

Mali Health Survey 2013

Brown University

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ABSTRACT

Training Manual for the 2013 round of the Mali Health Survey, carried out by Innovations for Poverty Action for Brown University and Professors Anja Sautmann and Mark Dean.

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Introduction

For the following points, see French training manual from 2012.

Agenda for Surveyor Training

Greeting

Goal of the Training

Training Tasks

Goal of the Survey

The goal of this survey is to learn about parents' health care decisions for their small children. To do so you will interview a group of families over xxx weeks about the health of their children and the health care decisions they make for them, as well as about aspects of their daily life and their financial and other decisions. The objective is to get a detailed understanding of the decisions families make and the role of the cost of getting healthcare for these decisions.

This round is the second round of a survey that started in 2012. In the Fall of 2012 we interviewed approximately 1150 mothers and their families about the health of their children. We now want to return and repeat the survey for the same families as last year, with some modifications.

Setting the Computer Clock

Before we start with the proper training, please set your computer clock to today's date and the current time. This is important for getting the calendar in the survey right.

Structure of the Survey and Selection of Respondents

Before survey start, the researchers on this project, Mark Dean and Anja Sautmann (Brown University) selected a set of mothers and their children in Sikoro, Mali.

These mothers and children and their families are the main subjects for the survey. Each surveyor will receive a list of families, and the names of individuals in these families, who are to be interviewed. This list also contains some information on the family. For example, it will tell you if the family has been interviewed last year, and if there were any changes to the family that we know of already, for example if a new child was born. The list is part of your “surveyor sheet” (see page xxx), which contains all the information you need to collect data and also allows you to record any important notes during each survey visit with each family.

The first task of the survey will be to collect and update demographic information about the family. Some information will already be pre-loaded into the survey questionnaires from last year, and you only have to update it if something has changed. Other information you will have to collect anew.

This survey is about the health of small children up to four years of age. We call these children the **key children**. The primary respondents to this survey are the caretakers of the key children, who are too young to answer questions about their health themselves. Most often, the caretaker is the child’s biological mother, and we will use the term “mother” throughout. However, if the child is for example a foster child, then the caretaker is the person who is responsible for the day-to-day wellbeing of the child, and we think of the child’s caretaker as his or her “mother”. This is the person we will interview about the child’s health. We call the caretakers of key children the **key mothers**. Lastly, we are interested in the person who makes the financial decisions of the family, or the **head of the household**.

To summarize, the persons of interest for this survey are:

- children under five years of age and/or children who were surveyed last year (some of them are now older than five years)
- their mothers or caretakers
- the head of the household who makes most financial decisions.

We call these individuals the key persons. These key persons are part of larger families or households, and these households in turn live together in concessions.

The most important unit of this survey is the household or family. To begin with, we would like to understand how we think about a “household”. We will use the expression “ménage restraint” or simply “ménage” in the rest of the survey to describe the family unit we are interested in. When we say “household” or “family” we mean all the people in the ménage restraint of a particular person.

The Ménage Restraint

We want to know who is part of a family unit, that is, who are the people who share their lives and make their decisions together. We call this “decision making unit” the **ménage restraint**. All individuals in the same ménage restraint are interviewed using the same survey questionnaire. Broadly speaking, we think of all people as

part of the same ménage restraint who have the same “first authority” and who live in the same concession together. The first authority is the person who makes the financial decisions for the other people in the household (see also below). Most often, the first authority is the oldest man in the household, the husband of the family, but it may be another person, too. We consider a person as living in the concession if they spend at least 3 nights in the household and eat their meals there as well. Someone who is only there for a few nights a month or is traveling for extended periods is not part of the ménage restraint.

To understand who we consider part of the same ménage restraint, it is easiest to work with an example. Suppose you begin your interview by talking to the most senior mother in the compound, Awa Traoré. Who belongs to Awa’s closest family, or her ménage restraint?

Who is part of Awa’s household?	
1. her children	All of Awa’s children and foster children who live with Awa in the same concession, including her <i>key children</i>
2. her “first authority”	Does her husband or the person she considers her “ <i>first authority</i> ” live here with her? If yes, he is part of Awa’s household. Note how we define “living in the concession” and “first authority” below. For example, Awa might say that her husband Moustaphe Coulibaly is her “first authority”. She might also say that she is her own first authority, for example if she is a widow.
Case 1: the first authority lives in the concession If the first authority lives in the concession with Awa, or if Awa is her own first authority, he (or she) is the “chef du ménage restraint”. The typical case is a husband living with his wife or wives.	
3. other mothers and their children under the same first authority	Are there any other mothers living in the concession who have the same first authority as Awa? In many cases, these will be the husband’s other wives and their children. If all these people live together with the first authority, they are all part of the same household. For example, suppose Moustaphe lives with Awa, and he also has a younger wife, Fatima, and a small child with her, who live in the same compound: then Fatima and her child are part of Awa’s household.
4. other people under the same first authority	Are there any more people living in the compound who have the same “first authority” as Awa? This could be for example Moustaphe’s younger brother. He is part of the household as well.
Case 2: first authority does not live in the concession If Awa’s first authority is not regularly at the concession – maybe because he is traveling, or because he owns another house where he spends most of his time – then Awa will make many decisions, especially on how she spends money and how to care for her children, by herself. In this case we think of Awa as the “chef du ménage	

restraint”, even though she is not her own first authority. This case is less common.	
3. other people under Awa’s first authority	<p>If Awa is the “chef du ménage restraint”, then only her and those she cares for are her “ménage restraint”. Typically, this will be her and her children, and possibly other people who <i>consider Awa their first authority</i>. For example, if Awa’s niece Mariam lives with them and thinks of Awa as her first authority, then Mariam is part of Awa’s household.</p> <p><i>NOTE:</i> There may be other people living in the concession who have the same first authority as Awa. For example, Moustaphe’s second wife Fatima may still be living in the compound, even though Moustaphe himself is not living there. In this case we think of Awa’s family and Fatima’s family as <i>two different households</i>, unless Fatima considers Awa (rather than Moustaphe) her first authority.</p>

If you are not sure who a woman’s first authority is, or if a person is living in the compound, please use the following guidelines:

- **First authority:** a woman’s first authority is the person responsible for her in the broadest sense. In particular, the first authority is responsible for her and her children’s health care expenses. For example, for a small child and her mother, the first authority is usually the woman’s husband; but it may also be the woman’s own father or elder brother. Sometimes it may even be her mother or another female relative. She may also be her own first authority if she is primarily paying for her own and her children’s health care and is making her own decisions about these things. To find out who the first authority is, you could ask a woman if she is married, and if her husband is responsible for her healthcare expenses, and if not, whom she considers most immediately responsible for her and her children. Especially if the woman is not married or widowed, you should find out if she is in charge of her own expenses and therefore her own first authority.
- **Living in the compound:** sometimes it may not be clear if a person is really living in a compound, even if they are otherwise part of the family. For example, a husband may have two wives and spend a lot of time with his other family, or a student may be living with relatives during the week to go to school. For this survey, we person define a person as living in the compound if he or she
 - Spends on average at least 3 nights a week in the concession
 - Eats typically at least one meal in the concession on the nights they sleep here.
- Note: this definition should be applied to the *next two months*, i.e. the time frame of the survey. Thus, a husband who usually lives there but is away on a long business trip is not counted as “living in the household”, and is therefore not the “chef du ménage restraint” for the purpose of this survey (even

though the woman still considers him her first authority). The reason is that it will be primarily the wife who will have to make health decisions while her husband is away.

