

Improving Maternal and Child Health in India: Evaluating Demand and Supply Side Strategies
(IMATCHINE)

Survey Manual

A Reference Guide for Field Investigators and Supervisors
for
Gujarat: Main Survey

August 2010

This manual is designed to provide details of the survey objectives to the field personnel. This will serve as a ready reference for the field executives/supervisors/investigators to help them in successful completion of survey.

Background

According to estimates, South Asia is among the regions of the world that have highest incidences of maternal mortality. Most of these deaths are preventable if they are given appropriate and timely medical care. Amongst the various reasons for maternal death, hemorrhaging remains one of the most prominent reasons.

In order to address maternal and infant mortality and improve birth outcomes, several Indian states have developed innovative new programs to increase medical supervision of childbirth and institutional delivery of newborns among to poor. Most of these programmes are routed under the private-public partnership model wherein private practitioners are empanelled under the scheme. As a matter of principle, the poor are those as defined by the state and enlisted in the BPL or Below Poverty Line list. (The government of India issues BPL cards to households deemed poor according to the BPL index, which consists of 13 components ranging from ownership of various assets, literacy, household members' occupations, migration, child labour, etc. Index scores range from 0 to 52, and the bright-line BPL poverty lines range from 16 to 25 across states.)

Gujarat, like other states also initiated a flagship program under the name of Chiranjeevi Yojana (CY) program to enhance the rate of institutional delivery of child and subsequently reduce the maternal and child mortality rates. The program began in response to an acute shortage of Obstetrics and Gynecologists (OB/GYNs) in the public sector (there were only 8 in rural areas in 2006), contracting with private sector OB/GYNs to provide free maternity care to BPL women in exchange for a negotiated fee (approx \$40 per delivery in Gujarat). The scheme was operationalized on pilot basis in five backward districts of Gujarat (Banaskantha, Dahod, Panchmahal, Sabarkantha and Kutch) in 2005. By 2008, CY program coverage was universalized in the state, with over 850 empanelled providers providing maternity care to more than 165,000 women. Gujarat has received national and international attention for the perceived success of this program despite the absence of any rigorous evidence.

Purpose of the Survey Manual

This manual is designed for the field investigators and supervisors as a reference guide to conduct survey. It is divided into two parts. First section briefly explains the study, its objectives, design, and sampling framework. Second section has specific instructions for the investigators and protocols to be followed while administering the survey questionnaire in the field.

Section One

1. The Study and its Objectives

“Improving Maternal and Child Health in India: Evaluating Demand and Supply Side Strategies (IMATCHINE)” is an evaluative study which seeks to assess Chiranjeevi Yojana (CY) scheme in the state of Gujarat. The study will also assess a similar program running under the name of Thaiy Bhagya Yojana (TBY) scheme in Karnataka.

The key research questions which the study envisages to answer are:

- (1) What is the effect of CY-type voucher scheme on rates of institutional deliveries?
- (2) What is the effect of the voucher program on maternal and infant health outcomes?
- (3) Do paying maternity care providers for quality of medical care or paying providers for maternal health improvement produce better quality of care and better health outcomes? What are the differential benefits of high-powered supply-side incentives?
- (4) What do medical care providers actually do in response to high powered incentive to improve medical care quality and health outcomes?
- (5) What effects do high-powered supply-side incentives have on overall patient satisfaction and perceived quality of care (recognizing that patients may value aspects of services not emphasized by providers)?
- (6) How cost-effective is the Gujarat’s Chiranjeevi Yojana program?

2. Evaluation Design

Eligibility for Gujarat’s CY program is determined according to a bright-line eligibility threshold using the BPL poverty targeting index. The study therefore uses a regression discontinuity (RD) evaluation design for CY programme (which is universally implemented in the state).

However, there are two critical issues in using BPL eligibility threshold to study the CY program with an RD design.

One – Apart from CY, there are other subsidy schemes that use the same threshold. In order to evade the difficulty of disentangling impact of CY and other programs, the more recent expansion of the CY program across districts in Gujarat in conjunction with RD design is used.

We use a “Difference-in-Difference” framework by relying on timing of introduction and expansion of the program to 5 districts in 2005 and all over the state in 2007 to try to identify program effects of CY.

Year	Pilot Districts	Expanded Districts
2005	BPL + CY	BPL
2008	BPL + CY	BPL + CY

Two –There has been bungling and manipulation done while awarding BPL status to households without actually observing their characteristics. To address misclassification, a “fuzzy” regression discontinuity design is used, where we calculate the “true” eligibility and then instrument for CY participation using simulated eligibility.

3. Sampling

Study shall use a three-stage cluster sampling with villages as the Primary Sampling Unit and all eligible women in selected household would be Secondary Sampling Units (SSU). The sampling frame consists of districts, blocks and villages in Gujarat as listed in the 2001 Census. The total sample size is 6,000 households.

Stage I: The sample is stratified by district so that every district in Gujarat will be surveyed. At first stage the sample allocated of 75 talukas shall be distributed to each district in proportion to the district's size, i.e. the number of households. Further within each district the allocated sample of talukas is further stratified by urban/rural status of talukas. The sample size for each stratum is allocated according to the stratum's size.

Stage II: Selection of Village: Within each selected taluka, 8 villages shall be selected using Probability Proportional to Size (PPS) of the Census population in the village. Thus in all 600 villages shall be selected across 26 districts and 60 blocks.

Stage III: Segmentation/Augmentation of Village: In case of villages that are larger than 200 households the village would be segmented into two sectors to ensure representation of the cluster/village. In case the number of households is less than 50 in the selected village, a link village is selected to ensure complete coverage of desired sample.

Stage IV: Houselisting Exercise: The universe for the sample is all eligible mothers who had any delivery in last five years (January 2005 to today) and whose household BPL score falls in the range of 16 to 25 points (computed based on 13 pointers questionnaire used in listing exercise) in the villages. Thus to select eligible women from primary sampling unit a sampling frame would be devised through house listing exercise, wherein each household in the selected village (including link village), will be listed.

This house listing exercise will provide the details of mothers who had any delivery between Jan 2005 and today and who's household BPL score falls in the range of 16 to 25 points in the village.

Stage V: Selection of Eligible Women in a Village: The required sample for the survey for each village (PSU) is 10 eligible women who had delivered in last five years and whose household score ranges from 16 to 25. Those households that will be interviewed are selected using simple random sampling from the list of eligible women in house-listing sheet.

This final sample is stratified by the group below (score 16-20) and above (score 21-25). The sample size is proportional to the number of households in each group. The formulas to calculate the sample sizes are:

Number of households to be selected from 16-20 range
 $= 10 * (\text{\# of households w/ score 16-20}) / (\text{total \# households w/ score 16-25})$

Number of households to be selected from 21-25 range
 $= 10 * (\text{\# of households w/ score 21-25}) / (\text{total \# households w/ score 16-25})$

The resulting numbers may need to be rounded up or down.

Check that the two numbers are correct by adding them – they should always add to 10.

Example for Step IV: As an example, let's say the house-listing in a village shows the following numbers of households within the score range of 16-25:

Category	Number of households
Households with score of 16-20	30
Households with score of 21-25	50
Total households with score of 16-25 (sum of the above)	80

The total number of interviews is always 10 households. The above formula gives the number of households for each category that are to be selected and interviewed.

Number of households to be selected from 16-20 range

$$=10 * (\# \text{ of households w/ score 16-20}) / (\text{total } \# \text{ households w/ score 16-25})$$

$$=10 * (30 / 80)$$

$$= 3.75 =4 \text{ after rounding}$$

=> 4 households with a score of 16-20 should be randomly selected and interviewed.

Number of households to be selected from 21-25 range

$$=10 * (\# \text{ of households w/ score 21-25}) / (\text{total } \# \text{ households w/ score 16-25})$$

$$=10 * (50 / 80)$$

$$=6.25 =6 \text{ after rounding}$$

=> 6 households with a score of 21-25 should be randomly selected and interviewed.

Checking that the numbers are correct: $4 + 6 = 10$ households in total, as required.

To summarize, in this village 4 households from all households with score 16-20 should be randomly selected and interviewed. And 6 households from all households with score 21-25 should be randomly selected and interviewed.

Category	Number of households from house-listing	Number to be selected and interviewed
Households with score of 16-20	30	4
Households with score of 21-25	50	6
Total households with score of 16-25 (sum of the above)	80	10

Section Two

This section gives details about the protocols to be followed while administering the questionnaire in the field. It also explains in detail the sections, sub-sections and key questions of the schedule.

PROTOCOLS

INSTRUCTIONS FOR THE FIELD MANAGER AND SUPERVISOR

During Field Work

It may be necessary to observe the interviewers more frequently at the beginning of the survey and again toward the end. In the beginning, the interviewers may make errors due to lack of experience or lack of familiarity with the questionnaire. These can be corrected by discussing with the team members in the debriefing session to be held every evening and solving their problems by asking questions. Towards the end of the survey interviewers may become bored or lazy in anticipation of the end of fieldwork; lack of attention to detail may result in carelessness with the data. To maintain the quality of data, supervisor should check the performance of interviewers thoroughly at these times.

The field supervisor shall observe each interviewer many times throughout the course of fieldwork. The first observation should take place during interviewer training and may also be used as a screening device in the selection of interviewer candidates. Each interviewer should also be observed during the first two days of fieldwork so that any errors made consistently are caught immediately. Additional observations of each interviewer's performance should be made during the rest of the fieldwork.

The field manager and supervisor should spend considerable time evaluating and instructing interviewers at the start of fieldwork. If they feel that the quality of work is not adequate, the interviewing should stop until errors and problems have been fully resolved. In some cases, an interviewer may fail to improve and will have to be replaced.

