. Prévention des MST D. Traitement des MST E. Reference au centre de sante F. Sante des nouveaux-nés G. Sante maternelle et Infantile H. Autre (preciser) _____	Raha ENY, inona amin'ireto lohahevitra voaresaka tao anatin'izay fitsidihana farany izay? A. Fandrindrana fiainam-pianakaviana B. Fahasalamana arapananahana C. Fiarovana amin'ny aret-mifindra azo avy @ firaisana ara-nofo D. Fitsaboana MST E. Fandefasana any @ tobim-pahasalamana F. Fahasalaman'ny zaza vao Teraka G. Fahasalaman'ny reny sy ny zaza H. Hafa (lazao) _____	1. Oui -99. Non sectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1002B	Lesquels des produits suivants avez-vous fournis lors de votre dernière visite ? <b>FP</b> A. Depo-Provera injectable (Confiance) B. La pillule contraceptive (Piliplan, Lofeminal C. Condoms (preservatifs) <b>Malaria</b> D. Artemisinin-based Combination Therapy (ACT) E. Tests de diagnostic rapide du paludisme (TDR) <b>MCH</b> F. Amoxicillin (Pneumox) G. Thérapie de réhydratation orale (avec ou sans zinc) (Hydrazinc, Viasur) H. Oxytocin	Inona amin'ireto tolotra ireto no nomenao nandritra izany fitsidihana farany izany? <b>FP</b> A. Depo-Provera injectable (Confiance) B. La pillule contraceptive (Piliplan, Lofeminal C. Condoms (preservatifs) <b>Malaria</b> D. Artemisinin-based Combination Therapy (ACT) E. Tests de diagnostic rapide du paludisme (TDR) <b>MCH</b> F. Amoxicillin (Pneumox) G. Thérapie de réhydratation orale (avec ou sans zinc) (Hydrazinc, Viasur) H. Oxytocin	1. Oui -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1002C	Lors de votre dernière visite, avez-vous fait une référence pour les services suivants : A. Produits contraceptifs que vous ne fournissez pas B. Services contraceptifs (DUI, stérilisation, implant,...) C. Traitement de STI	Tamin'ny fitsidihana nataonao farany, ni-referer olona ve ianao mikasika ireto manaraka ireto: A. Fanafody fandrindram-piterahana hafa izay tsy azonao omenao B. Fomba fandrindra-mpiterahana hafa (stérilet, stérilisation, implant,...) C. Fitsaboana STI	1. Oui -99. Non selectionné  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	<i>D. Autre</i>	<i>D. Hafa</i>	<input type="checkbox"/>	
<b>1003</b>	Avez-vous reçu de certificat/diplôme sur la sensibilisation à la santé  1. <i>Oui</i> 2. <i>Non</i>	Efa nahazo mari-pankasitrahana/ mari-pahaizana ve ianao momba ny fanentanana ara-pahasalamana?  1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→1005
<b>1004</b>	Si oui, lesquels ? Pouvez-vous me montrer le certificat que vous avez reçu ? A. <i>PF4</i> B. <i>PCIME</i> C. <i>DEPO</i> D. <i>IEC/CONSEILS</i> E. <i>IST</i> F. <i>Autre</i> _____	Raha ENY, inona avy izany ? Azonao aseho ahy ve izany sertifikà/ mari-pankasitrahana/ mari-pahaizana azonao izany ? A. <i>PF4</i> B. <i>PCIME</i> C. <i>DEPO</i> D. <i>IEC/TOROHEVITRA</i> E. <i>IST</i> F. <i>Hafa</i> _____	1. <i>Oui</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1005</b>	Est-ce que vous passez souvent des examens ? 1. <i>Oui</i> 2. <i>Non</i>	Mandalo fitsapam-pahaizana matetika ve ianao ? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→1008B
<b>1006</b>	Combien de fois avez-vous réussi à ces examens ? (0 si n'a jamais réussi)	Impiry ianao no afaka tamin'izany fitsapam-pahaizana izany ? (0 raha tsy mbola afaka na tamin'ny fitsapam-pahaizana iray aza)	_____	
<b>1008</b>	Quelle est votre note à l'évaluation de performance sur le bulletin des notes ?  CITER LES 3 DERNIERES NOTES (99 si n'a pas fait l'évaluation de performance)	Firy ny naoty azonao tamin'ny toman'ezaka natao tamin'ny alalan'ny karatry ny naoty ?  LAZAO IREO NAOTY TELO FARANY (99 raha tsy nanao toman'ezaka tamin'ny alalan'ny karatry ny naoty)	____/10 ____/10 ____/10	
<b>1008B</b>	Avez-vous déjà reçu de formation sur les thèmes suivants A. <i>Normes sur le genre</i> B. <i>Violence basé sur le genre</i> C. <i>Autre</i> _____	Efa nahazo fiofanana mikasika ireto manaraka ireto ve ianao A. <i>Fenitra amin'ny fitovian-jo</i> B. <i>Herisetra noho ny tsy fitovian-jo</i> C. <i>Hafa</i> _____	1. <i>Oui</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1009</b>	Utilisez-vous l'eau et le savon pour vous laver les mains?  VERIFIER 1. <i>Ni savon, ni eau</i> 2. <i>Savon mais pas de l'eau</i> 3. <i>De l'eau mais pas de savon</i> 4. <i>Savon et eau</i>	Mampiasa rano sy savony ve ianao rehefa manasa tanana? HAMARINO 1. <i>Tsy misy na rano na savony</i> 2. <i>Misy savony fa tsy misy rano</i> 3. <i>Misy rano fa tsy misy savony</i> 4. <i>Misy rano sy savony</i>	<input type="checkbox"/>	
<b>1010</b>	Comment avez-vous fait pour gérer les déchets d'activités de soins tels que les seringues et aiguilles usagées ?  LAISSER L'ENQUETE(E) REpondre LA QUESTION. NE MENTIONNER PAS LES REPONSES.  A. <i>Jeter dans la poubelle</i> B. <i>Jeter dans les latrines</i> C. <i>Mettre dans un sac plastique spécial et enterrer dans un trou spécial</i> D. <i>Mettre dans le « Safety Box »</i> E. <i>Envoyer au CSB et incinérer</i> F. <i>Autre</i> _____	Aiza no ataonao ireo fitaovana toy ny seraingy sy fanjaitra avy nampiasaina ?  AVELAO HAMALY NY HADIHADIANA FA TSY VAKINA AMINY NY VALINY  A. <i>Ariana any @ fako</i> B. <i>Ariana any anaty lava-piringa</i> C. <i>Atao anaty harona plastika (mafy) voatokana ary alevina anaty lavaka voatokana</i> D. <i>Atao anaty « SAFETY BOX »</i> E. <i>Alefa any amin'ny CSB ary dorana</i> F. <i>Hafa(lazao)</i>	1. <i>Oui</i> -99. <i>Non selectionné</i>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1010A</b>	Comment avez-vous fait pour gérer les cotons/compresse usagés? LAISSER L'ENQUETE(E) REpondre LA QUESTION. NE MENTIONNER PAS LES REPONSES A. <i>Jeter dans la poubelle</i>	Aiza no ataonao ireo fitaovana toy ny vohavoha sy compresy avy nampiasaina ?  AVELAO HAMALY NY HADIHADIANA FA TSY VAKINA AMINY NY VALINY	1. <i>Oui</i> -99. <i>Non selectionné</i>  <input type="checkbox"/>	

