**BASELINE SURVEY ON MATERNAL HEALTH & TRANSPORT-AWARENESS QUESTIONNAIRE**

**About this tool:** This tool is a questionnaire to be conducted with heads of households to determine their awareness of emergency transport for maternal health interventions in their local area. It should also provide general information about households in that area and their emergency transport requirements. This tool was originally used in Adamawa State, Nigeria so some questions may only be relevant to that location, however it can be changed and adapted to fit the specific user’s needs. Items highlighted in red denote items that the user may want to change.

CLUSTER CODE HOUSEHOLD CODE

LOCAL GOVT. AREA RESPONDANT ID

**Introduction:** My name is [insert name] and I am working for [insert organisation]. We are interviewing people here in [insert name of city, town or site] to find out about certain behaviours that affect people’s health in this environment.

**Confidentiality and consent:** I am going to ask you some questions, some of which may be very personal. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You may need to know that this exercise is taking place in [insert area]. Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours. The information collected from you and people like you will help the government to find solution to some health problems affecting people in this environment. We would greatly appreciate your help in responding to this survey. My supervisor may come back later to verify this information.

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interviewer’s visit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Visit 1** | **Visit 2** | **Visit 3** | **Visit 4** | **Visit 5** |
| **Date** |  |  |  |  |  |
| **Result** |  |  |  |  |  |
| **Interviewer** |  |  |  |  |  |

**Result codes:**

**1…Completed;**

**2…Respondent not available;**

**3…Refused;**

**4…Partially completed;**

**5… Others (Specify).**

**INTERVIEWERS: Code Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_**

**DATE OF INTERVIEW: \_\_\_\ \_\_\_\_ \ \_\_\_\_\_ TIME INTERVIEW STARTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DD MM YYYY**

**CHECKED BY SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Coder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Section 1: Background Information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Questions and filters** | **Coding categories** | | | | **Skip** |
| **B101** | In what month and year were you born? | Month [\_\_\_|\_\_\_]  Don’t know month ………..  Year [\_\_\_|\_\_\_ [\_\_\_|\_\_\_]  Don’t know year ………..… | | | |  |
| **B102** | How old were you on your **last** birthday?  **[COMPARE WITH B101 IF NEEDED AND CORRECT B102]** | Age in completed years [\_\_\_|\_\_\_] | | | |  |
| **B103** | Have you ever attended school? | Yes………………….. ….. 1  No…………………. ……. 2 | | | | **NO, Skip to B105** |
| **B104** | What is the highest level of school you completed: Qu’ranic, primary, secondary or tertiary education? | Qu’ranic education only ----------------1  Did not complete primary school ------2  Primary school completed -------------- 3  Secondary -------------------------------- 4  Tertiary school/University degree  ---------------------------------------------- 5 | | | |  |
| **B105** | What is your marital status? | Married ------------------------------ 1  Single -------------------------------- 2  Widowed/Separated/Divorced---- 3 | | | |  |
| **B106** | What is your religion? | Christianity ------------------------1  Islam --------------------------------2  Traditional religion---------------3  Others (specify) ---------------  ----------------------------------------6 | | | |  |
|  | What languages do you speak?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]** |  | | Yes | No |  |
| B107 | English | 1 | 2 |
| B108 | Hausa | 1 | 2 |
| B109 | Fulfulde | 1 | 2 |
| B110 | Margi | 1 | 2 |
| B111 | Higi | 1 | 2 |
| B112 | Kilba | 1 | 2 |
| B113 | Njayi | 1 | 2 |
| B114 | Gaanda | 1 | 2 |
| B115 | Yungur | 1 | 2 |
| B116 | Bata | 1 | 2 |
| B117 | Bwatiye | 1 | 2 |
| B118 | Chamba | 1 | 2 |
| B119 | Lunguda | 1 | 2 |
| B120 | Others (Specify) ----------------------- | 1 | 2 |
| **B121** | How many people (including yourself and children) live in this household? **Including** anyone who resides elsewhere for most part of the year? | Number of people [\_\_\_|\_\_\_] | | | |  |
| **B122** | How many people (including yourself and children) live in this household? **Excluding** anyone who resides elsewhere for most part of the year? | Number of people [\_\_\_|\_\_\_] | | | |  |

