

### Infant Health

1. This survey will ask about infant health in your local area. (SELECT\_ONE)
  - Continue
  
2. How many children have you given birth to? (SELECT\_ONE)

- 0	- 6	- 12
- 1	- 7	- 13
- 2	- 8	- 14
- 3	- 9	- 15 or more
- 4	- 10	
- 5	- 11	
  
3. On average, in the last six months, how many members usually live in your household counting yourself? (SELECT\_ONE)

- 0	- 7	- 14
- 1	- 8	- 15
- 2	- 9	- 16
- 3	- 10	- 17
- 4	- 11	- 18
- 5	- 12	- 19
- 6	- 13	- 20 or more
  
4. During December-February, how many visits did you have planned with your health provider to monitor your pregnancy? (SELECT\_ONE)

- 0	- 6	- 12
- 1	- 7	- 13
- 2	- 8	- 14
- 3	- 9	- 15 or more
- 4	- 10	
- 5	- 11	
  
5. How many of the visits during December - February did you attend? (SELECT\_ONE)

- 0	- 2	- 4
- 1	- 3	- 5

- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more

6. If you missed a visit during December - February, why were you not able to attend?  
(SELECT\_MANY)

- Did not miss any visit
- Health facility closed
- Turned away from health facility
- Treatment unavailable
- No transportation
- Lack of money
- Partner or family does not approve
- I did not have a visit planned
- Other
- Decline to respond

7. Why else were you not able to attend your visit?

- Text

8. Since March and up to the current date, how many visits did you have planned with your health provider to monitor your pregnancy? (SELECT\_ONE)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more

9. How many visits have you attended since March? (SELECT\_ONE)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

- 15 or more

10. If you missed a visit since March, why were you not able to attend? (SELECT\_MANY)

- Did not miss any visit
- Health facility closed
- Turned away from health facility
- Treatment 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
- I did not have a visit planned
- Other
- Decline to respond

11. Specify why you were not able to attend a visit since March.

- Text

12. To the best of your recollection, please indicate the first day of your last menstrual period before your most recent pregnancy

- Date

13. Are you still pregnant? (SELECT\_ONE)

- Yes
- No
- Don't know
- Prefer not to answer

14. What was the result of your pregnancy? (SELECT\_ONE)

- Birth of a live infant
- Stillbirth
- Miscarriage
- Abortion
- Decline to respond

15. To the best of your recollection, what was the date of the birth?

- Date

16. To the best of your recollection, what was the date of the miscarriage or stillbirth?

- Date

17. Where did you give birth? (SELECT\_ONE)

- Hospital
- Health facility
- Home
- Other

18. How long in days did you stay at the facility?

- Number

19. Who was the primary person that assisted with your delivery? (SELECT\_ONE)

- Doctor
- Midwife
- Nurse
- Community health worker
- Traditional healer
- Relative
- Other
- None

20. What services did your newborn receive following the delivery? (SELECT\_MANY)

- Thermal care
- Rescue breathing
- Cord care
- Eye care
- Treatment for infection
- Kangaroo Mother Care
- Other
- Don't know

21. Did you intend to give birth in a health facility but were unable to do so? (SELECT\_ONE)



- Yes
- No

22. If yes, why were you unable to do so? (SELECT\_MANY)

- Health facility closed
- Turned away from health facility
- Provider or treatment 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

23. Why did you choose to deliver at home? (SELECT\_MANY)

- Preferred to deliver at home
- 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
- Other
- Decline to respond

24. Specify why you were unable to give birth in a health facility.

- Text