We identify the “**chef du ménage restraint**”, because this is the person who makes the important decisions about how money is spent. The chef du ménage restraint is another **key respondent**. We will interview the chef du ménage restraint about the financial situation of the household.

Important: when collecting information on the members of each household, you will ask the most senior key mother in the household about the members of her family. In doing so, the survey uses the definitions above to decide who is a part of a woman’s “ménage restraint” and who is not. It is important to be aware that *our definition of who is part of a family may not be exactly identical with how a woman would define her closest family herself*. For example, when thinking about her family, the woman may think of herself, her husband, and her six children; but for the purpose of this survey, only five children are part of the ménage restraint, because the oldest son is living in the city with his aunt to attend university and comes home only on Fridays. This is important to keep in mind, because in some parts of this survey we may ask about “all the members of the family”. What we mean is all the members of the ménage restraint, that is, only family members who actually live in the compound regularly. In such cases it may be necessary to remind the respondent who the questions are about.

Within this survey, each person is identified by three numbers:

- The **concession ID** – a four-digit unique number assigned to each location (compound). There may be several families living in each compound.
- The **household ID** – a two-digit number assigned to each ménage restraint within the compound.

For example, the concession ID might be 0624 and the household ID 02. Each household is uniquely identified by the concession and household ID.

- The **person ID** – a unique four-digit person identifier within each household. The person ID consists of the two-digit adult ID and the two-digit child ID.
 - o The **adult ID**: typically the most senior key mother, who is interviewed first, has adult ID 01. The first authority of the household, if he/she is different from the most senior mother, has adult ID 02. The remaining mothers and other adults in the household have adult IDs 03, 04 etc. Adults have a child ID of 00, so their full ID numbers are 0100, 0200, 0300, and so on.
 - o The **child ID**: each child is identified by the adult ID of his or her mother/female caretaker, and a two-digit number; 01, 02, etc. The full ID number of a child therefore also tells you whose child it is. For example, the children of the most senior mother will have ID numbers 0101, 0102, etc., and the children of the second mother will have IDs 0301, 0302, and so on.

In summary, a person is identified by all three ID numbers together. As an example, the child with number 31 of mother number 3 in household 4 in concession 45 has the following ID numbers:

0045 04 0331

where 0045 is the concession ID, 04 is the household ID, 03 is the adult ID, and 31 is the child ID. Note that both the ID numbers of adults and of children may not be consecutive. For example, it may be that there are child IDs 01, 02, 31, and 32.

Survey Modules

The survey consists of four different modules. The roster, household finance, and mother modules are carried out once. The health module is carried out 7 times.

Module	Description	Respondent
1 Roster	A list of all household members. The roster collects demographic information, e.g. education level and age. The roster also identifies the key persons in the household: the first authority, the chef du ménage restraint, the key mothers, and their key children. Collected once in the first survey week.	Most senior key mother in the household
2 Household Finances	A list of all things the household owns and other questions about the household's financial situation. Collected once during the survey.	Chef du ménage restraint
3 Health	A few questions on household decisions, otherwise a detailed questionnaire about the health of each key child. Collected once a week in weeks 2-7 from each key mother.	Each key mother
4 Mother	Questions on health knowledge, social networks, loans. Collected once in the last survey week.	Each key mother

The roster module is collected at the beginning of the survey. The financial module is collected only once in the survey from the chef du ménage restraint. It can be collected at any time. The weekly mother module is collected in every visit except the first and the last visits. The final mother module is collected once, in the last visit to the household.

When starting up the survey, you will first see a multiple-choice list to select the module you want to carry out. Your access to the different modules is restricted by the order in which they should be carried out (e.g. you can access only the roster in

week 0, you can only start the health modules in order, etc.). Please choose the module you want to carry out and click “Continue”.

A list of households will be shown on the screen from which you can pick the household you are interviewing. For each household, you can see the concession and household ID number (CID, HID), the name of the first authority, and the name of the “most senior mother” (ID 01). Choose the household to interview and click “Select”.

Blaise: you can type the first few digits of the concession number in the search field to quickly jump to the concession(s) you are interested in. You can also navigate with the up/down arrows. Click “Select” to start the survey for the selected household.

Survey Start

When starting the survey for a household, you will have to first find the people to interview. You will know who lives in each concession from the paper survey schedule you received. We also recorded location data with the help of GPS (satellite-assisted positioning) and created a map of the area for you that shows the locations of the different concessions your families live in.

Before you enter a concession, check the names of the key persons on your list who were selected for the survey. Your first task is to update the household roster from last year’s survey with the assistance of the family.

1. Consent and Roster

The roster is a list of all members of the household. But before you can ask questions, you have to get the consent of your respondent.

Consent

The roster contains the consent procedure for the key mothers in the household. Moreover, the head of the household will be asked for his consent when he or she responds to the financial module.

There are two consent forms:

Adult consent – any person who is interviewed has to agree to survey participation. These are the key mothers, and, if different, the chef du ménage constraint.

Parental consent – for any child whose measurements are taken, we need agreement from one parent or foster parent, usually the key mother.

In practice, the two will often be given by the same person (e.g. the mother).

For each consent form, please read the text of the form slowly to the respondent. Allow the respondent to ask questions and explain anything that is unclear. Sign the form and hand a copy to the respondent if they agree to participation in the survey. If the respondent is literate, they can sign the consent form themselves.

Roster

Each roster consists of two parts.

In part 1, you will create a list of all the persons who are part of the household, and you will indicate the key persons in the household (chef du ménage restraint, key mothers, and key children). You will also track people who joined or left their households since the last survey round. Part 2 collects more details on each of the key adults (mothers and household head) as well as on their key children.

For the roster, there are in principle two possible cases:

- a) You have to **update** an existing roster, where some existing information is already entered
- b) You have to start a **new roster** for a family where no information is pre-entered.