	<p>B. Jeter dans les latrines</p> <p>C. Mettre dans un sac plastique spécial et enterrer dans un trou spécial</p> <p>D. Mettre dans le « Safety Box »</p> <p>E. Envoyer au CSB et incinérer</p> <p>F. Autre _____</p>	<p>A. Ariana any @ fako</p> <p>B. Ariana any anaty lava-piringa</p> <p>C. Atao anaty harona plastika (mafy) voatokana ary alevina anaty lavaka voatokana</p> <p>D. Atao anaty « SAFETY BOX »</p> <p>E. Alefa any amin'ny CSB ary dorana</p> <p>F. Hafa (lazao) _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1011</b>	<p>Est-ce que les services contraceptifs suivants sont disponibles dans votre communauté ?</p> <p>A. DUI</p> <p>B. IMPLANT</p> <p>C. STERILISATION</p>	<p>Misy an'ireto tolotra momba ny fandrindram-piterahana manaraka ireto ve eto amin'ny tanana misy anao?</p> <p>A. DUI</p> <p>B. IMPLANT</p> <p>C. STERILISATION</p>	<p>1. Selectionné</p> <p>-99. Non selectionné</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1012</b>	<p>Est-ce que vous avez des superviseurs venant du CSB ou du CHD de vos activités en tant qu'Agent de santé communautaire ?</p> <p>1. Oui</p> <p>2. Non</p>	<p>Misy manara-maso ve ny asanao amin'ny maha-mpanentana arapahasalamana anao avy amin'ny CSB na CHD?</p> <p>1. Eny</p> <p>2. Tsia</p>	<input type="checkbox"/>	2→1014
<b>1012A.</b>	<p>Qui vous a supervisé la dernière fois</p> <p>1. Le Chef CSB</p> <p>2. Un médecin</p> <p>3. L'infirmier (ère)</p> <p>4. Sage-femme</p> <p>5. Autre (préciser)</p>	<p>Iza no tonga nanara-maso anao farany</p> <p>1. Ny Chef CSB</p> <p>2. Dokotera</p> <p>3. Infirmiera</p> <p>4. Mpampivelona</p> <p>5. Hafa (lazao)</p>	<p>1. Selectionné</p> <p>-99. Non selectionné</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1013</b>	<p>Quand est-ce qu'on vous a supervisé la dernière fois ?</p> <p>1. Dans les trois derniers mois</p> <p>2. 4-6 mois auparavant</p> <p>3. 7-12 mois auparavant</p> <p>4. Plus d'un an (12 mois) auparavant</p> <p>5. Jamais</p>	<p>Oviana ianao no narahi-maso farany?</p> <p>1. Tao anatin'ny 3 volana</p> <p>2. 4-6 volana lasa</p> <p>3. 7-12 volana lasa</p> <p>4. Mihoatra ny iray taona lasa izay</p> <p>5. Tsy mbola narahi-maso</p>	<input type="checkbox"/>	
<b>1013A</b>	<p>La dernière fois que vous avez reçu la supervision, laquelle des actions suivantes ont été effectuées?</p> <p>A. Vérifiez vos enregistrements ou rapports?</p> <p>B. Observer votre travail?</p> <p>C. Fournir un feed-back (positif ou nég) sur votre travail?</p> <p>D. Donner un rapport verbal ou écrit que vous avez bien fait votre travail?</p> <p>E. Fournir des mises à jour sur des questions administratives ou techniques liées à votre travail?</p> <p>F. Discuter des problèmes que vous avez rencontrés?</p> <p>G. Vérifiez votre description de poste?</p> <p>H. Autre : _____</p>	<p>Tamin'ny fitsidihany farany, nisy tamin'ireto manaraka ireto ve nataon'ny mpitsidika?</p> <p>A. Nanamarina ny raki-tsoratra na ny tatitra?</p> <p>B. Nijery ny fomba fiasanareo?</p> <p>C. Nanome ny heviny mikasika ny fomba fiasa (ratsy na tsara)?</p> <p>D. Nanome ny heviny (an-tsoratra na am-bava) hoe tsara ny fiasanareo?</p> <p>E. Nilaza ny vaovao mikasika ny olana ara-teknika na arapitantanana mifandraika amin'ny asanao?</p> <p>F. Niady hevitra mikasika ny olana atrehinao?</p> <p>G. Nanamarina ny andraikitra tantaninao</p> <p>H. Hafa : _____</p>	<p>1. Oui</p> <p>-99. Non selectionné</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>1014</b>	<p>Pendant les douze derniers mois, combien de réunions CCDS y en avait-il (y comprises celles où vous n'avez pas assistées)</p>	<p>Tao anatin'ny 12 volana farany, firy ny fivoriana CCDS nisy (miaraka amin'izay tsy natrehinao)</p>	<input type="text"/>	
<b>1014A</b>	<p>Pendant les 12 derniers mois, avez-vous manqué des réunions avec CCDS ?</p> <p>1. Oui</p> <p>2. Non</p>	<p>Tao anatin'ny 12 volana, nisy fivoriana CCDS tsy natrehinao ve ?</p> <p>1. Eny</p> <p>2. Tsia</p>	<input type="checkbox"/>	2→1015

<b>1014B</b>	Si oui, combien de fois avez-vous manqué des réunions avec CCDS pendant les 12 derniers mois ?	Raha ENY, impiry ianao no tsy nanatrika fivoriana niaraka tamin'ny CCDS ?	_____	
<b>NOUS ALLONS MAINTENANT PARLER DE VOS STOCKS DE MEDICAMENTS (HIRESAKA MIKASIKA NY TAHIRIM-PANAFODINAO ISIKA IZAO)</b>				
<b>1015</b>	Pouvez-vous me montrer maintenant où vous stockez les médicaments ?  VERIFIER TOUS LES MEDICAMENTS CI-DESSOUS ET PRENDRE DES PHOTOS DU STOCKAGE DES MEDICAMENTS	Azoniao aseho ahy ve izao ny toeram- pitehirizanao fanafody?  HAMARINO IRETO VOALAZA MANARAKA IRETO ARY ALAIVO SARY NY TAKELAKA SY NY TOERAM-PITEHIRIZANA FANAFODY		

LISTE 1 : REGARDER LES MEDICAMENTS DANS LE STOCK/JEREO NY FANAFODY AO AMIN'NY TAHIRY

	<b>1016</b> Stockez-vous normalement ces médicaments (Mitahiry io fanafody io ve ianao ?) <b>1. Oui 2. Non</b>	<b>1017</b> En avez-vous actuellement des stocks ? (Manana tahiry ve ianao amin'izao fotoana izao ?) <b>1. Oui 2. Non</b>	<b>1018</b> Dans les 30 derniers jours, ont-ils été en rupture ? (Tao anatin'ny 30 andro, tsy nisy ve io fanafody io) <b>1. Oui 2. Non</b>
<b>DIARRHEE (ARETIM-PIVALANANA)</b>			
A. VIASUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ZINC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PNEUMONIE (ARETIM-TRATRA NA KOHOKA)</b>			
D. PNEUMOSTOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. COTRIM/PNEUMOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. CHLORHEXIDINE (AROFOITRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>POUR LES FEMMES ENCEINTES (HO AN'NY VEHIVAVY BEVOHOKA)</b>			
G. FER ACIDE FOLIQUE (PILIFERA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEPARASITAGE (ODY KANKANA)</b>			
H. MEBENDAZOLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PALUDISME (TAZOMOKA)</b>			
I. TEST DE DIAGNOSTIC RAPIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. ACTIPAL (ACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. ASAQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTRACEPTION (FANDRINDRAM-PITERAHANA)</b>			
L. PILPLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. LOFEMINAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. MICROGYNON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. OVRETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. CONFIANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. DEPO (DEPOPROVERA, DEPOCOM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. COLLIER DU CYCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IST (ARETIMA AZO AVY AMIN'NY FIRAISANA ARA-NOFO)</b>			
S. PROTECTOR PLUS/YES/CONDOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. SPERMICIDE NEO SAMPOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LISTE 2 : VENDEZ-VOUS D'AUTRES PRODUITS /MBOLA MISY FANAFODY HAFA ANKOATRA IREO VE AMIDINAO

	<b>1019/1020</b> Y a-t-il d'autres produits que vous vendez pour la.. (donner le nom) Mbola misy fanafody amidinao ve mikasika ny.. (omeo ny anarany) <b>1. Oui 2. Non</b>	<b>1021</b> Stockez-vous normalement ces médicaments (Mitahiry io fanafody io ve ianao ?) <b>1. Oui 2. Non</b>	<b>1022</b> En avez-vous actuellement des stocks ? (Manana tahiry ve ianao amin'izao fotoana izao ?) <b>1. Oui 2. Non</b>	<b>1023</b> Dans les 30 derniers jours, ont-ils été en rupture ? (Tao anatin'ny 30 andro, tsy nisy ve io fanafody io) <b>1. Oui 2. Non</b>
<b>DIARRHEE (ARETIN-KIBO)</b>				
A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PNEUMONIE (ARETIN-TRATRA)</b>				
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>POUR LES FEMMES ENCEINTES (HO AN'NY VEHIVAVY BEVOHOKA)</b>				
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEPARASITAGE (ODY KANKANA)</b>				
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PALUDISME (TAZOMOKA)</b>				
E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTRACEPTION (FANDRINDRAM-PITERAHANA)</b>				
F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IST (ARETINA AZO AVY AMIN'NY FIRAISANA ARA-NOFO)</b>				
G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Résultat de l'interview 1. Interview terminé 2. Interview partiellement terminé 3. Le répondant n'est pas disponible 4. Le répondant a refusé 5. Autre _____	Vokatry ny fanadihadiana 1. Vita ha@ farany 2. Vita amin'ny ampahany 3. Tsy afa-nandray ny fanadihadiana 4. Nanda tsy hanaovana fanadihadiana 5. Hafa _____	<input type="checkbox"/>	
Heure de fin de l'interview	Ora nahavitan'ny fanadihadiana	___h ___min	

