



Nigeria LQAS Baseline Household Survey 2006

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Malaria Booster Program

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ACRONYM

ACT	Artemisinin Combination Therapy
ANC	Antenatal Care
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DPT	Diphtheria, Pertusis and Tetanus
EBF	Exclusive Breast Feeding
FMOH	Federal Ministry of Health
HF	Health Facilities
ICHS	Integrated Child Health Survey
IPT	Intermittent Preventive Therapy
IRS	Indoor Residual Spray
ITN	Insecticide Treated Net
LGA	Local Government Area
LC- LQAS	Large Country Lot Quality Assurance Sampling
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MBP	Malaria Booster Program
MPPP	Malaria Package Plus Program
NDHS	Nigeria Demographic and Health Survey
NICS	National Immunization Coverage Survey
NMCP	National Malaria Control Program
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
ORT	Oral Rehydration Therapy
PHCC	Primary Health Care Coordinator
PHCDC	Primary Health Care and Disease Control
PHSS	Public Health Services and Solutions
PMV	Patent Medicine Vendor
PPS	Probability Proportion to Size
RBM	Roll Back Malaria
SP	Sulphadoxine-Pyrimethamine
TALC	Teaching Aid at Low Cost
WB	World Bank

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
ACRONYM	3
LIST OF TABLES	6
LIST OF FIGURES	6
EXECUTIVE SUMMARY	7
CHAPTER 1. INTRODUCTION	8
BACKGROUND	8
OBJECTIVE OF THE SURVEY	8
GEOGRAPHIC AREA.....	8
METHODS AND PROCEDURE.....	9
<i>Stakeholders' consultation</i>	9
<i>Sampling</i>	9
TRAINING:.....	11
SELECTION OF DATA COLLECTORS.....	11
DATA COLLECTION INSTRUMENTS	12
DATA COLLECTION PERIOD	13
<i>Monitoring and Supervision</i>	13
HAND TABULATION AND DATA ANALYSIS WORKSHOP.....	13
<i>Data entry and data analysis</i>	14
DISSEMINATION AND REPORT WRITING	14
CHAPTER 2. RESULTS	15
COVERAGE OF ITN	15
ITN Use	16
<i>Household ITN use by state, program and control area</i>	16
<i>ITN use by different age group and pregnant mothers</i>	16
HOUSEHOLD INDOOR RESIDUAL SPRAY	18
FEVER AND TREATMENT OF FEVER WITH ACT.....	18
ANTENATAL CARE AND IPT.....	19
TREATMENT OF DIARRHEA AND ORT	21
INFANT IMMUNIZATION	22
EXCLUSIVE BREAST FEEDING	24
CHAPTER 3. DISCUSSION	25
REFERENCES	26
APPENDIX A	27
INDICATORS BY STATE WITH STANDARD ERRORS	27
<i>Household Level Data</i>	27
<i>Mothers of Children 0-11 Months</i>	31
<i>Children 12-23 Months</i>	34
<i>Children 0-23 Months With a Specific Illness in the Last Two Weeks</i>	36
<i>Children 0-59 Months of Age</i>	37

APPENDIX B	39
SAMPLED LOCAL GOVERNMENT AREAS	39
APPENDIX C	41
LIST OF SUPERVISORS AND INTERVIEWERS BY LGA AND STATE	41
APPENDIX D. LQAS QUESTIONNAIRE	46
HOUSEHOLD QUESTIONNAIRE	47
MOTHERS OF CHILDREN 0-11 MONTHS QUESTIONNAIRE.....	57
MOTHERS OF CHILDREN 12-23 MONTHS QUESTIONNAIRE.....	73
MOTHERS OF CHILDREN 0-59 MONTHS QUESTIONNAIRE.....	88

LIST OF TABLES

TABLE A. LOCAL GOVERNMENT AREAS (LGA) BY STATE, SAMPLE LGA AND SAMPLE SIZE	10
TABLE B. KEY INDICATORS BY TYPE OF SURVEY QUESTIONNAIRE	12
TABLE 1. ITN COVERAGE BY STATE	15
TABLE 2. ITN COVERAGE BY HOUSEHOLD ECONOMIC QUINTILES BY STATE	15
TABLE 3. ITN USE BY STATE	16
TABLE 4. ITN USE BY AGE GROUP AND PREGNANT MOHERS	17
TABLE 5. ITN USE NIGHT BEFORE THE SURVEY BY HOUSEHOLD ECONOMIC QUINTILES BY STATE	17
TABLE 6. PERCENT OF HOUSEHOLDS SPRAYED IN LAST SIX MONTH BY PROGRAM AND CONTROL AREA	18
TABLE 7. ANC AND IPT COVERAGE BY STATE (LQAS BASELINE SURVEY 2006)	20
TABLE 8. MOTHERS' KNOWLEDGE OF CORRECT PREPARATION OF ORT BY STATE	22
TABLE 9. DPT3, MEASLES, AND OPV3 COVERAGE COMPARING 2006 NICS AND 2006 LQAS (CARD + REPORT)	23
TABLE 10. CARD RETENTION RATE BETWEEN 2006 NICS AND 2006 LQAS BY STATE	23
TABLE 11. COLOSTRUM AND EARLY BREASTFEEDING PRACTICES BY STATE	24

LIST OF FIGURES

Figure 1. Distribution of States By Program And Control Area	8
Figure 2. Number Of Participants Attended Training Workshops By State (LQAS 2006).....	11
Figure 3. ITN Use The Night Before The Survey Among Different Age Groups, Pregnant Women And Households In Program And Control Areas	16
Figure 4. Place Of Treatment Of Children 0-59 With Fever In Program And Control Areas (LQAS2006).....	18
Figure 5. Prevalence Of Fever In Children 0-59 Months By State (LQAS 2006).....	19
Figure 6. Proportion Of Children Receiving Treatment For Fever At A Health Facility Or PMV (LGAS 2006).....	19
Figure 7. Prevalence Of Children With Diarrhea In Last Two Weeks By State	21
Figure 8. Proportion Of Children 0-23 Months With Diarrhea In The Last Two Weeks Receiving ORT By State..	21
Figure 9. DPT3 And Measles Coverage In Infants By Program And Control Area (card+history)	22
Figure 10. DPT3 And Measles Coverage In Infants By State (card+history)	22
Figure 11. Card Retention Rate By State.....	23
Figure 12. Percentage Of Infants Exclusively Breastfed By State	24

EXECUTIVE SUMMARY

The National Malaria Control Program (NMCP) with support from The World Bank is implementing a malaria control and prevention program called “Malaria Package Plus” (MPP) program in 7 States of Nigeria. The program adopted the Lot Quality Assurance Sampling (LQAS) methodology to monitor its program achievements. A survey was conducted during October-November 2006 to establish baseline measures of key indicators set by the program. Two States, one in the north and one in the south were included as control States as they did not participate in the MPP.

The survey was organized and implemented by the States at the LGA level with support from the National Malaria Control Program (NMCP), and World Bank consultants. A consulting firm called Public Health Services and Solutions (PHSS) was responsible for data entry, cleaning and analysis. The surveyors received training on LQAS principles, data collection and hand tabulation of result. They were supervised by NMCP facilitators and World Bank team members. The data quality was ensured through supervision and spot checks. The data set was cleaned using the double entry method. The data entry was done using Epi-info while analysis was done with Stata software. All stakeholders concerned were consulted and their inputs were taken into consideration for questionnaire development, training and data analysis and report writing.

The findings of the survey shows very low values for most ITN, IPT and ACT indicators-the three key interventions the program intends to improve. Only three percent of households had an ITN and very few children under five years of age (3%) and pregnant mothers (8%) used them the night before the survey. Twenty one percent mothers received at least one Antenatal Care session. Of them nine percent received two or more doses of IPT during pregnancy. Less than one percent in control or program area received treatment for fever with ACT. In most of the States the figure for ACT use was zero. Similarly, only 3% households were sprayed with IRS in the last six months. All these indicators were equally low in control areas.

The children under 5 years of age reported high morbidity from diarrhea and fever. Approximately a quarter of the children reported suffering from diarrhea and over forty percent had fever during the last two weeks preceding the survey.

The indicators for three other child survival interventions (immunization, exclusive breastfeeding and ORT use) also showed poor coverage both in control and program areas. DPT3 coverage was twelve percent in program areas compared to thirteen percent in control areas. ORT was twenty six and twenty percent in program and control areas respectively. The coverage of exclusive breastfeeding was twenty seven in program areas compared to thirty five percent in control areas. The northern States had a higher exclusive breast feeding rate than southern States. The pattern was reversed for DPT3 and measles vaccination coverage and it was higher in southern States than northern States.

The survey findings are similar to previous surveys conducted through the Demographic Health Surveys and the BASICS II Integrated Child Health Survey in 2003. However, this is the first time coverage indicators at the State and LGA levels are available for various child survival interventions. The results call for immediate scale up of the program in all States and conduct periodic LQAS to monitor the program.

CHAPTER 1. INTRODUCTION

BACKGROUND

The National Malaria Control Program (NMCP) of Federal Ministry of Health (FMOH) with support from The World Bank is implementing a five year malaria program in 7 States (Kano, Jigawa, Bauchi, Gombe, Anambra, Akwa Ibom and Rivers) of Nigeria. The goal of the project is to provide key preventive and curative interventions against malaria and other diseases associated with maternal and child mortality. It is for this reason the project is called the Malaria Package Plus program (MPP). The program is intended to strengthen Federal and State ability to manage and oversee delivery of related interventions. The project decided to monitor output and outcome indicators using a decentralized population based approach and adopted Lot Quality Assurance Sampling (LQAS) method. The method was adopted so as to empower managers at the state and Local Government Authority (LGA) levels obtain information to know the status of local programs and to improve them where needed. A baseline survey was conducted by the States and LGAs (with NMCP support) between October and November 2006 as part of the monitoring plan. The results of the survey will form the basis to track progress of interventions carried out by the program. In order to compare the data from the intervention area, two States, one in the North (Kaduna) and another in the South (Delta) were selected for the baseline survey.

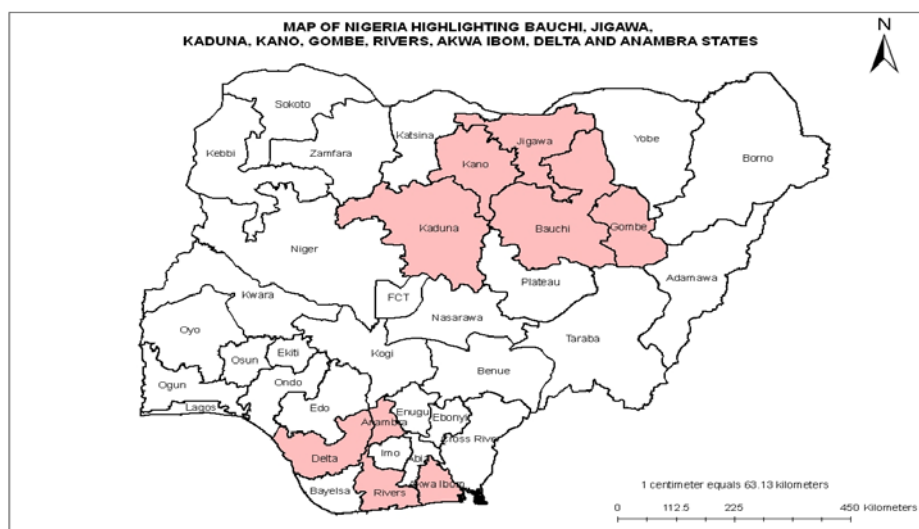
OBJECTIVE OF THE SURVEY

To obtain baseline information on malaria and other child survival indicators in the seven States of Malaria Booster Program and in 2 control States at the LGA and State levels.

GEOGRAPHIC AREA

The survey was conducted in 9 States, 5 in the northern region (Kano, Jigawa, Bauchi, Gombe, Kaduna) and 4 (Anambra, Delta, Akwa Ibom, and Rivers) in the southern region of Nigeria. In each region, one State acted as control (Kaduna-North, Delta-South). These two States are Global Fund assisted States where some levels of implementation of the interventions have already commenced. The map below shows the distribution of intervention and control States.

FIGURE 1. DISTRIBUTION OF STATES BY PROGRAM AND CONTROL AREA



METHODS AND PROCEDURE

STAKEHOLDERS' CONSULTATION

The National Malaria Control Programme (NMCP) engaged the States to consult on the methodology, sampling frame, instruments and objectives of the study before the survey was conducted. There were also described the LQAS method and how it would support LGA and State managers assess their programs. In all cases, they valued this approach as they were interested in having access to information rapidly they could use to manage their programs.

High level officials from the States including Commissioners for Health, Directors of PHC&DC and other various states' officers officially declared the LQAS Survey workshops open, re-enforcing the importance of the baseline survey to the overall health program and to the Country as a whole. The Programme Managers of the States involved exhibited good leadership and appropriate organizational skills at a time when the participants were challenged by both uncertain environment and a lack of funds.

SAMPLING

A multistage random sampling methodology was used to select 19 households in each LGA. In the first stage, 81 LGAs were selected with simple random sampling from 263 LGAs in the 9 States. The number of LGAs selected per State was calculated using a combined cluster sampling and LQAS methodology known as Large Country LQAS (LC-LQAS)¹.

The number of LGAs included in the sample, was determined by the LC-LQAS sample size formula. This sample size, n , is dependent on six parameters: (1) the number of samples collected in each SA, m ; (2) the total number of SAs in a CA, N ; (3) the total population in the CA (usually based on a national census), N_{cen}^* ; (4) the average of the square of the populations in each SA, $\overline{M^2}$; (5) an estimate of the intra-class correlation (ICC), $\hat{\rho}$; and (6) the maximum desired length for the confidence interval, l_{max} , which in this case is 0.20.

$$n = N \frac{(1 + (m - 1)\hat{\rho})}{\left(\frac{l_{max} N_{cen}^*}{1.96}\right)^2 \left(\frac{(m - 1)(1 - \hat{\rho})}{NM^2}\right) + m\hat{\rho}}$$

The Table below shows the number of LGAs selected by State. And the LQAS sample size of 19 used in each LGA.

1

Bethany Hedt, Casey Olives, Marcello Pagano, Valadez JJ. Large Country-Lot Quality Assurance Sampling: A new method for rapid monitoring and evaluation of of health, nutrition, and population programs at sub-national levels. HNP Discussion Paper. 2008; May 2008:60.

Table A. Local Government Areas (LGA) by State, sample LGA and Sample size

State	Total Number of LGAs	Number of LGAs to be Sampled	Sample Size	Sets Of Questionnaires
Northern Region				
Kano	44	9	19	171
Jigawa	27	9	19	171
Bauchi	20	9	19	171
Gombe	11	7	19	133
Kaduna (Control)	23	9	19	171
Total	125	43		
Southern Region				
Rivers	23	10	19	190
Akwa Ibom	31	9	19	171
Anambra	21	9	19	171
Delta (Control)	25	10	19	190
Total	100	38		

In a second stage, 19 villages were selected randomly using Probability Proportional to Size Sampling (PPS) in each LGA. The lists of villages were collected from the LGAs. Village population sizes were estimated using the most recent census.

Finally, at the village level, a starting point for the first respondent was randomly selected from a map constructed by the data collector using the segmentation sampling technique. A household was defined as groups of persons who eat from the same cooking pot. Once the starting point is selected, the interviewer administered one of four sets of questionnaire to an eligible respondent. The interviewer then went to the next-nearest door and checked at this household for eligible respondents and administered the appropriate questionnaire. Only one eligible respondent was interviewed in every household with the exception of mothers with children with diarrhea or fever. In case an eligible respondent was absent or more than 20 minutes away, the interviewer went to the next-nearest door and checked at this household for an eligible respondent. The Interviewer continued this process until she/he found an eligible respondent for all four questionnaires included in the set. The inclusion criteria for selection of four respondents' are as follows:

- -Mother of an infant 0-11 months
- -Mother of a child 12-23 months
- -Mother of a child 0-59 months

- -A Household

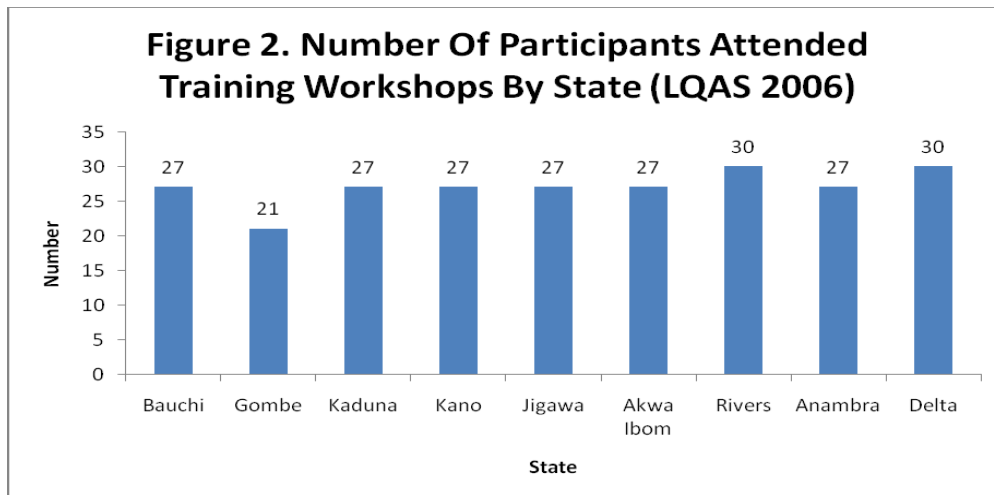
This technique which used one random starting point to select individuals from each of 4 universes is known as parallel sampling.

All 19 sets of questionnaire in the villages selected in each LGA using PPS had their own randomly selected starting point. A total of 6,156 interviews were conducted in 1,539 villages in 81 LGAs in 9 states.

TRAINING:

LQAS training workshops prepared the participants on the concepts and techniques of data collection using the LQAS methodology. Three participants (one supervisor and two interviewers) were selected from each LGA. The training was held in four centers: Bauchi (for Bauchi, Gombe and Kaduna); Kano (for Kano and Jigawa); Anambra (for Anambra and Delta) and Akwa Ibom (for Akwa Ibom and Rivers) States. The training workshop lasted for five days in each of the four centers as follows: Bauchi: October 3-7, 2006; Kano and Anambra: October 23-27, 2006; Akwa-Ibom: November 13-17, 2006. In total 243 participants were trained in all nine States (see Figure 2 below).

FIGURE 2. NUMBER OF PARTICIPANTS ATTENDED TRAINING WORKSHOPS BY STATE (LQAS 2006)



SELECTION OF DATA COLLECTORS

The following criteria were considered in selecting the LGA data collection teams (interviewers and supervisors):

- Preferred LGA participants include: LGA Malaria Focal persons, M&E Focal persons, Community Health Extension Workers (CHEWs), Community Health officers (CHOs), Nurses and Primary Health Care Coordinators (PHCCs)
- Speak English and local languages in their LGA.
- Should reside in the selected LGA, where she/he will be collecting data.
- 100% attendance and successful completion in the LQAS training workshop.
- Must show commitment to data collection and participate in tabulation and data analysis workshop.

- In addition, supervisors should have some experiences in conducting surveys and good knowledge of the health system as well as communities located in the LGA.

Based on the above-mentioned criteria, the Director of Primary Health Care and Disease Control (DPHC&DC) in conjunction with State Malaria Program Manager and M&E Officer selected interviewers and supervisors for the randomly selected LGAs.

DATA COLLECTION INSTRUMENTS

Four sets of data collection instruments were developed and pre-tested in consultation with all stakeholders. The instruments covered key Outcome Indicators of the project and are in line with International and National malaria indicators. **Table B** below shows the instruments and key indicators against each instrument.