Spot Check and Observation

- Observe some of the interviews, to ensure that the interviews are being conducted properly, the questions are being asked in the right manner, and the answers are being captured correctly
- Conduct spot checks in some of the households selected for the survey to ensure that the interview is being held in the right household
- Conduct spot checks in some of the households selected for the survey to ensure that mothers have been identified correctly and interviewed
- Review each questionnaire to ensure that it is complete and is internally consistent
- Meet with each member of the team on a daily basis to discuss their performance
- Help to solve any problems that the interviewer might have in finding assigned households, understanding the concepts in the questionnaire or with difficult respondents.

Back check

Field manager shall ensure that for all area/calls wherein completion rate is found to be low or seems to be a problem, back checks shall be done by himself/supervisor of other team.

Re-interviews

A powerful tool in checking the quality of the data is to systematically check the information for particular households. This is done by conducting a short re-interview in some households and checking the results with what was collected by the interviewer. Re-interviews help reduce the types of problems that affect the accuracy of the survey data.

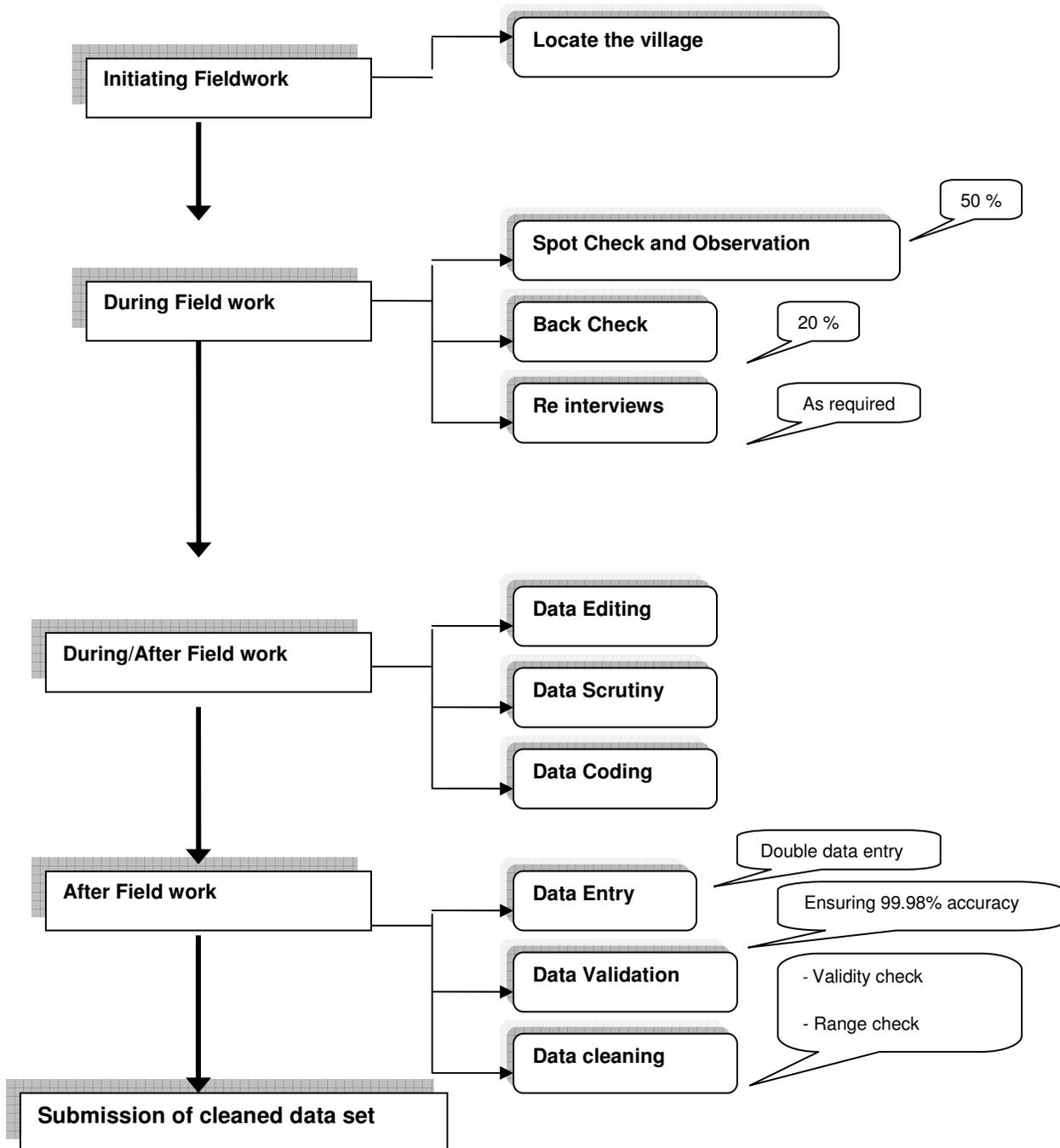


Figure 1: Overview of Quality Control Mechanism

During /After Field work

Editing

At the end of each field day, the supervisors will check the completed schedules and see to it that the entries are legible, no over-writing, skips correctly followed and numerical figures (e.g. amount in rupees, month and year, age, etc) are correctly entered. Editing will also include checking any missing information and reconciling it with the help of the investigator. After field work, checked / edited questionnaires shall be returned to the main survey office for data processing. The processing operation consists of office editing, coding of "others" category, open ended questions, data entry, and editing inconsistencies found by the computer programs.

Scrutiny

A team should do office scrutiny and should preferably include supervisors who had participated in training. While scrutiny, attempt shall be made to scrutinize schedule in a manner to make it easy to be entered as per data entry programme.

Data Coding

In case of pre-coded response choices there is likely to be a need to list and develop a coding frame for the various "other" response choices that were offered to respondents whose replies did not fit the codes given. Responses in "others" category shall be listed by the investigator after the data has been collected, and then grouped by theme for the development of an appropriate coding frame.

Data Entry

The data entry of the survey will be handled by Sambodhi. It's data entry team headed by a manager will design a data entry programme using CPro for error free punching of all data. Soon after completion of data collection, the questionnaires will be transported to Delhi office of Sambodhi in a pack of 500, 1000 or so (as per the number of schedules filled).

Data Validation

The process of data validation will involve two data entry persons independently entering the data, and the use of a computer program which will check for any differences in the two data sets. It will generate the error list, which then will be resolved and corrected by research team. The standard practice for key-entering data from paper questionnaires is to key in all the data twice by different key entry operators. The "double-key/verification" method produces a 99.8% accuracy rate for total keystrokes.

Data Cleaning

After storing the data in computer in readable form, the next task will be to eliminate (any) errors that may would have occurred during the data collection, coding and input stages. An edit program will be specified which will look at missing values, skips, range checks and checks for inconsistency. There are three types of checks which will help in cleaning the data.

Validity check

It shall look at one question field or cell at a time. They check to ensure the record identifiers, invalid characters, and values have been accounted for; essential fields have been completed (e.g., no quantity field is left blank where a number is required); specified units of measure have been properly used; and the reporting time is within the specified limits.

Range checks

For data fields containing information about a continuous variable e.g. income, rate of interest etc., observations should fall within a specified range. Thus, if the income of a household falls outside the normal range it should be checked.

Consistency checks

Often certain combinations of within-range values of different variables are either logically impossible or very unlikely. Data entry programme shall have some checks to ensure data consistency. These checks will help in minimizing the errors.

Role of Interviewer / Investigator

The interviewer has a central role in this study since he/she is the one who collects information from respondents. Thus the success of this survey depends on the quality of each interviewer's work. In general, interviewers' responsibilities will include:

- Locating the household of the eligible woman respondent- the location will be extracted from the house-listing forms
- Implementing the questionnaire.
- Ask and when required i.e. memory lapse, take assistance from the person who accompanied the respondent to the facility during delivery(s).
- Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded.
- Returning to the household to interview the mother who he/she could not contact during his/ her initial visits.

Conducting an Interview

Successful interviewing is an art and should not be treated as a mechanical process. The act of interviewing develops with practice but there are certain basic principles which are followed by every successful interviewer.

Build Rapport with the Respondent

This section on building rapport with the respondent is to be carried out for all the interviews conducted in this survey. The interviewer and the respondent are strangers to each other and one of the main tasks of an interviewer is to establish rapport with the respondent. Here are some of the points, which are to be kept in mind before starting any new interview.

Make a good first impression: When first approaching the respondent, do your best to make her feel at ease. With a few well chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and salutation such as "Namaste" and then proceed with your introduction.

Always have a positive approach: Never adopt an apologetic manner, and do not use words such as "Are you too busy?", "Would you spare a few minutes?" or "Would you mind answering some questions?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

Stress the confidentiality of responses: Explain to the respondent that the information you collect will remain confidential, no individual names will be used for any purpose. It is important to reassure the respondent about the confidentiality of the survey if the respondent is hesitant about responding to the interview. Also, you should never mention other interviews or show completed questionnaires to other interviewers or supervisors in front of a respondent or any other person.

Answer the respondent's questions frankly: Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she/he was selected to be interviewed. Be open, direct and pleasant when you answer.

Seek consent from the respondent: The interview questionnaire contains an informed consent form just after the cover page which the investigators can read out and (if required) explain to the respondents. It is mandatory to take the consent from the respondent before starting the interview. The contents of the informed consent form are discussed in detail later under the MAIN SURVEY QUESTIONNAIRE section

Important Points to be Taken Care of While Conducting the Interview

While conducting the interview keep in mind the following points:

- Be neutral throughout the interview
- Never suggest answers to the respondent
- Do not change the wording or sequence of the questions
- Handle hesitant respondents tactfully
- Do not form expectations
- Do not hurry the interview

Procedure to Ask the Questions

- It is very important that you ask each question exactly as it is written in the questionnaire. When asking a question, be sure to speak slowly and clearly so that the respondent you are interviewing will have no difficulty in hearing or understanding the question. At times you may need to repeat the question in order to be sure the respondent understands it. In those cases, do not paraphrase the question but repeat it exactly as it is written.
- If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording; however, note that you do not alter the meaning of the original question.
- In some cases, you may have to ask additional questions (we call this probing), to obtain a complete answer from a respondent. If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill and it will be one of the most challenging aspects of your work as an interviewer.