## Appendix F: CSB questionnaire

Consentement	Fanekena an-tsitrapo
<p>TROUVER LE CHEF CSB, GESTIONNAIRE OU LA PERSONNE EN CHARGE DU CSB, OU LE VOLONTAIRE DE SANTÉ COMMUNAUTAIRE LE PLUS SENIOR, RESPONSABLE DES SERVICES CLIENTS QUI EST PRESENT AU CSB. LIRE PAR LA SUITE LA SALUTATION:</p> <p>Bonjour ! Je m'appelle _____. Nous sommes ici représentant du Bureau d'Etude BROOKESIA Madagascar (sous-contractant du MEASURE Evaluation et USAID), pour mener des enquêtes sur le centre de sante de base afin d'assister le gouvernement pour comprendre davantage les services de la sante à Madagascar.</p> <p>Je vais maintenant vous lire l'explication de l'enquête.</p> <p>Votre centre de sante de base a été sélectionné pour participer à cette étude. Nous allons vous poser des questions sur divers services de santé. Les informations recueillies au sujet de votre CSB au cours de cette étude peut être utilisées par le Ministère de la Sante, les organisations de soutien des services dans votre CSB, et les chercheurs, pour l'amélioration des services de planification ou d'effectuer d'autres études sur les services de santé.</p> <p>Ni votre nom ni les noms de tous les autres travailleurs de la santé qui participent à cette étude seront inclus dans l'ensemble de données ou dans un rapport; cependant, il y a une petite chance que l'un de ces répondants peuvent être identifiés plus tard. Pourtant, nous demandons votre aide afin de recueillir ces informations.</p> <p>Vous pouvez refuser de répondre à toute question ou choisir d'arrêter l'entrevue à tout moment. Cependant, nous espérons que vous répondez aux questions, qui bénéficieront des services que vous fournissez et de la nation.</p> <p>S'il y a des questions pour lesquelles quelqu'un d'autre est la personne la plus appropriée pour fournir les informations, nous vous serions reconnaissants si vous nous présenter à cette personne pour nous aider à recueillir cette information.</p> <p>À ce stade, vous avez des questions au sujet de l'étude? Ai-je votre accord pour procéder?</p> <p>_____</p> <p>La signature de l'enquêteur indiquant le consentement obtenu.</p>	<p>TADIAVO IZAY TOMPON'ANDRAIKITRA VOALOHANY NA IZAY TRANAINY INDRINDRA MIANDRAIKITRA NY FIFANDRAISANA AMIN'NY MPANJIFA, DIA VAKIO AMINY IZAO FANEKENA IZAO:</p> <p>Miarahaba tompoko! Ny anarako dia _____.</p> <p>Tonga eto izahay avy amin'ny BROOKESIA Madagascar miara-miasa amin'ny MEASURE Evaluation sy ny USAID manao fanadihadiana mikasika ny ara-pahasalamana mba hanome tolo-tanana ny fanjakana amin'ny fahafantarana bebe kokoa ny tolotra ara-pahasalamana misy eto Madagasikara.</p> <p>Hovakiako aminao izao ny andinindiny mikasika izany fanadihadiana izany.</p> <p>Ny toerana izay anaovanao tolotra ara-pahasalamana dia anisan'ny voafidy hanaovana izany fanadihadiana izany. Hanontany anao izahay mikasika ireo karazana tolotra misy eto aminareo. Ny fanazavana sy fampahafantarana azonay eto dia mety hampiasain'ny Ministeran'ny fahasalamana, ireo sampana miandraikitra ny faliny ara-pahasalamana ary ireo mpikaroka ny ara-pahasalamana mba entina hanatsarana ny karazany sy ny fahazoana ny tolotra misy ara-pahasalamana na entina mikaroka fomba hafa hanaovana izany fanatsarana izany.</p> <p>Na ny anaranao na ny mpiasa hafa izay hanaovanay an'ity fanadihadiana ity dia tsy ho tafiditra any anatin'ny tahirin-kevitra na ny tatitra izay hatao mikasika ny fanadihadiana. Na izany aza anefa dia mety hisy finoana kely ihany fa mbola hampiasaina any aoriana any izany anaranareo izany ka mangataka izahay ny mba hanomezanao izany.</p> <p>Afaka manda tsy hamaly ny fanontaniana ianao ary afaka ihany koa mampiato ny fanadihadiana amin'ny fotoana rehetra, nefa irianay indrindra ny hamalianao ny fanontaniana hahafahana manatsara ny tolotra ary ho fandraisana anjara amin'ny fampandrosoana ny firenena.</p> <p>Raha misy fanontaniana hitanao hoe misy olon-kafa afa-mamaly bebe kokoa izany dia iangavianay indrindra ianao mba hitarika anay any amin'io olona io mba hahafahanay maka ny antontan-kevitra.</p> <p>Moa mety manana fanontaniana apetraka amiko ve ianao? Manaiky ve ianao handray anjara?</p> <p>_____</p> <p>Sonian'ny mpanadihady (milaza fa nanaiky ny hadihadiana)</p>

**Section1 : Identification du CSB et information sur l'enquête**

**Fizarana 1 : Fampahafantarana ny CSB sy ny mombamomba ny fanadihadiana**

No.	Question	Fanontaniana	Réponses	Aller à (Mandehana)
101	Nom du CSB	Anaran'ny CSB		
102	Numéro d'identité du CSB (n° CSB)	Laharan'ny CSB (n° CSB)		
103	Nom Commune	Anaran'ny Kaomina		
104	Commune 1. Rural 2. Urbain	Kaomina 1. <i>Ambanivohitra</i> 2. <i>Ambonivohitra</i>	[ ]	
105	Nom du Superviseur/controleur	Anaran'ny Superviseur/controleur		
106	Code du Superviseur/cont.	Code Superviseur/cont.		
107	Région	Faritra		
108	District	Distrika		
113	Quel est votre rôle dans le CSB ? 1. <i>Chef CSB – Medecin</i> 2. <i>Chef CSB – Infirmier</i> 3. <i>Chef CSB – Sage-femme</i> 4. <i>Simple Infirmier mais non pas le chef CSB</i> 5. <i>Simple sage-femme et non pas le chef CSB</i> 6. <i>Autre (spécifier)</i>	Inona ato amin'ity toerana ity ianao? 1. <i>Chef CSB – Dokotera</i> 2. <i>Chef CSB – Infirmiera</i> 3. <i>Chef CSB – Mpampivelona</i> 4. <i>Infirmiera tsotra tsy chef CSB</i> 5. <i>Mpampivelona tsotra tsy chef CSB</i> 6. <i>Hafa (lazao)</i>	[ ]	
114	Date de l'interview [Jour-Mois-Année]	Daty nanaovana ny fanadihadiana [andro-volana-taona]	[ ][ ][ ]	
117	Puis-je commencer l'entrevue? 1. <i>Oui</i> 2. <i>Non</i>	Afaka manomboka ny fanadihadiana ve aho? 1. <i>Eny</i> 2. <i>Tsia</i>	[ ]	1→Atomboy 2→Mifarana ny fanadihadiana
118	Heure du début de l'entrevue	Ora nanombohan'ny fanadihadiana	h min	



**Section 2: Produits/services de planification familiale offerts et rupture de stock**  
**Fizarana 2: Tolotra mikasika ny Fandrindram-piterahana sy ny fahalanian'ny tahiry**

No.	Question	Fanontaniana	Code Réponses	Aller à (mandehana)
201	<p>Est-ce que ce CSB offre normalement des conseils de planification familiale - y compris les méthodes modernes, la planification familiale naturelle, stérilisation chirurgicale féminine ou masculine?</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>Manome toro-hevitra mikasika ny fandrindram-piterahana ve ity toerana ity toy ny fomba moderna na ny fomba ara-boajanahary na ny fandiana tsy hiteraka intsony ny lehilahy na ny vehivavy?</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>[ ]</p>	<p>2→203</p>
202	<p>Pour quelles méthodes ou service de contraception le CSB fournit-il normalement des conseils?</p> <p>A. <i>Pilule</i> B. <i>Condom</i> C. <i>Condom femme</i> D. <i>Contraception d'urgence</i> E. <i>Collier de menstruation</i> F. <i>Injections</i> G. <i>Implants</i> H. <i>IUD</i> I. <i>Stérilisation féminine</i>  J. <i>Stérilisation masculine</i>  K. <i>Autre: _____</i></p>	<p>Inona avy ny torohevitra mikasika ireo fomba fandrindram-piterahana azonareo omena eto amin'ity toerana ity?</p> <p>A. <i>Pilina atelina</i> B. <i>Fimailo ho an'ny lehilahy</i> C. <i>Fimailo ho an'ny vehivavy</i> D. <i>Fandrindrana vonjimaika</i> E. <i>Vakan'ny tsingerim-bolana</i> F. <i>Tsindrana</i> G. <i>Implants</i> H. <i>DIU</i> I. <i>Famatorana ny fantson'ny tranon-jaza</i> J. <i>Fanapahana ny lalan'ny tsirinaina</i> K. <i>Hafa: _____</i></p>	<p>1. <i>Oui</i> -99. <i>Non</i></p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p>	
203	<p>Est-ce que ce CSB offre normalement des produits ou services de planification familiale – y compris les méthodes modernes, la planification familiale naturelle, stérilisation chirurgicale féminine ou masculine ?</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>Manome tolotra (fanafody) mikasika ny fandrindram-piterahana ve ity toeram-pitsaboana ity toy ny fomba moderna na ny fomba ara-boajanahary na ny fandiana tsy hiteraka intsony ny lehilahy na ny vehivavy?</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>[ ]</p>	<p>2→209</p>
204	<p>Quel type (s) de méthodes ou de services de contraception le CSB fournit-il normalement?</p> <p>A. <i>Pilule</i> B. <i>Condom</i> C. <i>Condom femme</i> D. <i>Contraception d'urgence</i> E. <i>Collier de menstruation</i> F. <i>Injections</i> G. <i>Implants</i> H. <i>IUD</i> I. <i>Stérilisation féminine</i>  J. <i>Stérilisation masculine</i>  K. <i>Autre: _____</i></p>	<p>Inona avy ny tolotra omenareo mikasika ny fomba fandrindram-piterahana eto amin'ity toeram-pitsaboana ity?</p> <p>A. <i>Pilina atelina</i> B. <i>Fimailo ho an'ny lehilahy</i> C. <i>Fimailo ho an'ny vehivavy</i> D. <i>Fandrindrana vonjimaika</i> E. <i>Vakan'ny tsingerim-bolana</i> F. <i>Tsindrana</i> G. <i>Implants</i> H. <i>DIU</i> I. <i>Famatorana ny fantson'ny tranon-jaza</i> J. <i>Fanapahana ny lalan'ny tsirinaina</i> K. <i>Hafa: _____</i></p>	<p>1. <i>Oui</i> -99. <i>Non</i></p> <p>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p>	
205	<p>Est-ce qu'il y a du moment où l'un des services ou produits n'est pas disponible?</p> <p>1. <i>Oui</i> 2. <i>Non</i></p>	<p>Efa nisy fotoana ve tsy nisy na tsy afaka natao ny sasany tamin'ireo fomba fandrindram-piterahana ireo?</p> <p>1. <i>Eny</i> 2. <i>Tsia</i></p>	<p>[ ]</p>	<p>2→207</p>