Table B. Key indicators by type of survey questionnaire

Instrument	Indicator
Household	<ul style="list-style-type: none"> • Percent of households with at least one ITN • Percent of households sprayed with IRS in last six months
0-11 months	<ul style="list-style-type: none"> • Percent of children 0-11 months with fever treated with an effective anti-malarial (ACT) within 24 hours from onset of symptoms at the health facility or Patent Medicine Vendors (PMVs) • Percent of mothers of children 0-11 months who received at least two doses of SP during their last pregnancy (recorded in Antenatal Card or reported) • Percent of mothers of children 0-11 months of age who slept under ITN during their last pregnancy • Percent of mothers of children 0-11 months who slept under an ITN the night preceding the survey • Percent of mothers of children 0-11 months of age with at least one ITN in their house • Percent of children 0-11 months of age who slept under an ITN the night preceding the survey. • Percent of infants aged 0-5 months who were fed breast milk only in the last 24 hours • Percent of women with children 0-11 months of age who received ANC (one or more visits, and four or more visits) care during last pregnancy • Percent of women with children 0-11 months of age who delivered their infant in a health facility
12-23 months	<ul style="list-style-type: none"> • Percent of children 12-23 months who are vaccinated with the DPT3 and measles vaccine (card and reported) in the first year of life. • Percent of children 12-23 months who are vaccinated with the OPV3 (card and reported) in the first year of life. • Percent of children 12-23 months who are vaccinated with the measles (card and reported) in the first year of life.
0-59 months	<ul style="list-style-type: none"> • Percent of children < 5 years who slept under an ITN the night preceding the survey • Percent of children < 5 years who had fever in the last two weeks • Percent of children < 5 years with fever treated with an effective anti-malarial (ACT) within 24 hours from onset of symptoms • Percent of children < 5 years with fever treated with an effective anti-malarial (ACT) within 24 hours from onset of symptoms stratified by the health facility or Patent Medicine Vendors (PMVs) or other sources

DATA COLLECTION PERIOD

The data were collected during the week immediately after the training workshop in each LGA between October and November, 2006. The first group of data collection started in Bauchi, Gombe and Jigawa (October 10-13) followed by Kano, Kaduna, Anambra, and Delta (October 30-November 4), Rivers and Akwa Ibom (November 20-25). For most LGAs, data collection took 5 days although in some it took 6 days because of problems relating to heavy rains and in some cases interviewers were involved in a State wide promotional interview exercise for civil servants.

MONITORING AND SUPERVISION

Each LGA data collection team had two local interviewers who worked in the LGA health program and a local LGA supervisor who supported the team to identify and randomly select the starting point. A total of 86 LGA interviewers and 43 LGA supervisors were involved in data collection in the North while 76 LGA interviewers and 38 LGA supervisors were engaged in the South. The supervisors were responsible for the review of all completed questionnaires to ensure that there are no inconsistencies or missing data. In case of missing data or inconsistencies, the supervisor assisted the interviewer to obtain the data.

NMCP M&E Officers, State RBM officers and Two Master Trainers from World Bank Malaria Booster project provided overall supervision and monitoring of the training and data collection.

Data Quality control was managed in various ways including but not limited to: supportive supervision by the supervisors from LGAs, technical back-up from the facilitators, verification and re-interview by LGA supervisors of two questionnaires in each LGA. Supervisors also reviewed maps constructed in each village to assess the randomization process used to select the random starting point. National Facilitators and World Bank consultants managed this process. Findings from data verification and validation exercise showed two errors that were more administrative than technical; incorrect numbering of questionnaires and improper naming of villages where interviewers had not used names of villages as listed in the sampling frames but instead used names given by community leaders in the respective villages. These anomalies were corrected on site. Surprise visits to survey villages where interviewers were supposed to have been according to the data collection plan confirmed that they had been and actually talked to some one at the houses recorded as visited. All these results gave credence that the sampling took place as planned and that the data were representative of the LGAs.

Using both data collection plans submitted by interviewers and completed questionnaires, the National Facilitators and World Bank consultants went to targeted villages with guides from the respective LGA secretariat, contacted village heads to confirm that interviewers had been to the village and were directed to start the houses. This exercise always referred to the hand drawn maps and other records made by interviewers at the back of each questionnaire where details were provided on the steps taken in identifying the start house through random selection. Random selection was followed conscientiously by interviewers.

HAND TABULATION AND DATA ANALYSIS WORKSHOP

Immediately following the data collection, the State teams immediately returned to the training venue. There they were trained by the same master trainers to hand tabulate the LGA level data and to use **LQAS Decision Rules** to identify LGAs with indicator values that were below average. This training was carried out at the baseline survey so as to familiarize LGA and State staff with this process so they could apply it in subsequent years.

The teams also were trained to aggregate LGA data to calculate point estimates for the State for key indicators (unweighted by population sizes and the sampling design). Therefore, within 4 days of the data collection the

States were able to view the results of the data collection. This result was possible due to the small sample sizes afforded by LQAS.

Hand Tabulation and data analysis was conducted in all the centers except in Anambra State due to project funding delays and budgetary constraints to complete the process for this training venue. However, Anambra participants joined Akwa Ibom center to complete the Hand Tabulation and analysis of their State data. The data from the two control States were not analyzed during the Hand Tabulation and data analysis because they would be analyzed later electronically and used for comparison with the project States.

DATA ENTRY AND DATA ANALYSIS

Following the hand tabulation, NMCP hired a local consulting firm to enter the survey data consisting of 1,539 sets of questionnaires of 9 States (Gombe-133, Kano-171, Jigawa-171, Bauchi-171, Akwa Ibom-171, Anambra-171, Kaduna-171, Rivers-190 and Delta-190). Each set of questionnaire consisted of 4 separate questions: HH survey, Mothers with infants aged 0-11 months, Mothers with children aged 12-23 months and Mothers with children aged 0-59 months. Each set of questionnaire had 781 fields (variables) and 30 pages of information (HH: 7 pp, 0-11months: 9 pp, 12-23 months: 8 pp and 0-59 months: 6 pp). The development of a database was considered essential so as to be able to store the data and to analyze using standard statistical packages. This step would reduce error in the calculations and produce more precise point estimates.

An assessment of the work carried out by this firm indicated low quality data entry as errors rates remained high. After unsuccessful attempts were made the firm to improve the data quality it was replaced by a second firm.

The data were entered using EPI INFO software on existing data entry screens developed by the first consulting firm on behalf of the National Malaria Control Program. A double entry method was used to ensure error free data base. Two data sets were compared using the EPIINFO Compare Subroutine. The Compare Subroutine was carried out on key indicators. Following data cleaning, the data set contained less than 2% error.

The analysis covered four different questionnaires (0-11 months, 12-23 months, 0-59 months and Household) of data set and involves frequency tables of key indicators of the program.

The LQAS monitoring assessed the following outcome indicators: access, and utilization of ACT, ITN, IPT and IRS. These indicators address National Malaria priorities and are consistent with the RBM Monitoring & Evaluation Reference Group (MERG) recommendations. The under-listed indicators include essential National and International indicators on malaria prevention and control.

Key indicators of the project related to ITN, case management of malaria and other child survival (diarrhea, exclusive breast feeding and infant immunization) interventions were selected for analysis and reporting.

DISSEMINATION AND REPORT WRITING

The preliminary findings of the survey were presented during February 2007 at the State and National levels and in a dissemination workshop where subsequent rounds of LQAS were requested by the states.

CHAPTER 2. RESULTS

This section reports on the NMCP key indicators. Refer to Appendix 1 for these and a selected set of other indicators and their standard errors.

COVERAGE OF ITN

Only 2.6% households in the program area reported having an ITN in the household. The control reported a figure of 4.3%. The coverage by state shows that Jigawa and Kaduna states had the highest household ITN coverage (5.8%) and Akwa Ibom and Anambra states had the lowest coverage (0.3%).

Table 1. ITN Coverage By State

State	n (sample size)	ITN Coverage (%)
Akwa Ibom	171	0.3
Anambra	170	0.3
Bauchi	169	2.4
Delta	189	1.3
Gombe	133	3.0
Jigawa	170	5.8
Kaduna	171	5.8
Kano	171	3.1
Rivers	188	2.7
Program	1172	2.6
Control	360	4.3

The ITN coverage was varied by economic quintile of the household. Table 2 shows that higher economic quintile is associated with ITN ownership in households.

Table 2. ITN Coverage By Household Economic Quintiles By State

State	Lowest	1	2	3	Highest
Kano	0%	0%	0%	0%	11%
Jigawa	6%	6%	0%	4%	7%
Bauchi	3%	1%	0%	4%	0%
Kaduna	9%	0%	4%	5%	15%
Gombe	0%	1%	6%	0%	16%
Anambra	0%	0%	0%	1%	0%
Akwa Ibom	0%	0%	0%	0%	0%
Delta	0%	0%	3%	1%	0%
Rivers	0%	0%	0%	2%	4%

ITN USE

HOUSEHOLD ITN USE BY STATE, PROGRAM AND CONTROL AREA

About 2.2% of households used an ITN the night before the survey in program areas compared to 3.2% in control areas. Table 3 shows rate of ITN use in different States. The highest use rate was observed in Kaduna states (4.1%) and lowest in Akwa Ibom state (0.2%).

Table 3. ITN Use By State

State	N	ITN Use (%)
Akwa Ibom	171	0.2
Anambra	170	0.3
Bauchi	169	2.3
Delta	188	1.3
Gombe	132	3.0
Jigawa	168	3.2
Kaduna	170	4.1
Kano	171	3.1
Rivers	189	2.3
Program	1171	2.2
Control	358	3.2

ITN USE BY DIFFERENT AGE GROUP AND PREGNANT MOTHERS

Figure 3 shows ITN use rate night before the survey by different age groups, pregnant mothers and households by program and control areas. The control area had a higher ITN use rate compared to the program area for households, 12-23 month olds and the 0-59 month age group. The rate ranged between 1-3 percent in program and 1-6 percent for control areas. The 12-23 months age group in control areas had the highest use rate (6%) while the 0-59 months age group had the highest (3%) ITN use rate in program areas.

FIGURE 3. ITN USE THE NIGHT BEFORE THE SURVEY AMONG DIFFERENT AGE GROUPS, PREGNANT WOMEN AND HOUSEHOLDS IN PROGRAM AND CONTROL AREAS

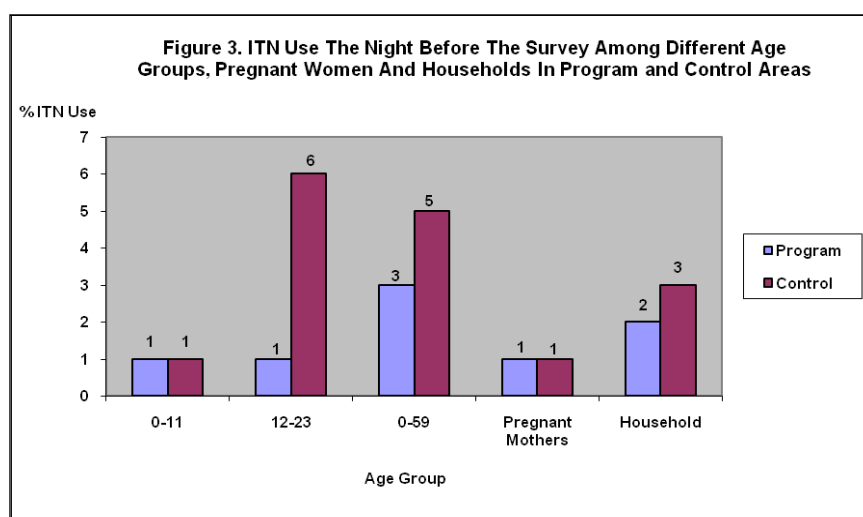


Table 4 shows ITN use by different age groups and pregnant mothers by State. Only in Jigawa and Kaduna 1-3 percent of infants and pregnant women slept under an ITN the night before the survey. In other states none of the pregnant women and infants slept under an ITN. The use of ITN by under five children preceding the survey was highest in Jigawa (9%) and lowest in Kano (0%).

Table 4. ITN Use By Age Group And Pregnant Mothers

Indicator	Akwa- Ibom	Anamb ra	Bauchi	Delta	Gombe	Jigawa	Kadun a	Kano	River
% of infants who slept under an ITN the night preceding the survey	0%	0%	0%	0%	0%	2.9%	1.1%	0%	0%
% of children <5 years who slept under an ITN the night preceding the survey	1.3%	2.8%	1.5%	3.6%	3.2%	8.5%	4.9%	0.0%	1.7%
% of mothers who slept under ITN during last pregnancy	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	1.4%	0.0%	0.0%

Table 5 shows ITN use by household economic quintiles. Except Bauchi, Jigawa and Kaduna all other states show higher ITN use in the higher household economic quintiles.

Table 5. ITN Use Night Before The Survey By Household Economic Quintiles By State

State	Lowest	1	2	3	Highest
Akwa Ibom	0%	0%	0%	0.6	0%
Anambra	0%	0%	0%	0.1%	0%
Bauchi	0.4%	0.1%	0%	0.4%	0%
Delta	0%	0%	0.4%	0.1%	0.6%
Gombe	0%	0.2%	0.6%	0%	0.2%
Jigawa	0.6%	0.6%	0%	0.5%	0.8%
Kaduna	0.9%	0%	0.4%	0.5%	0.2%
Kano	0%	0%	0%	0%	0.1%
Rivers	0%	0%	0%	0.2%	0.5%

HOUSEHOLD INDOOR RESIDUAL SPRAY

Three percent households both in program and control areas reported spraying their households with insecticide (IRS) in the last six months. The breakdown of data by State shows three States (Akwa Ibom, Bauchi and Rivers) did not have any households sprayed in last six months. Rivers had 0.3 percent of households sprayed in last six months. The source of reported IRS spray is from both public and private sectors, or by the resident.

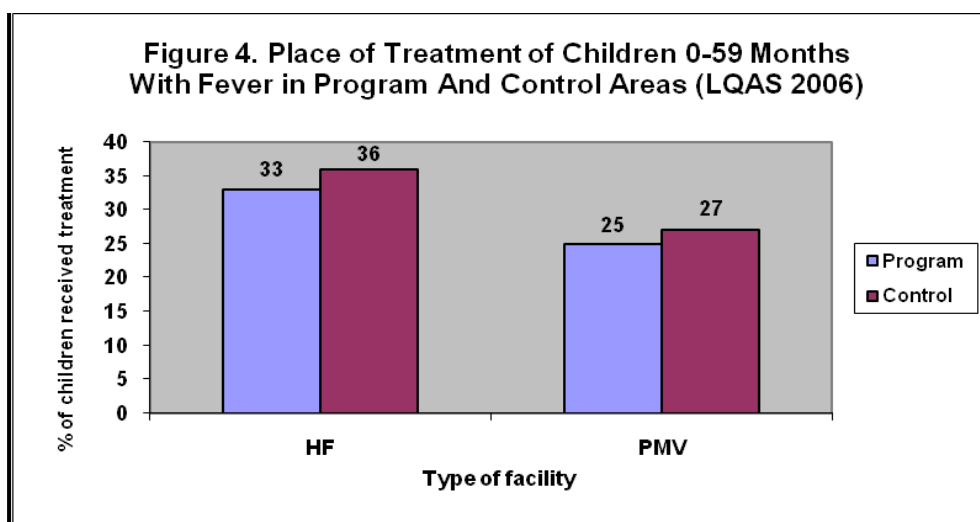
Table 6. Percent Of Households Sprayed In Last Six Months By Program And Control Area

Indicator	Akwa- Ibom	Anam bra	Bauchi	Delta	Gomb e	Jigawa	Kadun a	Kano	River
% of households sprayed with insecticide in last six months	0%	1.7%	0%	6.2%	1.2%	1.1%	1.5%	7.4%	0.0%

FEVER AND TREATMENT OF FEVER WITH ACT

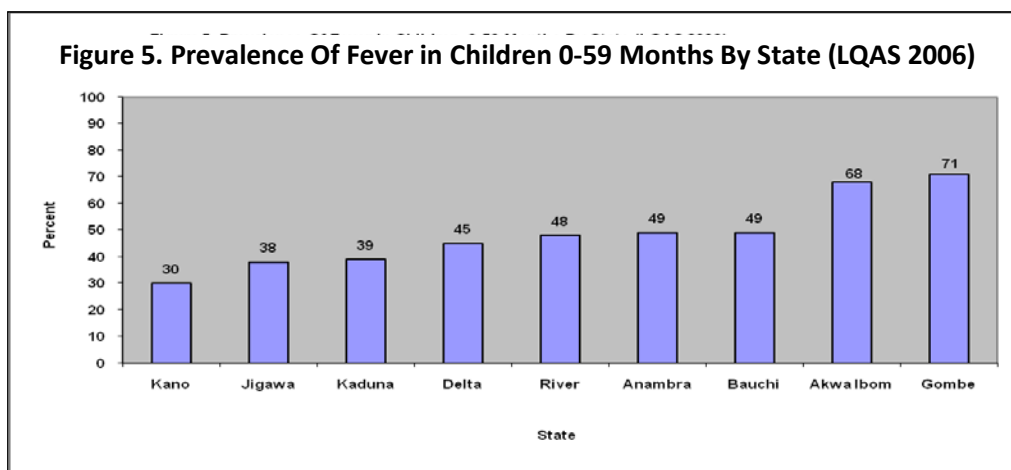
46% of the under five children in program areas reported fever in last two weeks while 41% in control areas reported the same. 25% to 36% of them were either treated in a health facility or by a Patent Medicine Vendor (PMV) within 24/48 hours of onset of fever. There was a slightly higher number of children treated in control areas compared to program area either in a health facility or by PMV.

FIGURE 4. PLACE OF TREATMENT OF CHILDREN 0-59 WITH FEVER IN PROGRAM AND CONTROL AREAS (LQAS 2006)



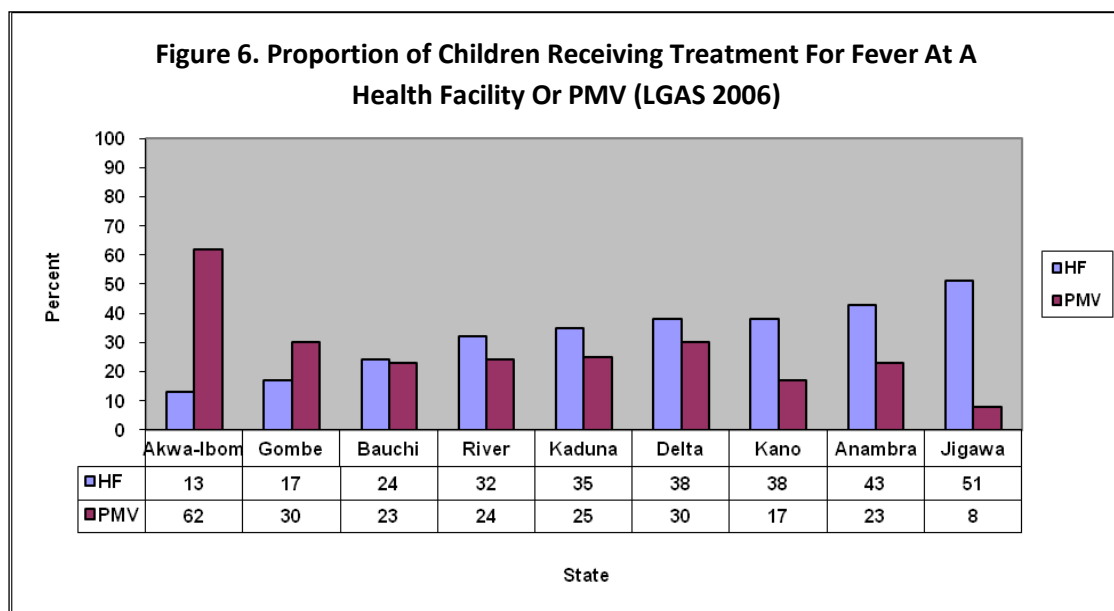
However, none of the febrile children were treated with an effective anti-malarial like Artemisinin Combination Therapy (ACT) in program areas while 8.2% of children received ACT in control areas. This result may be that during the time of the survey ACTs were present in the control areas. Nevertheless, use of ACT is infrequent. The corresponding data for fever and treatment by state are shown in charts below (figure 5 and 6).