| **Section 2: Household Characteristics**  Now I would like to ask you some questions about the characteristics of your household. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Questions and filters** | **Coding categories** | | | | **Skip** |
| **H101** | What is the main material of the walls? | Natural materials or no walls (millet stalks/woven thatch/mud) ----------------1  Bamboo/plywood/stone with mud ------2  Cement/bricks/planks --------------------- 3  Other (Specify)------------------------------ 6 | | | |  |
| **H102** | What is the main floor material? | Natural floor (earth/sand/dung) ----------------1  Rudimentary floor (wood/palm/bamboo) ------2  Finished floor (polished wood/vinyl/tiles/cement/carpet) -------------- 3 | | | |  |
| **H103** | What is the main material of the roof? | Thatch/mat/cardboard/grass ----------------1  Iron sheets/tiles/cement ------2  Other (specify) -------------- 6 | | | |  |
| **H104** | What kind of toilet facilities does your household have? | No facility/bush -------------------------------1  Bucket toilet ------------------------------2  Pit toilet/latrine ---------------------------3  Flush toilet ------------------------------4 | | | |  |
| **H105** | What is the main source of water for members of your household? | Surface water (river/dam/lake/etc) ------1  Water from spring ------------------2  Dug well ---------------------3  Borehole --------------------4  Public tap ---------------------5  Piped water into yard/plot ----------------6  Piped water into dwelling --------------7  Tanker truck ------------------------8  Bottled water --------------------------9  Water vendor/sachets ----------------------10  Other (specify)--------------------------11 | | | |  |
| **H106** | What type of fuel does your household mainly use for cooking? | Dung ----------------------------------1  Firewood/straw -----------------------2  Charcoal -------------------------------------3  Kerosene ------------------------------4  Gas ------------------------------5  Electricity ------------------------------6  Other (specify) -------------------7 | | | |  |
| **H107** | Is your house connected to electricity? | Yes ----------------------------------1  No -----------------------2 | | | |  |
|  | In this house, is there anyone who owns the following? |  | | Yes | No |  |
| H108 | Fridge | 1 | 2 |
| H109 | TV | 1 | 2 |
| H110 | Radio | 1 | 2 |
| H111 | Bicycle | 1 | 2 |
| H112 | Mobile phone | 1 | 2 |
| H113 | A bed | 1 | 2 |
| H114 | A kerosene lamp/ pressure lamp |  |  |
| H115 | Wrist watch | 1 | 2 |
| H116 | Motorcycle | 1 | 2 |
| H117 | Car/van | 1 | 2 |
| H118 | Generator | 1 | 2 |
| H119 | Fan | 1 | 2 |
| **H120** | Do you have animals in this house, like ducks or chickens? How many?  **Write the number; 0 if none; 999 if respondent doesn’t know** |  | | | |  |
| **H121** | Do you have animals in this house, like goat, sheep or cattle? How many?  **Write the number; 0 if none; 999 if respondent doesn’t know** |  | | | |  |
| **H122** | Do you have animals in this house, like horses, donkeys or mules? How many?  **Write the number; 0 if none; 999 if respondent doesn’t know** |  | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3. Transport** | | | | | | | | | | | | | | | |
| **T101** | Do you have a mobile phone? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | | | | | | | | **If YES go to T103** |
| **T102** | Do you have access to a mobile phone within the community you can use in cases of emergencies? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | | | | | | | |  |
|  | What type of vehicle do you access to in case of emergency?  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** |  | | | | | Yes | | | | | No | | |  |
| T103 | | ETS Driver  **(explain if not known)** | | | 1 | | | | | 2 | | |
| T104 | | Car (Private) | | | 1 | | | | | 2 | | |
| T105 | | Car (Public) | | | 1 | | | | | 2 | | |
| T106 | | Bicycle | | | 1 | | | | | 2 | | |