206	<p>Si oui, quel type (s) de méthodes ou de services de contraception n'était (étaient) pas disponible ?</p> <p>A. <i>Pilule</i>  B. <i>Condom</i>  C. <i>Condom femme</i>  D. <i>Contraception d'urgence</i>  E. <i>Collier de menstruation</i>  F. <i>Injections</i>  G. <i>Implants</i>  H. <i>IUD</i>  I. <i>Stérilisation féminine</i></p> <p>J. <i>Stérilisation masculine</i></p> <p>K. <i>Autre: _____</i></p>	<p>Raha eny, inona amin'ny fandrindram-piterahana ireo na tolotra ireo no tsy nisy na tsy afaka natao ?</p> <p>A. <i>Pilina atelina</i>  B. <i>Fimailo ho an'ny lehilahy</i>  C. <i>Fimailo ho an'ny vehivavy</i>  D. <i>Fandrindrana vonjimaika</i>  E. <i>Vakan'ny tsingerim-bolana</i>  F. <i>Tsindrona</i>  G. <i>Implants</i>  H. <i>DIU</i>  I. <i>Famatorana ny fantson'ny tranon-jaza</i>  J. <i>Fanapahana ny lalan'ny tsirinaina</i>  K. <i>Hafa: _____</i></p>	<p>1. <i>Oui</i>  -99. <i>Non</i></p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>	
207	<p>Au cours des 30 derniers jours, c'est-à-dire depuis [jour] du mois dernier, y avait-il un moment au cours duquel certains de ces produits étaient en rupture de stock, ou l'un de ces services n'était pas disponible?</p> <p>1. <i>Oui</i>  2. <i>Non</i></p>	<p>Tato anatin'ny 30 andro farany (hatramin'ny _____ no mankaty), nisy fotoana ve tsy nisy na tsy afaka natao ny sasany tamin'ireo fomba fandrindram-piterahana ireo?</p> <p>1. <i>Eny</i>  2. <i>Tsia</i></p>	<p><input type="checkbox"/></p>	2→209
208	<p>Si oui, quel type (s) de méthodes ou de services de contraception n'étaient pas disponibles au cours des 30 derniers jours ?</p> <p>A. <i>Pilule</i>  B. <i>Condom</i>  C. <i>Condom femme</i>  D. <i>Contraception d'urgence</i>  E. <i>Collier de menstruation</i>  F. <i>Injections</i>  G. <i>Implants</i>  H. <i>IUD</i>  I. <i>Stérilisation féminine</i></p> <p>J. <i>Stérilisation masculin</i></p> <p>K. <i>Autre: _____</i></p>	<p>Raha eny, inona no tsy nisy na tsy afaka natao tao anatin'ny 30 andro?</p> <p>A. <i>Pilina atelina</i>  B. <i>Fimailo ho an'ny lehilahy</i>  C. <i>Fimailo ho an'ny vehivavy</i>  D. <i>Fandrindrana vonjimaika</i>  E. <i>Vakan'ny tsingerim-bolana</i>  F. <i>Tsindrona</i>  G. <i>Implants</i>  H. <i>DIU</i>  I. <i>Famatorana ny fantson'ny tranon-jaza</i>  J. <i>Fanapahana ny lalan'ny tsirinaina</i>  K. <i>Hafa: _____</i></p>	<p>1. <i>Oui</i>  -99. <i>Non</i></p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>	
209	<p>Quelle est la principale raison pour laquelle ce CSB ne fournit pas des produits ou des services de contraception?</p> <p>A. <i>Pas de demande</i>  B. <i>Pas de provision</i>  C. <i>Trop cher pour stocker</i>  D. <i>Marge bénéficiaire trop petite</i>  E. <i>Non pertinent pour les affaires</i>  F. <i>S'oppose à la contraception</i></p> <p>G. <i>Ne sait pas</i>  H. <i>Autre: _____</i></p>	<p>Inona no tena antony tsy anaovana na tsy anomezan'ity toerana ity ireo fomba fandrindram-piterahana ireo?</p> <p>A. <i>Tsy misy mitady</i>  B. <i>Tsy misy ny fanafody/ fitaovana</i>  C. <i>Lafo loatra ny fitehirizana azy</i>  D. <i>Kely loatra ny tombony</i>  E. <i>Tsy azo hanaovana afera loatra</i>  F. <i>Manohitra ny fandrindram-piterahana</i>  G. <i>Tsy fantatro</i>  H. <i>Hafa: _____</i></p>	<p>1. <i>Oui</i>  -99. <i>Non</i></p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>	

**Section 3: Infections sexuellement transmissibles**  
**Fizarana 3: Aretina azo avy amin'ny firaisana ara-nofo**

No.	Question	Fanontaniana	Code Réponses	Aller à (mandehana)
301	Est-ce que ce CSB offre normalement des conseils ou des services pour les infections sexuellement transmissibles? 1. <i>Oui</i> 2. <i>Non</i>	Manome tolotra (fanafody) na torohevitra mikasika ny aretina azo avy amin'ny firaisana ara-nofo ve ity toerana ity? 1. <i>Eny</i> 2. <i>tsia</i>	<input type="checkbox"/>	2→401
302	Quel type (s) de services ce CSB offre-t-il normalement?  A. <i>Dépistage / Diagnostic des IST</i> B. <i>Traitements des IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Les médicaments pour la prise en charge et / ou le traitement des IST</i> E. <i>Conseils liés au VIH</i> F. <i>Le dépistage du VIH</i> G. <i>Les services liés à la PTME</i>  H. <i>Services liés au Traitement Anti-Retroviral (ART)</i> I. <i>Traitement préventif pour les maladies opportunistes infectieuses (TB, Pneumonie)</i> J. <i>Soins pédiatriques pour le SIDA</i>  K. <i>Soins à la maison pour le VIH/SIDA</i> L. <i>Prophylaxis post-exposition (prévention)</i> M. <i>Autre : _____</i>	Inona no karazana tolotra omena ?  A. <i>Fitiliana ny IST</i> B. <i>Fitsaboana ny IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Fanafody natokana na mahatohitra ny IST</i> E. <i>Torohevitra mikasika ny VIH</i> F. <i>Fitiliana VIH</i> G. <i>Tolotra mikasika ny fiarovana ny fifindran'ny aretina VIH avy amin'ny reny mankamin'ny zaza</i> H. <i>Services liés au traitement Anti-Retroviral</i> I. <i>Fiarovana ny areti-mifindra hafa izay mahazo vahan amin'ny fisian'ny VIH (oh, Tioberkilaozy, Aretin-tratra)</i> J. <i>Fitsaboana zaza mikasika ny aretina SIDA</i> K. <i>Fitsaboana an-trano ny VIH/SIDA</i> L. <i>Fiarovana amin'ny mety ho fahazoana ny aretina aoriana</i> M. <i>Hafa : _____</i>	1. <i>Ou</i> -99. <i>Non</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
303	Y-a-t-il certains de ces services qui ne sont pas actuellement disponibles? 1. <i>Oui</i> 2. <i>Non</i>	Misy amin'ireo tolotra ireo ve tsy misy na tsy afaka atao amin'izao fotoana izao? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→305
304	Si oui, quels types de services ne sont pas actuellement disponibles?  A. <i>Dépistage / Diagnostic des IST</i> B. <i>Traitements des IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Les médicaments pour la prise en charge et / ou le traitement des IST</i> E. <i>Conseils liés au VIH</i> F. <i>Le dépistage du VIH</i> G. <i>Les services liés à la PTME</i>  H. <i>Services liés au Traitement Anti-Retroviral (ART)</i> I. <i>Traitement préventif pour les maladies opportunistes infectieuses (TB, Pneumonie)</i> J. <i>Soins pédiatriques pour le SIDA</i>  K. <i>Soins à la maison pour le VIH/SIDA</i> L. <i>Prophylaxis post-exposition (prévention)</i> M. <i>Autre : _____</i>	Rana eny, inona no karazana tolotra tsy misy na tsy afaka atao amin'izao fotoana izao ?  A. <i>Fitiliana ny IST</i> B. <i>Fitsaboana ny IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Fanafody natokana na mahatohitra ny IST</i> E. <i>Torohevitra mikasika ny VIH</i> F. <i>Fitiliana VIH</i> G. <i>Tolotra mikasika ny fiarovana ny fifindran'ny aretina VIH avy amin'ny reny mankamin'ny zaza</i> H. <i>Services liés au traitement Anti-Retroviral</i> I. <i>Fiarovana ny areti-mifindra hafa izay mahazo vahan amin'ny fisian'ny VIH (oh, Tioberkilaozy, Aretin-tratra)</i> J. <i>Fitsaboana zaza mikasika ny aretina SIDA</i> K. <i>Fitsaboana an-trano ny VIH/SIDA</i> L. <i>Fiarovana amin'ny mety ho fahazoana ny aretina aoriana</i> M. <i>Hafa : _____</i>	1. <i>Oui</i> -99. <i>Non</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
305	Au cours des 30 derniers jours, c'est-à-dire depuis [jour] du mois dernier, y avait-il un moment au cours duquel certains de ces services n'étaient pas disponibles? 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny 30 andro farany (hatramin'ny _____ no mankaty), nisy fotoana ve tsy nisy na tsy afaka natao ny iray tamin'ireo tolotra ireo? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→401