FIGURE 5. PREVALENCE OF FEVER IN CHILDREN 0-59 MONTHS BY STATE (LQAS 2006)



The prevalence of fever was highest in Gombe state (71%) followed by Akwa Ibom, Bauchi, Anambra, River, Delta, Kaduna, Jigawa and Kano. Except Akwa Ibom and Gombe all other states reported a higher percentage of children treated in health facilities than by a Patent Medicine Vendors within 24/48 hours onset of fever.

FIGURE 6. PROPORTION OF CHILDREN RECEIVING TREATMENT FOR FEVER AT A HEALTH FACILITY OR PMV (LGAS 2006)



In terms of treatment by ACT only Delta (8%) and Kaduna (8%) reported to have children treated by an ACT drug. All other states reported zero cases treated by an ACT.

ANTENATAL CARE AND IPT

21% of mothers with infants in both program and control areas had maternal cards documenting they had one or more ANC visits in a health facility during their last pregnancy. When asked their history of ANC visits with a health professional, 62% of them in program areas reported have at least one visit while 70% did so in control

areas. Of these mothers 9% in program areas and 14% in control areas reported to have received two doses of SP during their last pregnancy. The coverage by state is given in Table 7.

Table 7. ANC And IPT Coverage By State (LQAS Baseline Survey 2006)

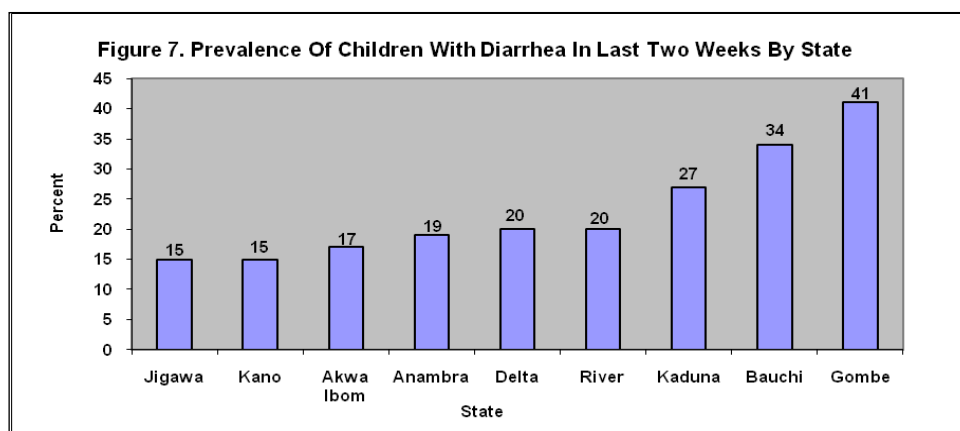
Indicator	Akwa- Ibom	Anamb ra	Bauchi	Delta	Gomb e	Jigawa	Kadun a	Kano	River
% of women with children <1 year of age who received ANC during their last pregnancy (reported)	67.0%	89.7%	55.9%	78.9%	58.1%	31.3%	65.5%	59.7%	72.5%
% of women with children <1 year of age who received ANC during their last pregnancy (card)	17.9%	8.3%	9.8%	28.0%	12.9%	7.7%	18.2%	33.0%	38.0%
% of mothers of children <5 years who received at least two or more doses of SP during last pregnancy	5.0%	0.0%	2.5%	20.6%	3.8%	13.6%	10.7%	14.9%	17.5%
% of mothers with maternal card	19.0%	9.3%	18.9%	31.0%	21.6%	8.3%	28.8%	34.6%	38.2%
% mothers who gave birth in health facility	32.4%	78.9%	24.1%	55.5%	19.8%	6.9%	18.0%	14.4%	59.0%
% mothers who gave birth with a trained birth attendant	33.4%	86.5%	25.4%	56.9%	20.5%	5.7%	21.7%	15.5%	5.8%

River state had the highest ANC coverage (38%) followed by Kano (33%) and Delta (28%). Jigawa had the lowest ANC coverage (8%). Only 24% mothers could show their ANC card in program areas. The corresponding figure for control areas was 30%. The percentage of mothers who gave birth in a health facility was higher (56-79%) in southern states except Akwa Ibom (32%) compared to northern states (7-24%). The overall coverage for mothers giving birth in a health facility for program and control areas was similar (32% vs 30%). The same trend was seen for the indicator of percent of mothers who gave birth with a trained birth attendant. In the south Akwa Ibom had the lowest figure of 33% for using a trained birth attendant while Jigawa in the north scored lowest (6%).

TREATMENT OF DIARRHEA AND ORT

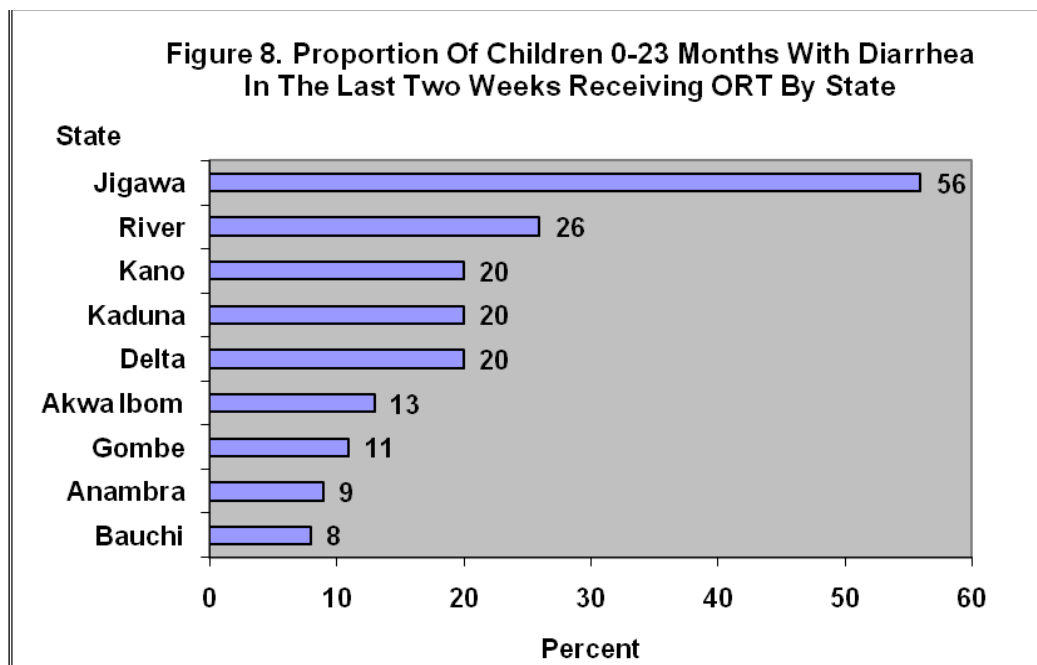
21% of children 0-23 month in program areas and 25% in control areas reported diarrhea in last two weeks. The ORT use rates for these children with diarrhea in program and control area are 26% and 20% respectively.

FIGURE 7. PREVALENCE OF CHILDREN WITH DIARRHEA IN LAST TWO WEEKS BY STATE



The highest prevalence of diarrhea in children was reported in Gombe (41%) while Jigawa and Kano reported the lowest (15%). The rate ranged between 17 to 34% in other states (Figure 7). Jigawa reported the highest (56%) ORT use rate and Bauchi had the lowest (8%). In other states the rate ranged between 9-26% (Figure 8).

FIGURE 8. PROPORTION OF CHILDREN 0-23 MONTHS WITH DIARRHEA IN THE LAST TWO WEEKS RECEIVING ORT BY STATE



The percentage of mothers who knew about the correct preparation of ORT was 44% and 25% in program and control areas, respectively. The Table below shows mothers' knowledge about correct preparation of ORT by state.

Table 8. Mothers' Knowledge Of Correct Preparation Of ORT By State

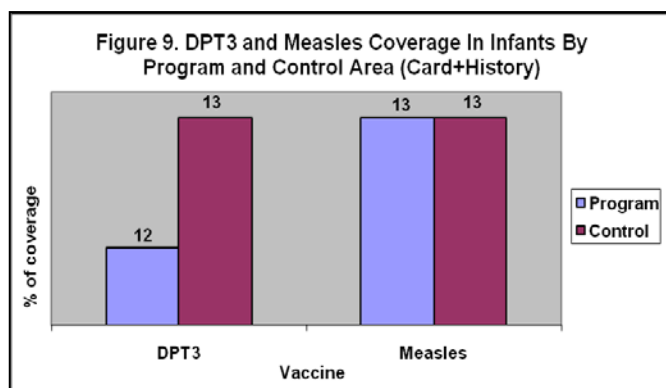
State	N	%
Akwa Ibom	300	37
Anambra	281	39
Bauchi	297	16
Delta	240	68
Gombe	218	18
Jigawa	247	68
Kaduna	291	18
Kano	248	55
Rivers	312	47

Among the northern states mothers from Bauchi, Kaduna and Gombe had the lowest level of knowledge of correct preparation of ORT (16-18 percent) and Kano (55%). Jigawa departed from this trend, possibly demonstrating the effective of programs support by UNICEF and other donors.

INFANT IMMUNIZATION

Coverage of DPT3 in the first year of life using vaccination card and recall data of mothers with children 12-23 months of age in program and control areas was 12% and 13% while Measles coverage was 11% and 13% respectively.

FIGURE 9. DPT3 AND MEASLES COVERAGE IN INFANTS BY PROGRAM AND CONTROL AREA (CARD+HISTORY)



All four southern states reported higher percentage of children immunized against DPT and Measles (figure 10). The DPT3 coverage was highest in River state (67%) while Measles coverage was highest in Anambra state. Bauchi state had the lowest coverage of for both DPT3 and Measles vaccination among all the states (11% and

FIGURE 10. DPT3 AND MEASLES COVERAGE IN INFANTS BY STATE (CARD+HISTORY)

3%).

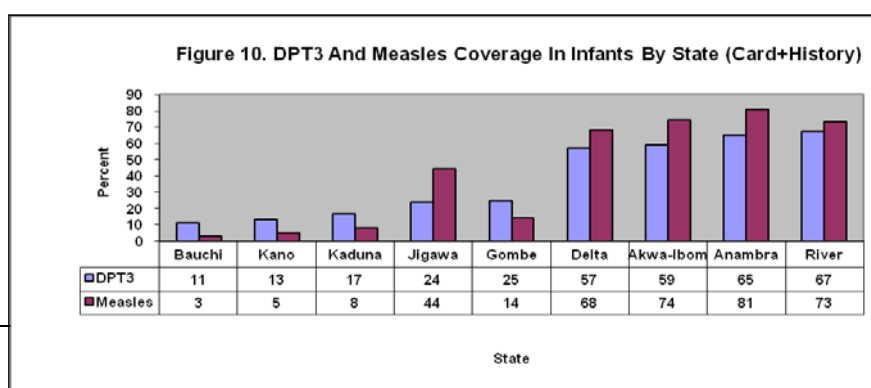


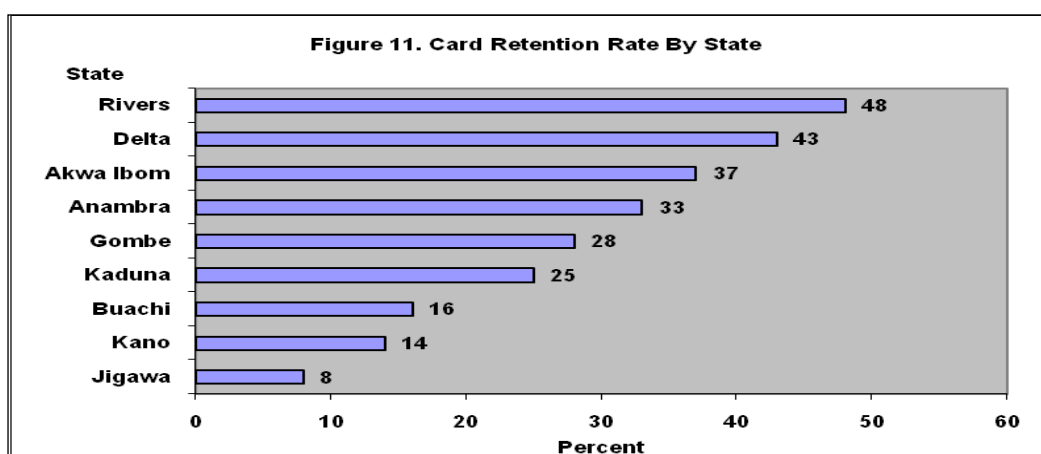
Table 9 below shows the comparative data between 2006 LQAS and 2006 National Immunization Coverage Survey (NICS) for DPT3, OPV3 and Measles vaccination. In general, the LQAS data shows very low coverage in northern states compared to southern states for both the antigens. While OPV3 coverage was somewhat higher in all the states compared to the NICS 2006.

Table 9. DPT3, Measles, And OPV3 Coverage Comparing 2006 NICS And 2006 LQAS (Card + History)

Antigen and Survey	Bauchi	Kano	Kaduna	Jigawa	Gombe	Delta	Akwa Ibom	Anambra	River
DPT3									
LQAS 2006	11	13	17	24	25	57	59	65	67
NICS 2006	38	25	40	29	26	58	64	72	68
Measles									
LQAS 2006	3	5	8	44	14	68	74	81	73
NICS 2006	57	47	48	48	54	79	76	69	70
OPV3									
LQAS 2006	40	42	57	48	48	71	84	76	79
NICS 2006	53	35	55	45	44	58	61	73	67

Only one quarter of the households in program areas could show an immunization card during the survey. In control areas the figure was 31%. In general, card retention rates in northern states were low compared with southern states (Figure 11). Jigawa had the lowest card retention rate of only 8%.

FIGURE 11. CARD RETENTION RATE BY STATE



The card retention rate between NICS 2006 and LQAS survey is shown in Table 10. The card retention rate was substantially higher in all the states in NICS 2006 survey compared to LQAS 2006.

Table 10. Card Retention Rate Between 2006 NICS And 2006 LQAS By State

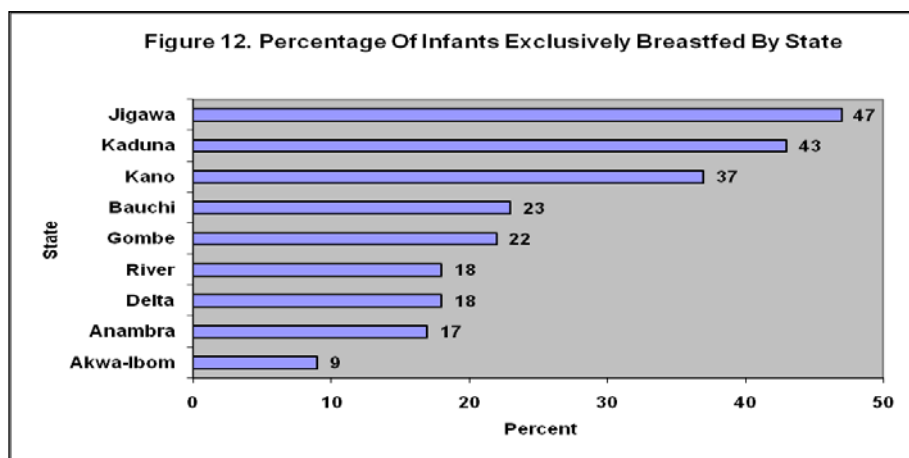
Card Retention Rate (%)	Rivers	Delta	Akwa Ibom	Anambra	Gombe	Kaduna	Bauchi	Kano	Jigawa
LQAS 2006	48	43	37	33	28	25	16	14	8

NICS 2006	70	54	49	42	40	66	53	27	46
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EXCLUSIVE BREAST FEEDING

27% of mothers with 0-11 months infants in program areas reported exclusive breast feeding while the control group reported 35%. The state-wise coverage is shown below in Figure 12

FIGURE 12. PERCENTAGE OF INFANTS EXCLUSIVELY BREASTFED BY STATE



All five northern states showed a higher rate of exclusive breast feeding compared to the southern states. The highest rate was observed in Jigawa (47%) and lowest in Akwa-Ibom (9%). Although the proportion of infants given colostrum was high in all the states, percentage of infants put to breast within the first hour after birth was lower in all the states. Similarly, exclusive breast feeding was much lower in all the states (table 11).

Table 11. Colostrum and Early Breastfeeding Practices by State

Indicator	Akwa-Ibom	Anambra	Bauchi	Delta	Gombe	Jigawa	Kaduna	Kano	River
Proportion of infants given colostrums	94	89	83	91	75	85	88	88	81
Proportion of infants put to breast within the first hour after birth	64	30	38	50	26	56	43	66	66
Exclusive Breast Feeding in last 24 hours	9	17	23	18	22	47	43	37	18

CHAPTER 3. DISCUSSION

This is the first time a large scale LQAS or LC-LQAS survey has been conducted in Nigeria. The survey provided a unique opportunity for the managers to collect data by themselves and analyze them in a relatively short period of time. It offered LGA managers the opportunity to see LGA level data reflecting performance in the catchment areas where they work – and to adjust the program accordingly at a local level. The methodology being simple and using a small sample size allowed the data collectors to complete the data collection and its hand tabulated analysis in a short time. It built capacity at the local level for subsequent surveys requiring a minimum level of input and supervision.

The findings of the survey reveal low coverage with all major interventions to prevent and control malaria in Nigeria particularly among under five children and pregnant women. The results showed low levels of case management with ACT (1%), low ITN coverage in households (5%) and low IPT coverage (8%) in program areas. The results call for urgent action to improve coverage. The results also indicated low coverage of other child survival indicators such as infant immunization in the North, exclusive breast feeding in the South, ORT coverage, and Antenatal Care. The malaria booster program should collaborate with other maternal and child health programs and agencies to complement the efforts and address system issues related to poor primary health care service delivery in the country and ways to create demand at the community level.

This is the first time State and LGA level aggregated data are available for various critical maternal and child survival interventions. The findings are similar to previous studies conducted through Demographic Health Survey (DHS), the Integrated Child Health Survey (ICHS) in 2003 and 2005, the COMPASS Baseline Household Survey, and the 2006 National Immunization Coverage Survey. We note that the survey data are not comparable as they are not state level data. The only comparable data with the LQAS results are the Nigeria Immunization Coverage Survey (NICS) done in 2006. There is a sharp difference between DPT3 and Measles coverage in the northern States compared to southern States as the LQAS concludes that coverage is lower than found by the NICS.

There are several limitations to be noted in this LQAS survey. Many indicators relied on recall by the informant; therefore, potential bias remains a possible limitation to this or any other cross-sectional survey. This is particularly so with past events such as pregnancy, spraying household in last six months. Self reported data may reflect respondent's desire to answer in certain ways rather than actual practice, skill or knowledge. Involvement of program people as data collectors and supervisors can influence certain responses and the way questions were asked or prompted. LQAS survey although simple require much larger resources than EPI cluster survey.

Several logistics challenges did occur. Political problems in Anambra state did exist. Funding by the NMCP was delayed in some states and affected the smooth operation and completion of the survey on time. Although hand tabulation of data was done immediately after the survey, the electronic data entry and analysis was not completed long after the survey. This was due primarily to the NMCP learning on which firms it could rely on for technical assistance. These problems could have been avoided with better planning, collaboration with other partners and increased capacity of state level monitoring and evaluation team.