Recording the Responses

- All interviewers should use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. There are two types of questions in the questionnaire: (1) questions with pre-coded responses and (2) questions, which do not have pre-coded responses, these are open-ended.

Important Note: *The investigator should compulsorily record the time of commencement of interview and time at the end of interview in the space provided.*

- Questions with pre-coded responses**

- For some questions, we can predict the types of responses a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer you merely circle the number/letter (code), which corresponds to her reply. Be careful that each circle surrounds only a single number.

Example: 1 (This is an example. This question may not be there in the main survey questionnaire)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.112	Have you ever attended school?	YES.....1 NO..... 2	Q114

If the answer is 'NO', circle '2' as shown in the example.

- In some cases, pre-coded responses will include an "other" category. The "other" code should be circled when the respondent's answer is different from any of the pre-coded responses listed for the question. When you circle the code "other" for a particular question you must always write the respondent's answer in the space provided. If you need more space use the margins.

Example: 2 (This is an example. This question may not be there in the main survey questionnaire)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.231	Who conducted your last delivery?	DOCTOR / OTHER HEALTH PERSONNEL	1
		ANM/NURSE/MIDWIFE/LHV	2
		OTHER PERSON / DAI	3
		RELATIVES/FRIENDS	4
		OTHER (SPECIFY _____)	8
		NO ONE	9

Example: If answer is 'others' circle '6' as shown above and specify

- Recording responses which are not pre-coded**

The answers to some questions are not pre-coded; in entering the response for these questions you must write the respondent's answer in the space provided.

Example: 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
Q.104	How old are you?	AGE IN COMPLETED YEARS	<input type="text"/> <input type="text"/>

Notice that if the response has fewer digits than the number of boxes provided, you fill in leading zeroes

Correcting Mistakes

It is very important that you record all answers neatly. For pre-coded responses, be sure that you circle the code for the correct response carefully, so there is no confusion as to what the respondent's answer is. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not try to erase an answer. Just put two lines through the incorrect response. Remember that if there are two responses for a particular question, it may not be possible later, when the data are being coded, to determine which the correct answer is. Here is how to correct a mistake

Example: if answer is 'NO', then **circle** '2'. But mistakenly if the response is recorded as 'YES' i.e., '1' instead of '2' please correctly **circle** the response as shown below

Example: 4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.116	Have you done any work in the last 12 months?	YES..... 1 NO..... 2	→ Q118

MAIN SURVEY QUESTIONNAIRE

Next section of the survey manual list down instructions, which shall be adhered by investigators while canvassing the women questionnaire. As mentioned above in the manual, the survey would target mothers who have delivered after the year 2005 and are under the BPL category as per the BPL scoring done in the house listing exercise. The details of questions to be asked are mentioned below:

Questionnaire for mothers who have delivered after year 2005 and are under the BPL category as per the BPL scoring done in the house listing exercise
Cover Page
Consent Form
Section A: Household Schedule
Section A-1: Respondent Information
Section A-2: Household Roaster
Section A-3: Household Level Information
Section A-4: Household Assets
Section A-5: Participation & Awareness of Government Schemes
Section B: Women Schedule
Section B-1: Respondent Background
Section B-2: Reproductive Details
Section B-3: Pregnancies that did not lead to Birth
Section B-4: Pregnancies that lead to Birth
Section B-5: Pregnancy & Post Natal Care
Section B-6: Pregnancy & Post Natal Care (Only ask about the Last Birth)
Section B-7: Routine Check ups
Section B-8: Acute and Chronic Health Problems After Delivery (Only ask about the Last Birth)
Section B-9: Facility (Only ask about the Last Birth)
Section B-10: Quality of Care – Index Child and Mother (Ask only those who had institutional delivery)
Section B-11: Home delivery (Last Birth Only)
Section B-12: Child Care & Safety (Ask all the Respondents)
Section B-13: Costs of delivery and sources of payments (Ask all the Respondents)
Section B-14: Child Immunization, Health & Nutrition
Section B-14(A): Immunization (Index Child)
Section B-14(B): Immunization (Previous to Index Child)
Section B-14(C): Immunization (Second from the Index Child)
Section B-15: Physical Measures

The brief description of instructions to be followed for each section is mentioned below:

Cover Page

- Location codes (State, District, Village, Block and Village Name etc.) for information mentioned at the top of first page shall be provided/ filled in by supervisors/investigators.

- Number of visits mentioned on the first page of questionnaire signifies the number of visits the investigator has made to contact the eligible woman respondent. Thus it is important that in case of each visit, result of the visit as per the result code should be mentioned and in case call remains incomplete, the proposed date of next visit should also be mentioned. At least three visits should be made to locate the eligible woman and if investigator is unable to locate/ interview eligible woman even after three contacts, he should submit the filled in questionnaire (first page of which shall detail out the result of all three visits made by investigator) to supervisor.
- Investigator/supervisor should sign each schedule irrespective of the result of interview. Further any remarks and comments about the interview assignment, results, or interviews may be recorded/ mentioned at the bottom of page by putting an asterisk (*). Field executive/ supervisor shall note here any irregularities observed during spot-checks or re-interviews.

Introducing yourself to Respondent

- How you present yourself at the door will usually determine success or failure in obtaining an interview. Since this is your first opportunity to describe the survey in such a way that the respondent's interest is stimulated sufficiently to participate in the interview, it is very important that the introduction be positive and friendly. If you can communicate your interest and enthusiasm about the survey and the interview, the respondent will view it as a pleasant and worthwhile experience.

Read out the informed consent and make sure the respondent does not have any questions or concerns about giving consent. After obtaining the consent of the respondent, the interviewer/investigator shall continue to ask the questions in the questionnaires, which starts with the respondents details.

- The informed consent form ¹ is printed on the women questionnaire to seek the consent of the women. You must use this introduction whenever you make contact with a household. It has been designed to let the respondent know immediately:
 - ✓ Who you are;
 - ✓ What you are doing; and
 - ✓ Why you are there.

► In most cases the consent form is all that you will need to gain the respondent's co-operation; however, there will be times when you will have to answer questions before you begin the interview. A respondent's questions indicate interest and concern. You should be prepared to answer in ways that respond to that interest and concern. Listen to the respondent's questions and answer by providing only the information needed to remove the respondent's doubts about you or the survey. In other words, make your answers brief and to the point. Do not volunteer extra

¹ The informed consent is part of the interview schedule. Please refer it in the schedule which is attached as annexure.

information or unnecessarily lengthy explanations. Additional information that was not asked for may be misunderstood and may confuse the respondent. Please do not make any false claims/promises to the respondent, which can later create problems. Thus it is extremely important that you be thoroughly familiar with the purpose of the survey so that you can answer the respondents' questions accurately.

General Instruction for All the Sections:

- For the questions where month & year is to be filled, if the respondent is not aware of month and is only aware of the year then month would appear as '98' in the space/ box provided.
- Code for **Other (Specify _____)** option is 8, 08 or 88 (as the case may be).
- Code for **Don't know / don't remember** option is 9 or 99 (as the case may be).

Section A
Household Schedule

The purpose of the Household Questionnaire is to provide information on general characteristics of the target population and their households. In this section, information is collected on the socio-economic status of the head of the household, about people usually living in the household, age, educational status and awareness about government schemes etc.

The household schedule is to be administered to the head of the household. In case the head of the household is not available, please administer the household schedule to any mature and responsible member of the family who is above the age of 18 years. The respondent should know about the household and its members. The person may seek help from other household members in case he/she has any confusion, memory lapse or other difficulty while responding

Section A-1: Respondent Information- In this section the religion of the head of the household, his literacy status etc. are being captured.

Question 101-103: These questions are collecting the information about the religion, caste & literacy status of the head of the household.

Question 103A: In this question the literacy status of the most educated person in the household is being captured.

Section A-2: Household Roster-This section is a detailed listing of the usual residents of the household, their relationship with the head of the household, their sex, age, children of 0-14yrs, the marital status of the residents, the members and specifically women who have expired in the last 5 years. The section is divided into 2 components- (i) For the usual members in the household (excluding the guests) and (ii) members who have expired in last 5 years. The table will be filled starting with the adult members followed by children.

Question 104(i): The names of the usual residents starting from the head of the household.

Questions 104A-B- In these questions we are rechecking about the presence of children or infants or servants or any guest who would have stayed in the household. The servants & infants and the guests or visitors who have spent last night in the households are also among the usual residents of the household.

Question 105(i): The relationship with the head of household, the codes have been provided at the end of the roster. We are going to note the relationship of the person to the head of household i.e. how that person is related to the head and not how the head is related to that person. For example if the head is a woman aged 55 years and next person is her son aged 35 years then write 03 i.e. his relationship as son/daughter, and not 06, parents.

Question 106(i): The sex of the resident.

Question 107(i): The age of the residents in completed years. For e.g. If the daughter is of 27 years and 11 months then the age would be 27 years. If the age of any resident is or more than 95 years then enter the age as 95.

Question 107A(i)-107B(i): – These questions are not applicable for the residents who are older than 14 years.

Question 108(i): This question has to be filled only if the age of the resident is 15 years or more. In this column the marital status of the resident needs to be entered.

Question 104(ii): The names of all the members who have expired in last 5 years.

Question 105(ii): The relationship with the head of household, the codes have been provided at the end of the roster.

Question 106(ii): The sex of the person who died.

Question 107(ii): The age of the persons in completed years. If the age of the person is or more than 95 years then enter the age as 95.