<b>306</b>	Si oui, quels types de services ne sont pas actuellement disponibles?	Rana eny, inona no karazana tolotra tsy misy na tsy afaka atao amin'izao fotoana izao ?	1. Oui -99. Non	
	A. <i>Dépistage / Diagnostic des IST</i> B. <i>Traitements des IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Les médicaments pour la prise en charge et / ou le traitement des IST</i> E. <i>Conseils liés au VIH</i> F. <i>Le dépistage du VIH</i> G. <i>Les services liés à la PTME</i>	A. <i>Fitiliana ny IST</i> B. <i>Fitsaboana ny IST</i> C. <i>Gestion syndromique des IST</i> D. <i>Fanafody natokana na mahatohitra ny IST</i> E. <i>Torohevitra mikasika ny VIH</i> F. <i>Fitiliana VIH</i> G. <i>Tolotra mikasika ny fiarovana ny fifyndran'ny aretina VIH avy amin'ny reny mankamin'ny zaza</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	H. <i>Services liés au Traitement Anti-Retroviral (ART)</i> I. <i>Traitement préventif pour les maladies opportunistes infectieuses (TB, Pneumonie)</i> J. <i>Soins pédiatriques pour le SIDA</i>	H. <i>Services liés au traitement Anti-Retroviral</i> I. <i>Fiarovana ny areti-mifindra hafa izay mahazo vahan amin'ny fisian'ny VIH (oh, Tioberkilaozy, Aretin-tratra)</i> J. <i>Fitsaboana zaza mikasika ny aretina SIDA</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	K. <i>Soins à la maison pour le VIH/SIDA</i> L. <i>Prophylaxis post-exposition (prévention)</i> M. <i>Autre :</i>	K. <i>Fitsaboana an-trano ny VIH/SIDA</i> L. <i>Fiarovana amin'ny mety ho fahazoana ny aretina aoriana</i> M. <i>Hafa :</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Section 4: Autres services de la santé**  
**Fizarana 4: Tolotra ara-pahasalamana hafa**

No.	Question	Fanontaniana	Code Réponses	Aller à (mandehana)
401	Est-ce que ce CSB normalement offre d'autres services ou des conseils à la santé? 1. <i>Oui</i> 2. <i>Non</i>	Mbola misy karazana tolotra hafa omen'ity toerana ity ankoatra izay ve? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→501
402	Quel autre type (s) de services ce CSB offre-t-il normalement? <b>Malaria</b> A. Artemisinin-based Combination Therapy (ACT) B. Tests de diagnostic rapide du paludisme (TDR): C. Sulfadoxine-pyrimethamine (SP) D. Artesunate injectable <b>MCH</b> E. Amoxicillin (Pneumox) F. Thérapie de réhydratation orale (avec ou sans zinc) (Hydrazinc, Viasur) G. Oxytocin H. Autre _____	Inona no karazana tolotra hafa omen'ity toerana ity ? <b>Malaria</b> A. ACT B. TDR C. SP FANSIDAR D. Tsindrona Artesunate <b>MCH</b> E. Amoxicillin (Pneumox) F. Hydrazinc na Viasur (fitsaboana aretim-pivalanana) G. Oxytocin H. Hafa _____	1. <i>Oui</i> -99. <i>Non</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
403	Est-ce que certains de ces services ne sont pas actuellement disponibles? 1. <i>Oui</i> 2. <i>Non</i>	Nisy tamin'ireo tolotra ireo ve tsy misy na tsy afaka omena amin'izao fotoana izao ? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→405
404	Si oui, quel type (s) de services n'est pas actuellement disponible (s)? <b>Malaria</b> A. Artemisinin-based Combination Therapy (ACT) B. Tests de diagnostic rapide du paludisme (TDR): C. Sulfadoxine-pyrimethamine (SP) D. Artesunate injectable <b>MCH</b> E. Amoxicillin (Pneumox) F. Thérapie de réhydratation orale (avec ou sans zinc) (Hydrazinc, Viasur) G. Oxytocin H. Autre _____	Raha eny, inona no tsy afaka omena na tsy misy amin'izao fotoana izao ? <b>Malaria</b> A. ACT B. TDR C. SP FANSIDAR D. Tsindrona Quinine <b>MCH</b> E. Amoxicillin (Pneumox) F. Hydrazinc na Viasur (fitsaboana aretim-pivalanana) G. Oxytocin H. Hafa _____	1. <i>Oui</i> -99. <i>Non</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
405	Au cours des 30 derniers jours, c'est-à-dire depuis [jour] du mois dernier, y avait-il un moment au cours duquel certains de ces services n'étaient pas disponibles? 1. <i>Oui</i> 2. <i>Non</i>	Tao anatin'ny 30 andro (hatramin'ny _____ no mankaty) nisy tamin'ireo tolotra ireo ve tsy afaka nomena satria tsy nisy? 1. <i>Eny</i> 2. <i>Tsia</i>	<input type="checkbox"/>	2→501
406	Si oui, quel type (s) de services n'était pas disponibles? <b>Malaria</b> A. Artemisinin-based Combination Therapy (ACT) B. Tests de diagnostic rapide du paludisme (TDR): C. Sulfadoxine-pyrimethamine (SP) D. Artesunate injectable <b>MCH</b> E. Amoxicillin (Pneumox) F. Thérapie de réhydratation orale (avec ou sans zinc) (Hydrazinc, Viasur) G. Oxytocin H. Autre _____	Raha eny, inona no tsy afaka omena na tsy nisy? <b>Malaria</b> A. ACT B. TDR C. SP FANSIDAR D. Tsindrona Quinine <b>MCH</b> E. Amoxicillin (Pneumox) F. Hydrazinc na Viasur (fitsaboana aretim-pivalanana) G. Oxytocin H. Hafa _____	1. <i>Oui</i> -99. <i>Non</i>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Section 5: Autres problèmes**