In conclusion, the large scale LQAS survey is a promising methodology to monitor programs and identify areas of low performance. The program should continue to adopt the methodology as a routine exercise and monitor its intervention and coverage. LGA and State level managers were enthusiastic and remain enthusiastic about using LQAS as it gives them increased independence when using evidence based approaches for management at the local level.

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APPENDIX A

INDICATORS BY STATE WITH STANDARD ERRORS

HOUSEHOLD LEVEL DATA

STATES	% Of HH With One Or More Bednet			% Of HH With One Or More ITN			% Of HH Where One Or More ITN Was Used The Night Preceding The Survey			% Of HH With Any Bednet Hanging			% Of HH With ITN Hanging		
	p	sd	N	p	sd	n	p	sd	n	p	sd	n	p	sd	n
Bauchi	0.164	0.032	169	0.024	0.015	169	0.024	0.015	169	0.121	0.034	169	0.024	0.015	169
Gombe	0.097	0.025	133	0.030	0.016	132	0.030	0.016	132	0.054	0.020	133	0.029	0.016	133
Jigawa	0.289	0.087	170	0.058	0.041	168	0.032	0.022	168	0.220	0.085	170	0.050	0.041	170
Kano	0.100	0.032	171	0.031	0.014	171	0.031	0.014	171	0.079	0.025	171	0.031	0.014	171
Kaduna	0.139	0.023	171	0.058	0.018	170	0.041	0.013	170	0.085	0.020	171	0.040	0.016	171
Akwa Ibom	0.031	0.017	171	0.003	0.003	171	0.003	0.003	171	0.024	0.016	171	0.003	0.003	171
Anambra	0.125	0.058	170	0.003	0.004	171	0.003	0.004	171	0.093	0.046	170	0.000	0.000	170
Rivers	0.137	0.039	188	0.027	0.016	188	0.023	0.013	189	0.076	0.026	188	0.017	0.011	188
Delta	0.174	0.048	189	0.013	0.008	188	0.013	0.008	188	0.096	0.038	189	0.013	0.008	189
Program	0.146	0.014	1191	0.028	0.003	1186	0.022	0.001	1187	0.094	0.012	1191	0.023	0.003	1191
Control	0.117	0.004	341	0.013	0.000	342	0.013	0.000	342	0.088	0.003	341	0.010	0.000	341

Indoor Spraying						
	% Of Households Sprayed With Insecticide In Last Six Months			% Of Households Sprayed With Insecticide In Last Three		
	p	Sd	n	P	sd	n
Bauchi	0.000	0.000	169	0.000	0.000	169
Gombe	0.013	0.010	133	0.013	0.010	133
Jigawa	0.012	0.008	170	0.012	0.008	170
Kano	0.075	0.038	171	0.075	0.038	171
Kaduna	0.015	0.013	171	0.015	0.013	171
Akwa Ibom	0.000	0.000	171	0.000	0.000	171
Anambra	0.018	0.015	170	0.018	0.015	170
Rivers	0.004	0.004	190	0.004	0.004	190
Delta	0.063	0.027	189	0.063	0.027	189
Program	0.015	0.001	1193	0.015	0.001	1193
Control	0.036	0.002	341	0.036	0.002	341

State	Economic Quintile	% Of Hh With One Or More Bednet	% Of Hh With One Or More ITN	% Of Hh Where One Or More ITN Was Used The Night Preceding The Survey	% Of Households Sprayed With Insecticide In Last Six Months
Akwa Ibom	Lowest	0.000	0.000	0.000	0.000
	2	0.074	0.000	0.000	0.000
	3	0.059	0.000	0.000	0.000
	4	0.031	0.006	0.006	0.000
	Highest	0.010	0.000	0.000	0.000
Anambra	Lowest	0.917	0.000	0.000	0.183
	2	0.427	0.000	0.000	0.382
	3	0.572	0.000	0.000	0.000
	4	0.160	0.014	0.014	0.027
	Highest	0.054	0.000	0.000	0.000
Bauchi	Lowest	0.079	0.037	0.037	0.000
	2	0.223	0.019	0.019	0.000
	3	0.135	0.000	0.000	0.000
	4	0.139	0.040	0.040	0.000
	Highest	0.288	0.000	0.000	0.000
Delta	Lowest	0.170	0.000	0.000	0.000
	2	0.047	0.000	0.000	0.000
	3	0.397	0.037	0.037	0.036
	4	0.168	0.019	0.019	0.089
	Highest	0.134	0.006	0.006	0.065
Gombe	Lowest	0.096	0.000	0.000	0.000
	2	0.113	0.018	0.018	0.000
	3	0.121	0.060	0.060	0.036
	4	0.044	0.000	0.000	0.016
	Highest	0.159	0.159	0.159	0.000
Jigawa	Lowest	0.216	0.062	0.062	0.000
	2	0.305	0.062	0.000	0.015
	3	0.092	0.000	0.000	0.000
	4	0.336	0.045	0.045	0.000
	Highest	0.455	0.079	0.079	0.054

Kaduna	Lowest	0.091	0.091	0.091	0.094
	2	0.029	0.000	0.000	0.000
	3	0.073	0.042	0.012	0.031
	4	0.124	0.054	0.054	0.000
	Highest	0.469	0.150	0.079	0.000
Kano	Lowest	0.000	0.000	0.000	0.000
	2	0.023	0.000	0.000	0.000
	3	0.041	0.000	0.000	0.000
	4	0.061	0.000	0.000	0.106
	Highest	0.256	0.113	0.113	0.152
Rivers	Lowest	0.225	0.000	0.000	0.000
	2	0.127	0.000	0.000	0.000
	3	0.106	0.000	0.000	0.000
	4	0.133	0.024	0.012	0.000
	Highest	0.111	0.049	0.049	0.009

MOTHERS OF CHILDREN 0-11 MONTHS

	% Of Women With Children <1 Year Of Age Who Received ANC During Their Last Pregnancy (Reported)			% Of Women With Children <1 Year Of Age Who Received ANC During Their Last Pregnancy (Maternal Card)			% Of Women With Children <1 Year Of Age Who Received 4 Or More ANC During Their Last Pregnancy (Reported)			% Mothers With Maternal Card			% Mothers Who Gave Birth In Health Facility			% Mothers Who Gave Birth With A Trained Provider		
	p	sd	N	p	sd	n	p	sd	n	P	sd	n	p	sd	n	p	sd	n
Akwa Ibom	0.670	0.060	171	0.179	0.037	169	0.443	0.070	170	0.191	0.036	171	0.324	0.051	171	0.334	0.051	171
Anambra	0.897	0.038	171	0.083	0.027	170	0.171	0.042	169	0.094	0.025	171	0.790	0.049	171	0.865	0.049	171
Bauchi	0.559	0.050	167	0.099	0.024	166	0.672	0.037	165	0.190	0.044	100	0.241	0.057	100	0.255	0.049	100
Delta	0.789	0.046	184	0.280	0.048	177	0.288	0.054	169	0.311	0.049	180	0.555	0.072	180	0.569	0.074	183
Gombe	0.581	0.073	132	0.130	0.035	131	0.639	0.056	127	0.217	0.046	87	0.199	0.051	86	0.205	0.046	85
Jigawa	0.313	0.055	169	0.077	0.023	167	0.765	0.042	169	0.083	0.024	168	0.070	0.024	169	0.058	0.024	168
Kaduna	0.655	0.065	164	0.182	0.052	158	0.522	0.057	161	0.289	0.070	121	0.181	0.052	119	0.218	0.046	118
Kano	0.597	0.112	169	0.330	0.092	168	0.482	0.108	170	0.347	0.093	168	0.144	0.054	170	0.156	0.060	170
Rivers	0.725	0.059	184	0.380	0.084	184	0.656	0.077	180	0.382	0.084	183	0.590	0.090	183	0.582	0.097	184
Program	0.619	0.032	1163	0.209	0.020	1155	0.537	0.030	1150	0.236	0.022	1048	0.322	0.023	1050	0.336	0.023	1049
Control	0.699	0.006	348	0.215	0.005	335	0.445	0.006	330	0.296	0.007	301	0.304	0.008	299	0.334	0.008	301

State	% Of Mothers Who Know That Fansidar During Pregnancy Prevents Malaria			Proportion Of Mothers Who Took One Or More Doses Of Fansidar During Pregnancy			% Of Mothers Who Took Two Or More Doses Of Fansidar During Pregnancy			% Of Mothers Who Verbally Reported At Least One ANC Visit		
	p	sd	n	P	sd	n	p	sd	n	p	sd	n
Akwa Ibom	0.065	0.027	170	0.073	0.026	170	0.051	0.020	171	0.835	0.040	171
Anambra	0.011	0.008	170	0.003	0.004	171	0.003	0.004	172	0.944	0.022	171
Bauchi	0.042	0.018	167	0.035	0.018	168	0.026	0.014	168	0.584	0.059	167
Delta	0.225	0.039	182	0.265	0.034	182	0.207	0.039	183	0.833	0.042	184
Gombe	0.052	0.023	129	0.024	0.013	133	0.004	0.004	133	0.637	0.071	132
Jigawa	0.152	0.069	168	0.138	0.059	167	0.136	0.059	168	0.343	0.058	169
Kaduna	0.161	0.045	161	0.154	0.053	163	0.108	0.043	164	0.697	0.052	164
Kano	0.198	0.063	169	0.168	0.055	170	0.149	0.048	170	0.606	0.110	169
Rivers	0.256	0.082	182	0.205	0.056	184	0.175	0.059	184	0.818	0.043	184
Program	0.130	0.017	1155	0.109	0.011	1163	0.095	0.010	1166	0.671	0.028	1163
Control	0.182	0.004	343	0.191	0.004	345	0.140	0.003	347	0.742	0.004	348

State	% Of Infants That Slept Under A Net Last Night			% Of HH With More Than One Person Sleeping Under A Net			% Of Infants That Slept Under An ITN Last Night			% Of Mothers Who Slept Under Net During Pregnancy			% Of Mothers Who Slept Under ITN Last Night		
	p	Sd	n	p	sd	n	p	sd	n	p	sd	n	p	sd	n
Akwa Ibom	0.016	0.010	171	0.009	0.008	171	0.000	0.000	168	0.023	0.015	171	0.000	0.000	167
Anambra	0.106	0.046	171	0.059	0.028	172	0.004	0.004	153	0.070	0.029	169	0.004	0.004	156
Bauchi	0.063	0.021	166	0.058	0.020	168	0.009	0.006	155	0.081	0.022	164	0.009	0.006	155
Delta	0.145	0.036	182	0.111	0.036	184	0.000	0.000	155	0.083	0.030	179	0.005	0.005	158
Gombe	0.085	0.030	131	0.053	0.021	133	0.005	0.005	120	0.029	0.016	130	0.005	0.005	121
Jigawa	0.235	0.096	169	0.218	0.091	169	0.029	0.019	140	0.216	0.078	162	0.029	0.019	139
Kaduna	0.122	0.025	164	0.112	0.023	164	0.011	0.008	148	0.087	0.022	163	0.014	0.009	149
Kano	0.054	0.018	170	0.040	0.020	170	0.000	0.000	161	0.045	0.018	170	0.006	0.006	161
Rivers	0.083	0.024	184	0.081	0.023	184	0.007	0.005	166	0.071	0.019	180	0.007	0.005	164
Program	0.088	0.014	1162	0.072	0.011	1167	0.007	0.000	1063	0.076	0.009	1146	0.009	0.032	1063
Control	0.130	0.002	346	0.112	0.002	348	0.008	0.000	303	0.086	0.001	342	0.011	0.000	307

CHILDREN 12-23 MONTHS

State s	% of Children with a Vaccination Card		% Up-to-date in first year of life (Reported + Recorded)				% with Access to OPV1 (Reported + Recorded)			% with Access to DPT1 (Reported + Recorded)			% coverage with OPV3 (Reported + Recorded)			% coverage with DPT3 (Reported + Recorded)			% coverage with to Measles (Reported + Recorded)		
	p	sd	n	p	sd	n	p	sd	n	P	sd	n	p	sd	n	p	sd	n	p	sd	n
Akw a lbom	0.36 7	0.03 3	156	0.45 8	0.04 3	157	0.94 2	0.02 1	157	0.84 2	0.04 5	157	0.85 8	0.03 6	157	0.58 6	0.04 6	157	0.74 3	0.05 2	157
Ana mbra	0.33 4	0.06 3	117	0.56 6	0.06 1	120	0.91 9	0.02 5	120	0.76 4	0.04 5	120	0.84 3	0.03 3	120	0.65 1	0.05 7	120	0.81 5	0.04 9	120
Bauc hi	0.15 9	0.03 3	159	0.01 0	0.01 0	159	0.65 9	0.07 6	159	0.39 7	0.05 8	159	0.49 7	0.07 4	159	0.10 6	0.03 4	159	0.03 3	0.01 5	159
Delta	0.42 9	0.06 3	151	0.45 5	0.04 7	154	0.88 8	0.04 1	154	0.71 3	0.05 7	154	0.77 7	0.05 2	154	0.57 3	0.05 3	154	0.68 1	0.04 4	154
Gom be	0.27 8	0.04 6	114	0.05 1	0.02 0	115	0.75 7	0.05 4	115	0.48 5	0.06 7	115	0.53 3	0.06 0	115	0.25 3	0.05 0	115	0.13 6	0.03 2	114
Jiga wa	0.08 4	0.03 7	156	0.15 3	0.04 9	156	0.68 1	0.09 5	156	0.48 4	0.07 0	156	0.56 6	0.08 1	156	0.24 0	0.06 4	156	0.44 3	0.08 3	156
Kadu na	0.25 2	0.04 6	132	0.03 1	0.02 1	133	0.76 4	0.03 6	133	0.56 7	0.05 2	133	0.63 4	0.03 7	133	0.17 2	0.04 8	133	0.07 7	0.03 1	132
Kano	0.14 1	0.05 6	151	0.06 4	0.03 4	151	0.67 3	0.04 8	151	0.41 8	0.07 3	151	0.49 6	0.04 7	151	0.12 6	0.04 7	151	0.49 7	0.06 0	151
River s	0.48 5	0.07 7	174	0.59 9	0.09 2	174	0.87 6	0.03 6	174	0.79 5	0.04 7	174	0.79 6	0.05 3	174	0.67 4	0.07 3	174	0.73 1	0.07 1	174
Prog ram	0.24 7	0.01 9	1027	0.25 7	0.01 8	1032	0.77 0	0.02 2	1032	0.57 8	0.02 4	1032	0.63 9	0.02 3	1032	0.34 9	0.02 1	1032	0.50 7	0.02 2	1031
Cont rol	0.31 1	0.00 6	283	0.17 1	0.00 3	287	0.80 5	0.00 3	287	0.61 5	0.00 6	287	0.68 1	0.00 4	287	0.30 5	0.00 5	287	0.27 6	0.00 3	286

State	% of Children in a HH with a Bednet			% of Children That Slept Under a Bednet the Night Preceding the Survey			% of Children That Slept Under An ITN the Night Preceding the Survey		
	p	Sd	n	p	sd	n	p	sd	n
Akwa Ibom	0.036	0.021	157	0.009	0.009	157	0.009	0.009	157
Anambra	0.164	0.064	119	0.026	0.015	119	0.011	0.011	119
Bauchi	0.156	0.038	159	0.120	0.029	159	0.018	0.010	159
Delta	0.270	0.046	152	0.127	0.035	151	0.052	0.020	151
Gombe	0.102	0.032	115	0.079	0.028	115	0.004	0.004	115
Jigawa	0.283	0.083	156	0.254	0.087	156	0.038	0.023	156
Kaduna	0.180	0.034	133	0.141	0.030	133	0.057	0.021	133
Kano	0.107	0.031	149	0.076	0.024	149	0.000	0.000	149
Rivers	0.132	0.035	174	0.039	0.017	174	0.021	0.010	174
Program	0.140	0.016	1029	0.086	0.010	1029	0.013	0.001	1029
Control	0.210	0.003	285	0.136	0.002	284	0.056	0.001	284

CHILDREN 0-23 MONTHS WITH A SPECIFIC ILLNESS IN THE LAST TWO WEEKS

Diarrhea Case Management										
	% of Children 0-23 Months with Diarrhea in the Last Two Weeks			% of Children With Diarrhea Treated with ORT, Home Solution, or IV			% of Mothers Who Knows How to Prepare ORT Correctly			
	p	Sd	n	P	sd	n	p	sd	n	
Akwa Ibom	0.168	0.028	337	0.129	.	60	0.371	0.049	300	
Anambra	0.189	0.021	320	0.094	0.047	61	0.394	0.040	281	
Bauchi	0.342	0.027	331	0.080	0.036	116	0.157	0.037	297	
Delta	0.196	0.026	355	0.199	0.060	67	0.399	0.080	240	
Gombe	0.409	0.039	255	0.107	0.030	104	0.165	0.030	218	
Jigawa	0.147	0.025	332	0.561	0.078	53	0.683	0.033	247	
Kaduna	0.271	0.030	325	0.197	0.042	83	0.184	0.049	291	
Kano	0.154	0.025	328	0.388	0.049	52	0.554	0.086	248	
Rivers	0.204	0.037	366	0.258	0.109	78	0.474	0.086	312	
Program	0.209	0.006	2269	0.263	.	524	0.438	0.022	1903	
Control	0.246	0.002	680	0.197	0.005	150	0.255	0.009	531	

CHILDREN 0-59 MONTHS OF AGE

	Proportion of HH with Children 0-59 Months Owning one or more bednet			Proportion of HH with Children 0-59 Months Owning one or more ITNs			Proportion of Children 0-59 Months Who Slept Under an ITN the Night Preceding the Survey		
	p	sd	n	p	sd	N	p	sd	n
Akwa Ibom	0.034358	0.015323	171	0.013	0.009	168	0.013	0.009	168
Anambra	0.211653	0.064954	171	0.048	0.023	153	0.028	0.015	153
Bauchi	0.143666	0.045495	169	0.020	0.012	162	0.016	0.009	162
Delta	0.182915	0.039477	188	0.039	0.018	173	0.036	0.018	173
Gombe	0.125906	0.029293	131	0.047	0.020	129	0.032	0.016	129
Jigawa	0.282671	0.097467	167	0.093	0.056	158	0.085	0.050	157
Kaduna	0.118991	0.026449	166	0.057	0.017	165	0.049	0.017	165
Kano	0.0881	0.022238	169	0.007	0.007	162	0.007	0.007	162
Rivers	0.084119	0.026567	186	0.017	0.009	169	0.017	0.009	169
Program	0.133782	0.018082	1164	0.030	0.004	1101	0.025	0.003	1100
Control	0.140122	0.002258	354	0.051	0.001	338	0.045	0.001	338

States	% Of Children With Fever In The Last Two Weeks			% Of Children With Fever In The Last Two Weeks Who Sought Tx At A Health Facility In The First 24/48 Hrs			% Of Children With Fever In The Last Two Weeks Treated With ACT In The First 24/48 Hrs		
	p	Sd	n	P	sd	n	p	Sd	n
Akwa Ibom	0.678	0.030	171	0.135	0.036	117	0.000	0.000	110
Anambra	0.491	0.047	170	0.427	0.061	80	0.000	0.000	77
Bauchi	0.488	0.040	170	0.238	0.054	82	0.000	0.000	80
Delta	0.451	0.075	190	0.384	0.092	86	0.079	0.039	73
Gombe	0.713	0.039	131	0.170	0.051	94	0.000	0.000	64
Jigawa	0.379	0.046	168	0.509	.	65	0.000	0.000	62
Kaduna	0.392	0.038	167	0.346	0.077	63	0.084	0.041	59
Kano	0.302	0.071	169	0.376	.	52	0.000	0.000	48
Rivers	0.482	0.069	185	0.318	0.080	92	0.004	0.005	88
Program	0.459	0.018	1164	0.332	.	582	0.001	0.000	529
Control	0.411	0.007	357	0.358	0.014	149	0.082	0.003	132