Case (b) will be relatively rare, while case (a) is the normal case.

Case (a): Updating the Roster of an Existing Household, Part 1 of the Roster

In order to start the first module of the survey, open up Blaise. In the multiple choice list, pick the roster module, and click “Continue”. Then select the concession and household to interview and click “Select”. After selecting the household, select the “Roster Questionnaire” and click “Interview”.

The person with ID 01 was the respondent for the roster last year, and you should interview her again, *unless she is not living in the compound anymore (according to the definition of “living in the compound”)*. If she is not living in the compound anymore or her participation is not possible for another reason, please address your questions to another key mother from the same household. If there are no other key mothers, attempt to fill the first few questions of the roster to the best of your ability from the responses of the other families in the compound, or from neighbors etc.

STEP 1

The first few questions of the Roster Update Part 1 are designed to determine who in the household still lives here, and if someone left, what happened to him or her. Many times, individuals or families have moved, but of course it may also be possible that some family members passed away. It is very important for this survey to track mothers and children who were in the survey last year. This means that we need to find out as much as possible about families or family members who left the

household or compound and moved somewhere else. If they still live in the area, we would like to interview them and update our records on their location.

Question 1: "Please find out if any of the persons below are still living in this compound."

This question determines the location of the key mothers of the family (note that many families have only one key mother). If the answer is "yes", you will update the present household roster for all the family members who still live here. Anyone who moved away is potentially a member of a new household.

If the answer is "no", the location of the family has changed. If the family moved away from the survey area, the survey ends here. However, if at least some family members are still in the area, we want to interview them.

Question 2: "Does (the most senior mother) and her family live in a compound in the survey area?"

If the answer to question 1 was "no", we now check where the family moved. If the family moved to a location within the survey area, please make a note on your schedule and inform your supervisor. It is extremely important here to correctly identify the new location of the family, and if the new location is in a concession with other survey households. For this reason, if a family moved somewhere in Sikoro, you should always inform your supervisor of the move. You may have to interrupt the survey here and return to it later, once you have actually found the family and established if the concession the family moved to was part of the survey before or not. In most cases, you will be asked to continue to interview this household in their new location, however, your supervisor may decide to assign the household to another surveyor.

Typically, you will continue the roster for this household yourself. You will be asked to follow the most senior mother to her new location and continue the roster with her (new) household. Depending on your answer to the question, you will have to either enter the family's new location, using GPS equipment (if the family moved to a concession that was not previously in the survey) or the original concession number from the survey 2012 (the concession ID of the concession where the family moved into).

In general, after recording the new location, you will simply continue updating the same roster questionnaire for this family. This is for example the case if the whole family moved from one compound in Sikoro to another. More generally, as long as the ID 01 mother is still available, you will conduct the roster interview with her. For example, suppose the husband passed away and the mother moved back in with her parents; then the roster is updated to include all the members of the woman's "new" household (her parental household).

NOTE: In some cases, the household may not have simply moved. Rather, it is possible that the household splits into several households. For example, it might be that the household head passed away, and his two wives moved to different concessions. Again, in the current roster, you follow the most senior mother with ID

01. However, you will have to start a new roster for any other family members who live in households separate from ID01 in the survey area.

There may even be more complicated cases in which ID 01 has left entirely. For example, suppose none of the family members lives in the original concession anymore, because the oldest mother with ID 01 (your respondent for the roster) passed away, but the husband and one of the wives moved to another compound, while some of the children are living with other family members elsewhere. In this case we will end the survey for this household here (because you cannot follow ID01). Then you (or another surveyor) will have to start a new roster for each new household that emerged from the original household. For example, you will start a new roster for any children who live in different households in Sikoro now, and a new household for the husband and second wife, with the second wife as the main female respondent.

In short, you will start a new roster for any household that contains some of the key persons in the original household, but does not contain ID01.

Question 3: "Please find out if any of the children below are still living in this compound."

This question is asked only if all key adults in the household have moved away. It determines if any children were left behind in the present concession. This may be the case if the household lived with other family members in the same compound, but subsequently moved out and left their children with their families.

In this case, we want to start a new roster for those children and the households they live in. Nevertheless, the roster you are currently filling in should follow ID 01 to her new household. Again, please make a note of this in your schedule and inform your supervisor.

After these three questions, you have established how to continue filling in the roster.

If some of the key adults still live here, or if all family members moved away but ID01 moved to a location where she can still be interviewed, you are then asked to confirm or identify your respondent and to administer the consent procedure for this her. In most cases, this will continue to be ID01.

STEP 2

Now we establish the **structure** of the household:

- Who is the *first authority* of the respondent? , and
- Will the first authority *live in the compound* for the duration of the survey?

Typically, the answer to the first question should not have changed from last year's survey: if a woman was married last year, she is likely still married, and her first authority is the same. However, if the first authority of the woman has changed, or was not correctly recorded last year, you have to enter some information about that person here as well. For any new adults you add to the household, please enter when the person joined the household, or if the person was a household member

since before the last survey. This can happen if there was an error in recording information last year.

NOTE: It is possible that the first authority remained the same, but that their living status changed. For example, it might be that the first authority used to live here but is not living in the compound anymore, perhaps because he is traveling for work. To establish if the first authority lives in the compound, we use the definition of “living in the compound” above.

The answers to these questions determine who the “*chef du ménage restraint*” is, the first authority or the current respondent. This is important, because the chef du ménage restraint is the respondent for the household finance module below.

STEP 3

The next step is to collect information on all the **mothers** in the household.

Table 1 – existing mothers

The table lists all women who were mothers or caretakers to key children in the last survey round, along with their age. For each, please confirm if she will be living in the compound during the survey, or if she left the household.

NOTE: for any key mother who moved away, but still lives in the survey area, please follow the same procedure as for the household as a whole:

make a note on your survey schedule and inform your supervisor, and find out if the mother lives in a new compound, or in a compound that was previously part of the survey. Your supervisor will assign this key mother to a surveyor. In most cases, you will be asked to follow her there and interview her, but if her new location is far away your supervisor may decide to assign this new household to another surveyor. Similarly, if she lives in a compound that is covered by another surveyor, your supervisor may decide that the other surveyor is going to interview this woman.

If the woman is only temporarily absent, please include her as a member of the household, and interview her when she returns. If her children have stayed behind, please interview their current caretaker while she is away.

Table 2 – new mothers

Next, you will be asked to enter any other women in the household who have children and were not yet listed. Please enter their name, relationship with the first authority, if they will be living in the household, and if they prepare their meals together with the respondent.