**Fizarana 5: Olana hafa**

No.	Question	Fanontaniana	Code Réponses	Aller à (mandehana)
501	<p>Demandez si vous pouvez voir où le personnel se lave les mains. Vérifiez si l'eau courante et le savon sont disponibles:</p> <ol style="list-style-type: none"> <li>1. Ni eau courante ni savon</li> <li>2. Savon mais pas d'eau courante</li> <li>3. Eau courante mais pas de savon</li> <li>4. Eau courante et Savon</li> </ol>	<p>Anontanio raha afaka mijery ny toerana fanasan'ny mpiasa tanana ianao, dia jereo raha misy :</p> <ol style="list-style-type: none"> <li>1. Tsy misy na rano na savony</li> <li>2. Misy savony fa tsy misy rano</li> <li>3. Misy rano fa tsy misy savony</li> <li>4. Misy rano sy Savony</li> </ol>	<p><input type="checkbox"/></p>	
502	<p>Comment ce CSB dispose-t-il de produits ou d'équipements qui pourraient être dangereux?</p> <ol style="list-style-type: none"> <li>A. Jetés dans la poubelle</li> <li>B. Jeter dans la latrine</li> <li>C. Mettre dans un sac plastique spécial et enterrer dans un trou spécial</li> <li>D. Incinérer</li> <li>E. Mettre dans le « safety box »</li> <li>F. Autre _____</li> </ol>	<p>Ahoana no fomba fanaonareo amin'ny fitaovana avy nampiasaina mety hampidoza (toy ny fanajitra, tsindrona,...)</p> <ol style="list-style-type: none"> <li>A. Ariana any anaty fako</li> <li>B. Ariana any an-gabone</li> <li>C. Atao ao anaty sac plasitika ary ariana amin'ny lavaka voatokana</li> <li>D. Dorana</li> <li>E. Atao anaty « safety box »</li> <li>F. Hafa _____</li> </ol>	<p>1. <i>Oui</i> -99. <i>Non</i></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
503	<p>Au cours des trois derniers mois, le CSB a-t-il reçu des visites de supervision de quelqu'un du secteur public?</p> <ol style="list-style-type: none"> <li>1. <i>Oui</i></li> <li>2. <i>Non</i></li> </ol>	<p>Tato anatin'ny telo volana farany, efa nisy mpanara-maso avy amin'ny sehanpanjakana ve nitsidika anareo (toy ny CHD na ministera)?</p> <ol style="list-style-type: none"> <li>1. <i>Eny</i></li> <li>2. <i>Tsia</i></li> </ol>	<p><input type="checkbox"/></p>	
503A	<p>La dernière fois que vous avez reçu la supervision, laquelle des actions suivantes ont été effectuées?</p> <ol style="list-style-type: none"> <li>I. Vérifiez vos enregistrements ou rapports?</li> <li>J. Observer votre travail?</li> <li>K. Fournir un feed-back (positif ou nég) sur votre travail?</li> <li>L. Donner un rapport verbal ou écrit que vous avez bien fait votre travail?</li> <li>M. Fournir des mises à jour sur des questions administratives ou techniques liées à votre travail?</li> <li>N. Discuter des problèmes que vous avez rencontrés?</li> <li>O. Vérifiez votre description de poste?</li> <li>P. Autre : _____</li> </ol>	<p>Tamin'ny fitsidihany farany, nisy tamin'ireto manaraka ireto ve nataon'ny mpitsidika?</p> <ol style="list-style-type: none"> <li>I. Nanamarina ny raki-tsoratra na ny tatitra?</li> <li>J. Nijery ny fomba fiasanareo?</li> <li>K. Nanome ny heviny mikasika ny fomba fiasa (ratsy na tsara)?</li> <li>L. Nanome ny heviny (an-tsoratra na ambava) hoe tsara ny fiasanareo?</li> <li>M. Nilaza ny vaovao mikasika ny olana ara-teknika na ara-pitantanana mifandraika amin'ny asanao?</li> <li>N. Niady hevitra mikasika ny olana atrehinao?</li> <li>O. Nanamarina ny andraikitra tantaninao</li> <li>P. Hafa : _____</li> </ol>	<p>1. <i>Oui</i> -99. <i>Non</i></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
504	<p>Est-ce CSB dispose d'un système pour mesurer les stocks disponible et pour quantifier la prévision de besoins de différents produits de santé.</p> <ol style="list-style-type: none"> <li>1. <i>Oui, système de quantification des stocks et prévision des besoins</i></li> <li>2. <i>Seulement quantification des stocks</i></li> <li>3. <i>Pas de système de quantification</i></li> </ol>	<p>Manana fomba fandrefesana ny tahirin'ny karazam-panafody sisa tavela sy faminavinaniana ny filana ara-panafody ve ianareo</p> <ol style="list-style-type: none"> <li>1. <i>Eny manana fomba handrefesana ny tahiry sy ny vinavinam-panafodymety hilaina</i></li> <li>2. <i>Fandrefesana ny tahiry fotsiny ihany</i></li> <li>3. <i>Tsy misy fomba fandrefesana an'izy roa</i></li> </ol>	<p><input type="checkbox"/></p>	

601	Heure de la fin de l'entrevue	Ora nahavitan'ny fandihadiana	_____h_____min	
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115	<p>Résultat de visite (dernière visite)</p> <ol style="list-style-type: none"> <li>1. Rempli</li> <li>2. Partiellement rempli</li> <li>3. Pas à la maison</li> <li>4. Refusé</li> <li>5. Autre _____</li> </ol>	<p>Vita hatramin'ny farany ve ny fanadihadiana</p> <ol style="list-style-type: none"> <li>1. Vita hatramin'ny farany</li> <li>2. Tsy vita h@ farany</li> <li>3. Tsy teo an-toerana</li> <li>4. Nanda tsy hadihadiana</li> <li>5. Hafa : _____</li> </ol>	<p><input type="checkbox"/></p>	
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## Appendix G: List of key indicators and definitions

Indicator	Definition
<b>Maternal care</b>	
Percentage of women seen at ANC at least 4 times during their last pregnancy with a live birth	Number of antenatal care (ANC) visits provided by skilled providers. Skilled provider includes: medically trained doctor, nurse, or midwife. It does not include traditional birth attendants. Numerator: Number of women who reported with at least four antenatal consultations during their last pregnancy with a live birth. Denominator: All women with children under age two.
Percentage of births attended by a doctor, nurse or trained midwife	Numerator: Number of women whose last birth was delivered with assistance from a skilled birth attendant. Skilled birth attendant includes: medically trained doctor, nurse, or midwife. It does not include traditional birth attendants. Denominator: Number of women who have a child under age two
Percentage of women who state they took Vitamin A less than 8 weeks after delivery of their child	Definition: The percent of women with a live birth in the previous two years who received postpartum high dose supplements of vitamin A within eight weeks of giving birth. Numerator: Number of women with children age under age two stating they took vitamin A in less than 8 weeks after delivery of their child. Denominator: Total number of women with children under age two.
Percentage of women who received at least one tetanus toxoid (TT) shot (or equivalent) during their last pregnancy	Numerator: Number of mothers with children under age two stating they received at least one TT vaccinations during their last pregnancy. Denominator: Total number of mothers of children under age two.
Percentage of women who state they received iron folate supplements during their last pregnancy	Definition: The percentage of women with a birth in the last two years who received iron/folic acid supplements during their last pregnancy. Numerator: Number of women with children under age two who reported they received iron folate during their last pregnancy. Denominator: Total number of women with children under age two.
<b>Infant and Child Health</b>	
Percent of infants 0-5 months exclusively breastfed in the past 24 hours	The percent of infants ages 0 to 5 months who received only breast milk during the previous day, with no other solids or liquids, including water. Numerator: Number of infants 0 to 5 months exclusively breastfed in the previous 24 hrs. Denominator: Total number of infants 0 to 5 months.
Percentage of children between 12-23 months of age who received their 3rd dose of Diphtheria, Tetanus, and Pertussis (DTP)	Definition(s): Percentage of children aged 12-23 months receiving three doses of DTP vaccines. Indicator includes card verified and mother's recalled information. Child is counted even if the third dose is administered after 12 months of age. Numerator: Number of children age 12-23 months who had received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall. Denominator: Total number of children age 12-23 months.
Percentage of children between 12-23 months of age who are fully vaccinated	Definition(s): Percentage of children aged 12-23 months that received BCG, three doses of DTP, three doses of polio, and measles vaccine. Indicator includes card verified and mother's recalled information. Numerator: Number of children age 12-23 months who had received all vaccinations at the time of the survey according to the vaccination card/child health booklet or mother's recall. Denominator: Total number of children age 12-23 months.
Percentage of children under 5 years with diarrhea in the past 2 weeks who were treated with oral rehydration solution (ORS) and/or zinc supplements.	Percentage of children who received oral rehydration solution (ORS) and/or recommended home rehydration fluids and/or zinc supplements among children aged 0-59 months (have not reached their 5th birthday) with diarrhea in the 2 weeks prior to the survey. Numerator: Number of children less than five years old (0-59 months) with diarrhea in the last two weeks of the survey and who were treated with ORS and/or zinc supplements. Denominator: Total number of children less than five years old (0-59 months) with diarrhea in the last two weeks before the survey.