APPENDIX B

SAMPLED LOCAL GOVERNMENT AREAS

State	LGA	State	LGA
Bauchi	Warji	Akwa-Ibom	Ibena
Bauchi	Toro	Akwa-Ibom	Onna
Bauchi	Kirfi	Akwa-Ibom	Okobo
Bauchi	Alkaleri	Akwa-Ibom	Oruk Anam
Bauchi	Bogoro	Akwa-Ibom	Ikono
Bauchi	Giade	Akwa-Ibom	Essein Udim
Bauchi	Demban	Akwa-Ibom	Ibesikpo Asutan
Bauchi	Katagum	Akwa-Ibom	Nsit Ibom
Bauchi	Itas/Gadau	Akwa-Ibom	Oron
Gombe	Shomgom	Rivers State	Bonny
Gombe	Billiri	Rivers State	Akuku Toru
Gombe	Balanga	Rivers State	Ahoda West
Gombe	Akko	Rivers State	Khana
Gombe	Kwami	Rivers State	Oyigbo
Gombe	Dukku	Rivers State	Omumma
Gombe	Nafada/Bajoga	Rivers State	Etche
Kano	Rano	Rivers State	Ahoda East
Kano	Garko	Rivers State	Obio-Akpor
Kano	Shanono	Rivers State	Opobo-Nkoro
Kano	Bagwai	Anambra	Anaocha
Kano	Ajingi	Anambra	Idemili North
Kano	Minjibir	Anambra	Njikoka
Kano	Dambatta	Anambra	Onitsha South
Kano	Dala	Anambra	Anambra East
Kano	Tarauni	Anambra	Ayamelum

Jigawa	Roni	Anambra	Ihiala
Jigawa	Babura	Anambra	Ogbaru
Jigawa	Gumel	Anambra	Orumba South
Jigawa	Gagarawa	Delta	Aniocha North
Jigawa	Kiyawa	Delta	Bomadi
Jigawa	Birniwa	Delta	Ethiope West
Jigawa	Kiri Kasamma	Delta	Ika South
Jigawa	Kafin Hausa	Delta	Ndokwa Easr
Jigawa	Gwaram	Delta	Okpe
		Delta	Patani
		Delta	Udu
		Delta	Ukwani
		Delta	Warri North

APPENDIX C

LIST OF SUPERVISORS AND INTERVIEWERS BY LGA AND STATE

State	LGA	Name	Survey Designation
Anambra	Anambra East	Umeh D.C.	Supervisor
Anambra	Anambra East	Chigata Charles	Interviewer
Anambra	Anambra East	George Ejimofor	Interviewer
Anambra	Anambra East	Nwaabeze S.A.	Supervisor
Anambra	Anocha	Udoji Grace	Interviewer
Anambra	Anocha	Uzoamaka Chukwudoze	Interviewer
Anambra	Ayamelum	Akabeze Helen	Supervisor
Anambra	Ayamelum	Malunze Keneth	Interviewer
Anambra	Ayamelum	Chukwura	Interviewer
Anambra	Idemili North	Ezenduka C.F.	Supervisor
Anambra	Idemili North	Chizoba Achebe	Interviewer
Anambra	Idemili North	Ubuno Ostia	Interviewer
Anambra	Ihala	Ikegrouna Chinwe	Interviewer
Anambra	Ihala	Eze Juliet	Interviewer
Anambra	Ihala	Umeh Evelyn	Interviewer
Anambra	Njikoka	Ike Dith	Supervisor
Anambra	Njikoka	Arachie C.O	Interviewer
Anambra	Njikoka	Mbonu Sabina	Interviewer
Anambra	Onitsha	Onwunrunka Virginia	Supervisor
Anambra	Onitsha	Anamalu Veronica	Interviewer
Anambra	Onitsha	Obunne Agusta	Interviewer
Anambra	Ogabrru	Azubike Orji	Supervisor
Anambra	Ogabrru	Olisa loveta	Interviewer
Anambra	Ogabrru	Nwabo Miriam	Interviewer
Anambra	Orunba South	Umeobika Chinadu	Supervisor
Anambra	Orunba South	Okoli Helen	Interviewer
Anambra	Orunba South	Okafor Blessing	Interviewer
Delta	Okpe	Oghrora U.C.M.	Supervisor
Delta	Okpe	G.U.Ekemiri	Interviewer
Delta	Okpe	R.O. Aiyemidojo	Interviewer
Delta	Ethiope West	Abeke K.R	Supervisor
Delta	Ethiope West	Okonamh E	Interviewer
Delta	Ethiope West	T. Egbejile	Interviewer
Delta	Warri North	W.O. Temisaren	Supervisor
Delta	Warri North	Ukerun C.S	Interviewer
Delta	Warri North	Ogbe E	Interviewer
Delta	Bomadi	E.O. Jarikre	Supervisor
Delta	Bomadi	Edheki B.O.	Interviewer
Delta	Bomadi	Ndidi Nwachokor	Interviewer
Delta	Bomadi	E. Igwala	Supervisor
Delta	Bomadi	Otuya C.O.	Interviewer
Delta	Bomadi	Enegide Henry	Interviewer
Delta	Patani	Unuame E.E	Supervisor
Delta	Patani	Deinduomo T.E.	Interviewer
Delta	Patani	Bokemieye P	Interviewer
Delta	Udu	D. Luya	Supervisor
Delta	Udu	Onwuameze K	Interviewer
Delta	Udu	Ophi C	Interviewer
Delta	Anocha North	O J Moemeke	Supervisor

Delta	Anocha North	Anikue T A	Interviewer
Delta	Anocha North	Ejeh Joy	Interviewer
Delta	Ika North	J I Nwokolo	Supervisor
Delta	Ika North	C. Iwunze	Interviewer
Delta	Ika North	T C Nwajei	Interviewer
Delta	Ndokwa east	M N Ifuwu	Supervisor
Delta	Ndokwa east	Olodu Gloria	Interviewer
Delta	Ndokwa east	Okechukwu Rose	Interviewer
Rivers	Bonny	Blessing Samuel	Interviewer
Rivers	Bonny	Alalibo Jumbo	Interviewer
Rivers	Bonny	Stanley Ate	Supervisor
Rivers	Akukutoru	Sukuta Senibo	Interviewer
Rivers	Akukutoru	Joseph Dinee	Interviewer
Rivers	Akukutoru	Markba Georgewill	Supervisor
Rivers	Ahoada West	Ogendu Chima	Interviewer
Rivers	Ahoada West	Kenneth S. Nwugo	Interviewer
Rivers	Ahoada West	Onita Onisoya	Supervisor
Rivers	Khana	Sudor Ibakepa	Interviewer
Rivers	Khana	Joseph Zorkpa Beega	Interviewer
Rivers	Khana	Paul Akpanya	Supervisor
Rivers	Oyigbo	Beatrice Irimagha	Interviewer
Rivers	Oyigbo	Florence Nwankwo	Interviewer
Rivers	Oyigbo	Janet Okere	Supervisor
Rivers	Omuma	Amadi Chikwe	Supervisor
Rivers	Omuma	John Otuka	Interviewer
Rivers	Omuma	Ledum Sunday	Interviewer
Rivers	Etche	Goodnews Njoku	Interviewer
Rivers	Etche	Chinaka Nwatuzeogwu	Interviewer
Rivers	Etche	Titus Nweke	Supervisor
Rivers	Ahoada East	Aka Joel Ishikaku	Interviewer
Rivers	Ahoada East	Chimenim Ogonor	Interviewer
Rivers	Ahoada East	Macaulay Ameuka	Supervisor
Rivers	Obio/Akpor	Philomena Orlu	Interviewer
Rivers	Obio/Akpor	Stella Nlerum	Interviewer
Rivers	Obio/Akpor	Echeonwu Bartholmew	Supervisor
Rivers	Opobo/Nkoro	Atemie Goodhead	Interviewer
Rivers	Opobo/Nkoro	Irene Iriamagha	Interviewer
Rivers	Opobo/Nkoro	Wonte Victor C.	Supervisor
Akwa Ibom	Ibendo	Udo Warrie Enombang	Interviewer
Akwa Ibom	Ibendo	Ekaete Umoh	Interviewer
Akwa Ibom	Ibendo	Nora Willie Udoh	Supervisor
Akwa Ibom	Onna	Umo Bassey	Interviewer
Akwa Ibom	Onna	RoseMary Inyang Abia	Interviewer
Akwa Ibom	Onna	Prince E.O. Ufot-Ekpo	Supervisor
Akwa Ibom	Okobo	Obi A Obi	Interviewer
Akwa Ibom	Okobo	E U Ettah	Interviewer
Akwa Ibom	Okobo	Ekaette Etuk Udoh	Supervisor
Akwa Ibom	Oruk Anam	Daniel J Akpan	Interviewer
Akwa Ibom	Oruk Anam	Jane Umoh	Interviewer
Akwa Ibom	Oruk Anam	Udauk Umo Udofia	Supervisor
Akwa Ibom	Ikono	Solomon Ette	Interviewer
Akwa Ibom	Ikono	Essein U M Silas	Interviewer
Akwa Ibom	Ikono	John Markson	Supervisor
Akwa Ibom	Essien Udim	Cletus Iboh	Interviewer
Akwa Ibom	Essien Udim	Cyprian Etokebe	Interviewer

Akwa Ibom	Essien Udim	Evelyn Eyo	Supervisor
Akwa Ibom	Ibesikpo Asutan	James Akpan	Interviewer
Akwa Ibom	Ibesikpo Asutan	Oscar Etim	Interviewer
Akwa Ibom	Ibesikpo Asutan	Essein K Akpan	Supervisor
Akwa Ibom	Nsit Ibom	Emmanuel Okokon Etim	Interviewer
Akwa Ibom	Nsit Ibom	Glory Akpan	Interviewer
Akwa Ibom	Nsit Ibom	Goffrey A Akro	Supervisor
Akwa Ibom	Oron	Victor Ekong	Interviewer
Akwa Ibom	Oron	A A Edidon-Akwa	Interviewer
Akwa Ibom	Oron	Samule Etuk	Supervisor
Bauchi	Kirfi	Suleiman Adamu	Interviewer
Bauchi	Kirfi	Aishatu Adamu	Interviewer
Bauchi	Kirfi	Asmau A Zun	Supervisor
Bauchi	Alkaleri	Ibrahim Yolama	Interviewer
Bauchi	Alkaleri	Jummai Ahmed	Interviewer
Bauchi	Alkaleri	Inuwa G Shekal	Supervisor
Bauchi	Dambam	Alh.Ajiya Dabo	Interviewer
Bauchi	Dambam	Amina Abdu	Interviewer
Bauchi	Dambam	Adamau D Udubo	Supervisor
Bauchi	Katagum	Shehu Gana	Interviewer
Bauchi	Katagum	Helen Philimon	Interviewer
Bauchi	Katagum	Umar B Abubakar	Supervisor
Bauchi	Itas/Gadua	Kabiru Yusuf	Interviewer
Bauchi	Itas/Gadua	Ladi Barde	Interviewer
Bauchi	Itas/Gadua	Musa Muh'da	Supervisor
Bauchi	Toro	Ahmed Abdullahi	Interviewer
Bauchi	Toro	Rifkatu Luka	Interviewer
Bauchi	Toro	Usman D Jaja	Supervisor
Bauchi	Bogoro	Elisha Dutse	Interviewer
Bauchi	Bogoro	Nuhu Ezekiel	Interviewer
Bauchi	Bogoro	Juliana Umar	Supervisor
Bauchi	Warji	Iliya D Ishaku	Interviewer
Bauchi	Warji	Rhoda Luka	Interviewer
Bauchi	Warji	Rahinatu A Tilde	Supervisor
Bauchi	Giade	Samaila Garba	Interviewer
Bauchi	Giade	Jummai Garba	Interviewer
Bauchi	Giade	Mustapha Bello	Supervisor
Gombe	Akko	Adamu M Haruna	Interviewer
Gombe	Akko	Ayo David	Interviewer
Gombe	Akko	Ahmed Audu	Supervisor
Gombe	Balanga	Andrew Tanko	Interviewer
Gombe	Balanga	Edward Garba	Interviewer
Gombe	Balanga	Rola J Pisagi	Supervisor
Gombe	Billiri	Zainab Muh'd	Interviewer
Gombe	Billiri	Albert Me	Interviewer
Gombe	Billiri	Esther Holen	Supervisor
Gombe	Duku	Muh'd Baba	Interviewer
Gombe	Duku	Umar Faruk	Interviewer
Gombe	Duku	Garba Baba	Supervisor
Gombe	Kwami	Salihi Adamu	Interviewer
Gombe	Kwami	Muh'd Musa	Interviewer
Gombe	Kwami	Aishatu Haruna	Supervisor
Gombe	Nafada	Babayo Adamu	Interviewer
Gombe	Nafada	Muh'd Yaya	Interviewer
Gombe	Nafada	Suleiman I Nafada	Supervisor

Gombe	Shongom	Muh'd Yaya	Interviewer
Gombe	Shongom	Kelejo Bajjam	Interviewer
Gombe	Shongom	Suleiman Mamman	Supervisor
Kaduna	B/Gwari	Abubakar Balarabe	Interviewer
Kaduna	B/Gwari	Rabiu Abdulkadir	Interviewer
Kaduna	B/Gwari	Habila Barem Bako	Supervisor
Kaduna	Giwa	Jim K Buhari	Interviewer
Kaduna	Giwa	Ibrahim Balarabe	Interviewer
Kaduna	Giwa	Ibrahim Sani	Supervisor
Kaduna	Jabo	Istifanus Walyson	Interviewer
Kaduna	Jabo	Benjamin D Shinkut	Interviewer
Kaduna	Jabo	Emanuel Ibrahim	Supervisor
Kaduna	Kachia	Fatima Nuhu	Interviewer
Kaduna	Kachia	John Peter	Interviewer
Kaduna	Kachia	Phobe Saidu	Supervisor
Kaduna	Kagarko	Suleiman Abdulhamed	Interviewer
Kaduna	Kagarko	Musa Sani	Interviewer
Kaduna	Kagarko	Adamu's Muh'd	Supervisor
Kaduna	Kaura	Titus Ogah	Interviewer
Kaduna	Kaura	Grace Yakubu	Interviewer
Kaduna	Kaura	Daniel Adamu	Supervisor
Kaduna	Kudan	Isa Yusha'U	Interviewer
Kaduna	Kudan	Lawal Iliya	Interviewer
Kaduna	Kudan	Bello Alhazawa	Supervisor
Kaduna	Makarfi	Ibrahim Adamu	Interviewer
Kaduna	Makarfi	Shehu Abdullah	Interviewer
Kaduna	Makarfi	Angela A Sheyin	Supervisor
Kaduna	Soba	Garba D Musa	Interviewer
Kaduna	Soba	Shehu Kashim	Interviewer
Kaduna	Soba	Sueliam Yusuf	Supervisor
Kano	Rano	Auwal Abdullahi	Interviewer
Kano	Rano	Ali Rajab	Interviewer
Kano	Rano	Danladi Tanko	Supervisor
Kano	Ajingi	Bashir Saidu	Interviewer
Kano	Ajingi	Musa Ali Kachako	Interviewer
Kano	Ajingi	Ali Aminu	Supervisor
Kano	Bagwai	Yahya Yusuf	Interviewer
Kano	Bagwai	Magaji Adamu	Interviewer
Kano	Bagwai	Bala Mohammed Tukur	Supervisor
Kano	Shanono	Tsoho Ali	Interviewer
Kano	Shanono	Abduallahi Abubakar	Interviewer
Kano	Shanono	Abdul Aziz Maitama	Supervisor
Kano	Minjibir	Aminu Isa Kurawa	Interviewer
Kano	Minjibir	Ubale Sule Kunya	Interviewer
Kano	Minjibir	Shehu Umar	Supervisor
Kano	Dala	Ibrahim Abdullahi	Interviewer
Kano	Dala	Muktar Falke	Interviewer
Kano	Dala	Rajab	Supervisor
Kano	Tarauni	Musa Mohammed	Interviewer
Kano	Tarauni	Tukur Makama	Interviewer
Kano	Tarauni	Shehu Musa	Supervisor
Kano	Garko	Kananta Shehu	Interviewer
Kano	Garko	Labaran Aminu	Interviewer
Kano	Garko	Abubakar S Abdul	Supervisor
Kano	Dambatta	Abba T Bature	Interviewer

Kano	Dambatta	Muh'd Diggol	Interviewer
Kano	Dambatta	Alh. Yahya Shehu	Supervisor
Jigawa	Birniwa	Jamilu Muktar	Interviewer
Jigawa	Birniwa	Fatima Muhammad Sani	Interviewer
Jigawa	Birniwa	Ibrahim Bura	Supervisor
Jigawa	Babura	Lawa Manu	Interviewer
Jigawa	Babura	Muktari Bala	Interviewer
Jigawa	Babura	Auwalu Usaini	Supervisor
Jigawa	Gagarawa	Idi Abdu Madaki	Interviewer
Jigawa	Gagarawa	Abdullahi Zangina	Interviewer
Jigawa	Gagarawa	Mustafa Sabo	Supervisor
Jigawa	Gumel	Murtala Dahiru	Interviewer
Jigawa	Gumel	Hassan Magaji	Interviewer
Jigawa	Gumel	Lawan Aminu	Supervisor
Jigawa	Gwaram	Aminu Abubakar Saidu	Interviewer
Jigawa	Gwaram	Ado Yuguda	Interviewer
Jigawa	Gwaram	Ahmed Rufai	Supervisor
Jigawa	Kafin Hausa	Aminu Shehu	Interviewer
Jigawa	Kafin Hausa	Suleiman Abbas	Interviewer
Jigawa	Kafin Hausa	Adamu Uzairu	Supervisor
Jigawa	Kirikasamma	Mohammed Maisamari	Interviewer
Jigawa	Kirikasamma	Zubairu Mohammed	Interviewer
Jigawa	Kirikasamma	Alhaji Musa	Supervisor
Jigawa	Kiyawa	Musa Nababa	Interviewer
Jigawa	Kiyawa	Salisu S Malik	Interviewer
Jigawa	Kiyawa	Shehu Suleiman	Supervisor
Jigawa	Roni	Abdullahi Yahaya	Interviewer
Jigawa	Roni	Ibrahim Ya'U Amaryawa	Interviewer
Jigawa	Roni	Suraja Nuhu	Supervisor

APPENDIX D. LQAS QUESTIONNAIRE

Government of Nigeria



National Malaria Control Program

Baseline Survey for the Malaria Package Plus Project

Questionnaire Check List											
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Household Survey 2 Mothers of Children 0 – 11 Months 12 Mothers of Children 12 – 23 Months 30 Mothers of Children 0 – 59 Months 46										
Households Visited Before Finding the Respondent											
Mark "X" in the Boxes Noting What Occurred at Each HH Visited -- ONLY ONE X IS PERMITTED IN EACH COLUMN											
Sequence of HH Visited											Row Total
	1	2	3	4	5	6	7	8	9	10	
Row 1 Household questionnaire filled											
Row 2 Mother of Children 0-11 months filled											
Row 3 Mothers of Children 12-23 months filled											
Row 4 Mothers of Children 0-59 months filled											
Row 5. Interviewee absent, not returning for 15+ minutes											
Row 6. House abandoned, vacant											
Row 7. No appropriate respondent lives in house											
Row 8. Refusal											

NATIONAL MALARIA CONTROL PROGRAM

BASELINE SURVEY, NIGERIA

HOUSEHOLD QUESTIONNAIRE

Identification		OFFICE USE ONLY													
Number of Questionnaire		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>													
LQAS Number Out of 19 _____		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>													
Interviewer's Name _____ Interviewer's Organization _____		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>													
Village/Settlement _____ Ward _____ LGA _____ State _____		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>													
Household Head's Name _____ Name of Respondent _____															
Record the time the interview BEGINS		_____ : _____ HOUR: _____ MINUTE													
<u>INFORMED CONSENT</u>															
<p>Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>															
Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal												
<u>Recommendations for the interviewer</u>															
<p>For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.</p> <p>For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent</p>															

SECTION 1: HOUSEHOLD ASSETS

Now we would like some information about your household conditions.