Question 107A(ii)-107B(ii): These questions are for children between 0-14 years who have expired in the last five years. In Q107A (ii) note the ID which is the line number of the biological mother of child and in Q107B (ii) note the ID which is the line number of the biological father of the child.

Question 108(ii): This question is not applicable for members of the household of less than 14 years who have expired in the last five years. In this column the marital status of the person needs to be entered.

The following example shows the order in which to fill in this section. First fill in 104 and 105 for all household members who are living in the household. Line number 54 to 56 is for all members who expired in the last five years.

					IF AGE 0 – 14 જો વય 0 – 14 હોય		IF AGE 15 OR OLDER જો વય 15
	104 (i)	105(i)	106 (i)	107 (i)	107A (i)	107B (i)	108 (i)
LINE NO. લાઇન નં.	USUAL RESIDENTS સામાન્ય નિવાસી	RELATIONSHIP TO HEAD OF HOUSEHOLD પરિવારના મુખ્ય વ્યક્તિ	SEX જાતિ	AGE વય			MARITAL STATUS લગ્ન સ્થિતિ
	Please give me the names of the persons who usually live in your household, starting with the head of the household. પરિવારના મુખ્ય વ્યક્તિથી શરૂઆત કરી, તમારા પરિવારમાં સામાન્ય રીતે રહેત હોય તેવા વ્યક્તિઓના કૃપા કરી નામો આપો. START WRITING FROM BELOW નીચેથી લખવાનું શરૂ કરો	What is the relationship of (NAME) to the head of the household? પરિવારના મુખ્ય વ્યક્તિ સાથે (નામ)નો શું સંબંધ છે?	Is (NAME) male or female? શું (નામ) પુરુષ અથવા સ્ત્રી છે?	How old (NAME) is (NAME)? ઉંમર કેટલી છે (નામ)?	What is the ID number of (NAME)'s biological mother? (નામ)ની જૈવિક માતાનો આઇડી નંબર શું છે?	What is the ID number of (NAME)'s biological father? (નામ)ના જૈવિક પિતાનો આઇડી નંબર શું છે?	What is (NAME)'s current marital status? (નામ)ની વર્તમાન લગ્ન સ્થિતિ શું છે?
01							
02							
03							

Note: This is a sample table and not exactly the same as in the main survey questionnaire.

Before filling in the information about the members who have expired in the last five years, ask and confirm whether there was any member in the household who died in the last five years. If there was none, skip to section A-3.

Section A-2 Household Roster (Women who have expired) - In this section information about any women members of the household who have died in the last five years needs to be entered.

Question 109: The date (MM/YY) when the female expired.

Question 112-114: These question are trying to record the mortality during pregnancy/ delivery. In Q112, if the female was not pregnant when she died, then skip to Q115, or continue with Q113. In Q113, if the female died during childbirth then skip to Q115, or continue with Q114. Q114 records if the female died within 2 months after the end of a pregnancy or childbirth.

Question 115: The total number of live births during the complete lifetime of the female.

Section A-3- Household-level Information

Question 116-119: Questions in this section collect information about household's current situation in terms of labour, source of livelihood and child education.

Section A-4- Household Assets- This section collects information about the assets in the household, debt, income, etc.

Question 120-137C: These questions are very specific and objective. In Q120, the difference in ELEVATION & DISTANCE has to be understood clearly. DISTANCE, is in the context of plain of plain areas, whereas ELEVATION or height is in the context of hilly areas. These questions aim to capture the standard of living index of the family. The specific points to be noted, if any, for the questions have been mentioned as a note to the investigator below the question itself.

Section A-5 Participation and Awareness of Government Schemes- In this section the respondent's participation and awareness of Government schemes is collected.

Question 138: The ownership of ration by the household is being explored, either spontaneously or by probing.

Question 139: The ownership of BPL card/ certificate is being explored, either spontaneously or by probing. The BPL card is a card given to households below the poverty line. However, this question needs to be asked in all households (even if they look relatively well off) because sometimes households manage to obtain a BPL card even if they are not below the poverty line. There is need to find out the colour of the card which is state - specific.

Question 140: The date (month & year) when the BPL card was issued to the respondent.

Question 141: the process of obtaining the card, BPL survey in 2002, BPL survey in 2007, BPL survey in 2008, BPL survey in 2009, village authority (*Pradhan/ Sarpanch*) on request or without the request of the respondent.

Question 143-144: Any fees charged - official or unofficial, which was paid by the respondent. If no fees were paid in any manner then skip to Q145 or record the amount of money paid in Q144.

Question 145: The number of members covered in the card.

Question 146-147: Q146 records if the respondent still has the BPL card. If the card is still with the respondent then skip to Q148 or else move to Q147 that records the month and year in which the respondent lost her card.

Question 148-152: In Q148 the awareness about various government schemes listed is to be collected- either spontaneously or by probing. If the respondent is not aware of the scheme then go to the next scheme. Else go to Q149 and ask about as to who informed the respondent about the scheme- the codes have been provided at the end of the table.

Q150 captures whether the respondent or her household is a beneficiary of the scheme. If the respondent or her household is not a beneficiary of the particular scheme then go to next scheme. Else go to Q151 and ask the respondent since when is she or her household a beneficiary of the particular scheme. Further, Q152 records the amount of monetary benefits that the respondent or her household has received or is receiving under the particular scheme.

The flow diagram of the order in which the questionnaire is to be administered:

SCHEMES યોજના		148		149		150		151		152	
		Are you aware of (SCHEME)? તમને ખબર છે (યોજના)?		Who informed you about the (SCHEME)? તમને કોણે જાણ કરી (યોજના)? SEE CODES કોડ જુઓ		Is your household a beneficiary of (SCHEME)? તમારો પરિવાર લાભ મેળવે છે (યોજના)? Yes હા = 1 No ના = 2		Since when is your household a beneficiary of (SCHEME)? તમારો પરિવાર ક્યારથી લાભ મેળવે છે (યોજના)? WRITE 98 IF DON'T KNOW MONTH જો મહિનો ખબર નથી, તો 98 લખો		What amount of payment did your household receive under (SCHEME)? (યોજના) ફેંકળ તમારો પરિવાર શું રકમ મેળવે છે?	
A	Janani Suraksha Yojana (JSY) જનની સુરક્ષા યોજના (જેએસવાય)	Yes, spontaneous હા, સ્વયં	1	<input type="checkbox"/>	1	2	↓ Next line	□□/□□ M M Y Y મહિનો વર્ષ		Rs રૂ. _____	
		Yes, probing હા, તપાસ	2					પછીની લાઇન ન	Don't know / don't remember ખબર નથી/યાદ નથી		9
		No ના	3 ↓ Next line પછીની લાઇન								
B	Chiranjeevi Yojana (CY) ચિરંજીવી યોજના (સીવાય)	Yes, spontaneous હા, સ્વયં	1	<input type="checkbox"/>	1	2	↓ Next line પછીની લાઇન ન	□□/□□ M M Y Y મહિનો વર્ષ		Rs રૂ. _____	
		Yes, probing હા, તપાસ	2					પછીની લાઇન ન	Don't know / don't remember ખબર નથી/યાદ નથી		9
		No ના	3 ↓ Next line પછીની લાઇન								

Question 153: The government schemes which would prove to be most helpful to the respondent needs to be recorded in Q153.

Section B Women Schedule

This section is designed to collect information on pregnancy details, delivery details, postnatal care, costs associated with the delivery, immunization of the children etc. from the eligible women (as has been illustrated above) who are usual residents of the sample household.

Section B-1 Respondent Information

Question 201: Write the Name of the eligible woman from the household questionnaire in the space provided. There may be more than one eligible woman in the household. In case of more than one sample (women respondent) in the same household, interview all (i.e. those in the sample).

Note the following carefully.

1. If there is more than one eligible woman, interview all.
2. For each eligible woman, use separate woman's questionnaire. For example, if there are two eligible women to be interviewed, there will be two sets of woman's questionnaires filled up.
3. Household schedule for all eligible women interviewed will be common. Therefore, attach all the woman's questionnaires from the same household along with the household questionnaire.

Question 202-203: Age of the respondent- Though in household roster we are asking this information please ask this question again. Do not copy the age from the household roster out here or in case you find any discrepancy in age of the respondent in these questions, please change the previous entry in Q107 (i) in the household roster.

These are one of the most important questions in the interview as some of the critical indicator analysis of the data will depend on the respondent's age.

In Q203A you must obtain the respondent's age in completed years, that is, her age at last birthday. You must record an age for the woman and you will do this in one of the four ways, depending on the type of information you get from the respondent.

- a) The woman knows her age. If the woman tells her age, simply write it in the space provided.
- b) The woman does not know her age, does not know the month but knows the year of birth.

Assume that she is born on July 1, i.e. midpoint of the year. If the interview is after July 1, 2007, then subtract year of birth from 2007. Example, if she is born in 1970 and the survey is in November 2007, her completed age will be 37 years (i.e. 2007 - 1970 = 37).

- c) She does not know either her age or the year of birth.

A large number of women in the rural areas and a sizeable number in urban areas are not able to state their ages, because they don't know their ages. If the woman does not know her age and she could not

report the year of birth, you will have to probe to try to estimate her age. Probing for ages is time-consuming and sometimes tedious; however, it is important that you take the time to try to get the best possible information. There are several ways to probe for age:

One way of estimating the age of the respondent is to ask her about the age of her eldest living child and how old she was when she gave birth to that child. Addition of the two figures (age of the eldest child and her age at the time of birth of that child) will provide an estimate of the respondent's current age. For example, if the respondent's eldest child is at present 20 years old and he/she was born when the respondent was 18 years old, then the respondent's current age is probably 38 years ($18+20=38$).

