Children's Health

1. This survey will ask about children and Coronavirus (COVID-19) (SELECT_ONE)
   - Continue

2. On average, in the last six months, how many members usually live in your household counting yourself? (SELECT_ONE)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20 or more

3. How many children under the age of two years do you have? (SELECT_ONE)
   - 1
   - 2
   - 3

4. How old is your youngest child in months?
   - Number

5. What is the sex of your youngest child? (SELECT_ONE)
   - Female
   - Male
   - Decline to respond

6. How old is your second youngest child in months?
   - Number

7. What is the sex of your second youngest child? (SELECT_ONE)
   - Female
   - Male
   - Decline to respond

8. How old is your third youngest child in months?
   - Number

9. What is the sex of your third youngest child? (SELECT_ONE)
   - Female
   - Male
   - Decline to respond
10. The next set of questions will ask you about vaccinations your youngest child has received. We recommend using their vaccination record when answering these questions to ensure accuracy. (SELECT_ONE)
   - I understand. Continue.

11. Are you using your child’s vaccination card as a reference? (SELECT_ONE)
    - Yes
    - No

12. During December-February, did your youngest child receive any vaccines? (SELECT_ONE)
    - Yes
    - No

13. How many vaccines did your youngest child receive during December-February?
    - Number

14. What were the reason(s) that your youngest child did not receive vaccines during December-February? (SELECT_MANY)
    - Shortage of vaccines or vaccines out of stock
    - I did not want my child to be vaccinated
    - Health facility closed
    - Turned away from health facility
    - No transportation
    - Lack of money
    - Partner or family does not approve
    - My child was not due for any vaccines during this time
    - I was sick and could not take my child
    - My child was sick
    - Other
    - Decline to respond

15. Specify the other reason your youngest child did not receive vaccines during December-February.
    - Text

16. Since March, has your youngest child received any vaccines? (SELECT_ONE)
    - Yes
    - No

17. How many vaccines has your youngest child received since March?
    - Number

18. What were the reason(s) that your youngest child did not receive vaccines since March? (SELECT_MANY)
- Shortage of vaccines or vaccines out of stock
- I did not want my child to be vaccinated
- Health facility closed
- Turned away from health facility
- No transportation
- Lack of money
- Unable to access due to lockdown restrictions
- Fear of being infected with COVID-19
- Partner or family does not approve
- My child was not due for any vaccines during this time
- I was sick and could not take my child
- My child was sick
- Other
- Decline to respond

19. Why else did your youngest child not receive vaccines since March?
   - Text

20. How many doses has your youngest child received of the pentavalent or DTP vaccine; that is, an injection in the thigh to prevent diphtheria, tetanus, and pertussis? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3 or more
   - I don't know

21. How many doses has your youngest child received of the rotavirus vaccine; that is, a liquid in the mouth to prevent diarrhea? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3 or more
   - I don't know

22. How many doses has your youngest child received of the pneumococcal vaccine; that is, an injection in the thigh to prevent pneumonia? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3 or more
   - I don't know

23. How many doses has your youngest child received of the measles vaccine; that is, an injection in the arm to prevent measles? (SELECT_ONE)
- 0
- 1
- 2
- 3 or more
- I don't know

24. During the 3 months (December-February) before the pandemic started, did your youngest child have a need to see a health provider? (SELECT_ONE)
- Yes
- No

25. What health condition did your youngest child need to see a health provider for between December and February? (SELECT_MANY)
- Birth defect or congenital problem
- Diarrhea
- Pneumonia
- Tuberculosis
- Other respiratory infection
- Malaria
- HIV | COVID-19
- Other infectious disease
- Injury
- Hearing or vision problems
- Bone, joint or other muscle problems
- Malnutrition
- Other

26. Were they able to see a health provider? (SELECT_ONE)
- Yes
- My child saw a provider during this time, but not every time they needed to see one
- No

27. Where did they see a health provider? (SELECT_MANY)
- Health facility
- At my home
- Online
- Other

28. How many times did your child see a healthcare provider? (SELECT_ONE)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more
29. What were the reason(s) your youngest child was not able to see a provider during the 3 months (December-February) before the pandemic started? (SELECT_MANY)
   - Health facility closed
   - Turned away from health facility
   - Treatment or provider unavailable
   - No transportation
   - Lack of money
   - Partner or family does not approve
   - Other
   - Decline to respond

30. Specify the other reason your youngest child was not able to see a health provider.
   - Text

31. Since the start of the pandemic (March) did your youngest child have a need to see a health provider? (SELECT_ONE)
   - Yes
   - No

32. What health condition did your youngest child need to see a health provider for since March? (SELECT_MANY)
   - Birth defect or congenital problem
   - Diarrhea
   - Pneumonia
   - Tuberculosis
   - Other respiratory infection
   - Malaria
   - HIV
   - COVID-19
   - Other infectious disease
   - Injury
   - Hearing or vision problems
   - Bone, joint or other muscle problems
   - Malnutrition
   - Other

33. Were they able to see a health provider since March? (SELECT_ONE)
   - Yes
   - My child saw a provider during this time, but not every time they needed to
   - No

34. Where did they see a health provider since March? (SELECT_MANY)
   - Health facility
   - At my home
   - Online
35. How many times did your child see a healthcare provider? (SELECT_ONE)

<table>
<thead>
<tr>
<th>Times</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>10 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

36. What were the reason(s) your youngest child was not able to see a provider since the start of the pandemic? (SELECT_MANY)

- Health facility closed
- Turned away from health facility
- Treatment or provider unavailable
- No transportation
- Lack of money
- Unable to access due to lockdown restrictions
- Fear of being infected with COVID-19
- Partner or family does not approve
- Other
- Decline to respond

37. What was the other reason your youngest child was not able to see a health provider since the start of the pandemic?

- Text