NOTE: the relationship with the first authority is recorded as the person’s relation to the first authority. Please fill the blank in the sentence “(the mother) is the ____ of the first authority”. For example, if the first authority is the mother’s uncle, the answer to this question should be “niece”. If the mother is the first authority’s wife, please also enter if she is the first, second, third etc. wife.

Last, please check: is this individual on your paper list of key mothers? If not, do they have a child under 5 years of age who is not on the paper list? Only answer “no” if neither of these is the case.

After updating the list of mothers, we want to identify all **children** in the household and who is caring for them. The children are ordered “by mother”, that is, we will first ask about all the children of the first key mother, then about the children of the second key mother, etc.

Table 3 – existing children

First, you are shown a table of all the children of a given mother who were covered by last year’s survey. We will confirm if the child is still living in the household, and if yes, who the caretaker of the child is. Moreover, we want to confirm if the child is one of the key children or not.

As before, if any key child moved to another household, you will be asked where the new household is, and you should make sure that the child is included in the survey in his or her new household. You should also inform your supervisor.

NOTE: only mothers who still live in the household can be indicated as the child’s caretaker. In most cases, the mother and her children are the same as last year. However, it could be that one of the mothers passed away (indicated above in table 1). Table 3 will still ask about her children from last year, and if those children still live in the household, you will have to ask the respondent who the children’s current caretaker is. You cannot indicate a mother who has left the household or passed away as a child’s caretaker.

In addition to children who were in the household last year, the mother may have new children in her care. She may have given birth to a new child in the meantime, or she may have taken in a foster child. All new children should be entered in the next table.

Table 4 – new children

For each new child, please enter the firstname and surname, sex, and age group. Please indicate if the child lives in the household. Last, you will also be asked if the child is on your paper list of key children, or if the child is not on the list, but under five years old. The latter case could occur for example if the child was just born. This question is important, because it determines if the child falls in our category of key children.

Pregnancies

As a last step of recording children, we also ask each woman if there was any pregnancy in the last year or if the woman is currently pregnant. We would also like to know about any children who were born in the last year, but passed away before this year’s survey or were given into foster care. *Please be extremely tactful and careful with this question, as it might be a source of great pain to family.*

The last two questions of Part 1 of the roster ask about any other members of the family who are under the same first authority as your respondent.

Other family members (1): the first question concerns any other adult members of the household who weren't named yet. This could be relatives of the husband and wife/wives, for example their elderly parents, or friends who live with them.

Other family members (2): the last question of Part 1 concerns any households outside the compound who are under the same first authority as this household. A prime example is a second wife who lives elsewhere with her children (note that you should have determined earlier if the husband spends his time primarily in this household or in the other household). For any people under the same authority but in a different location, enter only the name of the household head, his or her relationship with the first authority, and the number of dependents. For example, if the other household is a second wife with 2 children, please enter her first name and surname, her relationship to the first authority as "spouse" (and the wife order as 2) and indicate that she has 2 dependents.

Case (b): Starting a New Roster, Part 1 of the Roster

As you saw above, we record in quite some detail when individuals leave the household, but are still in the survey area. In these cases, you will sometimes have to start a new household record, and therefore a new roster, for these individuals.

As a example, it might be that a family interviewed in 2012 moved away, but they left a key child with another family in the compound. In this case, you have to start a new roster for this child's new family. Another example might be that one of two wives moved into another compound nearby. For this family you would update the 2012 roster for the first wife who still lives in the compound, and treat all people who still live there as part of her household. Then you will have to start a new roster for the second wife and her family.

In some individual cases it may also be that our records are incomplete or contradictory. Then you should start a new roster even for a household that was part of the 2012 survey. These exceptions will be indicated on your paper list of families to interview. If there is any uncertainty, please contact your supervisor about it.

To start a new roster, select the roster module from the multiple choice list as before. Then instead of picking a household from the list, click the button "New Household" and then click "Interview". You will go through some of the same steps as you do for updating an existing roster, but no information is prefilled here.

Your first step will be again to administer the consent procedure for your respondent. Please select the oldest key mother in the household you are interviewing as your respondent.

STEP 1

First, we establish the **structure** of the household:

- Who is the *first authority* of the respondent? , and
- Will the first authority *live in the compound* for the duration of the survey?

The answers to these questions determine who the “*chef du ménage restraint*” is. This is important, because the chef du ménage restraint is the respondent for the household finance module below.

STEP 2

The next step is to collect information on all the **mothers** in the household.

Table 1 – mothers

You will be asked to enter any other women in the household who have children and were not yet listed. Please enter their name, relationship with the first authority, if they will be living in the household, and if they prepare their meals together with the respondent.

NOTE: the relationship with the first authority is recorded as the person’s relation to the first authority. Please fill the blank in the sentence “(the mother) is the ____ of the first authority”. For example, if the first authority is the mother’s uncle, the answer to this question should be “niece”. If the mother is the first authority’s wife, please also enter if she is the first, second, third etc. wife.

Last, please check: is this individual on your paper list of key mothers? If not, do they have a child under 5 years of age who is not on the paper list? Only answer “no” if neither of these is the case.

After updating the list of mothers, we want to identify all **children** in the household and who is caring for them.

Table 2 – children

For each child to one of the mothers in the household, please enter the firstname and surname, sex, and age group. Please indicate if the child lives in the household. Last, you will also be asked if the child is listed on your survey schedule as one of the key children, or if the child is not on the list, but under five years old. The latter case could occur for example if the child was just born. This question is important, because it determines if the child falls in our category of key children and if we are collecting the child’s health data.

Pregnancies

As a last step of recording children, we ask each woman if there was any pregnancy in the last year or if the woman is currently pregnant. We would also like to know about any children who were born in the last year, but passed away before this year’s survey or were given into foster care. *Please be extremely tactful and careful with this question, as it might be a source of great pain to family.*

The last two questions of Part 1 of the roster ask about any other members of the family who are under the same first authority as your respondent.

Other family members (1): the first question concerns any other adult members of the household who weren’t named yet. This could be relatives of the husband and wife/wives, for example their elderly parents, or friends who live with them.

Other family members (2): the last question of Part 1 concerns any households outside the compound who are under the same first authority as this household. A prime example is a second wife who lives elsewhere with her children (note that you should have determined earlier if the husband spends his time primarily in this household or in the other household). For any people under the same authority but in a different location, enter only the name of the household head, his or her relationship with the first authority, and the number of dependents. For example, if the other household is a second wife with 2 children, please enter her first name and surname, her relationship to the first authority as “spouse” (and the wife order as 2) and indicate that she has 2 dependents.