In case the respondent is not able to tell her age at the time of first birth, you will have to probe for: her age at marriage, her age at consummation of marriage (age at *Gauna*), and the interval between *Gauna* and first birth. For example: (i) if the respondent was married at the age of 12; (ii) *Gauna* took place at the age of 15; (iii) she had her first child three years after she started living with her husband (*Gauna*); and (iv) if the first born child is 18 years old now; then the respondent is probably 36 years old now [add (ii), (iii) and (iv) i.e., $15+3+18=36$].

In case the respondent does not know her age at marriage or age at consummation of marriage, you can estimate her age at consummation of marriage by relating it to her age at menarche, which is a biological event. As the age at menarche does not vary much from individual to individual, you can take it as 12 or 13 years. Thus if age at consummation of marriage is not known, but if the respondent says that she started living with her husband three years after menarche, the age at consummation of marriage can be estimated as 15 ($12+3=15$). If her eldest child is 24 years old, and she got that child a year after she started living with her husband, her current age probably is 40 ($15+1+24=40$).

You might be able to relate her age to that of someone else in the household whose age is more reliably known.

Try to determine how old she was at the time of an important event such as India's war with China (1961), war with Pakistan (1965), war with Pakistan and liberation of Bangladesh (1971), etc., and add her age at that time to the number of years that have elapsed since the event.

d) She does not know her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Note: The only time you will go back to correct information recorded in the Household Roaster will be to correct information that affects the eligibility status of a respondent.

Question 203B: This question asks how old the respondent was at the time of her marriage. As with other age questions, if she doesn't know, probe. If it is a second or higher order marriage ask her age at the first marriage. Write the age in completed years in provided box.

Question 204: This question notes the literacy status of the woman and records the highest education standard that the respondent successfully completed.

EXAMPLE: If a woman was attending secondary school and left school before completing that year, record '3.' Although secondary was the highest year she attended, she has completed only middle school.

Section B-2: Reproductive Details- Questions in this section collect information about all births that the woman has had (does not matter who is the father). It is important at the outset of this section that the interviewer understands which events to include. The respondent must report all of her natural births (including still birth), even if the child no longer stays in the household, and even if the child is no longer alive. Even births that survived only for a few minutes (and showed signs of life by crying, breathing, or moving) should be reported.

It is also important to understand what events the woman should not report as responses to these questions. She must not include adopted children, or children of her husband to whom the respondent did not give birth herself.

Question 205-209: Q205 serves to screen out women who have never had any children so as not to ask the following detailed questions. If the woman has not given birth then move to next section i.e. Q301. In Q206, if the woman has ever given birth then total number of sons and daughters including the ones that have died and those that do not live in the household, if any, should be recorded. Further, in Q207, check whether all these children have been recorded in the household roster. If yes then move to Q209 otherwise continue with Q208. In Q208, for children who do not usually live in the household please note their current residence or status. In Q209, add all the births, sons as well as daughters and confirm with the respondent. Probe and correct Q206 if necessary.

Section B-3: Pregnancies that did not lead to a Birth- This section records all the pregnancies that the respondent had that did not lead to a birth. It is in a way recording the occurrence of abortion (induced or spontaneous). Abortion is a termination of pregnancy before the foetus has become viable, i.e., capable of independent existence once delivered by the mother. A foetus is assumed to be viable after 28 weeks of pregnancy. An abortion may occur spontaneously in the course of pregnancy, in which case it is called a miscarriage or more technically a spontaneous abortion. An abortion can also take place due to deliberate outside intervention, in which case it is termed induced abortion or M.T.P. (Medical Termination of Pregnancy).

Please note that if there are more than 3 such pregnancies then use an additional questionnaire starting with the second row.

Question 301: This question asks the respondent whether she ever had a pregnancy that did not lead to a birth. If the respondent says No, circle '2' and skip to Q401.

Question 302-304: seeks information about the specific timing of the pregnancy that did not lead to a birth, which means how many months respondent was pregnant- as in the start date (month & year) and the end date (month & year) of the pregnancy. The accurate month and year is to be mentioned in the box provided.

Flow for the order of question

302	303	304		
NUMBER નંબર	In what month and year did this pregnancy start? આ ગર્ભાવસ્થા કયા મહિના અને વર્ષમાં શરૂ થઈ? WRITE 98 IF DON'T KNOW MONTH જો મહિનો ખબર નથી, તો 98 લખો	In what month and year did this pregnancy end? કયા મહિના અને વર્ષમાં આ ગર્ભાવસ્થાનો અંત આવ્યો હતો? WRITE 98 IF DON'T KNOW MONTH જો મહિનો ખબર નથી, તો 98 લખો		
01	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MM YY મહિનો વર્ષ	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MM YY મહિનો વર્ષ		
	Don't know / don't remember ખબર નથી/યાદ નથી	99	Don't know / don't remember ખબર નથી/યાદ નથી	99
02	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MM YY મહિનો વર્ષ	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> MM YY મહિનો વર્ષ		
	Don't know / don't remember ખબર નથી/યાદ નથી	99	Don't know / Don't remember ખબર નથી/યાદ નથી	99

Note: This is a sample table and not exactly the same as in the main survey questionnaire.

Section B-4: Pregnancies that lead to Birth-

In this section we want to list all the pregnancies that the respondent has ever had since year 2005 till date.

Flow for the order of question

							IF ALIVE:	IF DEAD:		
401	401 A		402	403	404	405	406	407	408	409
What name was given to your (first/next) baby? (NAME)	Is this child living in the household? Yes = 1 No = 2	Fill in line number from household roster	Is (NAME) a boy or a girl? BOY= 1 GIRL= 2	Were any of these births twins? SINGLE = 1 MULTIPLE = 2	In what month and year was (NAME) born? (PROBE: When is his/her birthday? <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M M Y Y	Is (NAME) still alive? Yes = 1 No = 2	How old was (NAME) at his/her last birthday? AGE IN YEARS	How old was (NAME) when he/she died? DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	How did (NAME) die?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
			1 2	1 2	Don't know / Don't remember	1 2 ↓ Q407	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

			1	2	1		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1	2 ↓	AGE IN YEARS	DAYS 1 <input type="text"/> <input type="text"/>	<input type="checkbox"/>	YES 1 ADD BIRTH
						2			Q407	<input type="checkbox"/>	MONTH S 2 <input type="text"/> <input type="text"/>		NO 2

Note: This is a sample table and not exactly the same as in the main survey questionnaire.

Question 401-409: Ask the pregnancy history in Q401 beginning with the first pregnancy, and continuing for all the pregnancy during the reference period. If there are more than seven pregnancies, please record in an additional questionnaire. Record all the pregnancies in Q401, one in each row. If there are twins or triplets, do not record their pregnancies on the same line but record one name on one line. Q402 records the sex of the child. Then ask the respondent if any of these were multiple births (e.g. twins) and record single or multiple birth status for each child in Q403. In Q404 ask the month and year in which the child was born. In Q405 ask if the child is alive or dead. If the child is alive then in Q406 record the age of the child on last birthday. If the child is dead then skip Q406 and move to Q407. In Q407 ask the age of the child when he/she died. In Q408, record the reason for the death, the codes have been provided at the end of the table.

The respondent should not tell you first about all the living children, and then about all those who have died; she must proceed in chronological order whether or not a child is now alive. If, after you fill in information for several pregnancies, you find that they are not in order, do not erase the information. Instead, correct pregnancies order line numbers and draw arrows to indicate the correct order. Record twins on separate lines.

Some points to be considered while recording the information in Q401-409:

Q401 - CHILD'S NAME

Firstly ask the name of the respondent's first child and write it on the first line. Write the full name, which distinguishes that child from the other children. If the baby never had a name, either because it is still very young or because it died very young, write the name as "Baby". Record the names of all the respondent's births in chronological order before going to the next question.

Q401A- IS THE CHILD LIVING IN THE HOUSEHOLD

Ask whether the child is living in the household along with the mother or at some other place. Don't fill in the line number of

Q402 SEX OF THE CHILD

Circle the code for the sex of the child. Although you can usually tell the sex from the name, check with the respondent by saying for example, 'Malati is a girl?' Do not assume the sex of the child from the name.

Q403 - SINGLE OR MULTIPLE BIRTHS

Ask the respondent if any of her births were multiple births and record the status of each child. If a child is a multiple birth, be sure you have recorded the twin (or triplet, etc.) on a separate line. Asking about multiple births is a good way to ensure that the respondent has told you about all multiple births that did not survive.

Q404 - MONTH AND YEAR OF BIRTH

Write the month and year of each live birth, whether or not the child is living. If she gives the year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 2004, but she doesn't know which month, ask her if she gave birth in the dry season or the wet season or if she remembers if she was pregnant at Diwali time or at Holi for example, to try to determine the month of birth.

If the respondent cannot recall the year when the birth occurred, you will have to probe very carefully. One thing to do is to see if the woman has any document referring to the child's date of birth, such as a birth certificate or immunization record, horoscope, or school certificate. Before entering a date from these items, check with the respondent to determine if she believes the date is accurate. If there is no birth certificate or other document for the child, see if the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 2005, and the first child was just a year old at that time, enter '2004'. You must enter a year, even if it is based on your best judgment.

Q405 -SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, ask about the age of the child at the time of death. Remember that recalling the death of a child can be traumatic. Your attitude should be sympathetic but professional.

Q407 - AGE AT DEATH

This question is asked for children who are no longer alive. For children who have died the interviewer must record information about age at death even if the information is only a best estimate. Age at death information is recorded either in days, months, or years. If the child was less than one month old at death, circle '1' and write the answer in DAYS. If the child was less than two years, but at least one month old when he or she died, circle '2' and write the answer in MONTHS. If the child was two years or older when he or she died, circle '3' and write the answer to this question in YEARS.