Percentage of children under 5 with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider	<p>Definition(s): Percentage of children under 5 (have not yet reached their 5th birthday) with chest-related cough and fast and/or difficult breathing in the last 2 weeks who were taken to an appropriate health provider (public or private hospital, private clinic, doctor, CSB, CHV).</p> <p>Numerator: Number of children under 5 years with chest-related cough and fast and/or difficult breathing in the 2 last weeks who were taken to an appropriate health provider.</p> <p>Denominator: Total number of children under 5 years with chest-related cough in the last two weeks of the survey.</p>
Percentage of women exposed to MCH (diarrhea, pneumonia) health messages in the past 2 months, by channel	<p>Women of reproductive age who were exposed to MCH (diarrhea, pneumonia) messages through radio, TV, interpersonal communication with CHVs, community health mobilization, health facilities, healthcare providers.</p> <p>Numerator: Total number of women who were exposed to MCH messages in the past two months.</p> <p>Denominator: Total number of women.</p>
Percentage of women who reported they are satisfied with the quality of recent diarrhea services by CHVs	<p>Numerator: Number of women who were satisfied with the quality of the most recent diarrhea services they received from the CHV (among those who obtained diarrhea services from a CHV in the past 3 months).</p> <p>Denominator: Number of women who received diarrhea services from CHV in the past three months.</p>
Percentage of women who reported that they are satisfied with the quality of recent ARI services by CHVs	<p>Numerator: Number of women who reported they were satisfied with the quality of the most recent ARI services (cough/pneumonia) they received from the CHV (among those who obtained ARI services from a CHV in the past 3 months).</p> <p>Denominator: Number of women who received ARI services from the CHV in the past three months.</p>
Percentage of women who reported that they are satisfied with the quality of recent diarrhea services by a CSB	<p>Numerator: Number of women who reported they were satisfied with the quality of the most recent diarrhea services provided by the CSB (among those who obtained diarrhea services from a CSB in the past 3 months).</p> <p>Denominator: Number of women who received diarrhea services from a CSB in the past 3 months.</p>
Percentage of women who reported that they are satisfied with the quality of recent ARI services by a CSB	<p>Numerator: Number of women who reported being satisfied with the quality of the most recent ARI services obtained from a CSB (among those who obtained ARI services from a CSB in the past 3 months).</p> <p>Denominator: Number of women who received ARI services from a CSB in the past 3 months.</p>
Percentage of CU2 weighed during Growth Monitoring and Promotion (GMP) in the last 2 months	<p>Definition: Caretakers of CU2 who reported that having weighted the child during GMP in the last two months preceding the survey (for children under age two only)</p> <p>Numerator: Number of CU2 weighted as part of growth monitoring during the last two months before the survey.</p> <p>Denominator: Total number of CU2.</p>
<b>Family Planning</b>	
Percent of WRA who can name at least 2 modern contraceptive methods	<p>“Modern” family planning (FP) methods refer to the following: pill, IUD, implant, injection, male and female condom, spermicide, diaphragm, cycle beads, breastfeeding, and sterilization (tubal ligation and vasectomy).</p> <p>Numerator: Number of WRA who can name at least 2 modern contraceptive methods.</p> <p>Denominator: Total number of WRA.</p>
Contraceptive prevalence rate (CPR) – modern methods, by method	<p>Percent of reproductive age women (15-49 years) in union who are currently using a modern method of contraception.</p> <p>(Modern methods include: male and female sterilization, pills, injections, IUD, implants, male and female condoms, cycle beads, breastfeeding, spermicides, diaphragm).</p> <p>Numerator: Number of women of reproductive age currently using a modern method of contraception.</p> <p>Denominator: total number of women of reproductive age.</p>
Percentage of women in union who want to delay or stop childbearing.	<p>Definition: Percentage of women who want to delay their next birth at least two years or who want no more children, among mothers of a child under age one</p> <p>Numerator: Number of mothers of a child under age one who stated a desire to wait at least 24 months to have another child or do not want to have another child.</p>



	Denominator: Total number of mothers of a child under age one
Percentage of WRA who recall hearing or seeing messages about FP or contraceptives in the past two months	Numerator: Number of women aged 15-49 who report hearing or seeing messages about FP or contraceptives in the past two months. Denominator: Number of women aged 15-49.
Percentage of WRA with unmet need for family planning	WRA who want to stop or delay childbearing but are not using any method of contraception (revised DHS definition). Is considered as WRA with unmet need is woman who: - Is pregnant and her pregnancy was unwanted or mistimed at the time of conception - Is postpartum amenorrhea and who is not using any family planning - Is fecund, neither pregnant nor postpartum amenorrhea, and does not want any child more and is not using any family planning method (wants to limit birth) - Is fecund, neither pregnant nor postpartum amenorrhea, or who want to postpone the next childbearing for at least two years or does not know when or if she wants another child but is not using any contraceptive method (wants to space births) Numerator: WRA with unmet need Denominator: Total WRA
Percentage of WRA who know at least two public or private sources where they can obtain a product or service to treat an illness	Numerator: Number of WRA who know at least two public or private sources (public hospital category I or II, basic health center category I or II, private hospital or clinic, pharmacy, doctor, FISA, or CHW) where they can obtain a product or service to treat an illness Denominator: Number of WRA
Percentage of WRA in union who perceive that their partner supports them to use modern contraceptives	Definition: Percentage of WRA in union who stated that their partner supports them to use modern contraceptives. Numerator: Number of WRA in union stating their partner support them to use modern contraceptives. Denominator: Number of WRA in union.
Percentage of WRA in union who received FP services (counseling or products) from a CHV during the past 3 months	Numerator: Number of WRA who discussed FP or prevention of unwanted pregnancy or received FP products during a CHV visit in the past 3 months. Denominator: Number of WRA who were visited by a CHV in the past 3 months.
Percentage of WRA who reported that they are satisfied with the quality of recent FP services from a CHV	Numerator: Number of WRA who report being satisfied with the quality of the most recent FP services provided by a CHV (among women who received FP services from a CHV in the past 3 months). Denominator: Total number of WRA who received FP services from a CHV during the past 3 months.
<b>Malaria</b>	
Percentage of children under 5 years old who slept under a long-lasting Insecticide Treated Net (ITN) the previous night	Numerator: Number of children under 5 years old who slept under a long-lasting ITN the night before the survey. Denominator: Total number of children under 5 years.
Percentage of pregnant women who slept under a long-lasting insecticide treated net the previous night	Numerator: Number of pregnant women who slept under an ITN the night before the survey. Denominator: Total number of pregnant women.
Percentage of children under 5 (CU5) years of age with fever in last 2 weeks who received treatment with ACT within 24 hours from onset of fever	Percentage of children who received Artemisinin Combination Treatment (ACTs) for treatment within 24 hours of onset of fever, among children under age 5 who had a fever in the two weeks prior to the survey. Numerator: Number of children who received ACTs for treatment within 24 hours of onset of fever, among children under five who had a fever in the two weeks prior to the survey. Denominator: Total number of children under five who had a fever reported during the two weeks prior to the survey.
Percentage of women who received two (2) doses of SP for IPTp for malaria during their last pregnancy in the last	Percentage of women who received 2 or more doses of recommended antimalarial drug treatment as Intermittent Preventive Treatment for pregnant women (IPTp) during their last pregnancy leading to a live birth, in the last 2 years. Numerator: Number of women who received 2 or more doses of SP (Fansidar) during their

two (2) years	last pregnancy in the last 2 years. Denominator: Total number of women who had a live birth in in the last 2 years.
Percentage of women who cite that sleeping under an ITN every night is effective for preventing malaria	Numerator: Number of women who cite that sleeping under an ITN every night is effective for preventing malaria. Denominator: Number of women.
Percentage of women exposed to malaria health messages in the past 2 months	Women who were exposed to malaria messages through messages through radio, TV, interpersonal communication with CHVs, community health mobilization, health facilities, healthcare providers. Numerator: Total number of women who were exposed to malaria messages in the past two months. Denominator: Total number of women.
Percentage of CU5 with fever in the last 2 weeks who sought care from specific types of providers (CHVs, CSB)	CU5 with fever in the two weeks preceding the survey who sought care from health providers within two weeks from the onset of the disease Numerator: Number of CU5 with fever in the last two weeks preceding the survey who obtained care from a CHV, CSB Denominator: Total number of CU5 with fever in the two weeks preceding the survey
Percentage of women who were satisfied with the quality of recent CHV care for fever/malaria	Numerator: Number of women who report being satisfied with the quality of the most recent CHV care for fever/malaria (among women who obtained care from a CHV in the past 3 months). Denominator: Number of women who obtained care from a CHV for fever/malaria in the past 3 months.
Percentage of women who were satisfied with the quality of CSB care for fever/malaria	Numerator: Number of women who report being satisfied with the quality of the most recent CSB care for fever/malaria (among women who obtained care from a CSB in the past 3 months). Denominator: Number of caretakers of women who obtained care from a CSB for fever/malaria in the past 3 months.
<b>Water and Sanitation</b>	
Percentage of households that are practicing effective household water treatment	Effective household water treatment means: using one or more point of use practices regularly, for potable water: 1) boil water before drinking it; 2) use of a product such as "Sur'eau" (chlorination point-of-use disinfection); 3) use of a ceramic filter; 4) use of bio sander as filter; 5) use of solar disinfection method. Numerator: Number of households who report practicing effective household water treatment and who have correct knowledge of that method. Denominator: Total number of households.
Percentage of households practicing proper storage of drinking water treated at the household level	Proper storage means that when the water is stored in a recipient, it should: 1) narrow opening and a lid; 2) a tap and a lid, 3) a filter, tap and lid. Numerator: Number of households practicing proper storage of drinking water at the household. Denominator: Total number of household stocking water at the household.
Percentage of households with soap and water at a hand washing station commonly used by family members	A "commonly used" handwashing station, including water and soap, is one that can be readily observed by the enumerator during the household visit, and where study participants indicate that family members generally wash their hands. Numerator: number of households where both water and soap are found at the commonly used handwashing station. Denominator: total number of households.
Percentage of households using an improved sanitation facility	Numerator: Number of heads of households or designated adults that answer the question "What kind of toilet facility do members of your household usually use?" with one of the following: flush or pour/flush facilities connected to a piped sewer system, septic system, or pit latrine; pit latrines with a slab; composting toilets; and ventilated improved pit latrines." Denominator: Number of households.
Percent of households practicing open defecation	Numerator: number of households indicating that they do not use sanitation facilities or that they defecate in nature. Denominator: total number of households.
Percent of households using an	Numerator: Number of household representatives answering the question "What is the