| T107 | | Motor Cycle | | | 1 | | | | | 2 | | |
| T108 | | Tri-Cycle | | | 1 | | | | | 2 | | |
| T109 | | Cow/Donkey | | | 1 | | | | | 2 | | |
| T110 | | Cart | | | 1 | | | | | 2 | | |
| T111 | | Truck | | | 1 | | | | | 2 | | |
| T112 | | None (I walk) | | | 1 | | | | | 2 | | |
| T113 | | Others (Specify) | | 1 | | | | | 2 | | | |
|  | What preparations did you make for your wife prior the birth of your last child  **[SKIP IF B105 IS SINGLE OR WIDOWED]**  **[DO NOT READ OUT OPTIONS]** |  | | | | | | | Yes | | | | | No |  |
| T114 | | Saved money for contingencies | | | | | 1 | | | | | 2 |
| T115 | | Identified the transporter | | | | | 1 | | | | | 2 |
| T116 | | Decides where to deliver | | | | | 1 | | | | | 2 |
| T117 | | Bought Clean Delivery Kit | | | | | 1 | | | | | 2 |
| T118 | | Recognition of danger signs | | | | | 1 | | | | | 2 |
| T119 | | Identified a skilled provider/facility for birth | | | | | 1 | | | | | 2 |
| T120 | | Know how to contact or reach the provider/facility | | | | | 1 | | | | | 2 |
| T121 | | Identified the TBA in the community to contact | | | | | 1 | | | | 2 | |
| T122 | | Agree who take decision in emergency if husband is away | | | | | 1 | | | | 2 | |
| T123 | | Others (Specify) | | | | 1 | | | | | 2 | |
| **T124** | **[If saved money for contingencies in T114, ASK]:**  How much did/do you save for contingencies in the last pregnancy of your wife?  **[SKIP IF B105 IS SINGLE OR WIDOWED]** | Total Amount Saved  N  Can’t remember --------------------------- 2 | | | | | | | | | | | | |  |
| **T125** | How much did/does it **cost** you to transport yourself to nearest health facility in this community? | Total Amount paid  N  Walk to the facility -------------------------- 1 | | | | | | | | | | | | |  |
| **T126** | How would you pay for transport (cash, micro credit, community loan) to visit hospital? | Cash------------------------------------------1  Micro Credit --------------------------------2  Community Loan --------------------------3  Not Applicable ----------------------------- 4 | | | | | | | | | | | | |  |
| **T127** | If you have ever had to pay for transport during a maternal emergency, did you pay immediately or after the referral?  **[SKIP IF B105 IS SINGLE OR WIDOWED]** | Immediately -------------------------------- 1  After the Referral -------------------------- 2  Did not pay --------------------------------- 3 | | | | | | | | | | | | |  |
| **T128** | If you have ever required transport during an emergency how long did it take to arrange transport? | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  More than 2 hours -------------------------- 4  Longer (please specify) ---------------------5 | | | | | | | | | | | | |  |
| **T129** | If you have ever required transport during an emergency how long did it take to reach the appropriate facility?  **IF NEVER REQUIRED, ASK: How long will it take to reach the facility** | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  2 hours – 3 hours -------------------------- 4  Above 3 hours ------------------------------ 5  Longer (please specify) -------------------6 | | | | | | | | | | | | |  |
| **T130** | In this community, do you have emergency transport for pregnant women who need to be taken to a facility urgently? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | | | | | | | |  |
| **T131** | Does the community have dedicated funds for emergency transport of pregnant women who need to be taken urgently to a facility? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | | | | | | | |  |
|  | **[IF YES IN T130]** have you, a family member or someone else from the community whom you know, ever used this emergency transport? |  | | | Yes | | | | | No | | | | |  |
| T132 | Self | |  | | | | |  | | | | |
| T133 | Family member | |  | | | | |  | | | | |
| T134 | Community member | |  | | | | |  | | | | |

**INTERVIEWER: THANK THE RESPONDENT AND CLOSE THE INTERVIEW**