Part 2 of the Roster, Cases (a) and (b)

The second part of the roster collects more details on the first authority and the key mothers and children. All these individuals were identified in Part 1 of the roster. In part 2, you will interview each key mother individually. Moreover, there will be also a roster part 2 for the first authority, which you should fill by asking the questions to your respondent of part 1.

After finishing part 1, you will see a list of Part 2-modules, one for each key mother and one for the first authority. Start with your current respondent, and fill in part 2 for her and for the first authority. Your current respondent has already given her consent to answer your questions. For the other key mothers, you will also administer adult and parental consent before interviewing them for part 2.

Part 2 asks some more details about each adult, and about the key children of each mother.

Note that many of the fields here are prefilled with information from last year’s survey. This is exactly as the surveyors collected the info last year. Please confirm for each field that this information is still correct. In most cases, this information should not have changed unless there was an error or the information was not collected last year.

Some remarks on individual variables:

- *Age*: We are interested in the person’s age in 2012. In many cases a mother doesn’t know her own or her husband’s age precisely, and so we collect only 5-year age groups: 0-4, 5-9, 10-14, 15-19 years, etc. NOTE: do not change the age if a person was in one age group last year and now is in the next higher age group. For example, do not change the age if a person was 49 (age group 45-49) but turned 50 (is now age group 50-54). Remember, we want to collect the age in 2012. When updating a person’s age, only make changes if the information collected last year was incorrect.
- *Education level*: please enter the highest level *completed*. If elementary school was visited, but not finished, enter “no school”.
The question about *literacy* will reflect if some schooling was received.

- *Phone number*: ask for any phone number that could be used to reach this person, including the number of relatives if the individual does not own a phone. If no phone number is available or the phone number is the same as for another person in the household, you can enter “999”.
- *Primary language*: enter the native language of the person (not ethnicity)
- *** *add ethnicity question here?* ***
- *Main income generating activity*: probe how this person earns most of their money.
 - “Selling items” means any activity in which the person buys or produces items and resells them. For example, the person might be selling eggs produced by their chickens, or they may be buying motorbikes and reselling them at a higher price. However, this does not include jobs where the person is *employed* to sell or buy items. For example, a shop assistant is not “selling items”, but falls under the next category, “working for a salary” or possibly, if paid according to (irregular) hours worked, under the third category, “paid by article or time”.
 - “Working for a salary” means an activity that is paid a regular, fixed amount, for example per month.
 - Being paid “by article or by time” means an activity in which the person works as a casual employee and is paid a piece rate or an hourly rate. For example, a baggage handler may be paid a small fee per item handled, but his income may depend on how many people need help with their luggage. If you are unsure about the category or the activity is not yet coded, enter description (you can give some details).
- NOTE: last year the surveyors may have entered “other” as the category, but then they described the activity as “Sale of eggs” (so the category should have been “selling items”). Do NOT correct this error if the person is still selling eggs at the time of the survey. Please leave the entries the same, unless the person’s activity actually changed – for example, the person is not selling eggs anymore, but instead has now a job with a regular salary. In that case you change the category to “working for a salary”.

Last, we want to learn more about the key children from each mother.

Date of birth/age:

We need to know the age of the key children of that mother in months for the health module later on. Therefore, we are collecting as much detail as possible on the child’s age. Proceed by first asking for the child’s birth certificate, and copy the birth date from the certificate if possible (format: DD.MM.YYYY).

Enter the date and check the box if you have seen the birth certificate.

If the birth certificate is not available *and* the mother cannot remember the birth date, first attempt to establish the child’s birth year. You could ask for example if the child was born before the coup, or before or after last year’s survey in

August/September 2012. If the mother tells you the birth year or the age of the child in years, please enter the corresponding year next. If you cannot establish the year from the mother's information, please put 9999.

Only if the year was established, we will try to be more precise by asking for either the birth month or the birth quarter. Ask the mother directly if she knows the birth month. If she says no, enter 99, and try to instead narrow down the quarter of the year. You could ask for example if it was between the rainy seasons, or in the rainy season, or around Ramadan or other religious events of that year. It may help to ask her if she remembers if it was very hot or cold on the day of the child's birth.

The system will use all the entries you made to calculate the child's age in (completed) months. This means if the age is 3 months and 3 weeks, the "completed months" age is 3 months. Typically, the age will be under 60 months (5 years). Please check if this age looks plausible and correct the number of months if you think it is not correct. For example, if the calculation is based on the quarter of the year, then for very young children the age in months may be off.

If not enough information is available, the field "age in months" will be empty. In this case please estimate the child's age in months. Compare the child to other children you know as well as the other children in the family, using the birth order of the children, to get at an approximate age. Then calculate the child's age in months by multiplying by 12. For example, if the child is about 3.5 years old, please put 3.5 times 12 = 42 months in this field.

Biological or foster child: if you don't have this information yet, please ask if the child is a foster child.

Health program: Last, we want to know if the child has received any health program in the last year, and for how long. Please answer these questions as accurately as possible.

Part 3 of the Roster: Links between 2012 and 2013 Households

TBD

2. Financial Module

The second visit consists in recording all the important possessions of the household and their place of living, as well as explaining the health diary to the mother (for the time preference module, see next section).

Housing: some specific questions are:

material of murs, revêtement de la cour, toit. Here in many cases you can just answer the question yourself. Only ask this question out loud if the material is not clearly visible.

Niveau subjectif de richesse: It is **very important** not to read this question out loud. You, the surveyor, should answer this question according to your own impression. Use the level of wealth of the other households you are interviewing as comparison. Approximately one quarter of households you are interviewing should be in each category.

Etablissement commercial: this question refers to business premises that are not in the concession. For an assessment of their value, ask how much it would cost to buy the exact same establishment, **including** all the equipment that is found in that establishment (e.g. furniture, machines, stocked goods for sale, etc.). This is **different from the question on the household's residence**. Here you want the value of the house **without** the things in it.

Assets:

this module makes a list of all the assets owned by the household.

It is possible that the household shares ownership with people outside the household (e.g. a motorbike is shared between two brothers who each are head of their own household). In this case, enter the fraction that is owned by this household, e.g. "1/2 motorbikes".

For some particularly valuable items, please ask the respondent about the value of the item. This is done by asking how much it would cost to **buy an identical item** as the one already owned in the market. Note: do not ask how much the household could get by selling their item. If the household owns only a fraction, ask for the purchase price of the item, then take the fraction of that: e.g. if an identical motorbike could be purchased for 180000 CFA, and the household owns 1/2 of the motorbike, please enter 90000 CFA for this question.

The last question is about any assets, in particular business assets, that have not been recorded elsewhere. This includes in particular items that the household may currently hold and that are intended for sale.