Age should be recorded in completed units, i.e., if the respondent says "four and a half months", circle '2' for MONTHS and write '04' in the boxes. Also, note that if the respondent gives you an answer in weeks, you must convert the answer to days or months. If the answer is less than one month (less than 4 weeks), you should probe to find out the exact age at death in days. For example, if the answer is "three weeks", probe for the number of days. If the mother says 19 days, record DAYS '19'. If the answer were one or more months (4 weeks or more) up to two years, you would convert the answer to months. For example, "7 weeks" should be written as MONTHS '01'. Similarly, if the respondent answers "1 year", you need to probe to find the exact number of months.

We know that if a child died at the age of 10, 11, 12, 13, or 14 months, a woman is very likely to round off her answer when asked how old her child was when it died. This means that she is very likely to respond "1 year old" even if the child really was 10 months or 13 months old, because she does not know we need to know the exact age. Therefore, any time a woman responds "1 year" to this question, you should probe by asking, "How many months old was (Name)?" Then record the answer in completed months.

Hyperthermia: It is a condition in which either the (child's) body has very high body temperature, with muscle cramps or body gets cold with moist skin and weakened pulse

Tachypnea- is a respiratory problem seen in the newborn shortly after delivery. It consists of a period of rapid breathing (higher than the normal range of 40-60 times per minute).

Question 410: Asks whether there has been any birth since the last mentioned birth in the table. If yes record the birth(s) in the table.

Question 411: In this question we need to check and compare the number of births in Q401 with Q209 and need to probe and reconcile if numbers are different.

Question 412: In this question we need to check Q404 and calculate the number of births after year 2005 and record in the space provided.

Section B-5: Pregnancy & Post Natal Care-

The objective of this section is to obtain information from all the respondent on all of her pregnancies that led to a birth after January 2005 including baby's physical health after birth, types of health facilities used by women for childbirth, health care women receive and conditions related to childbearing, monetary benefits if any availed by women through government programs. We begin with the woman's last childbirth and go up to second from the last birth. Since we are also interested to obtain information on postnatal care, we will exclude recording information on current pregnancy if any. In any case, if there is only one pregnancy and that is the current one, for our purpose, it is equivalent to no pregnancy.

NO.	QUESTIONS AND FILTERS	LAST BIRTH Line number ____		NEXT-TO-LAST BIRTH Line number __		SECOND-FROM-LAST BIRTH Line number ____	
	[copy from 401]	NAME_____		NAME_____		NAME_____	
501	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large	1	Very large	1	Very large	1
		Larger than average	2	Larger than average	2	Larger than average	2
		Average	3	Average	3	Average	3
		Smaller than average	4	Smaller than average	4	Smaller than average	4
		Average	5	Average	5	Average	5
		Very small	6	Very small	6	Very small	6
		DK / DR	9	DK / DR	9	DK / DR	9
502	Was (NAME) weighed at birth?	Yes	1	Yes	1	Yes	1
		No	2 } Q504	No	2 } Q504	No	2 } Q504
		DK / DR	9 }	DK / DR	9 }	DK / DR	9 }
503	How much did (NAME) weigh?	Kg from recall □.□	2	Kg from recall □.□	2	Kg from recall □.□	2
		DK / DR	9	DK / DR	9	DK / DR	9
504	Who assisted with the delivery of (NAME)?	Nurse/midwife	02	Nurse/midwife	02	Nurse/midwife	02
		Auxiliary Midwife	03	Auxiliary Midwife	03	Auxiliary Midwife	03
		Traditional birth attendant	04	Traditional birth attendant	04	Traditional birth attendant	04
		Relative/friend	05	Relative/friend	05	Relative/friend	05
		ASHA/AWW/LHV	6	ASHA/AWW/LHV	6	ASHA/AWW/LHV	6
		Other(specify__)	08	Other(specify__)	08	Other(specify__)	08
		No one assisted	09	No one assisted	09	No one assisted	09
		Don't know	99	Don't know	99	Don't know	99

N.B.: This is a sample table and not exactly the same as in the main survey schedule.

Question 501-503: In these questions the size and whether the baby was weighed at the time of birth along with the weight of the baby (if the weight was taken) needs to be recorded.

Question 504: Asks about the person who assisted with the delivery. Till date most of the deliveries are conducted by untrained personnel. We are interested to find out who assisted with the delivery, trained personnel or any untrained personnel. Multiple responses are possible so please probe and record all mentioned.

Question 505-506: Q505 asks the respondent to identify the place where she gave birth. If the woman gave birth at home, please move to Q507. If the woman gave birth in a health facility, you should determine the type of health facility and whether the place is in the public sector (run by the government) or in the private sector. Also, in Q506 mention the specific name of the facility.

Question 507: This question ascertains whether the delivery was normal or not. If the delivery required intervention in the form of operation, use of forceps, a cut and stitches etc. then it will not be a normal delivery. Probe whether it was caesarean (operation) or assisted/ instruments (for example, forceps).

Question 508-510: Q508 asks whether the costs of the delivery was covered under any insurance, or government program,. If the costs were not covered at all or were covered by private insurance then move to Q511. Q509 asks the type of government program under which the costs of the delivery were covered. If the costs were covered by other government program or if the respondent does not recall the name of the government program then move to Q511. Q510- further asks as to how did the respondent avail the benefit of Chiranjeevi Yojana.

Question 511-513: Q511 is trying to ascertain whether the respondent ever breastfed the child. If the respondent never breastfed the last birth then move to questions for next-to-last birth. If the respondent never breastfed the next-to-last birth then move to questions for second-from-last birth. . If the respondent never breastfed the second-from-last birth. Then move to next section. Q512 refers to whether respondent is still breastfeeding her child. Circle '1' if the answer is Yes or Circle '2' if the answer is No. If respondent is still breastfeeding then move accordingly to the respective columns – 'next-to-last birth', 'second-from-last birth', 'next section.' If she has stopped breastfeeding the child, then in Q513 record the age in terms of months when she stopped breastfeeding the child.

Note: Fill the first column (information for the first child) and then move on to the second column (information for second child)

Section B-6: Pregnancy and Post Natal Care: The objective of this section is to obtain information related to the health care women receive and conditions related to childbearing including antenatal care, delivery care, and postnatal care. The questions in this section should be asked only for last birth.

Question 601: This question is asked to ascertain whether the respondent received or went for an antenatal care during her pregnancy. If YES, circle code 1 and continue with the following questions. If NO, circle code 2 and skip the questions and go to Q610.

Question 602-603: These questions seek information on who did the respondent see and where did the respondent receive antenatal care for her pregnancy. Antenatal care is usually provided at a health care facility by trained and qualified health personnel but sometimes it can be provided in the pregnant woman's home or in the Anganwadi centre.

We are interested in all the people from whom and places where the woman received antenatal care. Be sure to use the prompt ("Any other person/place?") and record all the persons and places where she was provided antenatal care.

When choosing a code, you need to know whether the person she saw is a Nurse/ midwife, ASHA/ LHV etc. and the place where she received antenatal care, i.e. in a public sector facility or a private sector facility. Also, if the respondent has received the antenatal check up at home please note down whether it was her own house/husband's house, or any other house.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided and inform your supervisor after you complete the interview.

Question 604: This question is to be asked to know when (after how many months) did the respondent first received antenatal care during her last pregnancy. If she does not remember, mention 'Don't know' option.

Question 605: This questions asks the respondent the number of times she had received antenatal care during her last pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Question 606: During pregnancy some tests are done as part of antenatal care. Read out the tests one by one and ask whether she underwent it any time during entire pregnancy period. If she had any tests circle "1" against those tests and circle "2" for the tests she did not have.

We want to know whether each of the tests listed was performed on the respondent or the information listed was given to the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if this happened only once or more than once, or was done in the same visit or spread over several visits. Ask about each test/type of advice and record the response before asking about the next item. Brief explanations are given below for selected tests.

Make sure that all the examinations; check-ups and tests done were part of antenatal care. For example a woman with unusual lump in breast may go for breast examination that is unrelated to the antenatal care. We need not record such a case of breast examination. Similarly casual measurement of weight or height that was not done for medical purposes should not be recorded. During pregnancy, doctor/ health personnel are expected to advice women on nutrition, delivery and care necessary to be taken during pregnancy.

With the help of following example, appropriate probing should be done if the woman does not understand the meaning of the same.

BLOOD PRESSURE is measured with a medical instrument. A rubber cuff is wrapped around a person's upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure. A BLOOD TEST may be taken from the woman's fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various conditions and infections, such as anemia, parasite infestations or infectious diseases. A URINE TEST can only have been performed if the health care provider asked the woman for a urine sample. An ABDOMINAL/ VAGINAL CHECK is generally done by feeling the abdomen or measuring it to monitor the pregnancy. A BREAST EXAMINATION is done by feeling the breast pain or swelling. A SONOGRAPH OR ULTRASOUND is done with the help of a machine, which is moved in the pregnant woman's lower abdomen, this be usually done to identify in advance if there would be any complications during the delivery, and also to check the health/viability of the growing foetus.

Question 607: This question asks whether the respondent was informed about any mental problems that she may or could have faced during her last pregnancy.

Question 608: The tetanus injection protects pregnant woman and her baby against tetanus, which is a serious disease with high case fatality. This disease is easily prevented if a woman receives an

immunization against tetanus while she is pregnant; the immunity against tetanus is transferred to the baby before birth. This immunization is usually given to the pregnant woman as an injection. The Tetanus Toxoid injection has two doses and it is given on left thigh. This question is for finding out if the respondent was given a tetanus injection and the number of times she received tetanus injections.

Question 609: This question asks whether during her last pregnancy, the respondent was given or did she buy any iron tablets or iron syrup? Pregnant women need six times more iron than non-pregnant women and, therefore, they are given Iron Folic Acid (IFA) tablets/syrup as supplement. But anaemia is a common problem during pregnancy. This problem is easily overcome by additional intake of iron and folic acid. Every pregnant woman is supposed to take one IFA tablet (or a dose of 60 ml. of IFA syrup) per day for three months. So during entire pregnancy period she is expected to take 100 tablets or equivalent IFA syrup. Women having anaemia are supposed to take two tablets per day (or double dose), thus in entire pregnancy period they are supposed to take 200 tablets. Usually the woman is given iron and folic acid tablets during antenatal check-ups in government health facility. But she can also take IFA syrup on her own from private health facility.