CIRCLE ONE RESPONSE ONLY EXCEPT WHERE NOTED

Questions and Filters	Coding Categories	Skips
1. In your house is there:		
a. Electricity?	Yes = 1 No = 2	
b. Radio?	Yes = 1 No = 2	
c. Television?	Yes = 1 No = 2	
d. Refrigerator?	Yes = 1 No = 2	
e. Bicycle?	Yes = 1 No = 2	
f. Motorcycle?	Yes = 1 No = 2	
g. Car?	Yes = 1 No = 2	
2. Do members of your household work on their own or the family's agricultural land?	Yes = 1 No = 2	
3. What is <u>the main</u> household source of drinking water? CIRCLE ONE RESPONSE ONLY	Piped drinking water in residence 1 Water piped into yard..... 2 Public faucet (piped)..... 3 Water from a well with a pump..... 4 Water from a well with no pump..... 5 Water from a tanker truck..... 6 Rain water..... 7 Other source 8	
4. What is <u>the main</u> type of toilet facility used by members of your household?	Flush toilet..... 1 Traditional pit toilet..... 2 Bush or field 3	
5. What is <u>the main</u> type of flooring in your house? CIRCLE ONE RESPONSE ONLY	Dirt, sand, dung 1 Wood or plank 2 Cement3 Parquet or polished wood 4 Tiles..... 5 Other _____ 8 (specify)	

SECTION 2: RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
6	What is the date of your birth date	____/____/____ Day / Mo / Year	
7	Sex of respondent	Male..... 1 Female..... 2	
8	IF RESPONDENT DOES NOT KNOW HIS/HER OWN BIRTHDAY, ASK How old are you?	Age in completed years <input type="text"/> <input type="text"/>	
9	Have you ever attended school?	Yes..... 1 No..... 2	→ 11
10	What is the highest level of school you attended: primary, secondary, or higher?	Primary..... 1 Secondary..... 2 Higher (post secondary)3	
11	What is your marital status? READ THE RESPONSE OPTIONS	Single, no partner..... 1 Single, non regular partner..... 2 Single with regular partner.....3 Married..... .4 Widowed.....5 Divorced/separated..... ..6	
12	What is your religion?	Christianity..... .1 Islam.....2 Traditional..... .3 Other _____ 9 (specify)	
12A	What is your spouse's <u>primary occupation</u> during the year? CIRCLE ONE REPOSE ONLY	Unemployed1 Farmer.....2 Agricultural labourer.....3 Non-agricultural labourer4 Skilled labourer/tradesman - e.g. carpenter5 Small Trader6 Civil servant7 Soldier8 Other _____.....9 (specify)	
12B	What is your <u>primary occupation</u> during the year? CIRCLE ONE REPOSE ONLY	Unemployed1 Farmer.....2 Agricultural labourer.....3 Non-agricultural labourer4 Skilled labourer/tradesman - e.g. carpenter5 Small Trader6 Civil servant7 Soldier8 Other _____.....9 (specify)	

SECTION 3: INDOOR RESIDUAL SPRAYING

No.	Questions and Filters	Coding Categories	Skips		
14	At any time in the past 12 months, has anyone sprayed the interior walls of your house against mosquitoes?	Yes..... 1 No..... 2 Don't know..... 3	→ 17 → 17		
15	How many months ago was the house sprayed? (if less than one month, record '00')	<table border="1"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> MONTHS			
16	Who sprayed the house?	Government worker/program..... 1 Private company..... 2 Household member 3 Other _____ 8 (specify) Don't know..... 4			

SECTION 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips		
17	Does your household have any bednets that can be used while sleeping?	Yes..... 1 No..... 2	→ 35		
18	How many bednets does your household have? Please include the bednets used by visitors and servants.	<table border="1"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE ALONG WITH YOU OR FOR YOU.

WRITE INFORMATION ABOUT EACH NET IN ITS OWN COLUMN ONLY

19	ASK RESPONDENT TO SHOW YOU THE BEDNET(S) IN THE HOUSEHOLD. IF MORE THAN THREE BEDNETS, USE ADDITIONAL QUESTIONNAIRE(S). IF NOT BEDNET HANDING IN HH SKIP TO 35	NET #1	NET #2	NET #3
20	How long ago did your household obtain the bednet?	MONTHS _____ AGO..... MORE THAN 3 YEARS AGO95	MONTHS _____ AGO..... MORE THAN 3 YEARS AGO95	MONTHS _____ AGO..... MORE THAN 3 YEARS AGO95
21	OBSERVE THE BRAND OF THE BEDNET (IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU) AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 25) 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 25) 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 25) 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98
22	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES1 NO2 NOT SURE8	YES1 NO2 NOT SURE8	YES1 NO2 NOT SURE8
23	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES1 NO2 (SKIP TO 25) NOT SURE8	YES1 NO2 (SKIP TO 25) NOT SURE8	YES1 NO2 (SKIP TO 25) NOT SURE8
24	How long ago was the bednet last soaked or dipped? IF LESS THAN 1 MONTH AGO, RECORD 00 MONTHS. IF LESS THAN 2 YEARS AGO, RECORD # OF MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MONTHS _____ AGO..... MORE THAN 2 YEARS AGO 95 NOT SURE98	MONTHS _____ AGO..... MORE THAN 2 YEARS AGO 95 NOT SURE 98	MONTHS _____ AGO..... MORE THAN 2 YEARS AGO 95 NOT SURE98
25	How much did you pay for this bednet?	_____ Naira Paid nothing ... 00 Don't know 98	_____ Naira Paid nothing ... 00 Don't know 98	_____ Naira Paid nothing ... 00 Don't know 98
25A	Did anyone sleep under this bednet last night?	YES1 NO2 (END FOR THIS NET) NOT SURE8	YES1 NO2 (END FOR THIS NET) NOT SURE8	YES1 NO2 (END FOR THIS NET) NOT SURE8
<p>¹ "Permanent" is a factory treated net that does not require any further treatment. ² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.</p>				

WRITE THE INFORMATION ABOUT EACH NET LISTED ON THE PREVIOUS PAGE

		NET #1	NET #2	NET #3
26	<p>Who slept under this Bednet last night?</p> <p>WRITE THE NAME OF EACH USER FOR A BEDNET IN THE GRAY SPACE.</p> <p>WHEN YOU FINISH WRITING THE NAMES OF PEOPLE WHO SLEPT LAST NIGHT UNDER A BEDNET THEN RECORD THE SEX AND AGE GROUP FOR EACH OF THESE PEOPLE WHO SLEPT UNDER THE BED NET LAST NIGHT.</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>GO TO BEDNET 2</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>GO TO BEDNET 3</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>GO TO BEDNET 4</p>

ADDITIONAL NETS:

WRITE INFORMATION ABOUT EACH NET IN ITS OWN COLUMN ONLY

27	ASK RESPONDENT TO SHOW YOU THE BEDNET(S) IN THE HOUSEHOLD. IF MORE THAN THREE BEDNETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #4	NET #5	NET #6
		OBSERVED..... 1 NOT OBSERVED..... 2	OBSERVED..... 1 NOT OBSERVED..... 2	OBSERVED..... 1 NOT OBSERVED..... 2
28	How long ago did your household obtain the bednet?	MONTHS _____ AGO MORE THAN 3 YEARS AGO95	MONTHS _____ AGO MORE THAN 3 YEARS AGO95	MONTHS _____ AGO MORE THAN 3 YEARS AGO95
29	OBSERVE THE BRAND OF THE BEDNET (IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU) AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 32)☐ 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 32)☐ 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98	'PERMANENT' NET ¹ OLYSET11 VESTERGAARD .12 (SKIP TO 32)☐ 'PRETREATED' NET ² TREATABLE21 ORDINARY31 DON'T KNOW98
29A	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES1 NO2 NOT SURE8	YES1 NO2 NOT SURE8	YES1 NO2 NOT SURE8
30	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES1 NO2 (SKIP TO 32)☐ NOT SURE8	YES1 NO2 (SKIP TO 32)☐ NOT SURE8	YES1 NO2 (SKIP TO 32)☐ NOT SURE8
31	How long ago was the bednet last soaked or dipped? IF LESS THAN 1 MONTH AGO, RECORD 00 MONTHS. IF LESS THAN 2 YEARS AGO, RECORD # OF MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MONTHS _____ AGO MORE THAN 2 YEARS AGO95 NOT SURE 98	MONTHS _____ AGO MORE THAN 2 YEARS AGO95 NOT SURE98	MONTHS _____ AGO MORE THAN 2 YEARS AGO 95 NOT SURE 98
32	How much did you pay for this bednet?	_____ Naira Paid nothing ... 00 Don't know 98	_____ Naira Paid nothing ... 00 Don't know 98	_____ Naira Paid nothing ... 00 Don't know 98
33	Did anyone sleep under this bednet last night?	YES1 NO2 (END FOR THIS NET)☐ NOT SURE8	YES1 NO2 (END FOR THIS NET)☐ NOT SURE8	YES1 NO2 (END FOR THIS NET)☐ NOT SURE8

¹ "Permanent" is a factory treated net that does not require any further treatment.

² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.

WRITE THE INFORMATION ABOUT EACH NET LISTED ON THE PREVIOUS PAGE

		NET #4	NET #5	NET #6
34	<p>Who slept under this Bednet last night?</p> <p>WRITE THE NAME OF EACH USER FOR A BEDNET IN THE GRAY SPACE.</p> <p>WHEN YOU FINISH WRITING THE NAMES OF PEOPLE WHO SLEPT NET LAST NIGHT UNDER A BEDNET THEN RECORD THE SEX AND AGE GROUP FOR EACH OF THESE PEOPLE WHO SLEPT UNDER THE BED NET LAST NIGHT.</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>GO TO BEDNET 5</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>GO TO BEDNET 6</p>	<p>User 1</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 2</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 3</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 4</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <hr/> <p>User 5</p> <p>Sex: Male=1 Female=2</p> <p>.....</p> <p>Age: <5yrs = 1 5-10 yrs = 2 11-14 yrs = 3 15+ yrs = 4</p> <p>CONTINUE</p>

SECTION 5: FAMILY PLANNING

35. FOR THESE LAST QUESTIONS CHOOSE A WOMAN 15-49 YEARS OF AGE RESIDING IN THE HOUSEHOLD. IF THERE IS MORE THAN ONE, THEN SELECT ONE OF THEM RANDOMLY.

END IF THERE ARE NO WOMEN IN THIS AGE RANGE (MARK X IF NO WOMEN 15-49 YRS) _____

Could you please tell me your name? _____

Before we can begin, I need to ask you a question.

Are you pregnant right now? NO 1 → CONTINUE

YES..... 2 → SELECT ANOTHER WOMAN 15-49 IN HOUSE OR END IF NONE

NOT SURE..... 3 → SELECT ANOTHER WOMAN 15-49 IN HOUSE OR END IF NONE

REFUSES TO ANSWER 4 → SELECT ANOTHER WOMAN 15-49 IN HOUSE OR END IF NONE

36	<p>How old are you?</p>	<p>AGE (IN YEARS) _____</p> <p>IF AGE IS NOT 15-49 YEARS THEN SELECT ANOTHER WOMAN 15-49 IN HOUSE OR END IF THERE ARE NONE</p>
----	-------------------------	--

37	What is your marital status? READ THE RESPONSE OPTIONS	Single, no partner..... 1 Single, non regular partner..... 2 Single with regular partner.....3 Married..... 4 Widowed.....5 Divorced/separated..... ..6	
38	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→END
39	What is the <u>main method</u> you or your husband/partner are using now to avoid/postpone getting pregnant? ONE ANSWER ONLY	NORPLANT.....1 INJECTIONS.....2 PILL.....3 IUD.....4 BARRIER METHOD/ DIAPHRAGM.....5 CONDOM.....6 FOAM/GEL.....7 TUBAL LIGATION.....8 VASECTOMY.....9 LACTATIONAL AMENORRHEA (EXCLUSIVE BREASTFEEDING)...10 RHYTHM.....11 ABSTINENCE.....12 WITHDRAWAL.....13 OTHER _____96 (SPECIFY)	
40	How long have you been using your main method? ____ years X 12 mo. = ____ MONTHS	MONTHS __ __	
Record the time the interview ENDS		____ : ____ HOUR: MINUTE	

THANK YOU -- THE END

QUESTIONNAIRE

Mothers of Children 0-11 Months

NATIONAL MALARIA CONTROL PROGRAM

BASELINE SURVEY, NIGERIA

MOTHERS OF CHILDREN 0-11 MONTHS QUESTIONNAIRE

Identification	OFFICE USE ONLY												
Number of Questionnaire	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
LQAS Number Out of 19 _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Interviewer's Name _____ Interviewer's Organization _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>												
Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>												
Household Head's Name _____ Name of Respondent _____													
Date interview carried out _____ / _____ / _____ <div style="text-align: center;">Day / Mo / Year</div>													
Record the time the interview BEGINS	____ : ____ HOUR: MINUTE												
<u>INFORMED CONSENT</u>													
<p>Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>													
Respondent agrees to be interviewed	→ Proceed with interview	Respondent does not agree to be interviewed	→ Go to the next house and mark this house as a refusal										
<u>Recommendations for the interviewer</u>													
<p>Verify the mother has child 0-11 months of age; use the vaccination card or maternal card if possible to verify. If more than one child 0-11 months live in this household choose ONE at random.</p> <p>For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.</p>													

SECTION 1: HOUSEHOLD ASSETS

Now we would like some information about your household conditions.

CIRCLE ONE RESPONSE ONLY EXCEPT WHERE NOTED

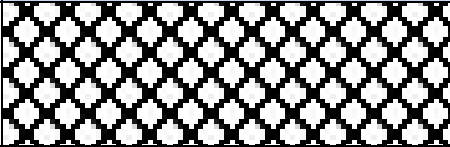
Questions and Filters	Coding Categories	Skips
1. In your house is there:		
h. Electricity?	Yes = 1 No = 2	
i. Radio?	Yes = 1 No = 2	
j. Television?	Yes = 1 No = 2	
k. Refrigerator?	Yes = 1 No = 2	
l. Bicycle?	Yes = 1 No = 2	
m. Motorcycle?	Yes = 1 No = 2	
n. Car?	Yes = 1 No = 2	
2. Do members of your household work on their own or the family's agricultural land?	Yes = 1 No = 2	
4. What is <u>the main</u> household source of drinking water? CIRCLE ONE RESPONSE ONLY	Piped drinking water in residence 1 Water piped into yard..... 2 Public faucet (piped)..... 3 Water from a well with a pump..... 4 Water from a well with no pump..... 5 Water from a tanker truck..... 6 Rain water..... 7 Other source 8	
4. What is <u>the main</u> type of toilet facility used by members of your household?	Flush toilet..... 1 Traditional pit toilet..... 2 Bush or field 3	
5. What is the <u>main type</u> of flooring in your house? CIRCLE ONE RESPONSE ONLY	Dirt, sand, dung 1 Wood or plank 2 Cement3 Parquet or polished wood 4 Tiles..... 5 Other _____ 8 (specify)	

SECTION 2: MOTHER'S BACKGROUND

No	Questions and Filters	Coding Categories	Skips
6	What is the date of your birth date?	____/____/____ Day / Mo / Year	
7	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK: How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
8	Have you ever attended school?	Yes..... 1	

		No..... 2	→ 10
9	What is the highest level of school you attended: primary, secondary, or higher?	Primary..... 1 Secondary 2 Higher(post-secondary)... .. 3	
10	What is your marital status? READ THE RESPONSE OPTIONS	Single, no partner..... 1 Single, non regular partner..... 2 Single with regular partner.....3 Married..... 4 Widowed.....5 Divorced/separated..... ..6	
11	What is your religion?	Christianity..... 1 Islam.....2 Traditional..... 3 Other _____ 4 (Specify)	

SECTION 3: INFANT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
13	What is the name of your baby? NAME _____		
14	What is the sex of [NAME]?	Male.....1 Female.....2	
15	What is [NAME]'s birthdate?	[__ / __ / __] [day / month/ year]	
16	IF MOTHER DOES NOT KNOW (NAME'S) BIRTHDAY, ASK How old is (NAME?)	Child's age in completed months <input type="text"/> <input type="text"/>	

SECTION 4: PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

No.	Questions and Filters	Coding Categories	Skips
17a	When you were pregnant with (NAME), did you see anyone for antenatal care?	Yes..... 1 No..... 2	→ 18a
17b	Whom did you see? PROBE, ANYONE ELSE? (RECORD ALL PERSONS SEEN)	Health professional/doctor..... 11 Nurse/midwife..... 12 Auxiliary midwife..... 13 Other person/traditional birth attendant..... 14 Other _____ 15 (specify) No one..... 16	

17c	How many times did you see someone for antenatal care when you were pregnant with (NAME)?	_____ Number of Times	
18a	Where did you give birth? IF RESPONSE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME: MY HOME1 OTHER'S HOME2 HEALTH FACILITY: HOSPITAL 3 HEALTH CENTER 4 CLINIC (Private/Gov) 5 OTHER6 _____ (SPECIFY)	
18b	Who assisted you during delivery?	DOCTOR/ NURSE/ MIDWIFE1 TBA2 NO ONE3 FAMILY MEMBER4 OTHER_____ 6	
19	Do you have a maternal card	Yes, seen by interviewer..... 1 Not available/lost/misplaced.... 2 Never had a card..... 3 Don't know..... 8	→ 20 → 20 → 20
19b	RECORD THE NUMBER OF ANTENATAL CARE VISITS LISTED ON THE MATERNAL CARD	_____ Number of Antenatal Care Visits	
20	What kind of medicines should pregnant women take during pregnancy to prevent malaria? PROBE, ANYTHING ELSE? CIRCLE AS MANY RESPONSES AS MENTIONED	SP/Fansidar.....11 Chloroquine..... 12 Other _____ 18 (specify) Don't know..... 13 Nothing.....14	
21	During this pregnancy, did you take any medicines in order to prevent you from getting malaria?	Yes..... 1 No..... 2 Don't know..... 3	→ 25 → 25

22	Which medicines did you take during your pregnancy to prevent malaria? Record all mentioned. CIRCLE AS MANY RESPONSES AS MENTIONED	SP/Fansidar.....11 Chloroquine..... 12 Other _____ 13 (specify) Don't know..... 14	→ 25 → 25 → 25
23	How many times did you take SP/Fansidar during this pregnancy?	<input type="text"/> <input type="text"/>	
24	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility, or from some other source?	Antenatal visit..... 1 Another facility visit..... 2 ANC Outreach visit 3 Other source _____ 6 (specify)	

SECTION 5: BEDNETS

No.	Questions and Filters	Coding Categories	Skips
25	Does your household have any bednets that can be used while sleeping?	Yes..... 1 No..... 2	→ 38
26	How many bednets does your household have?	<input type="text"/> <input type="text"/>	
27	Did you sleep under a bednet last night?	Yes..... 1 No..... 2	
28	Did you usually sleep under bednet during your last pregnancy?	Yes..... 1 No..... 2	
29	Did (NAME) sleep under a bednet last night?	Yes..... 1 No..... 2	If both the child & mother did not sleep under a bednet skip → 38
30	If (NAME) slept with her mother under the bednet, mark "X" here and fill only the mother's column on the next set of questions	<input type="text"/>	

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. – ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE ALONG WITH YOU OR FOR YOU.