Always ask for the total value of the items, not for the price of an individual item.

Health diary: explain the different symptoms. Ask the mother to go through them once and tell you back what each means.

Ask mother to RETAIN RECEIPTS and any other info possible (e.g. wrapping of medications etc.).

4. Weekly Mother Module

**** Note: need speech on surveyor not being a doctor and not qualified to evaluate child ***

This part of the survey is dedicated to understanding health of children and their parents' health behavior. The module contains three types of questions:

1. Observation: the surveyor records observations he or she makes about the child's health

2. Mother recollection: the surveyor asks the mother about the child's health in the past week
3. Health behavior: the surveyor collects information about the health and health choices for children (e.g. the decision to see a doctor, choice of treatment, etc.)

Those relate to the mother herself or to her children and are asked from every mother in the survey.

Children's Health Part 1

The following questions are asked from each mother with children who are part of the survey. At the start, enter the name of the mother who is currently answering your questions. *(Note to trainers: please do not discuss the answers to the questions in this module with reference to specific DISEASES. The surveyors are not trained health professionals and cannot give ANY health advice. They are not qualified to assess if a symptom indicates a serious disease or not.)*

Question 1: "Comment décrivez-vous votre état de santé aujourd'hui?"

This question is the only one on the *mother's* health. It has 5 possible answers. Please read the answers out loud. If the mother says "good" or "excellent", probe if she really feels well or if there are some health problems she isn't thinking about at first.

Question 2 and 3: We want to find out if all children are present who are included in the survey. In particular, we want to know if any of them passed away or are currently seriously ill. The children may of course not be present for many other reasons: maybe they are visiting friends, or they accompanied a family member to mosque or to the market. This question has to be asked very gently.

Health measurements (4 - 5 and 10-11): Once you know which children are present (and why the others are absent, if any), you will take a number of measurements from them and record some observations about the child.

Please do not read any of the questions out loud for this section. Do not tell the mother without prompting what you are observing or why you are recording certain things. Some of the things you are asked to report here relate to certain illnesses, others do not. For someone other than a health professional, it is usually not possible to tell with certainty if a child is ill or not. In this survey, we will use the reported data for an overall picture of the health of this population. The information is not detailed enough to diagnose illness in any individual child.

The measurements are:

Weight – To take weight, place the scale on a stable wooden board. Find a spot for the board so that it is parallel to the ground and does not move or bend. Test the scale by stepping on it and taking your own weight. Does the measure look accurate? If not, find another spot for the scale.

The child should be undressed as far as possible while being weighed. The child should not wear shoes. Babies should be weighed naked. Before and after, the child can be wrapped in a blanket to keep him warm.

To measure the child's weight if the child is 2 years (24 months) or older: ask the child to step on the scale or ask another family member to lift him onto it. The child must be able stand still for several seconds until the weight reading stabilizes. Record the weight in kilogram with 1 decimal.

If the child is younger than 2 years (24 months), ask the mother to hold the child in her arms and step on the scale. Record their joint weight. Then ask the mother to step on the scale alone and record her weight.

Do not comment on the child's or the mother's weight or compare it to other measurements. If the mother asks, tell her the weight you measured, without any other explanation.

The default for entering the weight measurements on the computer screen is to record only the child's weight when the child is older than 24 months, and both mother and mother with child otherwise. You can change this setting by changing the method of measurement. The computer will ask you to confirm. You only take weight measurements *once* during the survey. Thus, if you do not have a scale with you, or if the mother does not allow you to take the child's weight, you can here indicate that weight was not measured.

Height – Height is measured lying down for children under 2, and standing up for all other children. Use IPA's height measuring device to measure height standing up: the child has to stand straight and the angled reader has to sit directly on top of his head, without pushing down.

To measure height lying down, ask the mother to lay the child on a flat (clean) surface with his head touching the top of the measurement device. Ask the mother to hold the child's head straight and at the same angle it would normally be if the child stood up. The child's shoulder and back should touch the ground and be straight and relaxed (not arching). The tape should lie flat. Stretch out the child's legs and measure the end of the child's heel.

(Include here some more detailed instructions, see "WHO-measuring").

Do not comment on the child's height or compare it to other measurements. If the mother asks, tell her the height you measured, without any other explanation.

The default for entering the height measurements on the computer screen is to measure height standing up when the child is older than 24 months, and lying down otherwise. You can change this setting by changing the method of measurement. The computer will ask you to confirm. You will only take height measurements *once* during the survey. Thus, if you do not have a height measurement device with you, or if the mother does not allow you to take the child's height, you can here indicate that height was not measured.

NOTE: please make sure you are entering the height *in centimeters* (not inches).

Temperature – The child’s temperature is measured under the arm. Ask the child or his mother to lift his arm. Ask the mother to make sure the area is dry. Switch the thermometer on, then lay the tip of the thermometer against the inner arm so that the metal part cannot be seen on either side of the arm. Fold the child’s arm over the chest. If the child is old enough ask him to hold the arm close to the body, otherwise hold the arm in place or ask the mother to do it. Wait until the thermometer beeps. Record the temperature in decimal points. (Show video <http://youtu.be/dvb04Hh7RkA> at 30-36 seconds. SWITCH OFF SOUND).

Do not comment on the child’s body temperature or compare it to other measurements. If the mother asks, tell her the temperature you measured, without any other explanation.

For the child’s temperature and all following measurements, you have the option to not enter an observation (e.g. if the mother does not allow you to take the measure). Please make every effort to observe the data and only use this option as a last resort.

MUAC/arm circumference – The arm circumference is measured in the middle of the left upper arm, with the arm loosely hanging down. Here are detailed instructions: <http://www.unicef.org/nutrition/training/3.1.3/1.html>.

See also file “MUAC.pdf” for pictures how to take this measurement. Do not comment on the child’s arm circumference or compare it to other measurements. If the mother asks, tell her the number you measured, without any other explanation and without referring to the color coding of the measure.

Health observations (question 6-9): The details of the observations the surveyor makes are not shared with the mother, but observed directly on the child, similar to the health measures.

Swelling of the feet: Ask the mother to do this or perform it yourself. Grasp the child’s foot so that it rests in your hand with your thumb on top of the foot. Press your thumb gently for a few seconds. The child has a swollen foot if a pit (dent) remains in the foot when you lift your thumb. Only record if BOTH feet show swelling. Do not explain why you are observing this. If the mother asks, just explain that you are performing a pressure test and recording how the skin behaves when you release the pressure. Do not comment on the result of the test or compare to other children.