Question 610: Complications *during delivery* can be many. Premature labour (labour before nine months), or long periods of labour (more than 12 hours), Obstructed labour or Breech presentation can also be some of the problems during delivery. In this question, ask about each complication one by one, and whether the respondent experienced any of these. Circle "1" against all the complications mentioned that she had experienced during her last pregnancy and "2" against all those that she did not experience.

NOTE:

1. Premature Labour: Occurring before the expected time.
2. Excessive Bleeding: More than normal bleeding while child delivery.
3. Prolonged Labour: Due to poor uterine contractions, in which case the cervix will dilate slowly.
4. Obstructed Labour: Labour is said to be obstructed when there is no progress of the descending parts in spite of good uterine contractions.
5. Breech Presentation: During pregnancy, an unborn child is said to be in a breech presentation when its buttocks (or legs) are presenting first at the bottom of the uterus and head is in the upper part.
6. Incontinence- Incontinence is defined as the inability to control the functions of urination or defecation. Incontinence can involve the loss of normal control of the bladder (called urinary incontinence) or the bowel (called bowel or fecal incontinence).
7. Convulsions- A convulsion is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in an uncontrolled shaking of the body.

Question 612-612A: These questions ask whether there was any complication because of which the child was kept in NICU (Neo- natal Intensive Care Unit) and for how long. A NICU is a separate air-conditioned room where premature or extremely sick babies are kept in a glass chamber (incubator).

Question 613-614: These questions ask about the inception of breastfeeding of the child as to when was the baby first put to breast after its birth.

Question 615-616: Asks whether anything else was given to the baby apart from breast milk within first three days after its birth. If NO then skip to Next Section or else in Q616 record all liquids that was given to the baby to drink apart from the breast milk.

Section B-7- Routine Check Ups- This section asks about routine checkups after the (last) delivery. By routine checkups we mean medical examinations that were not done for a specific health problem.

Question 701- 702: asks about having a postpartum check-up soon after the baby is born or within 48 hours. This is crucial for the health of both the mother and child. In Q701 we are interested in knowing whether anyone checked on the respondent's health after she gave birth . If no one came to check on the respondent's health while she was there in the facility then directly go to Q704, otherwise continue with Q702 on who did her check up..

Question 703: Through this question we are interested to find out the time lapse between the birth of the child and the first postpartum check up. If it is less than one day then record in hours and if less than a week then record in days. For example, if the answer is two days, write "02" in the box provided. If the woman does not know the answer, circle the code "9".

Question 704: This question inquires about any medical professional going to check on the respondent's health after she left the facility.

Question 705-707: These questions inquires whether any medical provider checked on the baby's health after two months of his/her birth, about the time lapse between the birth of the child and his/her first check up and the person who did the first check-up (probe for most qualified person). In Q706, if it is less than one day then record in hours and if less than one week then record in days. For example, if the answer is two days, write "02" in the box provided. If the woman does not know the answer, circle the code "9".

Question 708: This question inquires about the place where the first check-up took place. We should determine the type of health facility and whether the place is in the public sector (run by the government) or in the private sector or at home, depending on the response, circle the respective code.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided and inform your supervisor after you complete the interview.

Question 709: This question inquires whether the respondent received any Vitamin A tablets in the first two months after delivery. You need to carry along common types of ampoules/ capsules/ syrups that you can show to the respondent on asking this question.

Section B-8: Acute and chronic health problems after delivery (ask only about last birth) - This section inquires about any health problems that the mother and the child may have had after the delivery. Please talk separately about each problem with the respondent, starting with the most important problem.

For mother: within 48 hours after delivery

For child: within one month after birth

801			802	803	804	805	806	807	808
Did YOU / (NAME) have any of the following health problems?	Yes	No	Did you seek treatment for any or all of these problems? Yes..1 No..2 -> skip to 808	Who treated YOU / NAME at that time? CODE LIST	Where did this treatment take place? CODE LIST (SELECT ALL)	How often did you seek treatment at that place or those places? CODE LIST	Did you have to purchase any medications for this treatment episode? Yes..1 No..2	How much did you pay in total? WRITE DK in Rs if cost not known or remembered	For how many days could you not work, because of the problem?
Felt unusually sad and had difficulty in taking care of yourself and the child	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	<input type="checkbox"/> <input type="checkbox"/>
Problem of urine and feces getting mixed together	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	<input type="checkbox"/> <input type="checkbox"/>
Severe Anemia	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	<input type="checkbox"/> <input type="checkbox"/>
Diarrhea / dehydration	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	
Hyperthermia	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	
Tachypnea	1	2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____ times	<input type="checkbox"/>	RS _____	

Note: This is a sample table and not exactly the same as in the main survey questionnaire.

Question 801-808: Q801 inquires about specific health problems encountered by the mother and the child separately and determines her health seeking behavior. The table contains commonly occurring ailments of both mother and child. The time frame for the occurrence of ailment to mother is within two months from delivery and for child it is within one month from its birth. Q803-805 inquires on who treated the respondent (select from the code list provided), where did she go for treatment (select all from the code list provided) and how often. Q806-807 inquires about any medications purchased for treatment and the cost incurred in terms of medication and consultation fee etc. Q808 inquires about as to how many man-days or working days were missed because of the problem.

DEFINITION of SYMPTOMS and ALIMENTS IN Q801

Severe Anemia- In simple language, it is the deficiency of hemoglobin in the blood which results in fatigue, weakness, dizziness, headache, pale skin, irritability, etc. All these symptoms are because the heart has to work harder to pump more oxygen-rich blood through the body

Incontinence- Incontinence is defined as the inability to control the bodily evacuative functions of urination or defecation. Incontinence can involve the loss of normal control of the bladder (called urinary incontinence) or the bowel (called bowel or fecal incontinence).

Convulsions- It is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in an uncontrolled shaking of the body. Sometimes, it is also referred to as “fits”.

Diarrhea: It is the condition of having uncontrolled (and often at regular intervals) loose or liquid bowel movements.

Hyperthermia: A condition in which either the body has very high body temperature, with muscle cramps or body gets cold with moist skin and weakened pulse.

Tachypnea: Abnormally fast breathing.

Malaria: It is an infectious disease spread by mosquito bite. Its symptoms include cyclic occurrence of fever, shivering and sweating.

Section B- 9: Facility (Only for the last Birth) - This section explores the facility where the delivery took place.

Ask questions in this section only to those respondents who had an institutional delivery. In case the respondent is not able to remember any details, please ask from family members if any who had accompanied her to the facility.

CHECK Q505 IF DELIVERY TOOK PLACE IN A FACILITY

Question 901: The name of the facility where the delivery took place has been recorded earlier in Q505 and Q506. In Q901, we are asking the name of the facility again to reconfirm what has been recorded earlier. . Correct Q505/Q506 if name is not correct

Question 902: This question explores the factors that influenced the respondent’s choice of the particular facility. Probe to include maximum number of factors.

Question 903: The person who suggested going the respondent to go to the particular facility needs to be recorded in this question.

Question 904: This question relates to the decision making authority in terms of women’s reproductive rights. It asks as to who actually decided the place of delivery in the family.

Question 905-906: In terms of planning, we need to capture whether the facility which was decided by the respondent earlier is the same where she actually delivered the baby. If YES then skip to Q907, or else try to probe and explore as to why she didn't visit the facility which was decided initially.

Question 907-909: These questions tries to explore the distance of the facility where the delivery took place from the residence of the respondent, the average time taken and the mode of conveyance used.

Question 909A: This question inquires about the person/s who accompanied the respondent to the place of delivery.

Question 910-911: These questions explores whether the hospital inquired about any insurance coverage and any documents related to it.

Section B-10: Quality of Care – Index Child and Mother (Ask only those who had institutional delivery)- This section explores the quality of care received by the mother and her index child while delivery.

We would like to know the kind of service and quality of care the mother and the Index Child received during delivery and afterwards. In case the mother is not able to remember any details, please ask family member who accompanied to facility.

Ask questions 1001 to 1010 to those who had institutional delivery. Check whether the index child was delivered at a facility

CHECK Q505 IF DELIVERY TOOK PLACE IN A FACILITY

Question 1001: This question inquires about the duration of time the respondent had spent in the hospital from the time of admission till discharge from the facility. If the duration of time is less than one hour then record '00'.

Question 1002: This question inquires about who told the respondent that her condition was stable and she can now get discharged.

Question 1003-1009: These questions inquires about the quality of care indicators like, did the respondent find the facilities satisfactory, was she offered a single and clean history on admission to the facility, ed, was she asked about her previous medical, was her blood pressure checked and monitor and how many times, etc.

Question 1010: This question inquires about as to whether the respondent was advised on the following options: new born care, feeding practice, immunization, breastfeeding etc. before she got discharged from the facility.

Section B-11: Home Delivery (Last Birth Only)- Ask the following questions to those who had home delivery. Ask the questions about the last birth only.

Check Q505 whether the index child was delivered at home or other place

Question 1101: This question reconfirms that the last birth took place at home. Please correct Q505 in case the last birth did not take place at home.

Question 1102: This question inquires whether the respondent had planned to deliver at home or at some other place. In case she planned to deliver at home then move to the next question otherwise move to Q1104.

Question 1103: This question tries to explore as to what were the reasons that made the respondent choose to deliver at home. Try to probe to include maximum possible responses.

Question 1104: This question inquires about the decision making as to who decided the place of delivery in the family.

Question 1105: This question inquires whether the respondent received any advice regarding a safe delivery from the health workers like ASHA, ANMS, LHV etc. In case they have not received any advice, please move to Q1107.