ASK PERMISSION TO GO INTO THE HOUSE AND ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD

No.	Questions and Filters	Mother's bednet	(NAME OF CHILD)'S bednet
31	OBSERVED HANGING OVER SLEEPING AREA	Yes..... 1 No bednet hanging ..2 (SKIP TO NEXT COLUMN) Could not observe ... 3 (SKIP TO NEXT COLUMN)	Yes..... 1 No bednet hanging ..2 (SKIP TO 38) Could not observe ... 3 (SKIP TO 38)
32	Did any one else sleep under this bednet	Yes..... 1 No..... 2	Yes..... 1 No..... 2
33	How many months ago did you obtain the bednet? IF MORE THAN 3 YEARS AGO "95"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">Months</p> <p>Less than a month..... 00 More than 3 years.....95 Don't know.....88</p>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">Months</p> <p>Less than a month..... 00 More than 3 years.....95 Don't know.....88</p>
34	OBSERVE THE BRAND OF THE BEDNET (IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU) AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS	PERMANENT NET ¹ Olyset11 Vestergaard...12 (SKIP TO 38)	PERMANENT NET ¹ Olyset11 Vestergaard...12 (SKIP TO 38)
35	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?	Yes..... 1 No..... 2 Don't know.....8	Yes..... 1 No..... 2 Don't know.....8
36	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	Yes..... 1 No..... 2 Don't know.....8 2 or 8 → 38	Yes..... 1 No..... 2 Don't know.....8 2 or 8 → 38
37	How long ago was the bednet last soaked or dipped? (if less than 1 month ago, record >00' months. if less than 2 years ago probe for exact number of months)	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">Months</p> <p>More than 2 yrs ...95 Don't know88</p>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">Months</p> <p>More than 2 yrs ...95 Don't know88</p>

SECTION 6: BREASTFEEDING AND INFANT/CHILD NUTRITION

No.	Questions and Filters	Coding Categories	Skips		
38	Did you ever breastfeed (NAME)?	Yes..... 1 No..... 2	→ 46		
39	How long after birth did you first put (NAME) to the breast?	Immediately / within first hour after birth 1 After the first hour 2 Don't remember / don't know 8			
40	During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?	Yes..... 1 No..... 2 Don't know..... 8			
41	During the first three days after delivery, did you give (NAME) anything else to eat or drink before feeding him/her breastmilk?	Yes..... 1 No..... 2 Don't know..... 8	→ 43		
42	What did you give (NAME)? PROBE, ANYTHING ELSE? DO NOT READ THE LIST, RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED	Milk (other than breastmilk) 11 Plain water12 Water with sugar and/or salt13 Fruit juice14 Tea / infusions..... 15 Liquid or semi-liquid traditional medicine16 Infant formula17 Other _____ ..88 (specify)			
43	Are you currently breastfeeding (NAME)?	Yes..... 1 No..... 2	→ 45a		
44	How many months did you breastfeed (NAME)? IF LESS THAN ONE MONTH, RECORD "00" MONTHS	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			→ 46
45a	Did (NAME) drink any of the following liquids yesterday during the day or at night? READ THE LIST OF LIQUIDS. CIRCLE IF CHILD DRANK LIQUID IN QUESTION.	Breastmilk?.....11 Plain water?.....12 Commercially produced infant formula?..... 13 Any other milk such as tinned, powdered, or fresh animal milk? 14 Fruit juice?..... 15 Tea or coffee or infusions?16 Other liquids?.....17 Liquid or semi-liquid traditional medicine?..... 18			
45b	Did (NAME) eat any solid or semi-solid food yesterday during the day or at night?	Yes..... 1 No..... 2 Don't know..... 8			
46	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes..... 1 No..... 2 Don't know..... 8			

SECTION 7: DIARRHEA CASE MANAGEMENT

No.	Questions and Filters	Coding Categories	Skips
47	Has (NAME) had diarrhea in the last 2 weeks?	Yes..... 1 No..... 2 Don't know.....3	→ 56 → 56
48	What was given to (NAME) to treat the diarrhea? PROBE, ANYTHING ELSE? RECORD ALL RESPONSES MENTIONED.	Nothing.....11 Fluid from ORS packet12 Home-made fluid.....13 Pill or syrup..... 14 Injection..... 15 (IV) intravenous..... 16 Home remedies / Herbal medicines17 Other _____18 (specify)	
49	When (NAME) had diarrhea, did you breastfeed him/her less than usual, about the same amount, or more than usual?	Less..... 1 Same..... 2 More..... 3 Child not breastfed..... 4 Don't know..... 8	
50	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
51	Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
52	Did you seek advice or treatment outside of the home for (NAME)'s diarrhea?	Yes..... 1 No..... 2	→ 56
53	Where did you seek advice or treatment? PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED	Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post.....13 Mobile clinic..... 14 Field worker.....15 Other public _____ 18 (specify)	
		Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 28 (specify)	
		Other Source Shop/PMVs..... 31 Community HW..... 32 Traditional. Practitioner..... 33 Other _____ 38 (specify)	

54	Who decided that you should go there for (NAME'S) illness? RECORD ALL MENTIONED	Respondent..... 11 Husband/partner..... 12 Respondent's mother..... 13 Mother-in-law.....14 Friends/neighbors..... 15 Other _____ ...18 (specify)	
55	During the period when (NAME) was recovering from diarrhea, did you give him/her less than usual to drink, about the same amount, or more than usual to drink?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
56	Have you heard of ORS/ORT?	Yes.....1 No.....2	→ 58
57	Could you please explain how to prepare ORS or ORT?. ONCE MOTHER HAS PROVIDED A DESCRIPTION, RECORD WHETHER SHE DESCRIBED ORS/ORT PREPARATION CORRECTLY OR INCORRECTLY. CIRCLE 1 [CORRECTLY] IF THE MOTHER MENTIONED THE FOLLOWING: <u>ORS SACHET</u> 1. Use 1 liter of clean drinking water (1 liter=3 soda bottles) (If 600 mls sachet =2 soda bottles) ____ 2. Use the entire packet ____ 3. Dissolve the powder fully ____ <u>HOME PREPARATION</u> 1. Use 600 mls of clean drinking water (600 mls = 2 soda bottles) ____ 2. 1 level teaspoon of salt __ 3. 10 level teaspoons of sugar __	Described correctly..... 1 Described incorrectly..... 2 Never heard of ORS..... 8	

SECTION 8: ACUTE RESPIRATORY INFECTIONS

No.	Questions and Filters	Coding Categories	Skips
58	Has (NAME) had an illness with a cough at any time in the last two weeks?	Yes..... 1 No..... 2 Don't know.....8	→ 67
59	Did he/she have trouble breathing or breathe faster than usual with short, fast breaths?	Yes..... 1 No..... 2 Don't know.....8	→ 67 → 67

60	Did you seek advice or treatment for the cough/fast breathing?	Yes..... 1 No..... 2	→ 67
61	How long after you noticed (NAME's) cough and fast breathing did you seek treatment?	Same day..... 0 Next day..... 1 Two days..... 2 Three or more days..... 3 Don't know8	
62	Where did you first go for advice or treatment?	Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15 Other public _____ .16 (specify)	
		Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 26 (specify)	
		Other Source Shop/PMVs..... 31 Community HW..... 32 Trad. Practitioner..... 33 Other _____ 34 (specify)	
63	Who decided that you should go there for (NAME'S) illness? RECORD ALL MENTIONED.	Respondent.....11 Husband/partner.....12 Respondent's mother.....13 Mother-in-law.....14 Friends/neighbors.....15 Other _____ 16 (specify)	
64	Did you go anywhere else for advice or treatment for (NAME'S) cough and fast/difficult breathing?	YES 1 NO..... 2	→ 66

65	<p>Where did you go next for advice or treatment?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>Public Sector</p> <p>Govt. hospital..... 11</p> <p>Govt. health center..... 12</p> <p>Govt. health post..... 13</p> <p>Mobile clinic..... 14</p> <p>Field worker..... 15</p> <p>Other public _____ .16</p> <p>(specify)</p>	
		<p>Private Medical Sector</p> <p>Pvt. hospital/clinic..... 21</p> <p>Pharmacy..... 22</p> <p>Private doctor..... 23</p> <p>Mobile clinic..... 24</p> <p>Field worker..... 25</p> <p>Other pvt. Medical _____ 26</p> <p>(specify)</p>	
		<p>Other Source</p> <p>Shop/PMVs..... 31</p> <p>Community HW..... 32</p> <p>Trad. Practitioner..... 33</p> <p>Other _____ 34</p> <p>(specify)</p>	
66	<p>Which medicines were given to (NAME)?¹</p> <p>RECORD ALL MENTIONED.</p>	<p>NOTHING..... 11</p> <p>ASPIRIN 12</p> <p>PANADOL 13</p> <p>AMOXICILLIN 14</p> <p>ERYTHROMYCIN..... 15</p> <p>AZITHROMYCIN 16</p> <p>OTHER _____ 17</p> <p>(SPECIFY)</p> <p>DON'T KNOW 88</p>	

SECTION 9: FEVER IN CHILDREN

No.	Questions and Filters	Coding Categories	Skips
67	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 3</p>	<p>→ END</p> <p>→ END</p>

68	<p>How many days ago did the fever start?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <table border="1" style="margin: 0 auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p>DAYS</p> <p>If less than one day.....00 Don't know.....98</p> </div>			
69	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>Yes..... 1 No..... 2</p>	→ 73		
70	<p>Where did you seek advice or treatment?</p> <p>PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED</p>	<p>Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15</p> <p>Other public _____ 16 (specify)</p> <p>Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 26 (specify)</p> <p>Other Source Shop/PMV..... 31 Community HW.....32 Trad. Practitioner.....33</p> <p>Other _____ 34 (specify)</p>			
71	<p>How many days after the fever began did you first seek treatment for (NAME)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <table border="1" style="margin: 0 auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p>DAYS</p> <p>If the same day.....00 Don't know.....98</p> </div>			
72	<p>Who decided that you should go there for (NAME'S) illness?</p> <p>RECORD ALL MENTIONED</p>	<p>Respondent..... 11 Husband/partner 12 Respondent's mother..... 13 Mother-in-law14 Friends/neighbors..... 15</p> <p>Other _____ ...18 (specify)</p>			

73	At any time during the illness, did (NAME) take any medicine for the fever?	Yes..... 1 No..... 2 Don't know..... 3	→ END → END
74	Did (NAME) take SP/Fansidar ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't Know 3	→ 77 → 77
75	For how many days did (NAME) take the SP/Fansidar ? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE	<input type="text"/> DAYS If 7 or more days.....7 Don't know..... 9	
76	Did you have the SP/Fansidar at home or did you get it from somewhere else? If somewhere else, probe where did you get the SP/Fansidar first?	At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9	
77	Did (NAME) take Chloroquine ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't Know 3	→ 80 → 80
78	For how many days did (NAME) take the Chloroquine ? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE	<input type="text"/> DAYS If 7 or more days.....7 Don't know..... 9	
79	Did you have Chloroquine at home or did you get it from somewhere else? If somewhere else, probe where did you get the first?	At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9	
80	Did (NAME) take Amodiaquine ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't Know 3	→ 83 → 83

81	<p>For how many days did (NAME) take the Amodiaquine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	
82	<p>Did you have the Amodiaquine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Amodiaquine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify)</p> <p>Don't know..... 9</p>	
83	<p>Did (NAME) take Quinine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't Know 3</p>	<p>→ 86 → 86</p>
84	<p>For how many days did (NAME) take the Quinine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	
85	<p>Did you have the Quinine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Quinine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify)</p> <p>Don't know..... 9</p>	
86	<p>Did (NAME) take ACT?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't Know 3</p>	<p>→ 89 → 89</p>
87	<p>For how many days did (NAME) take the ACT?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	

88	<p>Did you have the ACT at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the ACT first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
89	<p>Did (NAME) take any other medicines against malaria?</p> <p>Specify the name: _____</p>	<p>Yes..... 1 No..... 2 Don't Know 3</p>	<p>→ END → END</p>
90	<p>How long after the fever started did (NAME) first take (NAME OF OTHER MEDICINE)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right; margin-right: 50px;"> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> DAYS </div> <p>Don't know..... 9</p>	
91	<p>Where did you get the (NAME OF OTHER MEDICINE)?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
Record the time the interview ENDS		_____ : _____ HOUR: MINUTE	

THANK YOU - THE END

QUESTIONNAIRE

Mothers of Children 12-23 Months

NATIONAL MALARIA CONTROL PROGRAM

BASELINE SURVEY, NIGERIA

MOTHERS OF CHILDREN 12-23 MONTHS QUESTIONNAIRE

Identification	OFFICE USE ONLY														
Number of Questionnaire	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>														
LQAS Number Out of 19 _____	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>														
Interviewer's Name _____ Interviewer's Organization _____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>														
Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>														
Household Head's Name _____ Name of Respondent _____															
Record the time the interview BEGINS	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>							: _____	HOUR: MINUTE						
<u>INFORMED CONSENT</u>															
<p>Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>															
Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal												
<u>Recommendations for the interviewer</u>															
<p>Verify the mother has child 0-59 months of age by asking her; also use the vaccination card or maternal card if possible to verify. If more than one child 0-59 months lives in this household choose ONE at random. For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.</p>															

SECTION 1: HOUSEHOLD ASSETS

Now we would like some information about your household conditions.

CIRCLE ONE RESPONSE ONLY EXCEPT WHERE NOTED

Questions and Filters	Coding Categories	Skips
1. In your house is there:		
o. Electricity?	Yes = 1 No = 2	
p. Radio?	Yes = 1 No = 2	
q. Television?	Yes = 1 No = 2	
r. Refrigerator?	Yes = 1 No = 2	
s. Bicycle?	Yes = 1 No = 2	
t. Motorcycle?	Yes = 1 No = 2	
u. Car?	Yes = 1 No = 2	
2. Do members of your household work on their own or the family's agricultural land?	Yes = 1 No = 2	
5. What is <u>the main</u> household source of drinking water? CIRCLE ONE RESPONSE ONLY	Piped drinking water in residence 1 Water piped into yard..... 2 Public faucet (piped)..... 3 Water from a well with a pump..... 4 Water from a well with no pump..... 5 Water from a tanker truck..... 6 Rain water..... 7 Other source 8	
6. What is <u>the main</u> type of toilet facility used by members of your household? CIRCLE ONE RESPONSE ONLY	Flush toilet..... 1 Traditional pit toilet..... 2 Bush or field 3	
5. What is <u>the main type</u> of flooring in your house? CIRCLE ONE RESPONSE ONLY	Dirt, sand, dung 1 Wood or plank 2 Cement3 Parquet or polished wood 4 Tiles..... 5 Other _____ 8 (specify)	

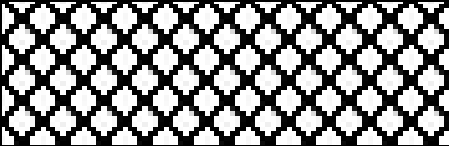
SECTION 2: MOTHER'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
6	What is the date of your birth?	____/____/____ Day / Mo / Year	

SECTION 2: MOTHER'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
7	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
8	Have you ever attended school?	Yes..... 1 No..... 2	→ 10
9	What is the highest level of school you attended: primary, secondary, or higher?	Primary..... 1 Secondary..... 2 Higher (post-secondary)..... 3	
10	What is your marital status? READ THE RESPONSE OPTIONS	Single, no partner..... 1 Single, non regular partner..... 2 Single with regular partner.....3 Married..... .4 Widowed.....5 Divorced/separated..... .6	
11	What is your religion?	Christianity..... .1 Islam.....2 Traditional.....3 Other _____ 8 (specify)	

SECTION 3: CHILD'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
13	What is the name of your child NAME _____		
14	What is the sex of (NAME)?	Male.....1 Female.....2	
15	What is [NAME]'s birthdate?	[___ / ___ / ____] [day / month/ year]	
16	If mother does not know (NAME)'s birthday How old is (NAME?)	Child's age in completed months <input type="text"/> <input type="text"/>	

SECTION 4: CHILDHOOD IMMUNIZATIONS

No.	Questions and Filters	Coding Categories	Skips
27	Do you have a card where (NAME) vaccinations are written down? If yes: May I see the card please?	Yes, seen by interviewer..... 1 Not available/lost/misplaced.... 2 Never had a card..... 3 Don't know..... 8	→ 30 → 30 → 30

28	<p>COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p>	Vaccines	Day	Month	Year
		BCG			
		OPV 0			
		OPV 1			
		OPV 2			
		OPV 3			
		DPT 1			
		DPT 2			
		DPT 3			
		Measles			
29	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in an Immunization Plus Days (IPDs)?	Yes..... 1 No..... 2 Don't know.....8			
30	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	Yes..... 1 No..... 2 Don't know.....8			→ 32 → 32
31a	Did (NAME) receive a BCG vaccine against tuberculosis, that is, an injection in the left arm or shoulder that usually causes a scar?	Yes..... 1 No..... 2 Don't know.....8			
31b	Did (NAME) receive a Polio vaccine, that is, drops in the mouth	Yes..... 1 No..... 2 Don't know.....8			→ 31e → 31e
31c	When did (NAME) receive the first polio vaccination, just after birth or later?	Just after birth..... 1 Later..... 2 Don't know.....8			

31d	How many times did (NAME) receive the polio vaccine?	Number of times <input type="text"/> Don't know 8	
31e	Did (NAME) receive a DPT vaccine, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	Yes..... 1 No..... 2 Don't know.....8	→ 31g → 31g
31f	How many times?	Number of times <input type="text"/> Don't know 8	
31g	Did (NAME) receive a measles vaccine, that is, an injection in the right arm?.	Yes..... 1 No..... 2 Don't know.....8	→ 32 → 32

SECTION 5: DIARRHEA CASE MANAGEMENT

No.	Questions and Filters	Coding Categories	Skips
32	Has (NAME) had diarrhea in the last 2 weeks?	Yes..... 1 No..... 2 Don't know.....3	→ 41A → 41A
33	What was given to (NAME) to treat the diarrhea? PROBE, ANYTHING ELSE? RECORD ALL MENTIONED.	Nothing..... 11 Fluid from ORS packet.....12 Home-made fluid..... 13 Pill or syrup..... 14 Injection.....15 (IV) intravenous..... 16 Home remedies / Herbal medicines 17 Other _____ 18 (specify)	
34	When (NAME) had diarrhea, did you breastfeed him/her less than usual, about the same amount, or more than usual?	Less..... 1 Same..... 2 More..... 3 Child not breastfed..... 4 Don't know..... 8	

No.	Questions and Filters	Coding Categories	Skips
35	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
36	Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
37	Did you seek advice or treatment outside of the home for (NAME)'s diarrhea?	Yes..... 1 No..... 2	→ 40
38	Where did you seek advice or treatment? PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED	Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15 Other public _____ 18 (specify) Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 28 (specify) Other Source Shop/PMVs..... 31 Community HW..... 32 Traditional. Practitioner..... 33 Other _____ 38 (specify)	
39	Who decided that you should go there for (NAME'S) illness? RECORD ALL MENTIONED	Respondent.....11 Husband/partner.....12 Respondent's mother..... 13 Mother-in-law.....14 Friends/neighbors..... .15 Other _____ 18 (specify)	
40	During the period when (NAME) was recovering from diarrhea, did you give him/her less than usual to drink, about the same amount, or more than usual to drink?	Less..... 1 Same..... 2 More..... 3 Don't know..... 8	
41A	Have you heard of ORS/ORT?	Yes.....1 No.....2	→ 42