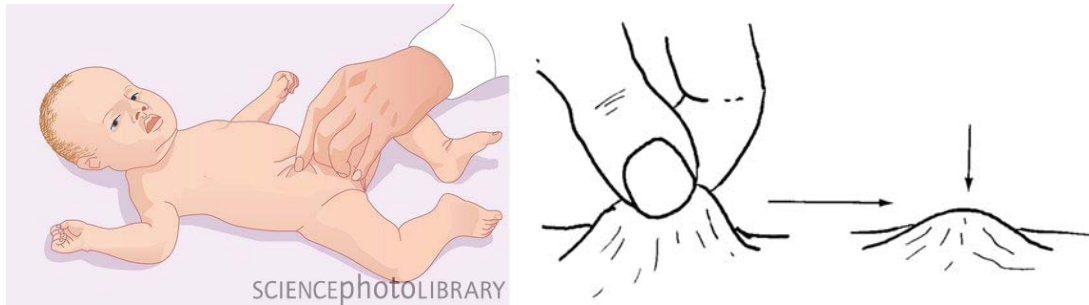
Potbelly, breathing, and skin pinch: Ask the child to lie down or the mother to hold him horizontally in her lap so that the upper body is straight, but not stretched (e.g. when holding the child up by the arms). Ask the mother to lift the child's shirt so you can see the belly.

Observe if the belly is round and swollen (as if filled with air, see picture) and record the answer.

Then observe the child's breathing: are the belly and chest/lower ribs filling with air and moving *out* when the child breathes in, or is the chest moving *in* when breathing in? Only record the chest as moving *in* if it is pulling in with every breath. See the video example. (Trainer: Show video <http://youtu.be/dvb04Hh7RkA> at 1:04-1:19 minutes).

Finally, ask the mother to gently grip a bit of skin on the belly (a vertical fold, not across the body) and hold it for a second between two fingers. Observe if the skin immediately goes back into a flat, smooth position, or if the fold stays visible after letting the skin go. Count the seconds from letting go: does the fold stay up for 1 or 2 seconds, or longer than that?

Again, for all these observations do not make any comments on the results. If the mother asks what you are recording, just tell her that you observe how long the skin fold stays visible and how the child breathes. Phrase in neutral terms and never compare results to other children.



Brittle and discolored hair: Does the child's hair appear lighter than usual, e.g. reddish or light brown or yellow? Is it dry, brittle and thin? As before, do not comment on these observations. Do not use expressions like "the hair is lighter than normal". If the mother asks, tell her in neutral terms that you are recording the color and structure of the child's hair.

Children's Health Part 2

Part 2 of the health module relies on the observations of the mother about her child's health. It is important to make mothers feel confident here to report all health events for their child. In particular, the surveyors should not express any approval or disapproval, or any kind of judgement on what the mother reports. We want the surveyors to simply listen and record neutrally what the mother tells them. If the mother is upset or asks questions, give her time and listen to all she says, but **NEVER offer any advice, help (financial or otherwise), or information about yourself or your own children or other relatives with regards to similar symptoms** etc. Do not let your emotions affect the report of the mother about her children. Never say, for example, "your child looks much better today", or "I hope he recovers from this". If you express your opinion if the child is currently unwell or not, this can influence the mother's perception as well.

Symptom list: the first part of the child's health record is the list of symptoms. Start by asking the mother if she was worried about her child's health at any point since your last visit. Record for each day if she was very worried or a little worried. Then go through the list of symptoms. Use the mother's health diary for this: did she take any notes?

For each symptom, you will ask the mother first if it occurred at all since the last visit. Then record your own observation (*without reporting them to the mother*) if the symptom is currently present. Finally, if the mother said that the symptom occurred since the last visit, ask on which days the symptom occurred.

Your computer screen will show the days since your last visit. On the left is the day of your last visit, on the right is “today”. Put a 1 for EVERY day the symptom was present. Probe about the exact day: use e.g. the weather, prayer days, public events etc. to find out which day the child showed each symptom.

NOTE 1: The calendar is designed to overlap each week *on the day of your visit*. In other words, each visit day is covered twice: suppose you are seeing the family on September 8, then you will be asked to record symptoms occurring today (the last day of the calendar). When you return a week later, you will ask the mother about symptoms occurring on the day of your last visit. In particular, you should ask her if any observation occurred on the day of your visit after you left. The idea is that your visit may happen early in the day. It is therefore possible that the mother noticed a symptom only after you left, or the kid got sick in the afternoon and she became worried. At the same time, the child may already be sick on the day of your visit when you arrive, and you can observe the symptom yourself. For this reason, please record the day of your visit and the day of the last visit to the family in every week. You do not have to compare entries between different weeks, just ask the mother to report as accurately as she remembers.

NOTE 2: The mother may use different words from you to describe the same symptom. Be careful to group symptoms correctly. For example, she may say the child had a “spell” and mean “convulsions”, or she may say the child had a “fever”, but mean that the child “felt hot”. Make sure that you use the wording from the survey script when you are asking the question. However, you can interpret the mother’s wording in accordance with the script. For example, if you ask “Did the child feel unusually hot?” do NOT say “Did the child have a fever”. However, if the mother says that the child had a fever, please record it for the symptom of “feeling hot”, unless you think that she meant something entirely different when she reported a fever.

Health events: The next step is to enter all the “actions” the family undertook for the health of their child (question 15). There are three types of events you can record:

- consultations/visits
- medications bought/taken
- medications that were prescribed or recommended, but not bought.

Consultations/visits includes all visits made on behalf of the child to any kind of health provider. A “visit” is any type of advice received or visit made, to a pharmacy, doctor, hospital, or store, for the child’s health.

As “visits” count for example if

- a relative goes to the CESCO and asks the nurse questions
- the mother talks to a friend and asks their advice about the child’s health
- the child’s older brother buys medications from a peddler
- the grandfather pays for a session with a traditional healer for the child,
- etc.

NOTE: a visit from a healthworker (agent de santé, an employee of Mali Health/Sigida Keneyali) who comes to the house regularly should also be recorded here. This is important even if the child was not ill.

Q: Quel est le rôle/métier de la personne consultée?

Please record the type of person who the household consulted. The role of the person should reflect their *level of medical knowledge*. For example, suppose the family lives in the area of a dugutigi who is also a trained doctor, and he comes to visit and is asked to take a look at the child. In that case, the role of the person is “doctor” (rather than, e.g. “autre”), even though the dugutigi is not normally working as a doctor anymore.

Q: Où est-ce que vous êtes allé?

This question records the location of the visit. If the child was visited at home, enter 1. If the location is not on the list, enter 21 (“autre”). For unlisted locations, we will try to estimate the distance to that location, using commonly known places in Sikoro and outside of Sikoro to compare.