Question 1106: This question is asked to ascertain details about the advices given to ensure clean and safe delivery at home, like arranging new blade, clean cloth, clean surface etc. Make all effort to get the maximum possible answers.

Question 1107: This question inquires about as to whether the respondent was advised on the following options: new born care, feeding practice, breastfeeding etc. after the delivery.

Question 1108-1110: These questions are trying to capture whether the respondent has received any benefits/ incentive from the government for home delivery. Further, have they actually heard about the schemes like, Janani Suraksha Yojana and Chiranjeevi Yojana and also are they aware of the benefits and provisions of these schemes. Also probe into the specific provisions that they have heard of but please ensure that you do not prompt answers.

Question 1111: This question explores the reasons for home delivery even after being aware of the provisions/benefits of these schemes.

Question 1112: This question should be asked to those respondents who had answered "NO" in Q1108A. Q1112 explores the factors which in future might motivate the respondent to opt for an institutional delivery rather than a home delivery. Please read all the options.

Question 1113: This question should be asked to only those respondents who had answered "NO" in all options of Q1112. Q1113 is an open ended and subjective question where we are trying to explore various factors because of which the respondent does not want to deliver child at a hospital.

Section B-12: Child Care & Safety (to be asked to all the respondents)- The provisions/benefits made under the Chiranjeevi Yojana is not only to ensure safe delivery outcomes but also to ensure better child survival outcomes. This section explores as to what all can be done to ensure the safety of the baby in the initial days which are critical for the survival of the baby.

Question 1201-1203: These questions inquire as to whether the respondent was advised by anyone to keep the baby dry and wrapped, when did she receive the advice and what did she do to keep the baby warm. Probe to find out the maximum possible answers.

Question 1204: This question inquires about when the baby was given first bath after its birth. If less than 1 hour then record '00' in the box provided.

Section B-13: Costs of delivery and sources of payments (Ask all the Respondents)

In this section we would like to ask about any payments that the respondent made for the delivery. For each item please ensure that we ask the respondent whether there was a charge, how much the charge was and who paid for it.

The totaling of amount in each question and final summation will be done by the SUPERVISOR at the end of the interview

Question 1301-1302: These questions inquire about the costs incurred in the hospital and other expenditures apart from those costs.

Be sure to read out all categories that are listed. First ask if there was any cost related to the category. If "yes" then fill in the amount in Rupees.

Question 1303: The supervisor would make the final calculation of the total costs out here. All the hospital costs and other expenditures are required to be recorded separately.

Question 1304-1305: These questions inquire whether the respondent or her household paid for any costs by themselves and what sources of her own or her household's money did she have to rely on to pay for these costs..

Question 1306-1309: These questions try to explore whether any financial support was received by the respondent or her household from the government programs/schemes or from any private sources in terms of insurance (except loans) to pay for this treatment.

Be sure to read out all the categories that are listed.

Question 1310-1311: These questions inquire as to whether the respondent or her household had to borrow any money to pay for the costs and how much money was borrowed from the sources mentioned (please read all options) and at what monthly interest. Also, ask whether the money borrowed has been repaid.

Question 1312-1313: These questions inquire whether the respondent or her household had any other sources that relied on to pay for the costs and how much money was borrowed from other sources.

Question 1314: The supervisor would make the final calculation of all sources of payments out here. All the sources of money – own, government, private, borrowed and other sources are required to be recorded separately.

Question 1315: This final total calculation of the total costs incurred and the total payments done would be made by the supervisor.

Section B- 14- Child Immunization, Health & Nutrition

Section B-14 (A): Immunization (Last Living Child):

Questions in these sections aim to obtain information immunization details from the respondent for the index child i.e. her last living child.

Question 1401A: Note the Birth ID Number from the household roster.

Question 1403A-1404A: These questions inquire whether the respondent has a birth certificate or a vaccination card or prescription with vaccination details and what are the vaccines that have been given to the child. Please request the respondent to show you the documents such as birth certificates or vaccination cards for the index child in case they have these documents. In some cases, the respondent may hesitate to take time to look for the vaccination card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the child's immunization history, be patient if the respondent needs to search for the card. Assure the respondent that you are willing to wait.

If the respondent shows you the vaccination card, record YES, SEEN then continue to next question. If the respondent says the child has a vaccination card, but she is unable to show you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child and skip to Q1406A. If the respondent says she does not have a card for her child, record NO CARD and even in this case skip to Q1406A.

If respondent has the vaccination card for the child, fill in the information in Q1404A by directly copying from the vaccination card. Before copying dates (Date means Day, Month and Year) from the card to Q1404A, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. In Q1404 record the dates at first in day column and record the month and year in respective columns. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record the dates of vaccinations actually given, and do not mention the dates of appointments. Be patient and read the card thoroughly.

Write '44' in the day column if card/chit/prescription shows that a vaccination was given but no date is recorded.

Example: Priya's vaccination card shows the following immunizations:

			DAY		MON		YEAR			
BCG	20 May 2004	BCG	2	0	0	5	2	0	0	4
Polio 0	20 May 2004	POLIO '0'	2	0	0	5	2	0	0	4

DPT 1	25 August 2004	DPT 1	2	5	0	8	2	0	0	4
DPT 2	October 2004	DPT 2	9	8	1	0	2	0	0	4
DPT 3	Blank	DPT 3								
Polio 1	25 August 2004	POLIO 1	2	5	0	8	2	0	0	4
Polio 2	October 2004	POLIO 2	9	8	1	0	2	0	0	4
Polio 3	Blank	POLIO 3								
Measles	Given, but don't know Date	MEASLES	4	4						
Vitamin A (First Dose)	Oct. 2004	VITAMIN-A	9	8	1	0	2	0	0	4

In Q1405A, ask the respondent if the index child received any vaccination(s) that are not recorded on the card seen and then ask Q1406A. In Q1406A, ask the respondent if the index child has received any vaccinations to prevent him/her from getting diseases. If the respondent answers "YES" continue with Q1407A to Q1413A, following the appropriate skip patterns. If the respondent answers "NO", then move to next child. Because there are many types of vaccines, we specify how each one is given so that the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the Polio and DPT vaccinations. For the Polio vaccine, we ask whether the child received it and how many times the child received it. For the DPT vaccination, we ask whether the child received the vaccination and how many times the child received it.

Question 1414A-1415A: In order to prevent night blindness among children, Vitamin A dose in the form of tablet/ liquid is given to children. The National Programme on Prevention of Blindness targets children of age 1-5 years and administers the oral doses of Vitamin A in every six months. In these questions we are asking, whether the child received the Vitamin A dose and how many times the child has received Vitamin A doses.

Question 1416A: For children who have received any vaccinations (either listed on the vaccination card or from the mother's recall), ask the respondent where the child received most of his/her vaccinations. If the child has received only one vaccination, ask where he/she received that vaccination. In either case, ask the respondent whether the place is in the public (run by the government) or NGO/Trust Hospital/Clinic or private sector. Only if the respondent does not know whether the place is run by the government or NGO/Trust Hospital/Clinic or private, write the name of the facility in the space provided (if it is a hospital, health centre, or clinic), and inform your supervisor after you complete the interview. And seek the source of vaccination whether the place is in the Anganwadi center or ICDS center, Hospital, CHC / PHC, NGO / Trust hospital and other public or private sector health facilities.

Section B-14 (B) Immunization (Previous to Last Living Child) and Section B-14 (C) - Immunization (Second from Last Living Child)- In these sub-sections, take broad information about the vaccines that the previous to index child and second from index child received.

Question 1401B-1409B & Question 1401C-1409C: All the vaccinations are listed down categorically and broadly. The respondent just needs to reply in the form of Yes, No, Don't Know and follow the appropriate

skip patterns. This would ensure that only relevant data is captured and hence minimize respondent's lapse.

Section B-15- Physical Measures-

In this section, try to measure the last three children of the respondent – last birth, next-to-last birth and second-from-last birth. If the children are not present, please make a note.

Question 1501-1506: In this section the current height and weight of the last child born, next-to-last child and second-from-last child has to be measured in centimeters and kilograms respectively. The physical measures will be done with the help of male supervisors.

Young Child Height:

- Ask the young child to stand erect against a wall, without any footwear.
- Mark the point on the wall by putting a scale/ruler over her head.
- The scale should touch the child's head with no gap between the two.
- One person should hang the measuring tape from the point marked on the wall to the floor.
- Other person should fix the tape to the floor.
- Note the measurement on the tape

Infant Length:

- Infantometer has a fixed headpiece, horizontal backboard, and movable foot piece
- Lay the infant on the infantometer with its head on the fixed side.
- Note that the child is lying straight, with legs full stretched out.
- Case 1: If the child is less than or equal to the infantometer, measure the length as per the measurement on the pink strip.
- Case 2: If the child is more than the infantometer length, slide the foot piece to fit in the child. Fix the foot-piece and remove the child from the board. Mark the point on the white strip up-to which the foot piece has moved. Take the reading on the white strip and note it as child's length.

Young Child's Weight:

- Bathroom scale will be used.
- Before asking the child to stand on the scale, ensure the needle is on zero.
- Always note the reading from right above and not from side.
- The bathroom scale is calibrated up-to 0.50 kg, meaning it can give reading minimum up-to 0.50 kg, like 21.50 or 32.50 kg

Infant Weight:

- Salter scale will be used.
- Hang the scale from a hook and ensure the needle is on zero.
- It is calibrated up-to 100 grams.
- Put the child in a trouser and put on the scale.
- If the child moves a lot, ask the mother / parent to calm the child. Even if it continues to be restless, and the needle moves a lot, take the middle (median) reading

The last page is left for investigators observations & comments or any special observation pertaining to service delivery which has not otherwise been captured, if any from the field. Before taking leave from the respondent, the investigators and supervisors shall express their gratitude to the respondent and close the interview.