No.	Questions and Filters	Coding Categories	Skips
41B	<p>Could you please explain how to prepare ORS or ORT?.</p> <p>ONCE MOTHER HAS PROVIDED A DESCRIPTION, RECORD WHETHER SHE DESCRIBED ORS PREPARATION CORRECTLY OR INCORRECTLY.</p> <p>CIRCLE 1 [CORRECTLY] IF THE MOTHER MENTIONED THE FOLLOWING:</p> <p>ORS SACHET</p> <p>1. Use 1 liter of clean drinking water (1 liter=3 soda bottles) (If 600 mls sachet =2 soda bottles) ____</p> <p>2. Use the entire packet ____</p> <p>3. Dissolve the powder fully ____</p> <p>HOME PREPARATION</p> <p>1. Use 600 mls of clean drinking water (600 mls = 2 soda bottles) __</p> <p>2. 1 level teaspoon of salt __</p> <p>3. 10 level teaspoons of sugar __</p>	<p>Described correctly..... 1</p> <p>Described incorrectly..... 2</p> <p>Never heard of ORS..... 8</p>	

SECTION 6: ACUTE RESPIRATORY INFECTIONS

No.	Questions and Filters	Coding Categories	Skips
42	Has (NAME) had an illness with a cough at any time in the last two weeks?	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know.....8</p>	→ 51
43	Did he/she have trouble breathing or breathe faster than usual with short, fast breaths?	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know.....8</p>	→ 51 → 51
44	Did you seek advice or treatment for the cough/fast breathing?	<p>Yes..... 1</p> <p>No..... 2</p>	→ 51
45	How long after you noticed (NAME's) cough and fast breathing did you seek treatment?	<p>Same day..... 0</p> <p>Next day..... 1</p> <p>Two days..... 2</p> <p>Three or more days..... 3</p> <p>Don't know8</p>	

No.	Questions and Filters	Coding Categories	Skips
46	Where did you first go for advice or treatment?	<p>Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15</p> <p>Other public _____ .16 (specify)</p> <p>Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 26 (specify)</p> <p>Other Source Shop/PMVs..... 31 Community HW..... 32 Trad. Practitioner..... 33</p> <p>Other _____ 34 (specify)</p>	
47	Who decided that you should go there for (NAME'S) illness? RECORD ALL MENTIONED.	Respondent.....11 Husband/partner.....12 Respondent's mother.....13 Mother-in-law.....14 Friends/neighbors.....15	
48	Did you go anywhere else for advice or treatment for (NAME'S) cough and fast/difficult breathing?	YES 1 NO..... 2	→ 50
49	Where did you go next for advice or treatment? ¹ IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	<p>Public Sector Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15</p> <p>Other public _____ .16 (specify)</p>	

		Private Medical Sector Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 26 (specify)	
		Other Source Shop/PMVs..... 31 Community HW..... 32 Trad. Practitioner..... 33 Other _____ 34 (specify)	
50	Which medicines were given to (NAME)? ¹ RECORD ALL MENTIONED.	NOTHING..... 11 ASPIRIN 12 PANADOL 13 AMOXICILLIN 14 ERYTHROMYCIN..... 15 AZITHROMYCIN 16 OTHER _____ 17 (SPECIFY) DON'T KNOW 88	

SECTION 7: BEDNETS

No.	Questions and Filters	Coding Categories	Skips		
51	Does your household have any bednets that can be used while sleeping?	Yes..... 1 No..... 2	→ 61		
52	How many bednets does your household have?	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
53	Did (NAME) sleep under a bednet last night?	Yes..... 1 No..... 2	→ 61		

ASK PERMISSION TO GO TO THE HOUSE (IF CULTURALLY APPROPRIATE), AND ASK RESPONDENT TO SHOW YOU THE NET (NAME) SLEPT UNDER LAST NIGHT. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. – ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE ALONG WITH YOU OR FOR YOU.

No.	Questions and Filters	Coding Categories	Skips
54	OBSERVED HANGING OVER SLEEPING AREA	Yes..... 1 No bednet hanging ..2 Could not observe ... 3	→ 61 → 61

55	Did any one else sleep under this bednet	Yes..... 1 No..... 2 No sure.....3	
56	How many months ago did you obtain the bednet?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTHS </div> Less than a month..... 00 One month to less than 6 months.... 01 Six months to less than 1 year..... 02 One year to less than 3 years03 More than 3 years.....98 Don't know.....99	
57	OBSERVE THE BRAND OF THE BEDNET (IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU) AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS	PERMANENT NET ¹ Olyset.....11-- <input type="checkbox"/> Vestergaard...12-- <input type="checkbox"/> (SKIP TO 61) 00 <input type="checkbox"/> PRETREATED NET ² Treatable21 Ordinary 31 Don't Know98	
58	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?	Yes..... 1 No..... 2 Don't know.....3	
59	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	Yes..... 1 No..... 2 Don't know.....3	→ 61 → 61
60	How long ago was the bednet last soaked or dipped? PROBE FOR EXACT NUMBER OF MONTHS	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTHS </div> Less than six months..... 00 More than 6 months.....98 Don't know.....99	

SECTION 8: FEVER IN CHILDREN

No.	Questions and Filters	Coding Categories	Skips
61	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes..... 1 No..... 2 Don't know..... 3	→ END → END

SECTION 8: FEVER IN CHILDREN

No.	Questions and Filters	Coding Categories	Skips		
62	<p>How many days ago did the fever start?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p align="center">DAYS</p> <p>If less than one day.....00</p> <p>Don't know.....98</p>			
63	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p align="center">→ 67</p>		
64	<p>Where did you seek advice or treatment?</p> <p>PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED</p>	<p>Public Sector</p> <p>Govt. hospital..... 11</p> <p>Govt. health center..... 12</p> <p>Govt. health post..... 13</p> <p>Mobile clinic..... 14</p> <p>Field worker..... 15</p> <p>Other public _____ 16 (specify)</p> <hr/> <p>Private Medical Sector</p> <p>Pvt. hospital/clinic..... 21</p> <p>Pharmacy..... 22</p> <p>Private doctor..... 23</p> <p>Mobile clinic..... 24</p> <p>Field worker..... 25</p> <p>Other pvt. Medical _____ 26 (specify)</p> <hr/> <p>Other Source</p> <p>Shop/PMV..... 31</p> <p>Community HW.....32</p> <p>Trad. Practitioner.....33</p> <p>Other _____ 34 (specify)</p>			
65	<p>How many days after the fever began did you first seek treatment for (NAME)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p align="center">DAYS</p> <p>If the same day.....00</p> <p>Don't know.....98</p>			
66	<p>Who decided that you should go there for (NAME'S) illness?</p> <p>RECORD ALL MENTIONED</p>	<p>Respondent..... 11</p> <p>Husband/partner 12</p> <p>Respondent's mother..... 13</p> <p>Mother-in-law14</p> <p>Friends/neighbors..... 15</p> <p>Other _____ ...18 (specify)</p>			

67	At any time during the illness, did (NAME) take any medicine for the fever?	Yes..... 1 No..... 2 Don't know..... 3	→ END → END
68	Did (NAME) take SP/Fansidar ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't know..... 9	→ 71 → 71
69	For how many days did (NAME) take the SP/Fansidar ? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE	<input type="text"/> DAYS If 7 or more days.....7 Don't know..... 9	
70	Did you have the SP/Fansidar at home or did you get it from somewhere else? If somewhere else, probe where did you get the SP/Fansidar first?	At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify) Don't know..... 9	
71	Did (NAME) take Chloroquine ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't know..... 9	→ 74 → 74
72	For how many days did (NAME) take the Chloroquine ? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE	<input type="text"/> DAYS If 7 or more days.....7 Don't know..... 9	
73	Did you have Chloroquine at home or did you get it from somewhere else? If somewhere else, probe where did you get the first?	At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify) Don't know..... 9	

74	<p>Did (NAME) take Amodiaquine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 77 → 77</p>
75	<p>For how many days did (NAME) take the Amodiaquine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right; margin-right: 50px;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	
76	<p>Did you have the Amodiaquine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Amodiaquine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify) Don't know..... 9</p>	
77	<p>Did (NAME) take Quinine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 80 → 80</p>
78	<p>For how many days did (NAME) take the Quinine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right; margin-right: 50px;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	
79	<p>Did you have the Quinine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Quinine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify) Don't know..... 9</p>	
80	<p>Did (NAME) take ACT?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 83 → 83</p>

81	<p>For how many days did (NAME) take the ACT? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>If 7 or more days.....7 Don't know..... 9</p>	
82	<p>Did you have the ACT at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the ACT first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify)</p> <p>Don't know..... 9</p>	
83	<p>Did (NAME) take any other medicines against malaria?</p> <p>Specify the name: _____</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ END → END</p>
84	<p>How long after the fever started did (NAME) first take (NAME OF OTHER MEDICINE)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: right;"> <input style="width: 50px; height: 20px;" type="text"/> DAYS </div> <p>Don't know..... 9</p>	
85	<p>Where did you get the (NAME OF OTHER MEDICINE)?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other_____ 6 (specify)</p> <p>Don't know..... 9</p>	
Record the time the interview ENDS		<p style="text-align: center;">___ ___ : ___ ___ HOUR: MINUTE</p>	

THANK YOU - THE END

QUESTIONNAIRE

MOTHERS OF CHILDREN 0-59 MONTHS

NATIONAL MALARIA CONTROL PROGRAM

BASELINE SURVEY, NIGERIA

MOTHERS OF CHILDREN 0-59 MONTHS QUESTIONNAIRE

Identification	OFFICE USE ONLY												
Number of Questionnaire	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
LQAS Number Out of 19 _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Interviewer's Name _____ Interviewer's Organization _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Household Head's Name _____ Name of Respondent _____													
Record the time the interview BEGINS	____ ____ : ____ ____ HOUR: MINUTE												
<u>INFORMED CONSENT</u>													
<p>Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>													
Respondent agrees to be interviewed	→ Proceed with interview												
Respondent does not agree to be interviewed	→ Go to the next house and mark this house as a refusal												
<u>Recommendations for the interviewer</u>													
<p>Verify the mother has child 0-59 months of age by asking her; also use the vaccination card or maternal card if possible to verify. If more than one child 0-59 months lives in this household choose ONE at random. For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.</p>													

SECTION 1: HOUSEHOLD ASSETS

Now we would like some information about your household conditions.

CIRCLE ONE RESPONSE ONLY EXCEPT WHERE NOTED

Questions and Filters	Coding Categories	Skips
1. In your house is there:		
v. Electricity?	Yes = 1 No = 2	
w. Radio?	Yes = 1 No = 2	
x. Television?	Yes = 1 No = 2	
y. Refrigerator?	Yes = 1 No = 2	
z. Bicycle?	Yes = 1 No = 2	
aa. Motorcycle?	Yes = 1 No = 2	
bb. Car?	Yes = 1 No = 2	
2. Do members of your household work on their own or the family's agricultural land?	Yes = 1 No = 2	
4. What is <u>the main</u> household source of drinking water? CIRCLE ONE RESPONSE ONLY	Piped drinking water in residence 1 Water piped into yard..... 2 Public faucet (piped)..... 3 Water from a well with a pump..... 4 Water from a well with no pump..... 5 Water from a tanker truck..... 6 Rain water..... 7 Other source 8	
5. What is <u>the main</u> type of toilet facility used by members of your household? CIRCLE ONE RESPONSE ONLY	Flush toilet..... 1 Traditional pit toilet..... 2 Bush or field 3	
5. What is <u>the main</u> type of flooring in your house? CIRCLE ONE RESPONSE ONLY	Dirt, sand, dung 1 Wood or plank 2 Cement3 Parquet or polished wood 4 Tiles..... 5 Other _____ 8 (specify)	

SECTION 2: MOTHER'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
6	What is the date of your birth?	<p align="center">____/____/____ Day / Mo / Year</p>	
7	<p>IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK</p> <p>How old are you?</p>	<p>Mother's age in completed years <input type="text"/> <input type="text"/></p>	
8	Have you ever attended school?	<p>Yes..... 1 No..... 2</p>	→ 10
9	What is the highest level of school you attended: primary, secondary, or higher?	<p>Primary..... 1 Secondary 2 Higher(post-secondary).....3</p>	
10	<p>What is your marital status?</p> <p>READ THE RESPONSE OPTIONS</p>	<p>Single, no partner..... 1 Single, non regular partner..... 2 Single with regular partner.....3 Married..... .4 Widowed.....5 Divorced/separated..... .6</p>	
11	What is your religion?	<p>Christianity..... 1 Islam.....2 Traditional..... .3 Others.....4 (Specify)</p>	
12A	What is your spouse's <u>primary occupation</u> during the year?	<p>Unemployed1 Farmer.....2 Agricultural labourer.....3 Non-agricultural labourer4 Skilled labourer/tradesman - e.g. carpenter5 Small Trader6 Civil servant7 Soldier8 Other _____ .9 (specify)</p>	
12B	What is your <u>primary occupation</u> during the year?	<p>Unemployed1 Farmer.....2 Agricultural labourer.....3 Non-agricultural labourer4 Skilled labourer/tradesman - e.g. carpenter5 Small Trader6 Civil servant7 Soldier8 Other _____ .9 (specify)</p>	

SECTION 3: CHILD'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
13	What is the name of your child NAME_____		
14	What is the sex of [NAME]?	Male.....1 Female.....2	
15	What is [NAME]'s birthdate?	[__ / __ / ____] [day / month/ year]	
16	IF MOTHER DOES NOT KNOW (NAME'S) BIRTHDAY, ASK How old is (NAME?)	Child's age in completed months <input type="text"/> <input type="text"/>	

SECTION 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips
17	Does your household have any bednets that can be used while sleeping?	Yes..... 1 No..... 2	→ 27
18	How many bednets does your household have?	<input type="text"/> <input type="text"/>	
19	Did (NAME) sleep under a bednet last night?	Yes..... 1 No..... 2	→ 27

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. – ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE ALONG WITH YOU OR FOR YOU.

ASK PERMISSION TO GO INTO THE HOUSE AND ASK RESPONDENT TO SHOW YOU THE BEDNET (NAME) SLEPT UNDER. IF REFUSED ASK THEM FOR THE FOLLOWING INFORMATION

No.	Questions and Filters	(NAME)'s Bednet	Skips
20	OBSERVED (NAME'S) BEDNET HANGING	Yes..... 1 No Bednet Hanging2 Could not observe 3	→ 27 → 27
21	Did <u>any one else</u> sleep under this bednet last night?	Yes..... 1 No..... 2 Not sure.....3	

22	How many months ago did you obtain the bednet?	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>Less than a month..... 00 One month to less than 6 months 01 Six months to less than 1 year... 02 One year to less than 3 years03 More than 3 years.....98 Don't know.....99</p>	
23	<p>OBSERVE THE BRAND OF THE BEDNET (IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU)</p> <p>AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS</p>	<p>PERMANENT NET ¹</p> <p>Olyset11 Vestergaard...12 (SKIP TO 27)</p> <p>PRETREATED NET ²</p> <p>Treatable21</p> <p>Ordinary 31</p> <p>Don't Know98</p>	
24	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?	Yes..... 1 No..... 2 Don't know.....3	
25	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	Yes..... 1 No..... 2 Don't know.....3	→ 27 → 27
26	How long ago was the bednet last soaked or dipped?	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">MONTHS</p> <p>Less than a month..... 00 More than 2 years.....95 Don't know.....99</p>	
	<p>PROBE FOR EXACT NUMBER OF MONTHS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>		

SECTION 5: FEVER IN CHILDREN

No.	Questions and Filters	Coding Categories	Skips
27	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes..... 1 No..... 2 Don't know..... 3	→ END → END

28	<p>How many days ago did the fever start?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">DAYS</p> <p>If less than one day.....00 Don't know.....98</p>	
29	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>Yes..... 1 No..... 2</p>	→ 38
30	<p>Where did you seek advice or treatment?</p> <p>PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED</p>	<p><u>Public Sector</u> Govt. hospital..... 11 Govt. health center..... 12 Govt. health post..... 13 Mobile clinic..... 14 Field worker..... 15</p> <p>Other public _____ 16 (specify)</p> <p><u>Private Medical Sector</u> Pvt. hospital/clinic..... 21 Pharmacy..... 22 Private doctor..... 23 Mobile clinic..... 24 Field worker..... 25 Other pvt. Medical _____ 26 (specify)</p> <p><u>Other Source</u> Shop/PMV..... 31 Community HW.....32 Trad. Practitioner.....33 Other _____ 34 (specify)</p>	
31	<p>How many days after the fever began did you first seek treatment for (NAME)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">DAYS</p> <p>If the same day.....00 Don't know.....98</p>	
31A	<p>Who decided that you should go there for (NAME'S) illness?</p> <p>RECORD ALL MENTIONED</p>	<p>Respondent..... 11 Husband/partner 12 Respondent's mother..... 13 Mother-in-law14 Friends/neighbors..... 15</p> <p>Other _____ ...18 (specify)</p>	

32	How much did it cost to receive this treatment not including the cost of transportation?	_____ Naira Don't know/Not Sure 98	→ 38
33	Does this cost include the cost of medicine?	No 1 Yes 2 Did not take Medicine 3 Don't know/Not Sure 8	→ 38
34	What was the cost of the medicine?	_____ Naira	
35	What form of transportation did you take? CIRCLE ALL RESPONSES MENTIONED	Walk 1 Truck/Bus 2 Cart 3 Animal 4 Stretcher 5 Other: _____ 6	→ 38
36	How much did transportation cost, in money or other things?	_____ Naira Don't know/Not Sure 98	
37	How many hours did you travel one way to receive this treatment?	_____ Number of Hours Don't know 98	
38	At any time during the illness, did (NAME) take any medicine for the fever?	Yes..... 1 No..... 2 Don't know..... 3	→ 57 → 57
39	Did (NAME) take SP/Fansidar ? ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT	Yes..... 1 No..... 2 Don't know..... 9	→ 42 → 42
40	For how many days did (NAME) take the SP/Fansidar ? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> DAYS If 7 or more days.....7 Don't know..... 9	

41	<p>Did you have the SP/Fansidar at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the SP/Fansidar first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
42	<p>Did (NAME) take Chloroquine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 45 → 45</p>
43	<p>For how many days did (NAME) take the Chloroquine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<p style="text-align: center;"><input type="text"/></p> <p style="text-align: center;">DAYS</p> <p>If 7 or more days.....7 Don't know..... 9</p>	
44	<p>Did you have Chloroquine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
45	<p>Did (NAME) take Amodiaquine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 48 → 48</p>
46	<p>For how many days did (NAME) take the Amodiaquine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<p style="text-align: center;"><input type="text"/></p> <p style="text-align: center;">DAYS</p> <p>If 7 or more days.....7 Don't know..... 9</p>	
47	<p>Did you have the Amodiaquine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Amodiaquine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	

48	<p>Did (NAME) take Quinine?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 51 → 51</p>
49	<p>For how many days did (NAME) take the Quinine?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<p style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></p> <p style="text-align: center;">DAYS</p> <p>If 7 or more days.....7 Don't know..... 9</p>	
50	<p>Did you have the Quinine at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the Quinine first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
51	<p>Did (NAME) take ACT?</p> <p>ASK TO SEE THE MEDICINE: IF TYPE OF MEDICINE IS NOT KNOWN OR NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL MEDICINE TO RESPONDENT</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 54 → 54</p>
52	<p>For how many days did (NAME) take the ACT?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<p style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></p> <p style="text-align: center;">DAYS</p> <p>If 7 or more days.....7 Don't know..... 9</p>	
53	<p>Did you have the ACT at home or did you get it from somewhere else?</p> <p>If somewhere else, probe where did you get the ACT first?</p>	<p>At home..... 1 Gov. health facility/worker..... 2 Private health facility/worker.... 3 Shop..... 4 Community Health Worker 5 Other _____ 6 (specify) Don't know..... 9</p>	
54	<p>Did (NAME) take any other medicines against malaria?</p> <p>Specify the name: _____</p>	<p>Yes..... 1 No..... 2 Don't know..... 9</p>	<p>→ 57 → 57</p>

Nigeria LQAS Baseline Household Survey 2006



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