NOTE: do not enter the exact location. Use the location that according to the respondent is approximately the same distance from their house.

Next, you record the day(s) of the visit, and the location of the person who was consulted. Usually a visit to a doctor or a pharmacy, or a house visit by a healthworker, will take place on only one day. If the same person was consulted twice since your last interview, record it as two different visits.

The exception are hospital stays that take several days: for those, please record every day the child spent in the hospital under the same visit.

NOTE: when recording the day of the visit, the same rule as for the health symptoms applies: you are asking *twice* about the day on which you are actually visiting. Ask the mother if she had any consultations the last time you visited after you left, and if she had any consultations today before you came.

Q: Qui a fait la visite/consultation?

Please enter a code for every person that accompanied the child. If two people accompanied who are not listed, use the different codes for “other”. For example, if the mother’s sister and her husband went with the child, enter 4 and 5.

As the reason for the visit, you can name, for an acute health problem, one of the symptoms the mother reported having occurred earlier in the interview. Otherwise, the reason of the visit might be

- a preventive care visit (e.g. a scheduled visit, vaccination, etc.)
- a health worker visit from the family’s health worker
- a follow-up visit for an earlier problem
- other.

Next, please attempt to establish how much time passed between the time the visit started (e.g. arrival at the pharmacy or clinic) and the time the child and

accompanying person were actually received. Estimate the time in hours. Please use decimals, e.g. enter 0.5 for half an hour.

Finally, record the cost of the consultation. Only enter the cost of the visit **OTHER** than the cost of any medication bought. For example, if the child was examined by a doctor, enter the doctor's fee here. Only enter the cost of medication if the doctor charged for consultation and drugs together and the mother does not remember the individual costs. *Confirm your information as far as possible with receipts from the doctor.*

Medications/Treatments includes all information on treatment that the child received. Use a new line for each different drug or treatment. Enter the name of the drug or treatment, then enter all days on which the child received the drug or treatment using the same calendar function as before.

Next, enter the price of the medication or treatment. Please attempt to separate between different medications bought together. If this is not possible, record the entire amount for the first drug on the list. Similarly, attempt to separate treatment and consultation costs. If this is not possible, record the total cost under the visit at which the medication/treatment was obtained, and enter cost of 0 for each drug.

Last, enter at which visit or consultation the drug was prescribed, and at which visit it was bought. These two visits may be the same. If the drug was not prescribed or not bought since the last visit, enter 0. If the drug was prescribed at a doctor's visit on one day, then the next day bought at the pharmacy, enter the ID number of that doctor visit from the table above.

NOTE: if the place where the drug was prescribed or bought is not yet in the list of visits, go back and enter it before continuing.

The last table is reserved for *medications that were prescribed*, but that the household did not buy. Again, please enter the name of the drug or treatment, its price (that was not paid), and the visit at which the drug was prescribed or recommended. If the doctor prescribed several medications and the mother cannot remember their individual prices, enter the total for the first medication on the list.

When you are done filling this information in, please confirm that you checked with the mother that there were no further consultations or medications to record.

Final Mother Module

Social Networks

Health Knowledge and Behavior

This module is only administered once, to each mother. The first part of the module consists of health knowledge questions. Please do not give any hints or prompts to the respondent.

Some comments on the questions:

- For questions 2-4, please read the different options aloud.
- For the question on ORT, please do **not** read the possible ingredients aloud. If the mother does not name an ingredient (water, salt, or sugar) enter “0” for the amount. Under “other” enter the number of different ingredients other than water, salt, and sugar that the respondent mentions.
- For question 9 (vaccines) do not record any vaccines unless you have seen the vaccination card, which confirms that each vaccine was given.
- For question 12 (water), please inspect the actual water source used and confirm if the water was covered, and if soap was in use for washing hands. If you cannot see the soap by the water, ask if the household has any. Make a judgement call if the soap is in regular use for handwashing or not: if it is wrapped inside the house, it is probably not. If it is currently in use for doing laundry, then it may well be. Watch the respondent’s answer for which you think is more likely.

The second part of the module elicits the respondent’s beliefs about children’s illness. The respondent is asked to indicate their beliefs by distributing 10 grimpas between two bowls. The number of grimpas indicates how likely the respondent believes an event to be. For example, if the respondent thinks it will rain in 8 out of 10 days in August, she believes that there is a great chance of rain on any given day. Between any two questions, please always **empty out** the grimpas from the two bowls.

The first two questions (about rain) are used as an example to explain the procedure. There are two questions in the example: one about the number of rainy days in August, one about the number of rainy days in January. January and December are the dry season, while August is rather rainy. Please observe if the mother reduces the number of rainy days going from August to January. If she doesn’t, please ask why. Make sure she understands the example and after discussing her decision chooses a number of rainy days lower in January than in August. Make sure she understands that she could choose that there will be **no rainy day in January, or no dry day in August**. On the other hand, if she chooses the same number of rainy days in both months, she probably didn’t understand the question or think about her answer properly.

Only start the actual questions when you think that the respondent really understands what she is supposed to do. The actual questions are about how quickly the respondent thinks a child will recover from illness when different courses of action are taken.

If the respondent chooses the same or almost the same distribution of grimpas in each answer, please probe: does she think that there is no difference between the different scenarios, or did she not think properly about her answers?

Surveyor Sheet Sample

*** TBD *** sample of the sheet that the surveyors receive

Daily Checklist

Equipment

- Each visit:
 - Present for the respondent
 - Fever thermometer and armband measure
 - Health diaries
 - Map and list of households
 - Netbook
 - Pen and paper
- First week and week of financial module:
 - Consent forms
- Financial module:
 - Cost reimbursement for travel of the household head
- Health measurements, one visit per household:
 - Scale
 - Board for the scale
 - Height measurement device
- Final mother questionnaire (last week):
 - Grimpas and small bowls
 - Final present

Every day:

- Check: is the laptop displaying the correct date?
- Check: what was the date of your last visit for each household on your list today?
- If you use a scale today: measure your own weight twice and remember the result. When visiting a household, test if the scale is working correctly by measuring your own weight.

Every household:

- Check that you are interviewing the correct person, and if there were any important changes to the household. For example, if one of the household members passed away in the last week, you have to be very careful in asking questions.
- At the end of the visit: remind each mother that **you are not a trained health professional**. You cannot evaluate any changes in the child's health

and cannot give health advice. However, remind them that there is a **CESCOM close by** that they can visit for affordable health advice.

If there are unusual events:

Please inform your supervisor if there are any unusual events. Examples are a death in the family you are interviewing, an argument or disagreement with a respondent or a relative or neighbor of a respondent, accidents, problems with your computer or any faults in the equipment you were given, etc.