improved drinking water source	main source of drinking water for members of your household?" with one of the following responses: water piped into dwelling, piped into yard/plot, public tap, protected well in dwelling, protected well in yard/plot, protected public well, tubewell/ borehole, protected spring, or rainwater harvesting, or bottled water with solar treatment. Denominator: Number of households.
<b>Nutrition</b>	
Percentage of children aged 6-23 months fed according to a minimum standard of infant and young child feeding practices	Percentage of children aged 6-23 months fed according to a minimum standard of infant and young child feeding practices. This indicator is consistent with the Madagascar demographic and health survey (DHS) as follows: Breastfed children: solid/semi-solid foods at least 3 times per day and foods from at least 3 food groups; Non-breastfed children: solid/semi-solid foods at least 4 times per day and foods from at least 4 food groups. Food groups include: a) infant formula, milk other than breast milk, cheese or yogurt; b) foods made from grains, roots and tubers, including porridge fortified baby food from grains; c) vitamin A-rich fruits, vegetables and red palm oil; d) other fruits and vegetables; e) eggs; f) meat, poultry, fish/shellfish and organ meats; g) legumes and nuts; h) foods with oil, fat, butter. Numerator: Number of children 6-23 months who received solid and/or semi-solid foods in accordance to minimum standard of infant and young children feeding practice Denominator: Total number of infants 6-23 months
Percentage of children aged 6-23 months receiving a Vitamin A supplement during the last 6 months	Definition: Percentage of children 6-23 months of age receiving vitamin A supplementation in the previous six months. Numerator: CU6-23 months who received vitamin A supplement during the last six months preceding the survey Denominator: Total number of CU6-23 months
<b>Cross-cutting</b>	
Percentage of WRA confident in their ability to seek proper care (index measure on self-efficacy)	Number of women who report being very confident in their ability to seek healthcare for themselves or their child, under the following three conditions: - their family members are not supportive - they have to interrupt their daily activities - they feel embarrassed or afraid Numerator: Number of women aged 15-49 who agree or strongly agree with each of the three statements Denominator: Total number of women aged 15-49
Percentage of households visited by CHVs in the past 3 months	Numerator: Head of households who reported they received a visit from a CHV in the three months preceding the survey Denominator: Total number of households interviewed
Percentage of WRA who sought health care in the past 3 months, by provider	Numerator: Number of WRA who sought health care from a public or private health provider and/or community health volunteers in the past 3 months. Denominator: Number of WRA.
Percentage of WRA who discussed two or more health topics during their most recent CHV visit	Numerator: Number of WRA who discussed at least two health topics during their last CHV visit. Topics include prenatal care and delivery; family planning and pregnancy; vaccinations, nutrition and growth monitoring; fever and malaria; diarrhea; and cough. Denominator: number of WRA who were visited by a CHV
<b>CHV Indicators</b>	
Percentage of CHVs who provided FP/RH counseling or services during their last visit	Numerator: Number of CHVs who reported to provide FP/RH counseling or services to their clients during their last visit Denominator: Total number of CHVs.
Percentage of CHVs who provided STI services during their last visit	Numerator: Number of CHVs who reported to provide specific STI services to their clients during their last visit Denominator: Total number of CHVs.
Percentage of CHVs provided with supportive supervision in the last 3 months	Supportive supervision: A process where supervisors carry out visits to health workers to provide performance monitoring. During the visits supervisors and health workers work together to identify and address weaknesses. Components of supportive supervision include providing: - feedback on the CHV's work

	<ul style="list-style-type: none"> <li>- a written or verbal report indicating the CHV performed his/her work well</li> <li>- updates on administrative/technical issues</li> <li>- discussing problems.</li> </ul> <p>Numerator: Number of CHV who they had supervision in the last 3 months that included at least one component of supportive supervision. Denominator: Total number of CHVs interviewed.</p>
Percentage of CHVs practicing adequate disposal of hazard materials & equipment	<p>Numerator: CHVs who reported they put used syringes and needles in a special plastic bag and bury it, put it in a “safety box” and send it to to the CSB to be incinerated Denominator: Total number of CHVs interviewed.</p>
Percentage of CHV with soap and water for hand washing	<p>Numerator: Number of CHV who carry soap and water for hand-washing Denominator: Total number of CHV</p>
Percentage of CHVs that experience a stockout of at least one contraceptive method that they normally provide (at time of survey)	<p>Numerator: number of CHV who are out of stock on at least one contraceptive method they normally provide. Denominator: number of CHV who normally provide at least one FP method</p> <p>FP tracer drugs</p> <ul style="list-style-type: none"> <li>- Pilplan</li> <li>- Lofeminal</li> <li>- Microgynon</li> <li>- Ovrette</li> <li>- Confiance</li> <li>- Depoprovera</li> <li>- Cycle beads</li> </ul>
Percentage of CHV who are out of stock on at least one tracer drug they normally provide	<p>Numerator: number of CHV who are out of stock on at least one tracer drug they normally provide Denominator: number of CHV who normally provide at least one tracer drug</p> <p>Tracer drugs</p> <ul style="list-style-type: none"> <li>- Viasur</li> <li>- Zinc</li> <li>- Oral rehydration salts</li> <li>- Pneumostop</li> <li>- Cotrim/Pneumox</li> <li>- Chlorhexidine/Arofoitra</li> <li>- Mebendazole</li> <li>- Rapid diagnostic tests</li> <li>- Actipal/Act</li> <li>- Asaq</li> <li>- Iron supplementation</li> </ul>
<b>CSB Indicators</b>	
Percentage of CSB that normally provide FP/RH products or services	<p>Numerator: Number of CSB that reported to provide specific FP/RH counseling or services. Denominator: Total number of CSBs.</p>
Percentage of CSB that normally provide STI services	<p>Numerator: Number of CSB that reported to provide specific STI services. Denominator: Total number of CSBs.</p>
Percentage of CSB that experience a stock out of any contraceptive method that they normally provide (at time of survey)	<p>Numerator: Number of CSB that are out of stock for at least one contraceptive method they normally provide Denominator: Number of CSB that normally provide at least one contraceptive method</p> <p>FP tracer drugs</p> <ul style="list-style-type: none"> <li>- Pills</li> <li>- Condoms</li> <li>- Female condoms</li> <li>- Emergency contraception</li> <li>- Cycle beads</li> <li>- Injectables</li> <li>- Implants</li> <li>- IUDs</li> </ul>
Percentage of CSB that report	<p>Numerator: Number of CSB who are out of stock on at least one tracer drug they normally</p>

that at least one tracer drug they normally provide is not available (at time of survey)	<p>provide is not available.</p> <p>Denominator: Number of CSB that normally provide at least one tracer drug</p> <p>Tracer drugs</p> <ul style="list-style-type: none"> <li>- Artemisinin-based Combination Therapy (ACT)</li> <li>- Rapid diagnostic tests (RDT)</li> <li>- Sulfadoxine-pyrimethamine (SP)</li> <li>- Artesunate injectable</li> <li>- Amoxicillin (Pneumox)</li> <li>- Oral rehydration therapy</li> <li>- Oxytocin</li> </ul>
Percentage of CSB practicing adequate disposal of hazard materials and equipment	<p>Numerator: Number of CSB who put hazardous materials in a special bag and bury it, or who incinerate it, or who put it in a safety box</p> <p>Denominator: Number of CSB.</p>
Percentage of CSB with soap and water for hand washing	<p>Numerator: Number of CSB who have soap and water for hand-washing at the moment of the survey</p> <p>Denominator: Total number of CSB.</p>
Percent of CSB receiving supportive supervision in the last quarter	<p>Supportive supervision: A process where supervisors carry out visits to health workers to provide performance monitoring. During the visits supervisors and health workers work together to identify and address weaknesses. Components of supportive supervision include:</p> <ul style="list-style-type: none"> <li>- feedback on the CSB's work</li> <li>- a written or verbal report indicating the CSB performed his/her work well</li> <li>- updates on administrative/technical issues</li> <li>- discussing problems.</li> </ul> <p>Numerator: Number of CSB who they had supervision in the last 3 months that included at least one component of supportive supervision.</p> <p>Denominator: Total number of CSB.</p>